Starting Upstream:

Evidence Shows Educating Parents and Trusted Adults Supports Youth Prevention

Caroline Jordan

Director of Strategic and Digital Communication

One Chance to Grow Up

July 2026

Executive Summary

A growing scientific and policy consensus holds that primary youth prevention has the highest return on investment and the most far-reaching impact of any category of substance use program. Within this area of focus, a growing approach focuses on the critical role of adults who influence teens.

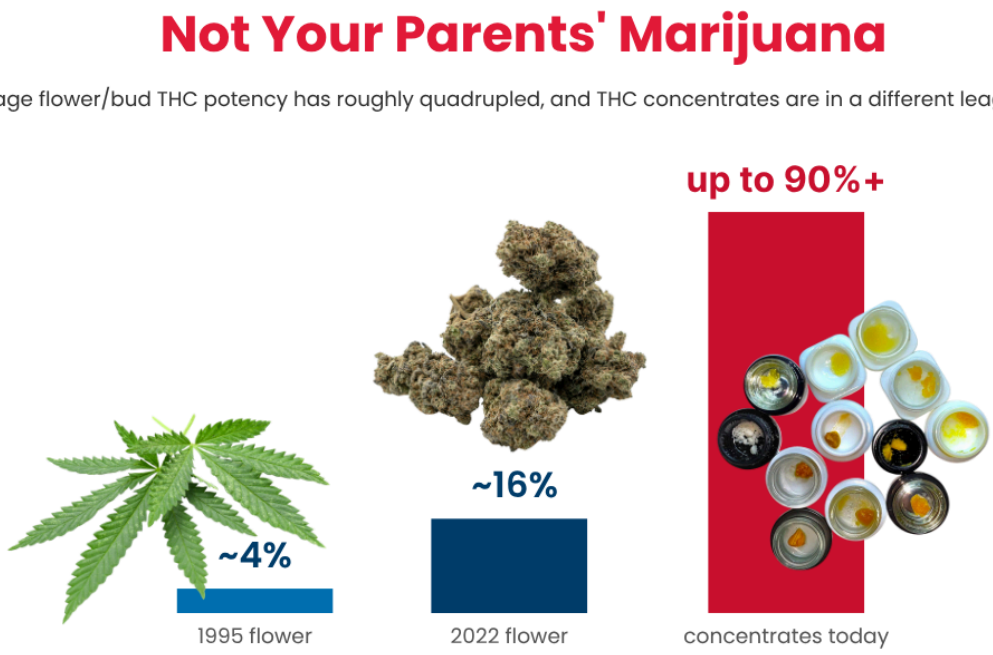
This paper makes a straightforward, evidence-based case for the influence of parents and other trusted adults, and demonstrates that equipping those adults with accurate, current information is an effective and cost-efficient approach. It provides data supporting the approach, shows how the nation's leading scientific and policy authorities endorse it, and argues that this strategy warrants a larger share of attention and funding than it currently receives.

The evidence is not new, but in 2026, it became impossible to ignore. The 2026 National Drug Control Strategy released by the Office of National Drug Control Policy (ONDCP), devotes an entire chapter to prevention and a dedicated framework to this approach. It states plainly that prevention efforts start at home and underscores the influence that parents and caregivers have on a young person's decision to use (or abstain from) drugs. This echoes longstanding guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC).

Parent and trusted-adult education deserves significantly more attention and funding within the prevention portfolio. One Chance to Grow Up has built its entire mission on this premise since its founding in 2013. The national consensus has now caught up, and that is good news for kids.

1. The Moment for Prevention

The market for intoxicating products aimed at or easily reached by young people has changed faster than the systems meant to protect them. Today's marijuana bears little resemblance to the plant of even a generation ago: concentrates and vape oils can exceed 90% THC potency, and edibles are frequently designed to look and taste like candy. [1]



A parallel market of "gas station" intoxicants (such as hemp-derived THC, kratom, 7-OH, and others) has proliferated in convenience stores and smoke shops, often without meaningful age gates. The 2026 National Drug Control Strategy describes the hemp-derived THC compounds bluntly: they are "often produced in laboratories," "not regulated," and "have been linked to cases of psychosis and suicide attempts."[2]

Many systems respond after harm has occurred. But the science of adolescent brain development argues for the opposite.

The human brain continues maturing into the mid-twenties, and exposure to addictive substances during this window can interfere with that development.[3] Federal data show that nine out of ten adults with a substance use disorder began using before the age of 18, and that addiction is up to seven times more likely when substance use begins while the brain is still developing.[4]

There is also one component of prevention that is often underestimated: the adults who surround a child every day.

2. What "Upstream Prevention" Means

Public-health professionals often explain prevention through a parable that the 2026 National Drug Control Strategy places at the very center of its new National Prevention Framework:

> Villagers living by a river were alarmed when children began floating downstream, struggling. They organized rescue teams—but soon became overwhelmed as more people were swept away. Finally, one villager declared, "Instead of only pulling people out, I'm going upstream to see why they are falling in!"
>
> — The Story of the River, 2026 National Drug Control Strategy, Appendix G

Rescue is vital, but if no one addresses the compounding issues earlier, rescuers will continue to be overwhelmed and irreparable harm may occur. **Upstream prevention (known formally as *"primary prevention"*) means intervening before substance use begins,** by strengthening the conditions that keep young people healthy and reducing the conditions that put them at risk.

