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J Adolesc Health. Author manuscript; available in PMC 2026 August 18.

Published in final edited form as:

J Adolesc Health. 2025 October ; 77(4): 636–642. doi:10.1016/j.jadohealth.2025.06.020.

Parental Opioid Misuse and Adolescent-Reported Positive Parenting Behaviors: An Analysis of Parent-Child Dyads from the National Survey on Drug Use and Health

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Abstract

Purpose. Past studies emphasize positive associations between parental opioid misuse and adverse outcomes for children and families yet neglect to understand whether opioid misuse interferes with positive parenting behaviors, such as checking on homework or engaging in serious discussions with an adolescent child.

Method. We analyzed data collected from parent-adolescent dyads (N = 24,900) surveyed for the 2014–2019 National Survey on Drug Use and Health (NSDUH), specifically examining relationships between parents' past-year opioid misuse or heroin use and adolescent-reported parenting behaviors.

Results. For both mother-child and father-child dyads, parent-reported opioid misuse was significantly associated with only 1 of 10 positive parenting behaviors. Mothers who reported misusing opioids helped with homework less often ($p = .04$) and fathers who reported misusing opioids had less frequent engagement in serious conversations with their adolescent children ($p = .04$). Having longer conversations with children about substance use was positively associated with mother-reported opioid misuse ($p = .013$), mother-reported heroin use ($p < .001$), and father-reported heroin use ($p < .001$).

Discussion. These data provide insight into existing deficits and strengths of parents who have misused opioids in the past and present opportunities to intervene in the family unit to disrupt cycles of intergenerational substance misuse. Our findings reframe positive parenting as an

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attainable goal for parents who have misused opioids and inform the development of interventions designed to address the distinct deficits experienced in mothers and fathers.

Keywords

Opioids; Youth/Adolescents; Positive parenting; Substance use prevention; Opioid misuse; Opioid use disorder; Parent-child communication

An estimated 5.6 million U.S. children younger than age 18 years live with a parent who has misused opioids in the past year [1]. Overdose deaths are most prevalent in people between the ages of 35 and 44 years [2]—an age group in the prime years for raising adolescent children. More than 321,566 U.S. children lost a parent to drug overdose between 2011 and 2021 [3], presenting the urgency to develop interventions that support parents managing opioid use disorder (OUD) in the context of parenting and family life. The goal of the current study is to understand associations between past-year parental opioid misuse and positive parenting behaviors, as well as past-year heroin use and positive parenting behaviors, in a nationally representative sample of parent-adolescent child pairs. Results of this analysis will indicate possible rifts in positive parenting related to opioid use and provide insights into how parents who have misused or currently use opioids or heroin can be supported through family-centered interventions [4].

Parental Opioid Misuse and Adverse Child and Family Outcomes

Previous research exploring the relationship between parental opioid misuse, or the use of an opioid in any way that is not directed by a doctor, and negative outcomes for children and families has produced mixed results. Established evidence suggests that the children of parents who misuse opioids are more likely to experience externalized and internalized behavioral disorders [5; 6], impaired social functioning [7; 8], academic difficulties [8], and declines in wellbeing over time [9]. However, a 2021 national study of parent-child dyads showed no association between parental prescription opioid misuse and adolescent prescription opioid use and misuse [10]. Given the host of other known risk factors for adolescent substance misuse, including adolescent trauma, neglect, abuse, and perceived social acceptance of substance use [11], parsing the influence of parental opioid misuse will be critical to understanding intergenerational patterns of substance use, as well the effects of parental opioid misuse on parenting quality and the child's wellbeing.

Factors related to the social, economic, cultural, and structural context in which a child develops and matures, or social determinants of health (SDoH), are known predictors of both adolescent opioid misuse and overall wellbeing [12]. Recent evidence indicates a complex, non-linear, and reinforcing relationship between parental opioid misuse, parenting quality, and a child's physical, behavioral, and emotional wellbeing [13]. A metanalysis showed that parental drug use over time had small but significant negative effects on child wellbeing; however, the authors noted a substantial unexplained variance in their model, which suggests a third factor, such as financial insecurity or marital problems, could contribute to negative outcomes [9]. Finally, parental substance misuse can shape the ways that parents interact with their children, including their communication related to substance use acceptance and prevention [14]. Parenting behavior is arguably the most feasible mechanism to change

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through individual- and family-level psychosocial interventions. The present research examines whether parental opioid misuse interferes with positive parenting behaviors, which are indicators of parental engagement in a child's upbringing and associated with positive health and behavioral outcomes among adolescents [15].

