

## Review Article

### Neuroscientific Approaches to Understanding Adolescent Susceptibility to Substance Abuse.

#### ABSTRACT

Adolescence is a pivotal developmental stage characterised by significant neurobiological changes that heighten susceptibility to substance abuse. This period is marked by the maturation of the brain regions responsible for decision-making and impulse control, alongside an increased sensitivity to rewards driven by dopaminergic pathways. This review aimed to understand adolescent susceptibility to substance abuse using a neuroscientific approach. In line with best practices, data were collected from a variety of reliable sources to ensure a comprehensive view of the topic. Peer-reviewed journals provide a scientific foundation, offering evidence-based research into neurobiological changes and adolescent substance use. Research studies on adolescent neurodevelopment have contributed to a broader understanding of the physiological and psychological factors at play during adolescence, while grey literature, including expert interviews and focused group discussions, has offered practical insights from frontline professionals, such as psychologists, social workers, and healthcare providers, who deal directly with adolescent substance use. These findings show that the interplay between genetic predispositions and environmental factors, such as stress and trauma, further complicates this vulnerability, leading to a higher likelihood of engaging in risky behaviours. This review explores the neuroscientific underpinnings of adolescent substance use, emphasising the importance of timely interventions that leverage neuroplasticity to foster resilience and mitigate risk. By integrating cognitive training and behavioural therapies into public health initiatives, adolescents' cognitive control mechanisms can be enhanced and their propensity for substance abuse can be reduced.

**Keywords:** *Adolescence, Dopamine, Neuroplasticity, Substance Abuse, Vulnerability*

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## INTRODUCTION

Adolescence is universally acknowledged as a critical period of human development, characterized by profound changes in brain structure and function. These transformations are fundamental for the development of cognitive abilities, emotional regulation, and social behaviors that shape the trajectory of individuals into adulthood. During this time, the brain undergoes a series of rapid, yet uneven, developmental changes, particularly within regions that govern higher-order processes such as decision-making, impulse control, and risk assessment. Despite its role in fostering the transition to mature independence, adolescence is also marked by heightened susceptibility to risky behaviors, including substance abuse and the emergence of mental health disorders [1]. This period represents a unique intersection between biological, psychological, and social influences, all of which converge to create vulnerabilities that are often not seen in childhood or adulthood.

Across the globe, adolescent substance abuse has emerged as a significant public health concern, with rising trends seen in various regions. While the specifics of these trends vary across cultural and geographical contexts, the problem is not limited to any one nation or demographic. In many parts of Europe, particularly Eastern Europe, adolescent alcohol consumption has reached troubling levels, while regions in Africa and Asia have witnessed an increase in the use of illicit drugs such as cannabis and methamphetamines. The convergence of these substances with mental health disorders, including anxiety, depression, and conduct disorders, has compounded the risks associated with adolescence [2]. The United Nations Office on Drugs and Crime, alongside reports from the World Health Organization, has consistently highlighted the widespread nature of this issue, calling attention to the long-term consequences of adolescent substance abuse on both individuals and societies [3][4].

In response to these trends, there has been a marked shift towards neuroscientific research aimed at uncovering the brain-based mechanisms that underpin adolescent susceptibility to substance abuse. While many public health strategies focus on social and environmental factors such as peer pressure, family dynamics, and socioeconomic status, these approaches often neglect the underlying neurobiological mechanisms that significantly contribute to adolescent risk behaviors.

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Thus, the aim of this manuscript is to explore the neuroscientific underpinnings of adolescent susceptibility to substance abuse, focusing on key neurodevelopmental processes such as the maturation of the prefrontal cortex, the heightened sensitivity of the brain's reward systems, and the role of neuroplasticity in shaping both resilience and vulnerability to substance use.

