



BRIGHT FUTURES HANDOUT ► PARENT

15 THROUGH 17 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ HOW YOUR FAMILY IS DOING

- Set aside time to be with your teen and really listen to her hopes and concerns.
- Support your teen in finding activities that interest him. Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Support your teen as she figures out ways to deal with stress, solve problems, and make decisions.
- Help your teen deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

✓ YOUR TEEN'S FEELINGS

- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- If you have questions about your teen's sexual development, you can always talk with us.

✓ YOUR GROWING AND CHANGING TEEN

- Make sure your teen visits the dentist at least twice a year.
- Give your teen a fluoride supplement if the dentist recommends it.
- Support your teen's healthy body weight and help him be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your teen get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage at least 1 hour of physical activity a day.
- Praise your teen when she does something well, not just when she looks good.

✓ HEALTHY BEHAVIOR CHOICES

- Know your teen's friends and their parents. Be aware of where your teen is and what he is doing at all times.
- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.
- Be a role model.
- Know your teen's friends and their activities together.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Be there for your teen when she needs support or help in making healthy decisions about her behavior.

15 THROUGH 17 YEAR VISITS—PARENT

✓ SAFETY

- Encourage safe and responsible driving habits.
 - Lap and shoulder seat belts should be used by everyone.
 - Limit the number of friends in the car and ask your teen to avoid driving at night.
 - Discuss with your teen how to avoid risky situations, who to call if your teen feels unsafe, and what you expect of your teen as a driver.
 - Do not tolerate drinking and driving.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Positive Parenting Tips for Healthy Child Development

Teenagers (15-17 years of age)

Developmental Milestones

This is a time of changes for how teenagers think, feel, and interact with others, and how their bodies grow. Most girls will be physically mature by now, and most will have completed puberty. Boys might still be maturing physically during this time. Your teen might have concerns about her body size, shape, or weight. Eating disorders also can be common, especially among girls. During this time, your teen is developing his unique personality and opinions. Relationships with friends are still important, yet your teen will have other interests as he develops a more clear sense of who he is. This is also an important time to prepare for more independence and responsibility; many teenagers start working, and many will be leaving home soon after high school.

Here is some information on how teens develop:

Emotional/Social Changes

Children in this age group might:

- Have more interest in the opposite sex.
- Go through less conflict with parents.
- Show more independence from parents.
- Have a deeper capacity for caring and sharing and for developing more intimate relationships.
- Spend less time with parents and more time with friends.
- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

Thinking and Learning

Children in this age group might:

- Learn more defined work habits.
- Show more concern about future school and work plans.
- Be better able to give reasons for their own choices, including about what is right or wrong.

Positive Parenting Tips

Following are some things you, as a parent, can do to help your teen during this time:

- Talk with your teen about her concerns and pay attention to any changes in her behavior. Ask her if she has had suicidal thoughts, particularly if she seems sad or depressed. Asking about suicidal thoughts will not cause her to have these thoughts, but it will let her know that you care about how she feels. Seek professional help if necessary.
- Show interest in your teen's school and extracurricular interests and activities and encourage him to become involved in activities such as sports, music, theater, and art.
- Encourage your teen to volunteer and become involved in civic activities in her community.
- Compliment your teen and celebrate his efforts and accomplishments.
- Show affection for your teen. Spend time together doing things you enjoy.
- Respect your teen's opinion. Listen to her without playing down her concerns.



- Encourage your teen to develop solutions to problems or conflicts. Help your teenager learn to make good decisions. Create opportunities for him to use his own judgment, and be available for advice and support.
- If your teen engages in interactive internet media such as games, chat rooms, and instant messaging, encourage her to make good decisions about what she posts and the amount of time she spends on these activities.
- If your teen works, use the opportunity to talk about expectations, responsibilities, and other ways of behaving respectfully in a public setting.
- Talk with your teen and help him plan ahead for difficult or uncomfortable situations. Discuss what he can do if he is in a group and someone is using drugs or under pressure to have sex, or is offered a ride by someone who has been drinking.
- Respect your teen's need for privacy.

Child Safety First

You play an important role in keeping your child safe—no matter how old he or she is. Here are a few tips to help protect your child:

- Talk with your teen about the dangers of driving and how to be safe on the road. You can steer your teen in the right direction. CDC's "Parents Are the Key" campaign has steps that can help. Motor vehicle crashes are the leading cause of death from unintentional injury among teens, yet few teens take measures to reduce their risk of injury.
- Remind your teen to wear a helmet when riding a bike, motorcycle, or all-terrain vehicle. Unintentional injuries resulting from participation in sports and other activities are common.
- Talk with your teen about suicide and pay attention to warning signs. Suicide is the third leading cause of death among youth 15 through 24 years of age.
- Talk with your teen about the dangers of drugs, drinking, smoking, and risky sexual activity. Ask him what he knows and thinks about these issues, and share your feelings with him. Listen to what he says and answer his questions honestly and directly.
- Discuss with your teen the importance of choosing friends who do not act in dangerous or unhealthy ways.
- Know where your teen is and whether a responsible adult is present. Make plans with her for when she will call you, where you can find her, and what time you expect her home.

Healthy Bodies

- Encourage your teen to get enough sleep and physical activity, and to eat healthy, balanced meals. Make sure your teen gets 1 hour or more of physical activity each day.
- Keep television sets out of your teen's bedroom.
- Encourage your teen to have meals with the family. Eating together will help your teen make better choices about the foods she eats, promote healthy weight, and give family members time to talk with each other. In addition, a teen who eats meals with the family is more likely to get better grades and less likely to smoke, drink, or use drugs, and also less likely to get into fights, think about suicide, or engage in sexual activity.

A pdf of this document for reprinting is available free of charge from

<http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence2.html>

Additional Information:

<http://www.cdc.gov/childdevelopment>

1-800-CDC-INFO (800-232-4636) <http://www.cdc.gov/info>

Executive Function Activities for Adolescents

During adolescence, executive function skills are not yet at adult levels, but the demands placed on these skills often are. Teenagers need to communicate effectively in multiple contexts, manage their own school and extracurricular assignments, and successfully complete more abstract and complicated projects. Here are some suggestions for helping teens practice better self-regulation throughout the daily challenges they face.

Goal setting, planning and monitoring

Self-regulation is necessary in any goal-directed activity. Identifying goals, planning, monitoring progress, and adjusting behavior are important skills to practice.

■ **To focus the planning process**, encourage teens to identify something specific that they want to accomplish. Most important is that the goals are meaningful to the teen and not established by others. For some teens, planning the college application process may be self-motivating, but for others, planning a social event may be more important. Start with something fairly simple and achievable, such as getting a driver's license or saving money to buy a computer, before moving on to longer-term goals like buying a car or applying to colleges.