Parental Opioid Misuse and Positive Parenting

Research examining the relationship between substance use and deficits in parenting behavior has shown differential effects and examined different types of substance use [16; 17; 18]. Some studies indicate that opioid misuse and OUD are associated with lower-quality parenting [19; 20], whereas other studies have found that a host of social and environmental factors (e.g., maternal resources, maternal psychopathology) may contribute to associations between opioid misuse and positive parenting [21; 22]. Risk factors for poor parenting associated with parents who have a history of opioid misuse include psychopathology, comorbidities, socioeconomic status, parenting style, parenting knowledge, emotion regulation skills, high levels of distress, and negative care-taking behaviors [23]. Peisch and colleagues [24] have noted the dearth of rigorous studies linking poor parenting behaviors to opioid misuse. They specified that studies in the substance misuse and parenting literature rarely look at the impact of opioids specifically, focusing instead on prenatal substance exposure rather than on the consequences of social exposure to substances after birth, and typically focus on mothers alone. Likewise, a review of 21 studies that measured both substance abuse and parenting outcomes described five distinct conceptual pathways linking parental substance use and child maltreatment via deficits in emotional regulation, psychosocial factors, deficits in parenting knowledge, preoccupation with drug-seeking, and decreased pleasure in the parenting role [25]. The authors recommended attention to methodological rigor, underscoring a need to isolate the effects of substance use on specific parenting behaviors and child outcomes.

Previous studies also omit comparison groups of individuals who are not misusing substances, recruit from a single (often urban) location, focus on outcomes in infants and young children, and draw from smaller samples of participants who are recruited from residential opioid treatment settings [24; 25; 26]. Thus, such studies are limited in their reflection of positive parenting and opioid misuse in the general population. Further, research on substance use and parenting behaviors has traditionally relied on self-reported measures or observations of parental behavior, which may not be reliable outside the naturalistic home environment. Parents' self-reported parenting behavior tends to be more positive than ratings provided by their children [27], suggesting the value in exploring the adolescent child's report of parenting behaviors. Finally, the predominant research on the effects of opioid misuse and child outcomes examines prenatal exposure in infants [28; 29], with relatively few studies generating insight on the effects of recent (past-year) parental opioid misuse on adolescent children.

The current study aims to address the limitations of previous research by using data from six consecutive years of the National Survey on Drug Use and Health (NSDUH) to examine associations between parental opioid misuse and dependence and parenting attitudes and behaviors, as well as associations between parental opioid misuse and youth perceptions of

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heroin risk and availability. Through the perspectives of adolescent children whose parents self-reported past opioid misuse and heroin use, we aim to clarify whether a parent's past-year opioid misuse or past-year heroin use is associated with their parental functioning or is related to their having a preventive conversation about substance use. We will also examine the relationship between past-year opioid misuse and past-year heroin misuse and parental attitudes toward opioid misuse prevention and initiation of communication with a child about the risks of opioid misuse. These findings will inform family-centered interventions for parents who misuse opioids or have OUD.

Methods

Data Source

Data were obtained from the Substance Abuse and Mental Health Services Administration's NSDUH restricted use file for the years 2014 to 2019. NSDUH is an annual cross-sectional survey that provides national estimates of substance use and mental illness among subsets of the U.S. population [30]. The study [00021200] was deemed exempt by the Institutional Review Board of RTI International.

Sample

The sample (N = 24,900) includes respondent parent-child pairs representing a single household and including a child respondent aged 12 to 17 years old. For this analysis, parent-child pairs collected during each of the annual NSDUH surveys were aggregated for the years 2014 to 2019. The NSDUH uses stratified sampling procedures with multiple levels of selection, systematically selecting from 750 census tracts and randomly selecting households from within each selected census tract. From 2015 to 2019, the number of households with completed NSDUH interviews ranged from 67,625 to 68,073, with the number of respondents aged 12 to 17 years ranging from 16,852 to 17,109. The full dataset undergoes seven levels of weighting adjustments to control for extreme weights and provide a more accurate representation of the total U.S. population.