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## METHOD AND MATERIALS

This research, designed as a qualitative systematic review, adopted a Thematic Analysis approach, which is considered one of the most versatile and rigorous qualitative research methods [5]. Thematic analysis involves identifying, analysing, and reporting patterns, or themes, within a data set to interpret the key phenomena under investigation. In this study, the approach was specifically tailored to explore the neuroscientific underpinnings of adolescent substance use, an area of increasing concern due to the vulnerability of the adolescent brain to external influences, including substance abuse [6]. In line with best practices in qualitative systematic reviews, data were collected from a variety of reliable sources, ensuring a comprehensive view of the topic. Peer-reviewed journals provided the scientific foundation, offering evidence-based research into neurobiological changes and adolescent substance use. Books on adolescent neurodevelopment contributed to a broader understanding of the physiological and psychological factors at play during adolescence, while grey literature—including expert interviews and focused group discussions—offered practical insights from frontline professionals, such as psychologists, social workers, and healthcare providers, who deal directly with adolescent substance use. This combination of data sources ensured both depth and breadth in understanding the issue, highlighting the complexity of factors influencing adolescent substance abuse. NVivo is recognized for its utility in managing, analysing, and visualizing qualitative data, allowing for a more precise identification of themes [7]. The coding process involved tagging segments of the data with relevant codes, each representing an aspect of the research question. Hence, themes related to key constructs such as neurobiological changes, decision-making, impulse control, and environmental influences on substance use were identified. Subsequently, the emergent themes were continuously refined and mapped against existing neuroscientific research to ensure alignment with established knowledge in the field. The

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interplay between genetic predispositions and environmental stressors, for instance, was highlighted as a key contributing factor to adolescent substance use, corroborating findings from studies on gene-environment interactions in adolescent behaviour[8]. Moreover, the analysis illuminated how dopaminergic pathways, responsible for reward processing, play a pivotal role in the heightened sensitivity to rewards during adolescence, making adolescents more prone to substance use as a means of seeking pleasure or alleviating stress [9].The use of thematic analysis in this study also allowed for an exploration of how interventions, particularly those leveraging neuroplasticity, can be tailored to support adolescents in managing impulsive behaviors and avoiding substance abuse. **By integrating cognitive training and behavioral therapies into public health initiatives, such interventions can enhance the cognitive control mechanisms in the adolescent brain, promoting resilience [10].**

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## RESULTS

### The Reward System, Risk-Taking Behavior, and Substance Abuse

Central to understanding adolescent susceptibility to substance abuse is the role of the brain's reward system, primarily governed by dopaminergic pathways. Dopamine, a neurotransmitter responsible for regulating pleasure, motivation, and reward, plays a crucial role in shaping the behavior of individuals, particularly during adolescence [11]. As the brain undergoes significant development during this period, dopamine's influence on reward sensitivity intensifies, leading adolescents to seek out activities and experiences that provide immediate gratification. This heightened sensitivity to dopamine is one of the key factors driving risky behaviors, including substance use.

Adolescence is marked by a spike in dopamine receptor density particularly in brain regions associated with reward processing, such as the nucleus accumbens. This increase in dopamine activity makes teenagers more responsive to rewards, creating a neurobiological predisposition toward pleasure-seeking behaviors. Substances like alcohol, nicotine, and illicit drugs artificially elevate dopamine levels, reinforcing substance use as an intensely rewarding experience [12]. Akunna et al. (2024) observed similar patterns in university populations, where heightened dopamine responses to substance use were compounded by academic and social pressures,

leading to entrenched substance use behaviors. These findings indicate that the neurobiological vulnerabilities seen in adolescence often persist into later stages of life, making early intervention critical [13]. In contrast, adults typically show more regulated dopamine responses, as their reward systems have matured alongside the prefrontal cortex, which governs executive function and self-control. Consequently, adults are better equipped to evaluate long-term consequences and resist impulses toward immediate but risky rewards. Adolescents, however, are more vulnerable to impulsive behaviors due to the ongoing development of the prefrontal cortex, which is responsible for higher-order decision-making. This delayed maturation, coupled with heightened sensitivity to rewards, increases the likelihood of risky behaviors like substance use. Once these behaviors begin, adolescents are less capable of curbing them due to underdeveloped cognitive control systems [14].

The dual-systems model offers a useful framework for understanding adolescent behavior, emphasizing the interaction between two neural systems: the reward system and the cognitive control system. During adolescence, the reward system, which includes structures like the limbic system and nucleus accumbens, is highly active, driving reward-seeking behaviors. Meanwhile, the prefrontal cortex lags in development, impairing impulse control and foresight. This imbalance between heightened reward sensitivity and delayed cognitive control increases the propensity for adolescents to prioritize short-term rewards over long-term consequences, making them more prone to behaviors like substance use [15].