■ **Help teens develop plans** for steps to reach these goals. They should identify short- and long-term goals and think about what has to be done to achieve them. For example: If teens want their team to win the sports championship, what skills do they need to learn? How might they practice them? Identify some problems that might arise, and encourage the teen to plan ahead for them.

Tools for self-monitoring

■ **Self-talk is a powerful way** to bring thoughts and actions into consciousness. Examples include having teenagers talk themselves through the steps of a difficult activity or periodically pausing for a mental play-by-play narrative of what is happening. When occasions



■ **Taking on large social issues**, such as homelessness, domestic violence, or bullying can be both appealing and overwhelming to teens. *DoSomething.org* and *Volunteer-Match.org* can help identify concrete actions.

■ **Remind adolescents to periodically monitor their behavior** and consider whether they are doing the things they planned and whether these plans are achieving the goals they identified. “Is this part of the plan? If not, why am I doing it? Has something changed?” Monitoring in this way can identify counter-productive habitual and impulsive actions and maintain focused attention and conscious control.

arise that provoke strong negative emotions or feelings of failure, self-talk can help adolescents identify potentially problematic thinking and behavior patterns.

■ **Encourage self-talk that focuses on growth.** Help teens recognize that an experience—particularly a failure—can offer lessons, and need

continued

not be interpreted as a final judgment on one's abilities. For example, when a sports team loses a game, help a discouraged team member to consider what went wrong and what he or she might do to improve next time—rather than simply deciding the team lacks any skills. The same thinking can be helpful for school assignments. Carol S. Dweck, a professor at Stanford University who researches mindsets, has developed a website with more suggestions.

■ **Help adolescents be mindful of interruptions** (particularly from electronic communication such as email and cell phones). Multitasking may feel good, but there is strong evidence that it saps attention and impedes performance. If two (or more) tasks are competing for attention, discuss ways to prioritize and sequence.

■ **Understanding the motivations of others** can be challenging, particularly when people are driven by different perspectives. Encourage teens to identify their hypotheses about others' motivations and then consider alternatives. "Why do you think she bumped into you? Can you think of another explanation?" Teens who are not used to this kind of thinking may need you to model the process: "Could it be that she didn't see you?"

■ **Writing a personal journal** can foster self-reflection by providing teens a means with which to explore thoughts, feelings, actions, beliefs, and decisions. There are many ways to approach journaling, but all encourage self-awareness, reflection, and planning (see websites at end of this section).

Activities

There are many activities that teens may enjoy that draw on a range of self-regulation skills. The key is a focus on continual improvement and increasing challenge. Some examples follow, below:

■ **Sports** — The focused attention and skill development inherent in competitive sports draw on the ability to monitor one's own and others' actions, make quick decisions, and respond flexibly to play. Ongoing, challenging aerobic activity can also improve executive function.

■ **Yoga and meditation** — Activities that support a state of mindfulness, or a nonjudgmental awareness of moment-to-moment experiences, may help teens develop sustained attention, reduce stress, and promote less reactive, more reflective decision-making and behavior.

■ **Music** — Working memory, selective attention, cognitive flexibility, and inhibition are challenged while developing skills in playing a musical instrument, singing, or dancing—particularly when dealing with complicated pieces that involve multiple parts, sophisticated rhythms, and improvisation.

■ **Theater** — A performance is carefully choreographed and requires all participants, on stage and backstage, to remember their jobs, attend to their timing, and manage their behavior. For actors, learning the lines and actions of a role draw heavily on attention and working memory.

■ **Strategy games and logic puzzles** — Classic games like *chess*, as well as computer-based training programs like *Cogmed* and *Lumosity*, exercise aspects of working memory, planning,



and attention. Mensa, the high IQ society, holds a yearly competition testing new games and has an interesting list of strategy games.

■ **Computer games** can also be valuable, as long as time limits are established and observed. Games that require constant monitoring of the environment and fast reaction times challenge selective attention, monitoring, and inhibition. Moving through complicated imaginary worlds, such as those found in many computer games, also challenges working memory. Common Sense Media, a non-partisan media information source, provides some good reviews of popular games.

Study skills

In school, adolescents are expected to be increasingly independent and organized in their work. These expectations can place a large load on all aspects of executive function. Basic organization skills can be very helpful in this regard. The list below can serve as a guide for teens to use.

- **Break a project down** into manageable pieces.
 - **Identify reasonable plans** (with timelines) for completing each piece. Be sure that all steps have been explicitly identified and ensure that the completion of each step is recognized and celebrated.
 - **Self-monitor while working.** Set a timer to go off periodically as a reminder to check on whether one is paying attention and understanding. When you don't understand, what might be the problem? Are there words you don't know? Do you know what the directions are? Is there someone you can ask for help? Would looking back at your notes help? If you have stopped paying attention, what distracted you? What might you do to refocus? Identify key
- times to self-monitor (e.g., before handing in an assignment, when leaving the house, etc.).
- **Be aware of critical times for focused attention.** Multitasking impedes learning. Identify ways to reduce distractions (e.g., turn off electronics, find a quiet room).
 - **Use memory supports for organizing tasks.** Mnemonic devices can be powerful tools for remembering information. Developing the habit of writing things down also helps.
 - **Keep a calendar** of project deadlines and steps along the way.
 - **After completing an assignment,** reflect on what did and did not work well. Develop a list of things that have supported focused and sustained attention as well as good organization, memory and project completion. Think about ways to ensure that these supports are in place for other projects.
 - **Think about what was learned** from assignments that were not completed well. Was this due to a lack of information, a need to improve certain skills, bad time management, etc.? What would you do differently next time?

Resources

Journaling with teens – some supports

- extension.missouri.edu/p/GH6150
- www.cedu.niu.edu/~shumow/iit/doc/journal-writing.pdf

Carol S. Dweck's work on mindsets

- mindsetonline.com/changeyourmindset/firststeps/index.html

Common Sense Media

- www.commonsensemedia.org
- www.commonsensemedia.org/game-reviews

List of winning games from American Mensa's Mind Games competitions

- mindgames.us.mensa.org/about/winning-games/

Other programs

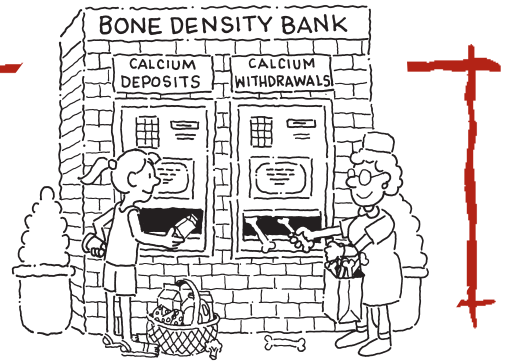
- www.cogmed.com
- www.lumosity.com

Stress management suggestions

- www.mindinthemaking.org/wp-content/uploads/2014/10/PFL-school-age-stress-management.pdf

Calcium and You

Facts for Teens



As you grow, you need calcium to build a healthy body. It keeps you strong so you can do well at things like sports, dancing, and school activities.

