







BOYS TOWN

Substance Use in Youth and Families

Boys Town conducts research on substance use to inform services for youth and families. The following is a list of key findings from research conducted by Boys Town and its research partners on parental influences related to substance use in youth, protective and risk factors, and the impact of substance use on adolescent brain development. Please see referenced studies for more information.

PARENTAL INFLUENCE ON YOUTH SUBSTANCE USE

Prenatal Alcohol Use

- Alcohol use by parents during their adolescence and the prenatal period was related to adolescents' heavy drinking (Parra et al., 2020).
- Maternal smoking, drinking while pregnant, and paternal heavy alcohol use clustered together as key prenatal risk factors, and these factors co-occur differently for various subgroups of youth (Parra et al., 2018).

Parental Stressors & Capabilities

- Reduced perceived stressors and improved parental capabilities play a protective role against substance use (Parra et al., 2016).
- Positive family management practices predicted lower adolescent substance use (Fleming et al., 2016).

Child Depressive Phenomena & Antisocial Behavior

• Child depressive phenomena and antisocial behavior partially explained the link between maternal depressed mood and adolescent alcohol and cigarette use (Cortes et al., 2009).

> Parental Mental Health & Conduct Disorder

• Adolescents whose parents experienced increased depression and conduct disorder symptoms were at higher risk for substance use-related impairment (McCarty et al., 2013).

YOUTH SUBSTANCE USE PROTECTIVE FACTORS

Positive Childhood Experiences

• Positive childhood experiences predicted less adolescent substance use, while substance use was related to less civic involvement, productivity, and responsibility (Kosterman et al., 2011).

Delaying Alcohol Initiation

• Emphasize efforts to delay alcohol initiation to prevent problematic alcohol use (Mason, Toumbourou et al., 2011).

Religious Involvement

Religious salience and attendance growth factors were negatively associated with late adolescent substance use (Mason & Spoth, 2011).

School Protection

- School is a protective factor related to reduced heavy drinking (Kim et al., 2017).
- School-bonding, academic skills, and school rewards were associated with decreased risk for depression and alcohol use comorbidity in adolescents (Mason, Hawkins et al., 2010).

Cognitive Skills

- Flexible shifting was negatively associated with marijuana initiation, while deficits in inhibitory control were positively related to marijuana initiation (Guo et al., 2023).
- Executive control ability was associated with less electronic cigarette use for youth from low-income backgrounds (Mason et al., 2021).

Parent Training/Family Intervention

- Parent training reduced substance use in high school indirectly through increased emotion regulation in middle school (Mason et al., 2016).
- Family intervention reduced the frequency of alcohol use among high-risk youth (Mason et al., 2012).

YOUTH SUBSTANCE USE RISK FACTORS

> Peer Influence

- Troubled and deviant peer behavior and approval of substance use played a role in substance initiation (Mason, Patwardhan et al., 2017; Mason & Spoth, 2011).
- Exposure to antisocial peers and siblings predicted a higher likelihood of heavy drinking and alcohol harm for students (Kim et al., 2017).

Starting Early & Using More

• Early alcohol use predicted a higher level of, and a faster rate of increase in, adolescent drinking, which then predicted young adult alcohol use disorders (Mason, Hitch et al., 2010).

➤ Negative Affect & Executive Control Deficits

- Solitary substance use was related to coping motives and negative emotions, and later substance use disorder and diminished health (Fleming et al., 2021; Mason et al., 2020).
- Solitary alcohol and cannabis use were prevalent among American Indian adolescents and might reflect attempts to cope with adversity (Guo et al., 2021).
- Impulsive behaviors predicted earlier onset of alcohol problem drinking (Mason & Spoth, 2012).
- Relational aggression in elementary school mediated executive control in preschool and adolescent substance use (Patwardhan et al., 2023).

School & Behavior

- School-related factors such as truancy were associated with substance use (Mason et al., 2013).
- Solitary alcohol and marijuana use were associated with diminished academic performance (Mason et al., 2020).

➤ Adverse Childhood Experiences/Trauma

• Child sexual abuse was positively related to adolescent marijuana use, whereas preschool abuse was positively related to adult marijuana use (Mason, Russo et al., 2017).

IMPACT OF SUBSTANCE USE ON ADOLESCENT BRAIN DEVELOPMENT

Adolescent Alcohol Use (AAU)

Negative Impact on Learning & Decision-Making

- AAU was related to decreased reward processing (Aloi, Meffert et al., 2019).
- AAU was related to poorer decision-making and response modulation (striatum and regions of prefrontal cortex) when exploring new stimuli (Aloi, Crum et al., 2021).

Increased Emotional Reactivity & Aggression

- AAU was related to increased response to emotional stimuli (i.e., amygdala) and decreased response to executive attention and response control (i.e., dorsolateral prefrontal cortex, anterior cingulate cortex, precuneus) (Aloi et al., 2018).
- AAU was related to exaggerated retaliation response (dorsomedial frontal, anterior insula cortices, caudate) related to reactive aggression (Blair et al., 2021).

Adolescent Cannabis Use (ACU)

Negative Impact on Learning & Decision-Making

- ACU was associated with reduced responsiveness to future high-intensity events (Aloi, Blair et al., 2021).
- ACU was negatively related to error detection (Aloi, Meffert et al., 2019).
- ACU moderated novelty propensity and reward prediction error (inferior parietal lobule, dorsomedial prefrontal cortex) (Aloi, Crum et al., 2021).

Decreased Empathy & Increased Proactive Aggression

- ACU was related to decreased responding to threatening stimuli (rostral frontal and fusiform gyrus; amygdala) (Blair et al., 2019).
- ACU was negatively related to responses to facial expressions (rostromedial prefrontal cortex; anterior cingulate cortex) involved in social and emotional functioning (Leiker et al., 2019).

ABOUT BOYS TOWN

Boys Town has been a national leader in the care of children and families since its founding more than 100 years ago by Father Edward Flanagan.

As one of the largest nonprofit, nonsectarian child and family care organizations in the country, Boys Town offers a broad spectrum of services through our Continuum of Child and Family Services. We also provide health and medical care through Boys Town National Research Hospital® and other resources; conduct cutting-edge research on child behavior issues; and provide services for children with severe behavioral problems through our Outpatient Behavioral Health programs.

In addition to the Village of Boys Town, Nebraska, our national headquarters, we have a network of sites nationwide that offer life-changing services to children and families.

Each year, Boys Town youth, family, community, and health care programs touch the lives of more than 2 million people across the country.

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