



Episode 4

Moms & Daughters

Overview

The gap between disapproval and risk appraisal leaves students prone to changing their minds. National surveys demonstrate that increased disapproval in adolescents is only delaying their use, as rates between ages 18-24 have been steadily increasing despite increased disapproval in adolescents.

Topic

This episode featured a discussion on the strategies used to design a comprehensive prevention program through authenticity and personal experiences.

Family System

Tonight's episode features two best friends, Emery and Christine, and their moms Beth and Maggie. Each girl lives at home with both her parents and has older brothers who have graduated high school. Both moms shared on the episode that they have had conversations with their girls about substance use, especially due to the genetic predisposition on their paternal side.

The conversation flowed freely as all participants were open and engaged. This report explores the complexities of communication around teen substance use. We will also explore the disparity between teen disapproval ratings around substance use and their perception of its risk.

Clinical Overview

Amidst the U.S. Opioid crisis, there is little controversy that substance use is dangerous and underage substance use is a fear among many, if not all, parents. Yet, while many parents will share that they have spoken to their children about substance use and the associated dangers, only 31% of 8th graders identified occasional marijuana use as posing a great risk.

Compound this with the fact that 70% of them report that they disapprove of occasional marijuana use and you are left asking yourself, “What do they disapprove of if they don’t think it’s risky?” To explore this phenomenon, one must look at the messaging around substances and the family conversations.

Tonight’s episode featured what is likely a typical conversation among families where messaging around disapproval and risks associated with underage substance use are packaged around a “come talk to us” message.

When aimed at preventing early substance use among teens, conversations must explore many facets of the complicated adolescent journey beyond “I don’t want you doing it.” It must explore peer relationships, boundary-setting skills, self-advocacy skills, mental health, future goals, academics, legal implications, health risks **and** the development and progression of the disease of addiction.

Over 70% of 8th graders are already in agreement with the disapproval of occasional marijuana, alcohol binge drinking and nicotine use, yet it seems their reason for disapproval of it is not linked to them seeing it as dangerous.² The gap between disapproval and risk appraisal leaves students prone to change their mind.

National surveys demonstrate that increased disapproval in adolescents is only delaying their use, as rates between ages 18-24 have been steadily increasing despite increased disapproval in adolescents. For this report, we will focus on marijuana use since research trends are showing that more students are using marijuana than drinking to the point of inebriation (12% report using marijuana, while only 8% report having been drunk in the previous 30 days³).

Parental disapproval is clearly communicated, but the risks associated with substance use is clearly not coming through. Parents will need to explore **why** they don’t want their teens to use substances and communicate those things more clearly. A common approach of seeing substance USE as a right of passage often culminates in a parent’s learned helplessness

^{1,2,3} <http://www.monitoringthefuture.org>.

of accepting teen use as a reality. Exposure is a rite of passage; experimentation does not have to be. The research is very clear on the dangers of marijuana use:

- 9% of people who use marijuana will become dependent on it,^{4,5} rising to about 17% in those who start using in their teens.^{6,7}
- People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.⁸
- Chronic marijuana use is constantly demonstrated to cause long-term neurocognitive impairments in memory function, attention, and IQ.^{9,10}

Yet, as we see in this episode, many middle schoolers see marijuana as “the safer drug”. In fact, the research shows that 31% describe occasional marijuana use and 29% describe daily drinking as posing a great risk.

What all of this leads to is the importance of both families and communities to look at what their “messaging” is versus their “wording”. Our “word” choice is what we say, our “message” is what we mean and sometimes they just don’t match. Most often, this occurs inadvertently. To pair, “I don’t approve of it” with “but I want you to talk to me” can often be misconstrued as, “they won’t be surprised if I do.”

The challenge here is that it becomes an “it isn’t a good idea” phenomenon versus an “it isn’t good for me” or better yet, “it’s dangerous.” Now, it may be that some families just don’t see marijuana use in teens to be risky due to a lack of awareness around the progression of the disease, poly-substance use risks, increased potency, risk of psychosis associated with higher potency and link between age of first use and development of the disease of addiction.