Repeated exposure to substances during this critical period can have profound and long-lasting effects on brain development. Substance use during adolescence alters the natural trajectory of brain maturation by interfering with key processes such as myelination and synaptic pruning. Myelination, the process by which neurons become more efficient at transmitting signals, is essential for cognitive functioning and continues well into early adulthood. Substance abuse disrupts this process, leading to slower cognitive development and impaired decision-making abilities. In addition to disrupting myelination, substances also interfere with synaptic plasticity, the brain's ability to strengthen or weaken neural connections based on experience [16]. During adolescence, synaptic plasticity is especially robust, allowing the brain to adapt to new learning experiences. However, the introduction of drugs or

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alcohol can interfere with this plasticity, effectively rewiring the brain in ways that reinforce addictive behaviors and reduce cognitive flexibility.

### Vulnerability and Resilience: Genetic and Environmental Factors

Adolescence is not only a time of heightened neurological sensitivity but also a period shaped by the complex interaction between genetic predispositions and environmental influences. While neurological development plays a significant role in explaining adolescent susceptibility to substance abuse, it is essential to recognize that genetic and environmental factors further modulate these vulnerabilities. Specifically, genetic composition, can predispose some individuals to a higher risk of developing substance use disorders, while environmental factors such as family dynamics, peer influence, and socio-economic conditions can either amplify or mitigate these risks [13]. One of the most researched genetic components associated with substance use vulnerability involves the dopamine D2 receptor gene (DRD2). Variants of this gene have been linked to differences in the way individuals process rewards, with certain alleles conferring a heightened sensitivity to substances that stimulate dopamine release, such as alcohol, nicotine, and illicit drugs [17]. Adolescents carrying these variants may experience a more intense reward response to substance use, making them more prone to seeking out these pleasurable experiences despite potential risks. Another significant gene implicated in substance use susceptibility is the catechol-O-methyltransferase (COMT) gene, which plays a key role in the metabolism of dopamine in the prefrontal cortex. Variations in the COMT gene can affect the efficiency of dopamine regulation, influencing impulsivity, cognitive flexibility, and stress response—factors that are critical in adolescent decision-making. Adolescents with less efficient COMT variants may struggle with impulse control, making them more susceptible to engaging in risky behaviors such as substance use [18].

However, the presence of genetic predispositions alone is not deterministic. The development of substance use disorders in adolescence often depends on the interaction between genetic vulnerabilities and environmental influences. This is where the concept of gene-environment interaction becomes particularly important. One

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notable environmental factor that plays a critical role in adolescent substance use vulnerability is stress. Adolescents who experience chronic stress, whether due to familial conflict, academic pressure, or social isolation, are more likely to engage in substance use as a form of self-medication. Stress activates the hypothalamic-pituitary-adrenal (HPA) axis, which regulates the body's response to stress by releasing cortisol. Prolonged activation of the HPA axis can dysregulate the brain's reward system, increasing the likelihood that an adolescent will turn to substances to alleviate feelings of anxiety or distress. Moreover, exposure to stress can exacerbate the effects of genetic predispositions, particularly those related to reward sensitivity and impulsivity, creating a synergistic effect that amplifies the risk of substance abuse [19].

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In addition to stress, trauma during childhood or adolescence has been shown to significantly increase the likelihood of substance use disorders. Trauma, particularly in the form of physical or emotional abuse, neglect, or exposure to violence, can have profound effects on brain development, leading to changes in how the brain processes emotions, rewards, and threats. Adolescents who have experienced trauma often show increased activity in the amygdala, the brain's emotional processing center, and decreased activity in the prefrontal cortex, which is responsible for regulating emotional responses and impulses [20]. These neurodevelopmental changes create a heightened sensitivity to emotional distress, making substances that alleviate negative emotions such as alcohol, cannabis, or opioids particularly appealing. The experience of trauma also increases the likelihood of co-morbid mental health conditions, such as depression and post-traumatic stress disorder (PTSD), both of which are strongly associated with higher rates of substance use in adolescence.

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At the molecular level, environmental factors exert their influence on brain development and behavior through epigenetic modifications. Epigenetics refers to the changes in gene expression that occur without altering the underlying DNA sequence, often in response to environmental stimuli. For instance, chronic stress or trauma can trigger epigenetic changes that affect the expression of genes related to the brain's reward system, particularly those involved in dopamine regulation. These changes can enhance an individual's sensitivity to substances, increasing the likelihood of developing addictive behaviors [21]. Conversely, positive environmental experiences

such as strong social support or engagement in rewarding, healthy activities can lead to epigenetic modifications that promote resilience, strengthening the brain's ability to regulate emotions and impulses.