Measures

Opioid misuse and heroin use: Given that the NSDUH questionnaire is revised on an annual basis, we consulted the restricted use file crosswalk to ensure variables were measuring similar or exact constructs through the 6-year reporting period. The predictor variables in the models were parental past-year opioid misuse and past-year heroin use and were scored as yes (1) or no (0). The 2014–2019 NSDUH questionnaires defined opioids as "prescription pain relievers and heroin" [31]. Thus, the NSDUH-created opioid misuse variable (OPINMYR) is a computation of the PNRYMYR and HERYR variables. The PNRYMYR variable calculates past-year prescription painkiller use through questions including "At any time before [DATEFILL], did you ever use any prescription pain reliever in a way a doctor did not direct you to use it?" and a recency of misuse item, with response options including "Within the past 30 days/More than 30 days but in the past 12 months/ More than 12 months ago." HERYR calculates the proportion of NSDUH participants who have used heroin in the past 12 months using responses to heroin-related items including,

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"Have you ever, even once, used heroin?" and "How long has it been since you last used heroin?"

Youth-reported outcomes: Outcome variables included 10 youth-reported positive parenting behaviors that were scored on a dichotomous scale of "always/sometimes" = 1; "seldom/never" = 0. Positive parenting behaviors included checking homework, helping with homework, requiring chores, limiting television, limiting time out on a school night, giving praise, telling youth they are "proud" of them, having an argument (coded negative), talking with the youth about a serious problem, and talking with the youth about the dangers of drug use. Finally, adolescent past-year opioid misuse was coded as an affirmative response to one item, "Did you use Oxycontin in a way not directed by doctor?" in the past 12 months.

Parent-reported outcomes: Parent-reported attitudes toward drug use education included four items: "I wish I knew what to say about drugs," "What I say about drugs has little influence," "Drug education is best handled by schools," and "There are places in the community where I can learn about drug prevention." Attitude items were scored on a four-point scale ranging from 1 = strongly agree and 4 = strongly disagree. Parents reported whether they had a talk with their youth in the past year about drug use (1 = yes, 0 = no) and the length of the drug talk on a four-point scale (1 = less than 10 minutes, 2 = 10–30 minutes, 3 = 31–60 minutes, 4 = longer than 60 minutes).

Analysis: Following the NSDUH parent-child paired data structure, we analyzed separate samples for mother-child pairs (n = 15,400) and father-child pairs (n = 9,500), examining separate background characteristic tables and logistic regression models for the two dyad groups. Descriptive analyses were used to characterize the samples, parent attitudes towards drug education, and discussing substance use with their adolescent. We used a logistic regression to examine the associations between parent-reported substance use behaviors and parenting outcomes reported by youth living in the same household. Past-year opioid misuse and heroin use were assessed as predictors of parenting behaviors in separate models. Models controlled for the age of the youth in the pair, the adolescent's sex, and the race and ethnicity of the parent and adolescent. All descriptive and regression analyses were calculated using weighted estimates and sample sizes of less than 100 were suppressed to protect participant confidentiality. In compliance with NSDUH data reporting requirements [31], sample sizes were rounded to the nearest hundred and percentages to the nearest tenth. All data were analyzed with SAS version 9.

Results

About 4% of mothers (n = 600) and fathers (n = 400) reported past-year opioid misuse, and a small proportion (0.11% of mothers, [n < 100]; 0.13% of fathers, [n < 100]) reported past-year heroin use. Descriptive characteristics of the paired samples are in Table 1.

Drug Education Attitudes

Parents with past-year opioid misuse generally reported positive attitudes toward drug use education and felt their involvement in drug education mattered. They disagreed that what they say about drugs has "little influence" on their children (M = 3.02, SD = 0.02) and

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that drug education is "best handled by the schools" (M = 3.30, SD = 0.01). Descriptive summaries of parental agreement with drug education attitudes are shown in Table 2.

Positive Parenting Behaviors

Past-Year Opioid Misuse and Parenting Behaviors: Past-year opioid misuse among mothers was negatively associated with the adolescent reporting their parent helped with homework (β = −0.351, SE = 0.176), but the results did not produce strong evidence that opioid misuse was associated with deficits in the remaining nine positive parenting behaviors. Similarly, our results did not generate evidence of associations between paternal opioid misuse and deficits in 9 of 10 positive parenting behaviors examined. Fathers' past-year opioid misuse was negatively associated with adolescent-reported talks with a parent about a serious problem (β = −0.337, SE = 0.163). Table 3 displays associations between opioid misuse and heroin use and positive parenting behaviors reported by adolescents for maternal and paternal pairs.