Getting plenty of calcium while you are young also makes you strong and keeps you looking good for your entire lifetime.

In fact, your body's need for calcium is very high between the ages of 9 and 18 years. However, most young people in the United States do not get enough calcium in their diets.

What is calcium?

Calcium is a mineral that many parts of your body require. Its main job is **to build strong bones and teeth**. About 99% of your body's calcium is in your bones and teeth. A very small amount of calcium is in body fluids such as blood. But this small amount performs vital functions, including the following:

- Keeping a strong heart beat
- Controlling blood pressure
- Making muscles move
- Helping blood clot
- Sending nerve messages

If you make the right choices, the food you eat will provide the calcium you need. If you do not get enough calcium, your body will take calcium from your bones to support other vital functions, weakening the bones.

Why do my bones need calcium?

Bones provide the basic support structure (skeleton) for your body and protect vital organs such as your heart and lungs.

Although bones may appear lifeless, they are alive and growing. Existing bone constantly is being renewed through a process called remodeling. Your body needs a good supply of calcium to fuel this process.

The "bone bank"

Bones serve as a "bank" for calcium. When you are young, your body can deposit calcium in your "bone bank" by increasing your **bone density**. Density means how closely packed together the materials in your bones are. Dense bones are strong bones.

As you get older, you lose the ability to bank calcium. By the time you reach about 30 years of age, your bones reach their **peak bone density**. That means your bones are as dense (or packed with calcium) as they will get — for life.

After that time, **you can no longer deposit extra calcium in your bone bank**. Instead your body withdraws calcium from your bone bank.

Why should I bank calcium?

Having a good supply of calcium stored in your bones means that there will be plenty for growing, rebuilding bones, and performing the many body functions that require it. You are much less likely to break bones that are packed with calcium.

In addition, you are saving calcium that you will need to withdraw from the bone bank when you are older. People who do not store enough calcium when

they are young are at high risk for getting diseases such as osteoporosis later in life.

Osteoporosis is a disease of older people that can make bones so fragile that they can break from the stress of merely bending over. It can result in a hunched-over appearance. People with osteoporosis may not realize they have the disease until 1 or more bones fracture. By this time, it is usually too late to undo the bone damage.

Is calcium all I need for strong bones?

Calcium does not work alone. After you eat or drink foods that contain calcium, your body must absorb the calcium through your intestines. You need a small amount of **vitamin D** for this to happen. Rickets, a disease that softens bones, can develop if your body does not absorb enough calcium.

Sources of vitamin D include the following:

- Sunlight. (Your body makes vitamin D when your skin is exposed to sunlight.)
- Milk fortified with vitamin D.

In addition, some juices or other products may be fortified with vitamin D. Check nutrition labels to learn which foods are fortified with vitamin D.

Exercise is important as well. Studies show that regular, weight-bearing exercise helps you build strong bones. Combined with a balanced diet, exercise does the following:

- Helps your body make hormones that protect bones
- Generates electrical activity that promotes bone growth and repair
- Boosts the flow of blood and nutrients to your bones

How much calcium do I need?

The amount of calcium that your body needs varies according to age. The greatest need is during late childhood and the teenage years.

The American Academy of Pediatrics recommends the following daily intake of calcium:

TABLE 1. Daily calcium needs

Age	Calcium need (mg per day)	Servings of milk to meet need
4–8 years	800	3 servings
9–18 years	1,300	4 servings
19–50 years	1,000	3–4 servings

How can I get calcium?

The best way to get the calcium that you need is by **eating and drinking foods that naturally contain calcium**. Many foods contain calcium.

Milk and other dairy products are good sources of calcium. They naturally offer the most calcium per serving. For example, 1 cup of milk has about the same amount of calcium as 4 cups of broccoli.

Most teenagers can get the calcium they need with 4 daily servings of dairy products, plus some green vegetables. Keep the following tips in mind:

- Low-fat and nonfat dairy products are super sources of calcium.
- Chocolate (or any flavor) milk has as much calcium as plain milk.
- Dark green, leafy vegetables such as kale and turnip greens are low in calories and are high in calcium.
- Tofu, broccoli, chickpeas, lentils, canned sardines, salmon, and other fish with bones also are good sources of calcium.
- Calcium-fortified foods such as juices and cereals can help boost the calcium in your diet. However, remember to limit the amount of juice that you drink each day to 8 to 12 ounces (1½ cups).

The tables at the end of this brochure show the amount of calcium in a variety of foods.

Calcium supplements

Certain medical conditions, diets, or lifestyle choices can make it hard for you to get enough calcium by eating the right foods. In some cases, your pediatrician may recommend a calcium supplement, such as a daily dose of a calcium-containing antacid tablet or liquid.

Lactose intolerance

A few young people have lactose intolerance, which means they have trouble digesting lactose (the sugar in milk). Milk with reduced lactose is available to help these teens. Nondairy foods that are rich in calcium, as well as calcium-fortified foods, also can be good choices for people who have lactose intolerance. In some cases, your pediatrician may recommend a calcium supplement.

However, most of the people who have lactose intolerance have only partial lactose intolerance. They can digest dairy products in small amounts with a meal. Aged cheeses and yogurts in which the lactose is broken down can provide good sources of calcium for them. Lactase preparations that make the lactose easier to digest also are available.

Can I get too much calcium?

It is unlikely that you would get too much calcium through your diet. However, it is important to watch how much calcium you get if you take supplements and eat many calcium-fortified foods.

Calcium boosters

On the go

- Order milk ~~or milk shakes instead of soda at restaurants or school cafeterias.~~
- Choose foods with cheese, such as pizza, tacos, cheeseburgers, or grilled ~~cheese sandwiches.~~
- Top salads, chips, or soups with cheese.
- Select yogurt ~~or ice cream.~~

At home

- Choose easy, calcium-rich snacks such as cheese sticks, chocolate milk, yogurt, ~~and pudding.~~
- Create special drinks with milk. Add flavorings. Make shakes.
- Use low-fat yogurt — on its own or with fresh fruit — as a topping for pancakes or waffles, and in shakes, salad dressings, dips, and sauces.
- Add milk to soups and hot cereals.
- Eat calcium-rich vegetables with cheese or yogurt-based dips.
- Sprinkle cheese on pastas, chili, and popcorn.
- Top sandwiches with a slice of cheese.
- ~~Rely on favorites such as macaroni and cheese, pizza, and tacos.~~

Calcium blockers

The amount of calcium that your body gets can be thrown out of balance by the following:

- **Drinking a lot of soda (pop or soft drinks)** — Studies show that this may make you more prone to bone fractures. That may be because of the high phosphorus content of sodas. (Phosphorus may make it difficult for your body to absorb calcium, even if you eat or drink enough.) It also may be because sodas are taking the place of calcium-rich drinks and foods in many teenagers' diets.
- **Fad diets** — Some diets do not provide enough calories or offer a variety of foods. This may keep your body from getting enough calcium as well as many other nutrients it needs.
- **Vegetarian diets** — Teens who choose vegetarian diets that exclude dairy products must be very careful to include enough calcium.
- **Excess alcohol** — This can reduce the absorption of calcium in your intestines. It also can damage your liver, decreasing your body's ability to use vitamin D.
- **Diseases of the pancreas, small intestine, or liver** — Diabetes is an example.
- **Certain medications** — Medications such as steroids, anticonvulsants, and antacids that contain aluminum can interfere with calcium absorption.
- **Excess protein, salt, or phosphorus in your diet** — These may block calcium absorption.

