Utilizing Opioid Settlement Funds for Upstream Youth Prevention:

Addressing High-THC as a Driver of Potential Future Opioid Misuse

Allison Dodge

Donor Relations Coordinator

One Chance to Grow Up

Eric Anderson

Principal, Co-founder

SE2

Caroline Jordan

Director of Strategic and Digital Communications

One Chance to Grow Up

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Executive Summary

The national opioid crisis has resulted in settlement funds being distributed to states and local communities. While these funds are often directed toward treatment and recovery, a growing body of evidence and public health consensus supports a critical shift toward **primary prevention**.

Research increasingly points to preventing youth exposure to high-THC cannabis products as a form of opioid prevention.

- First use before age 18 is the **#1 contributor to later opioid use disorders**[1]
- THC use as early as age 14 is **strongly associated with opioid use by age 19**[2]
- Cannabis use may **increase—not decrease—the risk of opioid misuse and disorder**[3]

Today's cannabis environment is dominated by **high-potency THC products**, which introduce greater risks for youth and amplify the need for prevention.

This white paper presents an evidence-informed framework for using opioid settlement funds to support **youth-focused prevention strategies targeting high-THC cannabis exposure as an upstream driver of opioid misuse**.

1. A Once-in-a-Generation Prevention Opportunity

Opioid settlement funds represent a long-term funding stream distributed over 18 years, with substantial funds still unallocated.

$58.7 *billion*

in opioid settlement totals nationally from corporations that contributed to the epidemic.[4]

National spending patterns from 2024 show:

- Funding is typically allocated across four major categories:
  - Treatment ($615 million)
  - Harm Reduction ($490 million)
  - Recovery ($450 million)
  - Prevention ($237 million)
- **Only 9% of funds are currently directed toward prevention efforts.**[5]

This imbalance highlights a major opportunity to reduce potential long-term costs of addressing the direct and indirect effects of opioid misuse directly and substance use disorder more broadly.

Prevention remains underfunded despite strong agreement among decision-makers that effective, evidence-based prevention strategies are essential.

Prevention is uniquely effective because it:

- Intervenes **before harm occurs**
- Delivers **high return on investment (ROI)**
  - According to a 2009 Substance Abuse and Mental Health Services Administration (SAMHSA) study, effective substance abuse prevention programs could **save an estimated $18 for each dollar invested.**[6]
  - Based on a Washington State Institute for Public Policy review, youth prevention programs produce benefits of at least $10 for every dollar invested.[7]
- Produces **multi-generational benefits**

Given the long-term nature of settlement funding, investing in prevention now can reduce future demand for costly treatment and recovery services and limit loss of life for generations.

2. Upstream Cannabis Prevention Is Opioid Prevention

Research shows **that youth cannabis use is a key upstream risk factor for opioid misuse**.

- Cannabis can **worsen mental health outcomes** for some users, including anxiety, depression, cognitive deficits, and psychosis, all of which can increase risk for opioid use.[8]
- First use before age 18 is the **top contributor** to opioid use disorder (OUD).[9]
- THC use at age 14 is **strongly associated** with opioid use by age 19.[10]
- Cannabis use appears to **increase the risk of nonmedical prescription opioid use and opioid use disorder.**[11]
- Cannabis use during early adolescence is associated with **increased likelihood of OUD and riskier forms of opioid use** that increase vulnerability to overdose and mortality. [12]

Together, these findings establish a clear trajectory:

3. The High-THC Environment and Youth Risk

Today's cannabis products are fundamentally different from those in the past, particularly in terms of **potency (level of concentration)**.

Cannabis (Marijuana):

A plant of the *Cannabaccae* family with more than 80 biologically active chemical compounds known as cannabinoids, the most well-known being nonintoxicating cannabidiol (CBD) and intoxicating delta-9-tetrahydrocannabinol (THC).[13]

THC:

The psychoactive chemical in cannabis responsible for producing the "high." THC naturally occurs in low levels in the plant, but can be enhanced through genetic engineering and/or concentrated into extremely high levels in manufactured products.

Opioid:

An opioid is a natural or synthetic chemical that binds to receptors in the brain and body and reduces the intensity of pain signals. Common prescription opioids include Hydrocodone, Oxycodone, and Morphine.[14]

Flower/cannabis leaf: the harvested and dried leaves of a cannabis plant, which are typically rolled into a joint and then smoked.	
Edibles: products where THC derived from cannabis plants is incorporated into food and drink products, such as chocolates, gummies, seltzers, hard candy, brownies, pretzels, etc.	
Vaporizers/vapes: a form of consuming concentrated THC where a liquid chemical is burned inside a small device (the vaporizer), and the fumes are inhaled.	
Dabs: extremely potent substances derived by chemically concentrating naturally occurring levels of cannabinoids into higher synthesized substances (known as wax/shatter/resin/rosin), which are then burned with a small blowtorch and "dab rig," and the resulting vapors inhaled.	

