compared to healthy controls, with no difference found between KS patients with cerebrovascular comorbidity and KS patients without.

Conclusions: Our findings suggest that people with Korsakoff syndrome experience more general apathy compared to healthy controls. Both patient groups showed decreased judgement and decision-making skills and increased emotional blunting. Intrinsic motivation was found to be intact in KS patients. Experiencing cerebrovascular comorbidity in KS carries a risk for developing emotional blunting. Our findings show that apathy greatly affects people with KS. Future scientific research is warranted to further benefit the care for this complex patient population.

Categories: Drug/Toxin-Related Disorders

(including Alcohol) **Keyword 1:** apathy

Keyword 2: Korsakoff's syndrome/Wernicke's

encephalopathy

Keyword 3: cerebrovascular injury **Correspondence:** Misha J. Oey, Utrecht University & Slingedael, Leliezorggroep,

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27 Risky Decision-Making Moderates the Association Between Motives for Cannabis Use and Cannabis Use Trajectories Among Adolescents

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Objective: Prior literature has documented how motives for cannabis use predict frequency of use and cannabis use problems among adolescents. However, few studies have examined possible moderating variables that may influence the association between cannabis use motives and frequency of use. The current study examines how risky decision-making moderates this association to help better understand which individuals are at greater risk for cannabis use escalation. The current study will be the first to examine the interactive effects of motives for cannabis use (i.e., health or recreational reasons) and risky decision-making on cannabis use trajectories among a sample of adolescent cannabis users.

Participants and Methods: Data from 194 adolescent cannabis users aged 14-17 at baseline were analyzed as part of a larger longitudinal study. Participants included those who self-reported use of cannabis within six months prior to the baseline assessment. The Marijuana Reasons for Use Questionnaire (MJRUQ) was used to assess motives for cannabis use from a list of 13 items. A confirmatory factor analysis identified "health" and "recreational" factors for motives for cannabis use. Lifetime frequency of cannabis use (number of days used) was assessed through the Drug Use History Questionnaire, while risky decision-making was assessed using the Game of Dice Task. We used latent growth curve modeling and linear regression analyses to examine the interactive effects of motives for cannabis use and risky decision-making on initial levels of lifetime cannabis use at baseline. and rate of cannabis use escalation over time. **Results:** No significant interactive effects were found for health motives for cannabis use; however, we found significant main effects of health motives on initial levels of lifetime cannabis use at baseline (b = 100.82, p < .01) and rate of cannabis use escalation (b = 24.79, p < .01). Those with a greater proclivity to use cannabis for health purposes showed higher initial levels of lifetime use at baseline and steeper increases in the rate of cannabis use escalation relative to those less likely to use for health purposes. Furthermore, we found a significant interactive effect of recreational motives for use and risky decision-making on the rate of cannabis use escalation (b = -2.53. p < .01). Follow-up analyses revealed that among those less likely to use cannabis for recreational purposes, higher risky decision-making was associated with a steeper increase in the rate of cannabis use escalation relative to those who exhibited lower risky decision-making. Conclusions: The current study replicated findings suggesting that cannabis use motives influence cannabis use trajectories. We found that using cannabis primarily for health reasons was associated with higher initial levels and steeper increases in use regardless of decisionmaking. Furthermore, we found that both motives for use and risky decision-making interacted to influence associations with cannabis use trajectories. Specifically, among individuals reporting less cannabis use for recreational reasons, those with relatively riskier decision-making showed steeper increases in the rate of cannabis use escalation. These

findings inform prevention and intervention practices that focus on decision-making by tailoring approaches based on an individual's primary motives for cannabis use.

Categories: Drug/Toxin-Related Disorders

(including Alcohol) **Keyword 1:** cannabis

Keyword 2: decision-making

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28 Emotion Regulation and Functioning in Young Substance Use Initiators and Controls

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Objective: Emotion regulation and functioning have well established links to substance use in adolescents. Yet limited research has investigated emotion regulation in very early substance initiators either on self-report or on behavioral measures (i.e., Emotional Stroop). Similarly, there are few prospective investigations of emotional functioning as a predictor of initiation. Given concerns of emotion difficulties preceding and predicting substance use onset, we aim to investigate emotional functioning difficulties in very early (ages 9-13) substance use initiators relative to sociodemographically matched controls, both after initiation and as a predictor of initiation. We hypothesize that initiators would demonstrate greater emotion dysregulation and decreased emotional functioning relative to controls. Participants and Methods: ABCD Study Annual Release 4.0 was used. Participants included those who had data available at Y3 follow-up visit and youth-reported use of any full dose of a substance (n=148). Sociodemographic controls were then matched (n=148). General linear mixed effects models were run to assess emotional functioning at Y3 (Emotional Stroop response time and accuracy performance, youth-reported Emotion Regulation Questionnaire, and parent-reported Difficulties in **Emotion Regulation Scale and Child Behavior** Checklist externalizing and internalizing

symptoms) by substance use group status controlling for random effects of family. Further, hierarchical linear models assessed CBCL emotional functioning from Y0 to Y3 predicting SU initiation at Y3, controlling for within-subject change.

Results: At Y3, early substance use initiation predicted higher parent-reported externalizing symptoms significantly (estimate=5.88, p<.001). Substance use initiation also marginally predicted high parent-reported internalizing symptoms (estimate=2.29, p=.08) and DERS (estimate=0.02, p=.07). ERQ and Stroop performance were not significantly associated with group status (p's>.10). For externalizing symptoms predicting SU initiation, regardless of year (baseline through Y3) was significantly predictive of initiation (p's<.001). HLM demonstrated that externalizing symptoms at all time points resulted in the best predictive model (AIC=392.85, BIC=422.80, relative to models including all data through Y2, AIC=433.63, BIC=458.59).

Conclusions: Here we found externalizing symptoms and, to a lesser extent, internalizing symptoms and emotion dysregulation are associated with early substance use initiation. However, results are limited to parent report, despite the consideration of youth-report and a behavioral measure of emotion regulation, the Emotional Stroop task. Further, while marginal effects were found, downstream externalizing symptoms were a better predictor of later substance use initiation. While other metrics of emotion regulation have been linked to substance use in adolescence, emotion regulation abilities may change as a result of substance use, rather than a predictor of use, and thus needs monitoring over time.

Categories: Emotion Regulation
Keyword 1: emotional processes
Keyword 2: substance abuse
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29 Regulate to Remember: Cognitive Reappraisal Ability Impacts Prospective Memory Performance

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