- Experiment with calcium-rich foods that may be new to you and your family. Try sardines, tofu, slivered almonds, and salmon with bones.
- Try calcium-fortified juice and calcium-fortified waffles or cereal for breakfast.

Making low-fat calcium choices

Watching how much fat you eat and drink is also important. While you need to include some fat in your diet, no more than 30% of your daily calorie intake should come from fat.

However, you can easily increase the calcium and lower the fat in your diet at the same time.

There are many good sources of calcium that are either low in fat or have no fat at all. The following are examples:

- Nonfat dairy products such as milk, yogurt, and cheese
- Low fat dairy products such as milk, yogurt, and cheese

How to read food labels

Nutrition labels can help you choose foods that are high in calcium. These labels are on food packages.

The labels list the amount of calcium in a serving as “% Daily Value,” not as milligrams (mg).

100% of the Daily Value = 1,000 mg of calcium per day

The Daily Value is an amount that applies mainly to adults. Remember, if you are between the ages of 9 and 18 years, you need 1,300 mg of calcium per day.

To find out how many milligrams (mg) of calcium are in a serving, place a “0” at the end of the number listed for the Daily Value. For example, a serving of calcium-fortified orange juice might list the amount of calcium as 30% of the Daily Value.

30% Daily Value = 300 mg calcium

In general, a food that lists a Daily Value of 20% or more for calcium is high in calcium. Any food that contains less than 5% of the Daily Value is low in calcium.

- Calcium-rich vegetables
 - Calcium-fortified foods such as orange juice
- Removing fat from a food does not take away calcium.

Making trade-offs in your food choices is another option to keep in mind. For example, if you go for a thick, chocolate milk shake, skip the fatty French fries.

Counting calcium

If you are between the ages of 9 years and 18 years, you need about **1,300 mg of calcium each day**. Keep track of what you eat for a few days to see if you are getting enough calcium.

If a medical condition or restricted diet may be keeping you from getting the calcium you need, talk to your pediatrician.

The following tables show the amount of calcium in a variety of foods from several food groups. Calcium amounts may vary. Check nutrition labels on products for exact amounts.

Milk Group	Calcium (mg)
* Milk, regular or low fat, 1 cup	300
Chocolate milk, 1 cup	300
Yogurt, 1 cup	300–415
American cheese, 2 oz	348
Cheddar cheese, 1½ oz	300
Cottage cheese, ½ cup	77
Mozzarella cheese, 1½ oz	275
Parmesan cheese, ¼ cup	338
Ricotta cheese, part skim, ½ cup	337
Swiss cheese, 1½ oz	408
Milk shake, 10 fl oz	319–344
Ice cream, ½ cup	88
Ice cream, soft-serve, ½ cup	113
Frozen yogurt, ½ cup	103
Pudding, instant, ½ cup	151
Soy milk, calcium-fortified, 1 cup	300
Rice milk, calcium-fortified, 1 cup	300

Prepared Foods	Calcium (mg) (Verify on label.)
Bean burrito	57
Cheese enchilada	324
Cheeseburger	182
Lasagna with meat, 2½" by 2½"	460
Macaroni & cheese, ½ cup	180
Pizza, cheese, 1 slice	220
Taco, 1 small	221

*Low-fat milk has as much or more calcium than whole milk.

Protein Group	Calcium (mg)
Almonds, chopped, 1 oz	66
White beans, ½ cup	113
Salmon, canned with bones, 2 oz	110
Sardines, 2 oz	248
Tofu, calcium-fortified, 1 cup	260

Fruits	Calcium (mg)
Orange juice, calcium-fortified	300
Orange, 1 medium	50
Prunes, dried, ¼ cup	22
Raisins, ¼ cup	22

Vegetables	Calcium (mg)
Bok choy (Chinese cabbage) ½ cup	79
Broccoli, cooked, ½ cup	35
Broccoli, raw, 1 cup	35
Carrots, raw, 1 medium	27
Kale, cooked, ½ cup	45
Mustard greens, cooked, ½ cup	64
Sweet potatoes, mashed, ½ cup	44
Turnip greens, cooked, ½ cup	98

Grains	Calcium (mg) (Verify on label.)
Bread, whole wheat, 1 slice	25
Cereal, ready-to-eat, 1 oz	48
Farina, enriched, ½ cup	95
Tortilla, corn, 1 medium	60
Waffle, enriched, 4-inch	77

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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CELL PHONES, TEXTING, AND DRIVING AT A GLANCE

- More than 4 out of 5 teen drivers admit to using their cell phone while driving.
- Research shows that hands-free cell phone use while driving is no less dangerous than using a hand-held phone. It's the conversation – not the type of device – that's the distraction.
- Over half of all teen drivers admit to texting or emailing while driving. Teenage and young adult drivers are the age group most likely to send a text or read an email while driving.
- Teens say that texting is the number one driving distraction.
- Texting and driving is a form of distraction. Almost 80 percent of all vehicle crashes and 65 percent or near-crashes involved some type of driver inattention or distraction during the three seconds before the crash or near-crash.
- Talking on a cell phone while driving impairs drivers at a rate equal to a blood-alcohol level of 0.08.
- The National Safety Council estimates that at least 200,000 crashes a year are caused by texting and driving.
- Texting while driving results in 330,000 distracted driving injuries per year.
- About 6,000 people a year die as a result of using their phone while driving.

TEXTING WHILE DRIVING

"Distracted driving is an epidemic on our roadways... our youngest drivers are particularly at risk."

RAY LAHOOD, U.S. SECRETARY OF TRANSPORTATION, APRIL 2012

"We've been talking on the phone for 80 years. We've been driving for 100 years. It's only recently that we've tried to combine the two."

DAVID TEATER, NATIONAL SAFETY COUNCIL, NOVEMBER 2009

WHEN YOU TEXT AND DRIVE...