### Interventions and Preventative Strategies

Neuroscience has revealed that adolescence is a period marked by immense neuroplasticity, making it an optimal time for interventions that can modify the brain's trajectory in a positive direction. One key takeaway from this research is the importance of timing. Interventions must be introduced before or during the critical window of heightened risk-taking behavior, typically between the ages of 12 and 18 [22][23]. By intervening during this phase of rapid brain development, it is possible to enhance the cognitive control systems (particularly the prefrontal cortex) that help regulate impulsive behaviors and resist the allure of substances that activate the brain's reward circuits.

Cognitive training is one such intervention that leverages neuroplasticity to improve executive functioning. Programs designed to enhance working memory, impulse control, and decision-making can help adolescents develop the cognitive tools necessary to navigate social pressures and resist substance use. These interventions are particularly effective when integrated into school-based programs, where adolescents can consistently practice and refine these skills in real-life scenarios [24]. In addition to cognitive training, behavioral therapies that focus on emotion regulation and stress management are critical, especially for adolescents who have experienced trauma or chronic stress. Cognitive-behavioral therapy (CBT), for example, teaches individuals how to identify and alter negative thought patterns and behaviors, providing adolescents with the coping mechanisms needed to handle stress without resorting to substance use [25]. These therapies are not only effective at addressing the psychological factors that contribute to substance use but also engage the brain's neuroplasticity by reinforcing healthier behavioral pathways.

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Neuroscientific advancements also point to emerging neurofeedback and non-invasive brain stimulation techniques as promising interventions. Neurofeedback involves monitoring brain activity (often through EEG) and training individuals to regulate their neural responses. This technique has been shown to enhance self-control and reduce impulsivity, making it a promising approach for adolescents at risk of substance abuse. Similarly, transcranial magnetic stimulation (TMS), a non-invasive technique that uses magnetic fields to stimulate specific areas of the brain, has shown potential in modulating activity in the prefrontal cortex, the region responsible for impulse control. These methods, while still in early stages of application for substance abuse, offer exciting possibilities for directly altering brain function to reduce vulnerability during adolescence [26][27].

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Pharmacological approaches, although more commonly associated with treatment rather than prevention, are another area where neuroscience offers critical insights. Medications that target the brain's reward system such as those that modulate dopamine or glutamate activity may be used to reduce cravings or mitigate the rewarding effects of substances in adolescents who have already initiated substance use [25]. However, caution is required with pharmacological interventions, particularly in younger populations, given the potential for side effects and the impact on the still-developing brain.

### **Public Health Implications**

The insights gleaned from neuroscience must not remain confined to academic research but should inform public health policy and the design of large-scale prevention programs. School-based interventions are an ideal setting for translating neuroscientific findings into practical applications. These programs should be structured to reflect the realities of adolescent brain development, emphasizing not only the risks associated with substance use but also equipping students with the tools to strengthen executive function, manage stress, and resist peer pressure [28]. For instance, incorporating cognitive training exercises into regular school curricula could serve as a preventive measure to enhance decision-making and self-control, potentially reducing the likelihood of substance abuse.

Furthermore, public health policies must consider the individual variability in adolescent susceptibility to substance use. Neuroscientific research has shown that adolescents differ in their genetic predispositions,

environmental exposures, and neurodevelopmental trajectories, meaning that a one-size-fits-all approach is unlikely to be effective. Targeted interventions that consider an individual's neurological, genetic, and environmental risk factors are essential for addressing substance use vulnerability in a personalized and nuanced manner [29]. For example, adolescents with a history of trauma may benefit more from trauma-informed care and emotion regulation strategies, while those with genetic predispositions may require closer monitoring and early interventions to counteract these risks.

Policy makers should also prioritize investment in early intervention programs that begin before adolescents reach the peak period of risk-taking behavior. By introducing interventions in middle school or even earlier, it is possible to intervene before substance use behaviors become entrenched. These programs should focus on promoting healthy brain development by addressing both the biological and environmental factors that contribute to substance use risk. Additionally, public health initiatives must work to reduce the environmental risk factors, such as poverty and social instability, that exacerbate adolescent vulnerability, ensuring that preventive strategies reach those most in need.