While cannabis in the 1960s had a potency of around 3% and around 4% to 6% in the early 2000s, today's products range from around 25% in the plant material to **between 70% and 90% or even higher** in concentrated products.[15]

Graphic: University of Colorado School of Public Health

In Colorado, the first state to sell products in a commercial recreational market, 93% of the products have a THC level greater than 15%.[16]

High-THC exposure is related to:[17]

- Potential development of psychosis
- Anxiety symptoms
- Potential suicide risk
- Risk of dependence and substance use disorder
- Potential later opioid misuse

These risks are particularly acute for youth, making teen prevention strategies essential.[18]

More than half of new THC users are underage so youth prevention is central to the issue.[19]

4. Parents and Trusted Adults: The Critical Prevention Link

The 2026 Office of National Drug Control Strategy specifically states that "parents, educators, coaches, and mentors play a critical role in modeling healthy behaviors," and should be a key component of youth drug prevention initiatives. [20]

Youth who perceive parental disapproval are **72% less likely to use marijuana.**[21]

This positions adult education as a **primary prevention strategy** for this age group.

Effective prevention investments from the opioid settlement funds should prioritize:

- Parent/trusted adult and caregiver education
- Tools for conversation, boundary-setting, and motivational interviewing
- Community-based engagement

Meeting parents "where they are" (e.g., at community events) and highly targeted messaging through digital platforms and out-of-home messaging such as billboards are effective approaches to awareness and engagement.

5. Evidence-Informed Prevention Works

Demand-side prevention strategies are highly effective.

Demand-side interventions **outperform supply-side enforcement in reducing overdose mortality.**[22]

This aligns with the broader case for investing opioid settlement funds in prevention to reduce financial and human costs. Prevention:

- Reduces future substance use disorders
- Lowers long-term system costs
- Improves community outcomes

6. Case Study: El Paso & Teller Counties, Colorado

One Chance to Grow Up sees a **critical opportunity** in the utilization of opioid settlement funds to support broad upstream prevention through parental education on the topic of youth THC use and its connection to potential later opioid misuse.

Using high-quality evidence-informed tactics, research, and input from medical experts, we built a model multi-pronged educational campaign focusing on high-potency THC and how youth THC prevention supports upstream opioid prevention.

The Colorado Opioid Abatement Council determined in May 2026 that One Chance to Grow Up's educational campaign model aligns with the National Opioid Settlement's *Exhibit E– List of Remediation Uses* and is evidence-informed.[23]

In Colorado's Opioid Abatement Region 16, which includes El Paso and Teller counties around Colorado Springs, we have implemented our model educational campaign through multimodal tactics.

The Colorado Region 16 initiative provides a practical example of how opioid settlement funds can support upstream prevention.

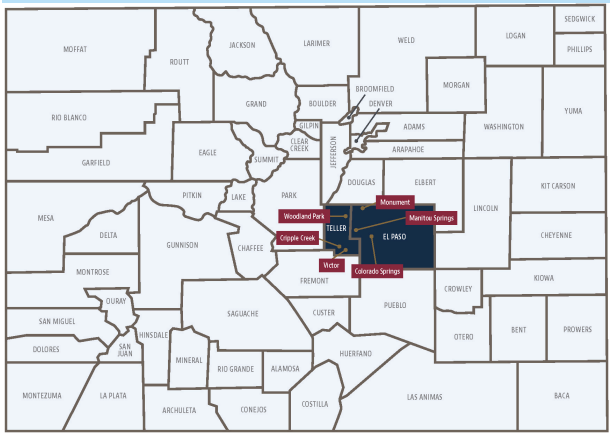
The model focuses on the key components of:

- Parent and trusted adult education
- Fact-based, research-grounded messaging

- Community outreach and engagement
- Multi-channel communication (paid media, in-person community events, and earned media coverage)

This outreach all drives audiences to a central information hub. HighRiskTHC.org highlights a trusted expert physician voice and the science, as well as tools for parents and other trusted adults.