Parental Past-Year Heroin Use and Parenting Behaviors: Past-year heroin use among mothers was positively associated with limiting time out on school nights (β = 1.29, SE = 0.57). Past-year heroin use among fathers was associated with telling a child they were "proud" of them (β = 1.89, SE = .77).

Conversations and Attitudes about Substance Use Education

In the maternal pairs with past-year parental opioid misuse, mothers reported having significantly longer talks about drugs with their adolescents than mothers without opioid misuse (β = 0.172, SE = 0.07). Fathers with past-year opioid misuse were significantly more likely than non-misuse fathers to agree that "drug education is best handled at schools." Both mothers and fathers who reported past-year heroin use were more likely to have talked with their adolescent about drugs in the past year compared with other parents (β = 2.377, SE = 1.055; β = 11.144, SE = 0.360, respectively).

Discussion

Overall, our results counter the hypothesis and common narrative that parents who have misused opioids in the past are less capable of positive parenting behaviors than parents who have no history of misuse. Of the 10 positive parenting behaviors explored, adolescent-reported deficits were evident for one behavior in maternal pairs (helping with homework) and one behavior in paternal pairs (talking about a serious problem). In pragmatic terms, mothers and fathers with past-year opioid misuse or heroin use were equally as likely as other parents to give praise, require chores, check on homework, limit time out on school nights, and otherwise have meaningful engagement in their adolescent's upbringing. These data counteract previous evidence suggesting that parents who misuse substances are incapable of monitoring their children and providing a nurturing home environment [9; 26] and build on the hypothesis that parental deficits in people who misuse opioids are nuanced and shaped by multiple complex factors and conditions [4; 10; 13]. These findings are limited in that our models did not account for multiple complex social and structural determinants that intersect to predict child wellbeing and family outcomes.

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To date, few studies have explored interventions that attempt to mitigate the potential effects of opioid misuse on positive parenting behaviors and healthy parental engagement with adolescent children [4, 10]. Such research is critical to understanding how parental opioid misuse intersects with positive parenting behaviors and developing effective interventions for families affected by parental opioid misuse to prevent intergenerational cycles of addiction [33]. Although adolescents raised by a parent who struggles with opioid misuse may experience an increased risk for adverse behavioral, psychosocial, and opioid initiation outcomes [5; 6; 7; 8; 9], these risk factors could be ameliorated by their ability to speak openly and candidly with a parent about substance use. Research has supported a combination of quality communication and parent-child connectedness as protective factors against future substance misuse [34, 35]. In addition, our data suggests that parents with past opioid and heroin misuse may be more intentional about talking with their children about substance use, which is noteworthy given that most parents find it more difficult to talk to their adolescent children about drugs as compared with tobacco and alcohol use [35], and therefore may be reticent to have conversations with their children that specifically address opioid misuse. Some research, however, cautions that parental self-disclosure of past substance use normalizes the behavior and communicates permissiveness or behavioral acceptance rather than nontolerance, thereby increasing the adolescent's receptiveness to substance use [36]. Further research is needed to understand the nature of parent-child conversations about opioid misuse and isolate the conversational attributes that could lead to beneficial perceptions of opioid risks and protective action in youth.

Communication with a parent about substance use is a well-established protective factor against adolescent substance use [38]. Our findings suggest that mothers who misused opioids and mothers and fathers who used heroin in the past year had significantly longer conversations with their adolescent children about substance use. A study by Pettigrew and colleagues [34] showed that parents who communicate the consequences of adolescent substance use and misuse through personal narratives and avoid trite anti-drug messages (e.g., "don't do drugs") were more effective at building their adolescent's resiliency skills against drug use. Storytelling and parental self-disclosure may be two powerful ingredients to building youth resilience against substance use that are unique to a parent who has misused opioids or heroin in the past.

Our findings also identified opportunities to support parents who have past opioid misuse in performing positive parenting behaviors and positively participating in their child's upbringing. Mothers who misused opioids helped less often with homework, a positive parenting activity that requires focused attention, problem-solving skills, and the receptiveness of the adolescent. Based on this finding, family-centered interventions should incorporate strategies to encourage a mother's motivation and self-efficacy to assist a child with schoolwork, as well as attend to the parent-child relationship. Interventions that integrate substance misuse with a family component have shown to improve parenting behaviors by teaching emotional regulation skills and increasing parenting knowledge [25]. However, our data indicates a need for integrated interventions that teach proactive parenting styles, attend to the relational dynamics between parent and child, and address underlying mental health problems that may interfere with paternal engagement. Modeling such a holistic approach, the online Family Check-Up (FCU) intervention incorporates modules on

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proactive and positive parenting while simultaneously addressing the parent's mental health and teaching harm-reduction skills to keep children safe [33].