- You are four times more likely to cause an accident than when you drive drunk or talk on a cell phone.
- You are 23 times more likely to crash.
- You are taking your eyes off the road for an average of 5 seconds. At 55 miles per hour, that equals driving the length of a football field while wearing a blindfold.
- Your response time diminishes greatly. The average time it takes a drunk driver to respond and apply the brakes is 4 times more than normal. The average time it takes a texting driver to respond and apply the brakes is 40 times more than normal. Still, most young drivers view texting and driving as less dangerous than drunk driving.
- You risk injuring/killing yourself and others. It results in car crashes that kill an average of 11 teenagers a day.

SAFETY STEPS...

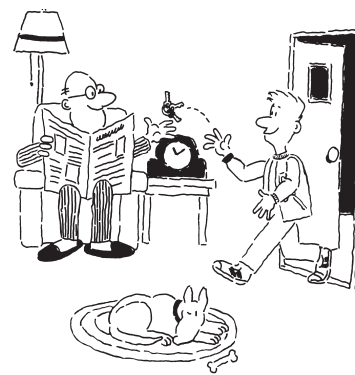
- Know and obey your state's cell phone driving laws. These laws exist for your protection.
- Get in the habit of turning your cell phone off when you get in to the car.
- If you must use your phone while driving, purchase and use a hands-free device that enables you to talk on the phone without using your hands.
- Ask a passenger to read and respond to your text messages.
- Speak up if you are a passenger in the car and the driver is driving distracted.

IF YOU'RE A PARENT...

- Research indicates that parent intervention is a crucial element in helping your driving teen make good choices.
- Teens who do not text and drive are more likely (82%) to have had frequent talks with their parents about safe driving practices than those (67%) teenagers who do text and drive.
- Continue to talk with your teen about safe driving after your teenager gets their driver's license.
- Provide a good example.
- Drill into your teenager this one simple rule: "On the road. Off the phone."

The Teen Driver

Guidelines for Parents



Traffic crashes are the leading cause of death for teens and young adults. More than 5,000 young people die every year in car crashes and thousands more are injured. Drivers who are 16 years old are more than 20 times as likely to have a crash as are other drivers. State and local laws, safe driving programs, and driver's education classes all help keep teens safe on the roads. Parents can also play an important role in keeping young drivers safe. This information has been developed by the American Academy of Pediatrics to inform parents about the risks that teen drivers face and how parents can help keep them safe on the roads.

Why teens are at risk

There are two main reasons why teens are at a higher risk for being in a car crash: lack of driving experience and their tendency to take risks while driving.

- **Lack of experience.** Teens drive faster and do not control the car as well as more experienced drivers. Their judgment in traffic is often insufficient to avoid a crash. In addition, teens do most of their driving at night, which can be even more difficult. Standard driver's education classes include 30 hours of classroom teaching and 6 hours of behind-the-wheel training. This is not enough time to fully train a new driver.
- **Risk taking.** Teen drivers are more likely to be influenced by peers and other stresses and distractions. This can lead to reckless driving behaviors such as speeding, driving while under the influence of drugs or alcohol, and not wearing safety belts.

Programs that help

Graduated licensing laws. Most teens get their driver's licenses in two stages: a learner's permit followed a few months later by a regular driver's license. The US Department of Transportation recommends "graduated licensing" so that learning to drive is spread over three stages. Each stage gives teens more driving privileges. Teen drivers have to meet certain restrictions for at least 6 months in each stage in order to move to the next stage. Driver's education classes would cover more and more complex decision-making and skills training during each stage. Twelve states have some form of graduated licensing laws.

Minimum drinking age and zero tolerance laws. Drunk and drugged driving are major problems for American teens. In one study, an estimated 6% to 14% of drivers younger than 21 years who were stopped at roadside sobriety checkpoints had been drinking. The misuse of alcohol and other drugs can severely hurt teenagers in many ways—especially on the road. A teen driver with a blood alcohol level (BAC) above 0.05% is more likely to be involved in a crash than is a sober teen driver.

Two types of laws exist to help lower the number of teens who drive after drinking alcohol. These are *minimum drinking age laws* and *zero tolerance laws*. Minimum drinking age laws prohibit the sale of alcohol to anyone under 21 years of age. These laws have helped reduce the number of alcohol-related crashes by 40%. But in some states, these laws have many loopholes and are hard to enforce. Many states have or will soon adopt zero tolerance laws that lower the allowable BAC limits for minors. Some states also require that licenses be suspended, sometimes for up to 1 year, after drivers younger than 21 years of age are arrested for driving drunk. These laws work. In Maryland, alcohol-related crashes decreased by at least 11% as a result of zero tolerance laws.

Safety belt laws. Even though all states have laws that require the use of safety belts, these laws may not apply to all passengers or all seats in a vehicle. In addition, studies show that teens do not use safety belts as often as older drivers do. Young people between 10 and 20 years old use safety belts only about 35% of the time—the lowest usage rate of any group. Strictly enforced safety belt laws, along with air bags, could greatly reduce the number of teens who are injured and killed in car crashes. In addition, teen drivers need to learn to take the responsibility of making sure all passengers are buckled up.

Curfew laws. Curfew laws ban teen driving during certain hours at night, such as midnight to 5 am. States with nighttime driving curfews for young drivers have lower crash rates than other states. The more strict the law, the fewer fatal crashes occur.

Educational efforts. Various state and national groups have programs to educate teens about unsafe driving practices, such as not wearing a safety belt and drunk driving. Pediatricians also play a role in such efforts.

There are several groups that encourage alternatives to drinking and driving by hosting social events for teens such as alcohol-free proms and parties. They also help teens and parents communicate. For example, SADD (Students Against Driving Drunk) encourages parents and teens to sign a contract in which both parties agree to avoid using alcohol or other drugs before driving and avoid riding with those who have. The contract also states that if a teen has been drinking he or she will call home for a ride. The group also encourages young people to help other teens change drinking habits and save lives on the roadways.

Safe ride programs. In some areas, “safe ride” programs help parents get involved by volunteering to drive to proms and other parties. Other programs give rides to teens who might otherwise have to drive home after drinking or ride with someone who has been drinking. A California program, for example, combines an educational program about alcohol abuse and an escort service for “stranded” teens on weekend nights. Teens can use this service in confidence. Teens volunteer to be drivers, but adults are also on-call in case questions or problems come up. Volunteer drivers stay in the car when they drop teens at home. They watch the teens enter their homes but do not talk with parents. Adults on-call handle any questions from parents.

How parents can help

Establish and discuss “house rules” about driving even before your teen gets a license. Remind your teen that these rules are in place because you care about his or her safety. If your teen complains about the rules, stand firm. You might say something like, “I don’t care what other parents are doing—I care about you and don’t want you to get in a crash.” Remember, you control the car keys. Don’t hesitate to take away driving privileges if your teen breaks any rules. Resist the urge to break the house rules yourself and let your teen drive because it is too much trouble for you to drive. Instead, try to arrange a car pool of parents and take turns driving.