## **Conclusion**

The intersection between adolescent brain development and substance abuse vulnerability offers a complex but crucial area for research and intervention. Neuroscientific findings accentuate the elaborate relationship between the maturation of the brain's reward systems, cognitive control mechanisms, and the external factors that shape an adolescent's environment. The heightened sensitivity to rewards, coupled with delayed maturation of the prefrontal cortex, creates a fertile ground for risky behaviors during adolescence, making this developmental period one of heightened susceptibility to substance use. Looking forward, it is clear that further research is needed to deepen the understanding of adolescent susceptibility to substance abuse. Longitudinal studies are particularly important for tracking how early brain development influences substance use trajectories into adulthood. Additionally, there is a pressing need to investigate the role of sex differences in adolescent brain development and substance use vulnerability. Emerging evidence suggests that male and female brains may

respond differently to reward stimuli and substance use, yet much of the existing research has focused predominantly on male subjects. Understanding these differences is vital for developing gender-sensitive interventions.

Finally, there is a need for diverse population studies that consider how socio-economic, cultural, and racial factors influence both brain development and substance use behaviors. The majority of neuroscience research has been conducted in high-income countries, often with limited representation of minority groups. Expanding research to include more diverse populations will ensure that interventions are effective across different socio-economic and cultural contexts.

### **Ethical Approval**

The present research work does not contain any studies performed directly with animals/human subjects by any of the authors.

### **REFERENCES**

- [1] Backes EP, Bonnie RJ. Adolescent development [Internet]. National Library of Medicine. 2019. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK545476/>
- [2] Onalapo OJ, Olofinnade AT, Ojo FO, Adeleye O, Falade J, Onalapo AY. Substance use and substance use disorders in Africa: An epidemiological approach to the review of existing literature. *World Journal of Psychiatry*. 2022 Oct 19;12(10):1268–86.
- [3] World Health Organisation. Alcohol, e-cigarettes, cannabis: concerning trends in adolescent substance use, shows new WHO/Europe report [Internet]. [www.who.int](http://www.who.int). 2024. Available from: <https://www.who.int/europe/news/item/25-04-2024-alcohol--e-cigarettes--cannabis--concerning-trends-in-adolescent-substance-use--shows-new-who-europe-report>

- [4] United Nations Office on Drugs and Crime. WORLD DRUG REPORT 2023 [Internet]. 2023. Available from: [https://www.unodc.org/res/WDR-2023/WDR23\\_Exsum\\_fin\\_DP.pdf](https://www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_DP.pdf)
- [5] Braun V, Clarke V. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*. 2006;3(2):77–101.
- [6] Squeglia LM, Gray KM. Alcohol and Drug Use and the Developing Brain. *Current Psychiatry Reports* [Internet]. 2016 Mar 17;18(5). Available from: <https://link.springer.com/article/10.1007/s11920-016-0689-y>
- [7] Brandão C. P. Bazeley and K. Jackson, *Qualitative Data Analysis with NVivo* (2nd ed.). *Qualitative Research in Psychology*. 2014 Dec 9;12(4):492–4.
- [8] Dick DM. Gene-Environment Interaction in Psychological Traits and Disorders. *Annual Review of Clinical Psychology* [Internet]. 2011 Apr 27;7(1):383–409. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647367/>
- [9] Volkow ND, Michaelides M, Baler R. The neuroscience of drug reward and addiction. *Physiological Reviews* [Internet]. 2019 Sep 11;99(4):2115–40. Available from: <https://journals.physiology.org/doi/full/10.1152/physrev.00014.2018>
- [10] Ganesan K, Smid CR, Thompson A, Buchberger ES, Spowage J, Iqbal S, et al. Examining Mechanisms of Childhood Cognitive Control. *Journal of cognition* [Internet]. 2023 Aug 24 [cited 2024 May 7];6(1):50–0. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10453963/>
- [11] Ernst M, Luciana M. Neuroimaging of the dopamine/reward system in adolescent drug use. *CNS Spectrums*. 2015 Jun 22;20(4):427–41.
- [12] Walker DM, Bell MR, Flores C, Gulley JM, Willing J, Paul MJ. Adolescence and Reward: Making Sense of Neural and Behavioral Changes Amid the Chaos. *The Journal of Neuroscience*. 2017 Nov 8;37(45):10855–66.
- [13] Akunna ON, Udeji RN, Oka OU, Izumunna TE, Azike CA. Drug and substance use disorders among university students. *Nexus Med Lab Sci J*. 2024;1(1):25-34.