Fathers who misused opioids were less likely to engage in serious conversations with their children, which indicates detachment that could be detrimental to the adolescent's development and wellbeing. Our findings are consistent with research predicated on attachment theory suggesting that numerous factors related to a father's substance misuse may threaten the stability of the father-child relationship [38]. In addition, fathering self-efficacy mediates parental involvement, thereby predicting quality parenting behaviors and positive child outcomes. Recent evidence suggests that interventions that teach fathers in recovery effective family management strategies and parenting practices can bolster their parenting efficacy [39]. Thus, interventions should be designed to support fathers in initiating conversations and strengthening their bonds with children, providing coaching to initiate the "drug talk" and offer holistic support in the child's life.

Limitations

The study has several limitations. First, the opioid misuse independent variable in the regression analysis was dichotomously coded, and as such, we were unable to assess how frequency of opioid misuse related to parenting deficits. Further research should seek to understand how the frequency and severity of opioid misuse predicts disruptions in positive parenting. Additionally, due to the small sample size of mothers and fathers reporting heroin use ($n < 100$ for each sample) and the large standard errors in these samples, the likelihood of the models producing a Type I error (false-positive) was considerably high. Future studies with larger samples of parents with past heroin use will be needed to confirm these associations. Importantly, we note our research does not assess parental use of synthetic opioids, particularly fentanyl, which have driven increases in overdose deaths in recent years [40]. Finally, although the regression models controlled for parent-adolescent age, gender of the adolescent, and race and ethnicity, we were unable to account for other social and environmental factors that could be related to parenting behaviors or intervene on the examined relationships. We also note that Further research is necessary to identify potential moderators and mediators that contribute to the variance in dysfunctional parenting behavior.

Conclusion

Past research has emphasized the deficits in parenting and detriments to child wellbeing related to opioid misuse without considering the positive capabilities of parents, which could be emphasized in family-centered interventions and prevention programming. Our research is the first to show that parents with past opioid misuse have the capacity to perform positive parenting behaviors as frequently as other parents and are more likely to have conversations with their children about drug use—and longer conversations about drug use—than the average parent. Further research is needed to understand the attributes of parent-child conversations about opioid misuse, including self-disclosures of past misuse, that predict a proactive stance against adolescent opioid misuse. We also identified specific deficits that should be explored in future research. Mothers with a history of opioid misuse may benefit

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from interventions that integrate supports for mental health disorders and promote proactive engagement with their children. Fathers with histories of opioid misuse need interventions that boost self-efficacy and impart family management skills that will allow them to form strong relational bonds with their children.

Acknowledgments:

This research was supported by the National Institutes of Health through the NIH HEAL Initiative as part of the HEAL Preventing Opioid Use Disorder Program. The authors gratefully acknowledge the collaborative contributions of the National Institute on Drug Abuse (NIDA) and support from the following awards: RTI International (U24DA050182).

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Implications and Contribution:

Opioid misuse was not associated with deficits in 9 of the 10 positive parenting behaviors reported by adolescents in maternal and paternal dyads. Interventionists and family health practitioners should harness the existing strengths of parents who have misused opioids to ensure positive youth development and disrupt intergenerational cycles of addiction.

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Table 1.