You do not need to wait for graduated licensing laws to be passed in your state to adopt your own graduated driving rules. By slowly increasing driving privileges, you can help your teen get the experience needed to drive safely and responsibly. Here are some suggestions on how you can create a graduated licensing program for your teen driver. It may not be necessary to use all of the following restrictions; choose the ones that make the most sense for you and your teen.

Stage one

- teen must be at least 15½ years old or have a legal learner’s permit
- teen must drive with a licensed adult driver at all times, the parent if possible
- no driving between 10 pm and 5 am or no driving after sunset
- driver and all passengers must wear safety belts
- no use of tobacco, alcohol, or other drugs
- teen must remain ticket-free and crash-free for 6 months before moving up to the next stage

Stage two

- teen must be at least 16 years old or have driven with a learner’s permit for at least 6 months
- teen must drive with a licensed adult driver during nighttime hours, the parent if possible
- teen allowed to drive unsupervised during daytime hours
- passengers restricted to one nonfamily member during daytime hours

- no use of tobacco, alcohol, or other drugs
- driver and all passengers must wear safety belts
- teen must remain ticket-free and crash-free for 12 months before moving up to the next stage

Stage three

- teen must be at least 18 years old or have driven at least 2 years at the previous stage
- no restrictions on driving as long as the teen driver remains ticket-free and crash-free for 6 months
- no use of tobacco, alcohol, or other drugs
- all passengers must wear safety belts

Other ways parents can help:

- Require that your teen maintain good grades in school before he or she can drive. Check with your auto insurance company to see if any “good student” discounts are available.
- Set a good driving example (no use of alcohol or other drugs, no speeding, always wear your safety belt, and require that safety belts be worn by all passengers).
- Remind your teen how important it is to stay focused on driving, not getting distracted by excessively loud music or talking on a cellular phone.
- Let your teen know that driving after drinking or using other drugs will not be tolerated. Tell your teen to always call you or someone else for a ride any time he or she or any other driver has been drinking or using drugs. Let your teen know that you will pick him or her up. However, if you find he or she was drinking, it may be better to wait until the next day before you discuss the incident.
- Be alert to any signs that your teen has a drinking or other substance abuse problem. If you suspect a problem, urge your teen to talk with his or her pediatrician or school counselor. Such trusted adults can refer your teen for other help, if needed.
- Support efforts to protect teens. These might include “safe ride” programs or Mothers Against Drunk Driving (MADD). Encourage alcohol-free community events.
- Encourage schools to teach about the dangers of driving after drinking or using drugs.
- Support showing safety films in schools. Also support efforts to promote safety belt use in all vehicles that take children and teens to and from school.

Driving is a privilege and a big responsibility. Teen drivers, because of their age and inexperience, are at a higher risk for car crashes. Licensing programs, rules of the road, and safe ride programs are designed to help teen drivers stay safe. Along with support and encouragement from parents, these programs are the best way to help teens learn to become responsible drivers.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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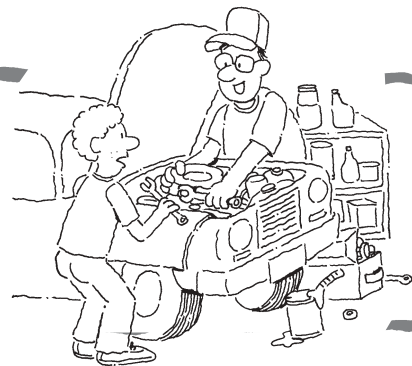
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

Talking With Your Teen About Sex



Children are exposed to sexual messages every day—on TV, on the Internet, in movies, in magazines, and in music. Sex in the media is so common that you might think that teens today already know all they need to know about sex. They may even claim to know it all, so sex is something you just don't talk about. Unfortunately, only a small amount of what is seen in the media shows responsible sexual behavior or gives correct information.

Your teen needs a reliable, honest source to turn to for answers—the best source is you. You may feel uneasy talking with your teen about sex, but your guidance is important. Beyond the basic facts about sex, your teen needs to hear from you about your family values and beliefs. This needs to be an on-going discussion and not just one “big talk.” The following information may help you talk with your teen about this important and sensitive subject.

Why should I talk to my teen about sex?

When it comes to something as important as sex and sexuality, nothing can replace your influence. You are the best person to teach your teen about relationships, love, commitment, and respect in what you say and by your own example.

Talk about sex should begin when your child first asks questions like “Where do babies come from?” If you wait until your children are teens to talk about sex, they will probably learn their first lessons about sex from other sources. Studies show that children who learn about sex from friends or through a program at school instead of their parents are more likely to have sex before marriage. Teens who talk with their parents about sex are sexually active at a later age than those who don't.

What should I tell my teen about sex?

Communication between parents and teens is very important. Your teen may not share the same values as you but that shouldn't stop you from talking about sex and sexuality.

Before your children reach their early teens, girls and boys should know about the following:

- Correct body names and functions of male and female sex organs
- Puberty and how the body changes
- Menstruation (periods)
- Sexual intercourse and the risk of getting pregnant and/or getting an STD, including HIV (the virus that causes AIDS)
- Your family values regarding dating, sexual activity, cigarettes, alcohol, and drugs

During the teen years, your talks about sex should focus more on the social and emotional aspects of sex, and your values. Be ready to answer questions like

- When can I start dating?
- When is it OK to kiss a boy (or a girl)?
- How far is too far?

Sex and the media

Media entertains, educates, and informs. But some messages may not be what we want children to learn.

American media today often portrays sexual images and suggestive sexual content. In fact, the average young viewer is exposed to more than 14,000 sexual references each year. Only a small amount of what is seen in the media shows responsible sexual behavior or gives correct information about abstinence (not having sex), birth control, or the risks of pregnancy and sexually transmitted diseases (STDs).

Media in any format can have a positive or negative effect on your teen. This makes it important for you to know what your teen is listening to or watching. Watch TV with your teen—it can be a great starting point for your next talk about sex.

- How will I know when I'm ready to have sex?
- Won't having sex help me keep my boyfriend (or girlfriend)?
- Do you think I should have sex before marriage?
- Is oral sex really sex?
- How do I say “No”?
- What do I do if someone tries to force me to have sex?

Answer your teen's questions based on your values—even if you think your values are old-fashioned. If you feel strongly that sex before marriage is wrong, share this with your teen and explain why you feel that way. If you explain the reasons for your beliefs, your teen is more likely to understand and adopt your values.

Other concerns include the following:

- **Peer pressure.** Teens face a lot of peer pressure to have sex. If they aren't ready to have sex, they may feel left out. But more than 50% of teens wait until after high school to have sex, and there are benefits of waiting. Abstinence from sex (oral, vaginal, and anal) provides 100% protection against STDs and pregnancy, and less emotional stress if there's a breakup.
- **STDs.** Teens need to know that having sex exposes them to the risk of STDs. Common STDs include chlamydia, gonorrhea, human papillomavirus, herpes, and trichomoniasis. AIDS is usually transmitted during sex and is a leading cause of death in young people aged 15 to 24. These young people were probably infected with HIV when they were teens.
- **Prevention.** The only sure way to prevent STDs is *not* to have sex.
- **Reducing the risk.** Condoms (male or female) are the safest method to prevent most STDs and should always be used. Also, postponing sex until later teen years or adulthood reduces the risk. If both partners are abstinent before marriage or a long-term, mature relationship, have never had an STD, and have sex with each other only, the risk is eliminated.