- [14] Casey BJ, Jones RM. Neurobiology of the Adolescent Brain and Behavior: Implications for Substance Use Disorders. *Journal of the American Academy of Child & Adolescent Psychiatry* [Internet]. 2010 Dec;49(12):1189–201. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3099425/>
- [15] Shulman EP, Smith AR, Silva K, Icenogle G, Duell N, Chein J, et al. The dual systems model: Review, reappraisal, and reaffirmation. *Developmental Cognitive Neuroscience*. 2016 Feb;17:103–17.
- [16] Brain Development - an overview | ScienceDirect Topics [Internet]. *Scencedirect.com*. 2011. Available from: <https://www.sciencedirect.com/topics/neuroscience/brain-development>
- [17] Blum K, Chen ALC, Oscar-Berman M, Chen TJH, Lubar J, White N, et al. Generational Association Studies of Dopaminergic Genes in Reward Deficiency Syndrome (RDS) Subjects: Selecting Appropriate Phenotypes for Reward Dependence Behaviors. *International Journal of Environmental Research and Public Health*. 2011 Nov 29;8(12):4425–59.
- [18] Qayyum A, Zai CC, Hirata Y, Tiwari AK, Cheema S, Nowrouzi B, et al. The Role of the Catechol-o-methyltransferase (COMT) Gene Val158Met in Aggressive Behavior, A Review of Genetic Studies. *Current Neuropharmacology* [Internet]. 2015 Dec 1;13(6):802–14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4759319/>
- [19] Stephens MAC, Wand G. Stress and the HPA axis: role of glucocorticoids in alcohol dependence. *Alcohol research : current reviews* [Internet]. 2012;34(4):468–83. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860380/>
- [20] Tottenham N, Galván A. Stress and the adolescent brain. *Neuroscience & Biobehavioral Reviews*. 2016 Nov;70(1):217–27.
- [21] Fagiolini M, Jensen CL, Champagne FA. Epigenetic influences on brain development and plasticity. *Current Opinion in Neurobiology*. 2009 Apr;19(2):207–12.
- [22] The Adolescent Brain: A second window of opportunity A Compendium [Internet]. Available from: <https://www.unicef.org/guatemala/media/381/file/The%20Adolescent%20brain.pdf>

- [23] Larsen B, Luna B. Adolescence as a neurobiological critical period for the development of higher-order cognition. *Neuroscience & Biobehavioral Reviews* [Internet]. 2018 Nov;94(1):179–95. Available from: <https://www.sciencedirect.com/science/article/pii/S014976341830160X>
- [24] Caetano T, Pinho MS, Ramadas E, Clara C, Areosa T, Dixe M dos A. Cognitive Training Effectiveness on Memory, Executive Functioning, and Processing Speed in Individuals With Substance Use Disorders: A Systematic Review. *Frontiers in Psychology*. 2021 Aug 13;12.
- [25] Akunna O, Nneka U, Nkesi O, John A, Cordelia O, Ada A. Negative Implications of Drug and Substance use on Mental Health. *International Neuropsychiatric Disease Journal* [Internet]. 2024 May 11 [cited 2024 Jun 1];21(4):18–25. Available from: <http://editor.classicopenlibrary.com/id/eprint/1776/>
- [26] Mirifar A, Keil A, Ehrlenspiel F. Neurofeedback and neural self-regulation: a new perspective based on allostasis. *Reviews in the Neurosciences*. 2022 Feb 7;33(6):607–29.
- [27] Siebner HR, Funke K, Aberra AS, Antal A, Bestmann S, Chen R, et al. Transcranial magnetic stimulation of the brain: What is stimulated? – A consensus and critical position paper. *Clinical Neurophysiology* [Internet]. 2022 Aug;140:59–97. Available from: <https://www.sciencedirect.com/science/article/pii/S1388245722002723>
- [28] Jolles J, Jolles DD. On Neuroeducation: Why and How to Improve Neuroscientific Literacy in Educational Professionals. *Frontiers in Psychology*. 2021 Dec 3;12.
- [29] Rauh VA, Margolis AE. Research Review: Environmental exposures, neurodevelopment, and child mental health - new paradigms for the study of brain and behavioral effects. *Journal of Child Psychology and Psychiatry*. 2016 Mar 14;57(7):775–93.