⁴Anthony JC, Warner LA, Kessler RC. Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Co-morbidity Survey. *Exp Clin Psychopharmacol*. 1994;2(3):244-268. <https://doi.org/10.1037/1064-1297.2.3.244>

⁵Lopez-Quintero C, Pérez de los Cobos J, Hasin DS, et al. Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: results of the National Epidemiologic Survey on Alcohol and Related Conditions(NESARC). *Drug Alcohol Depend*. 2011;115(1-2):120-130. <https://doi.org/10.1016/j.drugalcdep.2010.11.004>

⁶Anthony JC. The epidemiology of cannabis dependence. In: Roffman RA, Stephens RS, eds. *Cannabis Dependence: Its Nature, Consequences and Treatment*. Cambridge, UK: Cambridge University Press; 2006:58-105.

⁷Hall WD, Pacula RL. *Cannabis Use and Dependence: Public Health and Public Policy*. Cambridge, UK: Cambridge University Press; 2003.

⁸Winters KC, Lee C-YS. Likelihood of developing an alcohol and cannabis use disorder during youth: Association with recent use and age. *Drug Alcohol Depend*. 2008;92(1-3):239-247. <https://doi.org/10.1016/j.drugalcdep.2007.08.005>.

⁹Thames, A. D., Arbid, N., & Sayegh, P. (2014). Cannabis use and neurocognitive functioning in a non-clinical sample of users. *Addictive behaviors*, 39(5), 994–999. <https://doi.org/10.1016/j.addbeh.2014.01.019>

¹⁰Yücel, M., Lorenzetti, V., Suo, C., Zalesky, A., Fornito, A., Takagi, M. J., Lubman, D. I., & Solowij, N. (2016). Hippocampal harms, protection and recovery following regular cannabis use. *Translational psychiatry*, 6(1), e710. <https://doi.org/10.1038/tp.2015.201>

This is why families will need to explore their own knowledge base prior to having conversations. Parents will also need to consider their own “messaging” as it relates to their behavior.

Research has demonstrated a profound association between the risk-taking behaviors of parents, the quality and quantity of information they deliver to children about risky behavior, and the decision-making of children. A variety of longitudinal studies have demonstrated that parental influence and messaging have a greater impact on children’s behavior than other key factors, including individual traits and peer influence, and may even mediate these factors (parental influence may even play a role in the choice of peers to begin with).^{11 12}

This highlights the impact of messaging over wording. Yes, behavior modeling is a message, but choosing words carefully and asking teens what they heard is a way of ensuring that you’re delivering the precise message you intend to. Listen to your own words and you’ll likely hear your own message.

Additionally, parents should be exploring their own child’s messages over their words. Ask yourself how are your teens conveying their perception of the risk of drug use to you? Are they listening to music that glorifies drug use, watching shows or movies that do? This may indicate a lower perception of risk.

It allows families an opportunity to check in and see if they can dispel any myths their teens may subscribe to. This is done by challenging a teens source of information and encouraging them to investigate it further. Even a statement that is as straightforward as “the kids were vaping in the bathroom” is a message.

Consider what you hear in those words: “I need to talk”, “people are using drugs at school”, “I had to make a decision about what to do”, “I tried vaping” or “are you going to be mad”. Truthfully, the possible messages are endless.

When it comes to prevention conversations, we are ultimately discussing healthy decision-making, a process that can be very difficult for teens to successfully do in the face of social pressures or emotional discomfort. Prevention conversations are very much about conveying accurate information to teens while also **learning** about how they are making decisions.

Explore the depth of their understanding as it relates to legal, academic or health related consequences. Assess how comfortable they are with themselves when it relates to “fitting

¹¹ Knoll, L. J., Magis-Weinberg, L., Speekenbrink, M., & Blakemore, S. J. (2015). Social influence on risk perception during adolescence. *Psychological science*, 26(5), 583–592. <https://doi.org/10.1177/0956797615569578>

¹² Morrongiello, B. A., Corbett, M., & Bellissimo, A. (2008). “Do as I say, not as I do”: family influences on children’s safety and risk behaviors. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association*, 27(4), 498–503. <https://doi.org/10.1037/0278-6133.27.4.498>

in” and being accepted by their peers. Find out what matters more to them, doing the right thing or getting caught doing the wrong thing and even how they view right from wrong.