- **Birth control.** Girls *and* boys need to know about birth control whether they decide to have sex or not. If your teen doesn't know about birth control, an unplanned pregnancy might result. Ten percent of teen girls in the United States get pregnant each year. By the age of 20, 4 out of 10 girls become pregnant. Birth control pills, shots (trade name: Depo-Provera), and contraceptive patches only prevent pregnancy—they don't protect against STDs, including HIV/AIDS. Condoms and another reliable birth control method need to be used each time to help reduce the risk of STDs and pregnancy.
- **Date rape.** Date (or acquaintance) rape is a serious problem for teens. It happens when a person your teen knows (for example, a date, friend, or neighbor) forces her (or him) to have sex. Make sure your teen understands that “no always means no.” Also, dating in groups instead of alone and avoiding drugs and alcohol may make date rape less likely to happen.
- **Sexuality.** This is a difficult topic for many parents, but your teen probably has many questions about heterosexuality, homosexuality, and bisexuality. Many young people go through a stage when they wonder “Am I gay?” It often happens when a teen is attracted to a friend of the same sex, or has a crush on a teacher of the same sex. This is common and doesn't necessarily mean your teen is gay, lesbian, or bisexual. Sexual identity may not be firmly set until adulthood. If your teen is gay, lesbian, or bisexual, your love and acceptance is important.
- **Masturbation.** Masturbation is a topic few people feel comfortable talking about. It's a normal and healthy part of human sexuality and shouldn't be discouraged. Discuss this in terms of your values. Talk with your pediatrician if your child can't limit masturbation to a private place (for example, bedroom or bathroom).

How do I talk with my teen?

Sex is a very personal and private matter. Many parents find it difficult to talk with their children about sex. Teens may be too embarrassed, not trust their parent's advice, or prefer not to talk with their parents about it. But sex is an important topic to talk about.

The following tips may help make talking with your teen easier:

- **Be prepared.** Read about the subject so your own questions are answered before talking with your teen. Practice what you plan to say with your spouse or partner, a friend, or another parent. This may make it easier to talk with your teen when the time comes. Speak calmly and clearly.
- **Be honest.** Let your teen know that talking about sex isn't easy for you but that you think it's important that information about sex comes from you. And even though you would prefer that your values be accepted, ultimately decisions about sex are up to your teen. If your teen disagrees with you or gets angry, take heart, you have been heard. These talks will help your teen develop a solid value system, even if it's different from your own.
- **Listen.** Give your teen a chance to talk and ask questions. It's important that you give your full attention.

“Won't talking about sex with my children make them want to try it?”

Parents often fear that if they talk about sex, their children may want to try it. Teens are curious about sex, whether you talk to them about it or not. Studies show that teens whose parents talk openly about sex are actually *more* responsible in their sexual behavior.

Your guidance is important. It will help your teen make better-informed decisions about sex. Teens who don't have the facts about sex and look to friends and the media for answers are the most likely to get into trouble (such as getting STDs or becoming pregnant).

- **Try to strike a balance.** While teens need privacy, they also need information and guidance from parents. If your teen doesn't want to talk with you about sex and tells you that it's none of your business, be firm and say that it is your business. Your teen should know that you're asking out of love and concern, especially because there are potentially harmful situations. If your teen is quiet when you try to talk about sex, say what you have to say anyway. Your message may get through.
- **Ask for help.** If you just can't talk to your teen about sex, ask your pediatrician; a trusted aunt or uncle; or a minister, priest, or rabbi for help. Also, many parents find it useful to give their teens a book on human sexuality and say, “Take a look at this, and let's talk.”

Note: Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

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Marijuana:

Your Child and Drugs



Young people today can face strong peer pressure to try drugs. As a parent, you are your child's first and best protection against drug use. The first step is to become informed yourself. The American Academy of Pediatrics has developed this brochure to help you learn about marijuana and how you can help your child withstand pressure to use it.

Marijuana comes from the cannabis plant and looks like dried leaves. It is smoked either in a pipe or a hand-rolled cigarette, called a "joint." Other common names for marijuana are pot, weed, grass, herb, and reefer.

Marijuana is fairly easy for young people to get. It also tends to be the first illegal drug they try. After smoking marijuana, teens may go on to try "harder" drugs, such as cocaine and LSD.

Teens' use of marijuana has gone up in recent years. Among high school students, marijuana is one of the most widely abused drugs. A 1995 national survey of American high school seniors showed that:

- 41% have used marijuana at some time in their lives
- 21% used it in the past 30 days
- 4.6% use marijuana every day
- 88% said the drug is fairly easy or very easy to get

About one third of marijuana smokers start using the drug by sixth grade.

These statistics are cause for concern. Another concern is that marijuana today is about 25 times stronger than it was in the 1960s. THC, the main ingredient in marijuana, builds up in the body over time. The more a person smokes, the more THC builds up. It can take several weeks for the body to get rid of chemicals from just one marijuana cigarette. Besides THC, marijuana contains more than 400 other chemicals that can be health hazards.

Some short-term effects of smoking marijuana include:

- Calm, relaxed, sleepy feeling
- Increased appetite
- Dry, bloodshot eyes; dry throat and mouth
- Increased heart rate
- Slowed reaction time
- Poor short-term memory
- Anxiety, panic attacks, or paranoia

Why young people are at risk

Over time, marijuana may cause serious physical effects in teens who are still growing and maturing. These include:

- Lower sperm count and testosterone levels in males (Testosterone is a hormone that controls hair and penis growth, muscle mass, and voice changes during puberty.)
- Irregular menstrual periods and ovulation in females, which can lead to infertility
- Heart and lung damage
- Cancer

- Memory problems
- Psychological dependence on the drug

Marijuana can make it difficult for a person to think, listen, speak, remember things, solve problems, and form concepts. It can also affect how well your teen does in school. Heavy, chronic marijuana smokers often have less drive and ambition.

The effects of marijuana can make driving or playing sports risky. This is because marijuana impairs complex motor skills and the ability to judge speed and time. Using drugs like marijuana increases the risk of injury, such as from vehicle crashes.

In adolescence, sexual feelings are evolving and changing. Smoking marijuana can confuse these feelings and cause your teen to take sexual chances. This could lead to an unplanned pregnancy or a sexually transmitted disease (including HIV, the virus that causes AIDS).

Why do young people try marijuana?