Colorado ROAC Region 16



- **Population:** 777k+[24]
- **Square mileage:** 2,715 square miles[25]
- **Major Population Centers:** Colorado Springs, Cripple Creek, Manitou Springs, Monument, Woodland Park, Victor[26]
- **% of the Population Under 18:** [27]
  - Teller county– 15.6%
  - El Paso county– 22.5%
- **School Districts:** 19[28]

Graphic: El Pomar Foundation

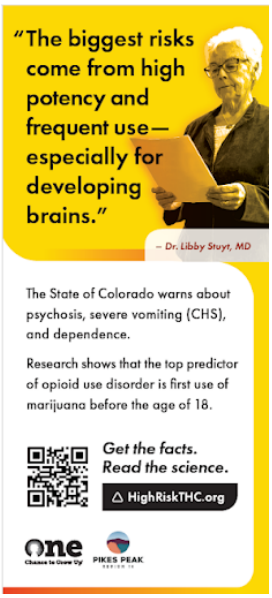
Key Message Framework

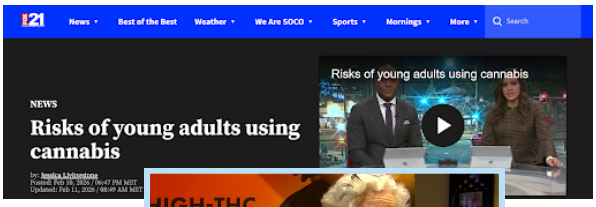
The campaign communicates:

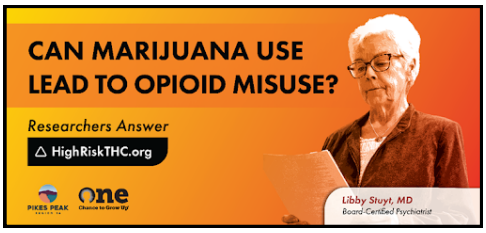
- Potency differences in modern THC products compared to the past
- Risks to the developing adolescent brain, according to scientific and medical research
- Documented health and behavioral risks of youth THC use
- The scientific research-supported connection between youth marijuana use and potential future opioid misuse
- Surveys conducted to measure sentiments and behavior change

Implementation Tactics

- **Community events** engaging parents directly (meetings with community leaders; tables and booths at local events; lectures and speaking engagements to community groups, parents, and other key populations)
- **Educational materials** (booklets, rack cards, handouts, social media content)
- **Media outreach and public awareness campaigns** (outreach to local newspapers and TV channels, press conferences, pitching expert interviews and resources to key media amplifiers in the community)
- **Paid media** (advertising), including targeted digital ads on and physical billboards in key locations
- A centralized information hub to focus the campaign at **HighRiskTHC.org**, highlighting a trusted expert physician's voice







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7. Policy Implications for Opioid Settlement Funds

The evidence presented in this paper supports a clear policy direction:

Prioritize Primary Prevention

Allocate a greater share of settlement funds to prevention.

Recognize High-THC Exposure as an Upstream Risk Driving the Opioid Crisis

Explicitly include youth cannabis prevention—especially high-THC products—as part of opioid abatement strategies.

Invest in Parent-Focused Education

Support scalable programs that equip parents with accurate information to share with their children, and encourage clear expectations and communication.

Fund Community-Based Models

Replicate proven approaches like Colorado Region 16 model that combine education, outreach, and media; leverage trusted local partners and experts; and deliver consistent, research-based messaging.

Measure Long-Term Outcomes

Prevention takes time to show full impacts, so track longer-term trends in youth THC initiation, substance use disorder rates, opioid misuse and overdose rates.

Conclusion

The opioid crisis demands a forward-looking approach. The evidence presented in this framework makes a compelling case that:

- **Early marijuana use is a significant predictor of opioid misuse**
- **High-THC products increase risk, especially for youth**
- **Prevention—particularly through parent engagement—is effective and an opportunity for opioid settlement funds to be utilized to get in front of the problem**

Opioid settlement funds provide a rare opportunity to act on this knowledge. By investing in **youth prevention focused on high-THC risks**, communities can:

- Reduce early substance exposure
- Lower long-term addiction rates
- Improve health and economic outcomes

This model is an innovative, **strategic extension of opioid prevention** that complements the critical work of other drug mitigation efforts downstream. Together, they create safer, healthier communities for our children and all of us now and in the future.