Paired sample characteristics

	Maternal Pairs N = 15,400				Paternal Pairs N = 9,500			
	Adolescent		Parent		Adolescent		Parent	
	N	% (SE)	N	% (SE)	N	% (SE)	N	% (SE)
Sex								
Male	7,800	51.69 (.65)	-	-	4,900	53.34 (.82)	-	-
Female	7,600	48.31 (.65)	-	-	4,600	46.66 (.82)	-	-
Race/Ethnicity								
White	8,100	51.11 (.67)	9,000	55.28 (.68)	5,600	54.98 (.84)	6,000	59.01 (.86)
Black	2,100	14 (.48)	2,000	13.79 (.68)	800	8.47 (.48)	900	9.69 (.52)
Asian	600	5.76 (.40)	600	6.46 (.41)	400	6.58 (.54)	400	6.59 (.54)
Hispanic	3,600	24.24 (.57)	3,100	21.68 (.56)	2,200	25.79 (.78)	1,900	22.44 (.74)
Am. Indian	200	0.81 (.10)	200	0.85 (.10)	100	0.61 (.11)	100	0.77 (.15)
Other	900	4.08 (.24)	400	1.84 (.15)	500	3.56 (.27)	300	1.50 (.16)
Household[b] setting								
Urban	-	-	12,700	96.27 (.22)	-	-	7,700	85.84 (.56)
Rural	-	-	2,700	3.73 (.22)	-	-	1,800	14.16 (.56)
Past-year opioid misuse	500	3.10 (.22)	600	3.73 (.22)	300	2.70 (.27)	400	3.95 (.28)
Past-year heroin use[b]	-	-	0[a]	0.11 (.03)	-	-	0[a]	0.13 (.04)
Past-year drug talk with child[b]	-	-	13,600	92.12 (.34)	-	-	7,700	87.05 (.61)
Length of last drug talk with child[b]								
< 10 minutes	-	-	3,100	24.6 (.60)	-	-	2,800	39.17 (.86)
10–30 minutes	-	-	6,500	48.47 (.64)	-	-	3,400	43.75 (.89)
31–60 minutes	-	-	2,600	17.67 (.51)	-	-	800	10.86 (.53)
> 60 minutes	-	-	1,300	9.23 (.38)	-	-	500	6.22 (.41)

Note. National Survey on Drug Use and Health (NSDUH), 2014–2019; Ns rounded to the nearest 100th.

[a]Rounded to 0 for data suppression.

[b]Parent-reported.

SE = standard error.

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Table 2.

Parent-reported drug education attitudes

	Maternal Pairs		Paternal Pairs	
	N	***M* (SE)**	**N**	***M* (SE)**
I wish I knew better what to say about drugs[a]	14,600	2.53 (.01)	8,700	2.43 (.02)
What I say about drugs has little influence[a]	14,500	3.09 (.01)	8,700	3.02 (.02)
Drug education is handled best by schools[a]	14,600	3.44 (.01)	8,700	3.30 (.01)

Note. National Survey on Drug Use and Health (NSDUH), 2014–2019.

[a]Weighted means on four-point scale from “strongly agree” (1) to “strongly disagree” (4).

SE = standard error.

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Table 3.

Associations between parental opioid misuse and adolescent-reported positive parenting behaviors

	Maternal Pairs N = 15,400			Paternal Pairs N = 9,500		
		Opioid Misuse	Heroin Use		Opioid Misuse	Heroin Use
	N (%)	P (SE)	P (SE)	N (%)	P (SE)	P (SE)
Checked homework	12,000 (81)	−.374 (.196)	−.393 (.617)	7,500 (83)	−.154 (.171)	−.182 (.719)
Helped with homework	11,800 (79)	−.351 (.176)*	.307 (.728)	7,400 (80)	−.175 (.186)	−.079 (.711)
Chores	13,800 (89)	−.021 (.206)	−.277 (.682)	8,500 (88)	.518 (.249)*	.345 (.705)
Limited TV	6,300 (41)	−.077 (.146)	.368 (.539)	4,000 (42)	−.108 (.151)	−.277 (.670)
Limited time out on school nights	9,500 (66)	−.259 (.143)	1.293 (.574)*	6,000 (66)	−.303 (.171)	.468 (.579)
Gave praise	13,300 (87)	−.073 (.189)	.208 (.673)	8,200 (87)	−.366 (.20)	−.189 (.874)
Told they were proud	13,200 (87)	−.114 (.193)	.145 (.646)	8,100 (86)	−.023 (.216)	1.878 (.773)*
Argument	12,100 (81)	.067 (.168)	.277 (.568)	7,500 (81)	−.322 (.107)	−.641 (.587)
Talked about serious problem	11,400 (75)	−.123 (.167)	−.365 (.609)	7,100 (74)	−.337 (.163)*	−.367 (.692)
Talked about drug dangers	8,800 (57)	−.196 (.137)	.976 (.573)	5,400 (57)	−.158 (.156)	−.647 (.556)

*p-value is significant at <.05

**p-value is significant at <.01.

+Regression models control for adolescent age, sex, and race/ethnicity, parent race/ethnicity.

++SE (standard error) and percentages are weighted; indicates adolescent's agreement that parent "sometimes or always" performs behavior