Takeaways

Tonight’s episode really highlighted what can happen when families are prepared to speak and to being open to hearing one another. Teens are talking to their parents every day about substance use. They share with their families changes in friends, music taste, social media influencers. Each of these is an opportunity to discuss value systems around setting boundaries with peers, advocating for self and promoting a positive drug culture. These two moms are modeling how to listen for and hear their kids’ attitudes and perceptions without leaping into panic mode. They refrained from lecturing and stayed in inform mode. Leaving the girls to share even more!

When it comes to substance use and healthy decision-making around substances, children need the following:

1. **Accurate information as it relates to the health consequences of substance use.**
2. **A respect for their own vulnerability to the disease of addiction**
3. **An understanding of the potential consequences of using substances on their personal relationships, academics, mental health, and future goals.**
4. Parents will also need to explore their own understanding of each of these from multiple perspectives beyond personal experiences. Parents should be able to assess their own child’s understanding in each of these areas. Additionally, they should inquire as to their child’s perception of availability.

When asked about the ease of availability of substances, 27% of 8th graders report that marijuana is “easy” or “fairly easy” to get while 48% of them say the same about alcohol.¹³ As we seek to promote parent conversations around substance use, we want them to look at every layer of the conversation, by skating past, “I know, mom (or dad)!” with a simple “I know you do, but can you explain why?”.

Today’s family was asked to consider their own perceptions and then learn about their child’s perceptions. Here are some questions to reflect on yourself as well as to follow up with your child about.

¹³ <http://www.monitoringthefuture.org>.

Questions to ask yourself	Questions to ask your child	Questions to learn more about
Which are you willing to accept as a rite of passage for teens: exposure or experimentation?	Do you know kids who are using alcohol, marijuana, vapes or any other drug? How do you feel about that?	How many kids are actually using substances?
If your child were to use substances, how vulnerable do you think they would be to developing an addiction?	Everyone who has an addiction tried drugs thinking it was just one time and they wouldn't get the disease. Do you think you could?	How addictive are these substances and what is the potential risk of developing an addiction if they were used at your child's age?
Rank how dangerous it is to use these substances: alcohol, marijuana, nicotine, hallucinogens, medication not prescribed to you, stimulants?	How would you rank substances from the riskiest to the least risky?	What are the risks of developing addiction for different substances?
How often would these substances need to be used before you considered them riskier than you initially thought?	How often would someone need to be using substances before you would think of them as riskier than you currently think?	How does the medical community differentiate between occasional, moderate, and heavy use as it relates to research and risk information?
What are the emotional stressors your child may be facing at their age?	How curious are you about what drugs do or how they make someone feel?	What are healthy vs. unhealthy coping skills among teens today?
Do you think your child could find drugs if they wanted to try them?	How difficult do you think it would be to find drugs?	What are the rates of substance use among teens in your state/county?
What do you think someone in the earliest stage of addiction looks like?	What do you think someone in the earliest stage of addiction looks like?	What are the definitions of the phenomenon of tolerance and the symptoms of withdrawal from each substance?

Facts To Share

- People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.¹⁴
- Studies link marijuana use to depression, anxiety, suicide planning, and psychotic episodes. It is not known, however, if marijuana use is the cause of these conditions.¹⁵
- Compared with teens who don't use, students who use marijuana are more likely not to finish high school or get a college degree.¹⁶

^{14,15,16} Winters KC, Lee C-YS. Likelihood of developing an alcohol and cannabis use disorder during youth: Association with recent use and age. Drug Alcohol Depend. 2008;92(1-3):239-247. <https://doi.org/10.1016/j.drugalcdep.2007.08.005>

Macro Level Considerations

This would suggest a greater macro-level approach to sharing the scientific data around the dangers of marijuana use to balance the onslaught of discussion around the decriminalization and legalization of marijuana not to mention the discussion of its little researched medical benefits.

Yet, much of the medical community has been clear that it still works to research more thoroughly to reach any **conclusive** evidence on its benefits. Social media, news and pop culture sends more messages around its perceived “lack of risk” than it does its actual risk, specifically as it relates to a developing brain.

Macro level discussion around legalization and decriminalization all relate to **adult use** when the brain has fully developed while the teen brain continues to mature and is susceptible to significant damage to dopamine and endocannabinoid functioning which can result in increased tolerance, dependence, withdrawal symptoms and ultimately, addiction.

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