Footnotes

[1] **Understanding Opioid Use Disorder (OUD) using tree-based classifiers,** https://pubmed.ncbi.nlm.nih.gov/31962227/ Wadekar - 2020 Mar 1

[2] **Adolescent cannabis and tobacco use are associated with opioid use in young adulthood—12-year longitudinal study in an urban cohort** Society for the Study of Addiction. -Thrul, Rabinowitz, Reboussin, Maher, Ialongo - 2020 July 21

[3] **Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States** American Journal of Psychiatry Volume 175, Number 1 Olfson, Wall, Liu, Blanco - 2017 Sept 26

[4] *Christine Minhee, J.D., OpioidSettlementTracker.com*

[5] Based on 2024 percentages of nationwide settlement expenditures, Opioid Settlement Spending on Prevention, Settlement Expenditures of Opioid Settlement Funds | Opioid Principles

[6] **Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis** | SAMHSA

[7] **Washington State Institute for Public Policy**

[8] **Cannabis as a Gateway Drug for Opioid Use Disorder** Journal of Law Medicine and Ethics - NIH - Williams - 2020 Jul 14

[9] **Understanding Opioid Use Disorder (OUD) using tree-based classifiers** https://pubmed.ncbi.nlm.nih.gov/31962227/ Wadekar - 2020 Mar 1

[10] **Adolescent cannabis and tobacco use are associated with opioid use in young adulthood—12-year longitudinal study in an urban cohort** Society for the Study of Addiction. -Thrul, Rabinowitz, Reboussin, Maher, Ialongo - 2020 July 21

[11] **Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States** American Journal of Psychiatry Volume 175, Number 1 Olfson, Wall, Liu, Blanco - 2017 Sept 26

[12] **Early onset of cannabis use and risk for opioid use disorder across two decades in the United States** Washington University in Saint Louis School of Medicine, Department of Psychiatry / Science Direct - Agrawal, Nelson - 2026 April 4

[13] **What You Need to Know (And What We're Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD** | FDA

[14] **About Prescription Opioids** | Centers for Disease Control

[15] **Cannabis: Lure of Colorado High Changes Mental Healthcare** | University of Colorado Anschutz

[16] **THC Concentration in Colorado Marijuana: Health Effects and Public Health Concerns** | Colorado Department of Public Health and Environment

[17] **Cannabis public health statements: Neurological, Cognitive and Mental Health Effects** | Colorado Department of Public Health and Environment

[18] **Use of Regulated Marijuana Concentrate** | Colorado Department of Revenue: Marijuana Enforcement Division

[19] **2024 National Survey on Drug Use and Health** | SAMHSA

[20] **2026 National Drug Control Strategy** | The White House

[21] Dr. Bertha Madras, Harvard University, Colorado Department of Public Health & Environment, HKCS, 2018.

[22] **The Lifesaving Potential of Opioid Abatement Funds**, JAMA, Etkin, Robertson, 2026 Feb 17

[23] **Colorado Opioid Abatement Council (COAC) Meeting**, May 14th, 2026 | Agenda

[24] **United States Census**, 2024

[25] **About El Paso County**, **Teller County History**

[26] **Pikes Peak Region Map**

[27] **United States Census**, 2024

[28] **El Paso County School Districts**, **Colorado Department of Education School Districts Map**

About the Authors

Allison Dodge

Allison Dodge is One Chance to Grow Up's Donor Relations Coordinator, and brings a wealth of knowledge in outreach to new and existing individuals and foundations to build One Chance's funding streams. A long-time Denver resident, Allison has been extremely active in the nonprofit sector and innovating new ways to fund prevention initiatives, such as through opioid abatement funds. She has presented on how opioid settlement funding can be used for upstream youth prevention at the 2026 Stanford University 7th Annual Teaching Cannabis (and other drugs) Awareness & Prevention Virtual Conference, and the 2026 CannAct Conference. Allison can be reached at *allison@onechancetogrowup.org*.

Eric Anderson

Eric Anderson is the co-founder of SE2, a behavior change marketing agency that has managed a dozen opioid settlement-funded campaigns, as well as numerous other youth prevention campaigns highlighting positive community norms, the power of connection, and the risks of today's high-potency THC products. His speaking engagements on prevention include: 2023 HIDTA Prevention Summit, 2025 Peaks to Coast: United Opioid and Polysubstance Response Summit, Safe States Alliance 2025 Conference, Stanford University 7th Annual Teaching Cannabis (and other drugs) Awareness & Prevention Virtual Conference, and the CannAct Conference. He can be reached *Eric@SE2ChangeForGood.com*.

Caroline Jordan

Caroline Jordan is One Chance to Grow Up's Director of Strategic and Digital Communication. She has extensive experience in digital and new media, public advocacy, and content creation, and holds a Masters of Arts in Political Communication from American University, as well as a Bachelors of Arts in Global Media from Arcadia University. Previously, she worked as a freelance communications consultant and content creator, as well as a Communications Associate at the Congressional Budget Office. Caroline organizes and oversees One Chance's media outputs and digital platform. She can be reached at *caroline@onechancetogrowup.org.*

One Chance to Grow Up safeguards kids from today's marijuana through community education and groundbreaking policy. We don't take sides on the politics of legalization but instead serve as a reliable resource for parents, media, policymakers, and all who care about kids.

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