There are many reasons why young people use drugs. Some of the most common reasons are:

- To fit in with their friends
- To avoid dealing with strong emotions or problems
- Because they are curious
- To rebel and be different
- For a quick way to feel good and have fun
- Because some media show drug use as "cool" or normal and not having any bad effects

Some teens may think using marijuana will make them "cool" or seem more adult-like. They need to know that marijuana use is not a normal step in growing up, despite what their peers may say.

Stages of marijuana use

There are three stages of drug use that can occur:

- **Casual use.** There is strong peer pressure to enter this stage, where a teen usually smokes marijuana to feel good and have fun. He or she still limits drug use in this stage.
- **Heavier use.** The user enters this stage when he or she starts to build a tolerance to marijuana. This is when a person needs more and more of a drug to get the same effects as before. You may notice behavior changes in this stage (see the box on this page). Your teen's schoolwork also may slip. Problems that develop at home and at school because of drug use may cause a teen to use even more drugs.
- **Dependency.** In this stage there is a real loss of control over drug use. The user now feels that he or she needs marijuana to get through the day. Without it, he or she may become angry or withdrawn. Because heavy use is costly, a teen may lie and steal from family and friends to be able to buy marijuana. This could lead to trouble with the law.

Whether or not someone becomes a heavy user will depend on his or her reasons for smoking marijuana in the first place. Being able to recognize the signs of abuse is the first step in getting help for your teen.

Signs your child may be using marijuana

Your child:

- Has red eyes; uses eye drops a lot
- Is hungry often and even gains weight
- Is less motivated and has an “I don’t care” attitude
- Withdraws from the family; spends more time in his or her room or away from home
- Forgets things; has trouble paying attention or communicating
- Buys things like CDs and T-shirts with pro-marijuana messages or symbols
- Starts missing school or shows a drop in school grades
- Has new friends and interests; gives up old hobbies, sports, or other activities

How to help your child say “no” to marijuana

Talk with your teen about drugs: Young people who do not know the facts about drugs may try them just to see what they are like. After you become informed, talk with your teen about marijuana and its harmful effects. Try to get your teen to share any questions and concerns he or she has. Be sure to really listen to your teen; do not lecture or do all the talking.

Help your teen handle peer pressure: Peers and friends can strongly influence your teen to try marijuana. As a parent, your influence can be just as strong to help your teen be independent and resist peer pressure. Tell him or her that it is okay to say “no” to marijuana and mean it. Your teen might respond to friends by saying, “I tried marijuana and didn’t like it,” or “I would get in a lot of trouble if my parents ever found out.” Practice these and other responses with your son or daughter. If a friend is offering the marijuana, it may be harder to say “no.” Your teen can suggest other things to do with that friend. This shows that your teen is rejecting the drug, not the friend.

Help your teen deal with emotions: During the teen years, many young people face strong emotions for the first time. These new feelings can be hard to cope with, and your teen may sometimes get depressed or anxious. He or she may turn to marijuana to escape such feelings and forget problems. It is important to talk with your teen about any concerns and problems he or she is facing. Assure your teen that everything has an upside, and things do not stay “bad” for very long. Point out that even after using marijuana or other drugs, the same problems and hassles are still there.

Enhance your teen’s self-confidence: Praise the positive qualities in your teen often. Encourage your son or daughter to set goals and make personal decisions to achieve them. With each success, your teen will gain more confidence. Applaud effort as well as success. As your teen becomes more responsible, you can still provide guidance, emotional support, and security when needed. Becoming responsible also means facing the results of one’s

actions—good or bad. Making mistakes is a normal part of growing up; so try not to be too critical when your son or daughter makes a mistake.

Instill strong values in your teen. Teach your son or daughter the values that are important to your family. Also teach him or her to think of these values when deciding what is right and wrong. Explain that these are the standards your family lives by, despite what other people are doing.

Be a good role model: As a parent, you should avoid use of marijuana and other drugs. You are the best role model for your teen. Make a stand against drug issues—your teen will listen.

Encourage healthy ways to have fun: Young people are always looking for ways to have fun. They can also get bored easily. Drugs offer what seems to be a carefree “high” with little or no effort. Help your teen develop an interest in different hobbies, clubs, and activities. Look for healthy ways to reduce boredom and too much free time. Take an active interest in what is important to your teen.

Realize that not all young people will resist the lure of drugs. If your teen is using marijuana, he or she needs your help. Know the signs of marijuana use. Being able to recognize these signs is the first step in getting help for your teen. Pediatricians, family members, teachers, youth groups, mental health professionals, and clergy can provide support for your teen to stop smoking marijuana. If the problem is too much for you to handle on your own, get professional help. Your teen may need counseling, a support group, and/or a treatment program.

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JUULing: What Pediatricians and Families Need to Know

What is a JUUL?

JUUL (pronounced “jewel”) is a brand of e-cigarette made by JUUL Labs Inc.

JUUL has grown quickly in popularity since introduction to the market in 2015, fueled by a serious following among youth and young adults.

JUUL’s popularity among youth raises significant concerns for pediatric health.



JUUL Characteristics:

JUUL is a sleek, small e-cigarette that resembles a flash drive. Unlike other types of e-cigarettes, JUUL does not look like a traditional cigarette and thus may not be immediately identifiable as a vaping device. Due to their size, JUUL devices are discrete and can be easily concealed in a fist or a pocket.

JUUL operates by heating a “pod” of e-liquid containing nicotine, flavorings and other substances. When heated, the e-liquid creates an aerosol which is inhaled by the user.

JUUL has spawned its own terminology: use of these devices is called “juuling.”

Public Health Concerns:

JUUL comes in youth-friendly flavors, including mango, mint and fruit-medley. For decades, the tobacco industry has used flavors to attract youth to their products.¹ Youth cite flavors as a common reason for e-cigarette use.²

JUUL is highly addictive. The concentration of nicotine in JUUL is more than double the concentration found in other e-cigarettes. This high concentration is a serious concern for youth, who are already uniquely susceptible to nicotine addiction. The addictive potential is so high that the US Surgeon General has declared that youth use of nicotine in any form is unsafe.³

JUUL users have a significant risk of becoming cigarette smokers. Youth who use e-cigarettes are more likely to progress to smoking traditional cigarettes.^{3,4}

JUULing is increasingly common in high school and college campuses. Educators report that youth are using JUUL in classrooms, hallways and restrooms, and are sharing devices with their peers. This social use encourages non-users to try JUUL, and enables students who are too young to purchase these products, or who could not otherwise afford them, to access them through peers.

References:

1. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.*
2. Tsai J, Walton K, Coleman BN, et al. *Reasons for Electronic Cigarette Use Among Middle and High School Students—National Youth Tobacco Survey, United States, 2016. MMWR 2018;67:196-200.*
3. U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.*
4. National Academies of Sciences, Engineering and Medicine. 2018. *Public Health Consequences of E-Cigarettes. Washington, DC: The National Academies Press.*