Risk factors and protective factors

Modern prevention science is built on a simple, durable insight: certain conditions in a young person's life make substance use more likely ***(risk factors)***, and others make it less likely ***(protective factors)***. As SAMHSA explains in its foundational guide Focus on Prevention, "the more protective factors a young person has, the less likely it is that he or she will try alcohol, tobacco, or illicit drugs."[5]

SAMHSA organizes these factors across three levels: the individual, the family, and the community/environment.[6] The family-level protective factors are strikingly ordinary and achievable:

- Unity, warmth, and attachment between parents and children
- Parental supervision
- Regular contact and communication between parents and children

These tactics are daily habits of engaged caregiving, which is precisely why they are scalable and why the adults in a child's life are such a powerful prevention asset.

Instead of clinical intervention, all that might be needed is reinforcing or promoting positive family dynamics.

SAMHSA's Strategic Prevention Framework details this into a repeatable, community-led process for helping youth:[7]

1. Assess needs
2. Build capacity
3. Plan and implement evidence-based strategies
4. Evaluate and repeat

Why upstream pays off

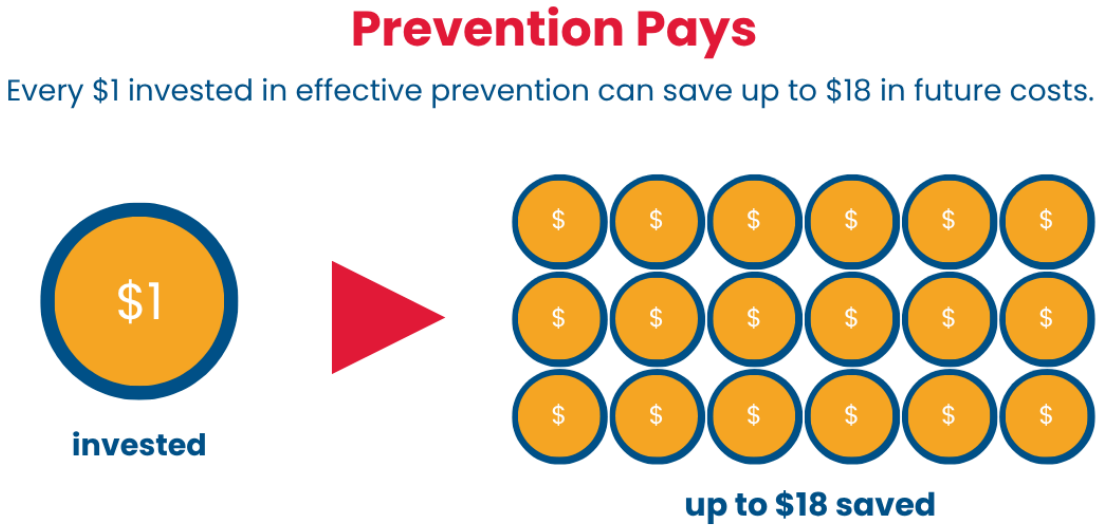
Prevention is also among the most cost-effective points of intervention.

A SAMHSA analysis found that effective school-based prevention programs can save up to $18 in future costs for every $1 invested, with some approaches estimating long-term savings of up to $64 per dollar, depending on the model.[8] Family-focused programs show similar logic. An independent review of the widely used Strengthening Families Program reported savings of roughly $9.83 for every $1 invested.[9]

Whatever the exact multiplier, the benefits are clear. Dollars spent upstream prevent far larger costs downstream in treatment, health care, lost potential, and enforcement. They prevent not just financial costs but human costs, as well.

Prevention Concepts

Primary prevention (upstream)	Stopping substance use before it ever starts, rather than responding after harm occurs. References the "river parable": it's easier to keep individuals from falling in than to keep pulling them out.
Early intervention (midstream)	Stepping in at the first signs of use, before occasional experimentation becomes a more serious problem.
Treatment & recovery (downstream)	Helping people who already have a substance use disorder get well and stay well. Essential, but the costliest and hardest stage.
Protective factors	Conditions in a young person's life that make substance use less likely, like a warm, attentive parent relationship, supervision, and open communication.
Risk factors	Conditions that make substance use more likely, like stress, social pressure, or easy access to products.
Parental monitoring	A child's sense that a parent or trusted adult knows where they are and who they're with. One of the most reliably protective everyday habits.
Trusted adults	The caring adults in a child's orbit beyond parents, including other relatives, coaches, teachers, faith leaders, school resource officers, and mentors who also shape a young person's choices.



(Substance Abuse and Mental Health Services Administration, 2009)

3. "The Strongest Protective Factor Is Already In the Room"

One factor stands out at the heart of upstream prevention for both its strength and its reach: the influence of parents and "trusted adults" (such as the coaches, faith leaders, school resource officers, and other mentors). The evidence of this is consistent across decades, methods, and sources.

Parents are the leading influence by a wide margin

Adolescence is often imagined as the age when parents stop mattering, and peers take over. The data tells a more encouraging story. Research has shown "more than 80% of youth ages 10—18 cite their parents as the leading factor in their decision-making" about drugs and alcohol.[10]

This is associated with lower substance use, as illustrated by Colorado's declining teen marijuana use rates. The results from 2025's Healthy Kids Colorado Survey (HKCS) indicate that 91.8% of high school students believe that their parents or guardians would feel it would be wrong if they used marijuana and 96% of youth think their parents/guardians would feel it is wrong if they vaped.[11] Data in previous HKCS results also indicate that youth who know their parents disapprove of underage marijuana use are 72% less likely to use.[12]

SAMHSA built its decade-long "Talk. They Hear You." campaign on the finding that young people listen to the adults who raise them, even when it doesn't feel that way.

> *Prevention starts at home. Parents and caregivers remain the single strongest influence on a young person's decision to use drugs or alcohol or not.*
> — 2026 National Drug Control Strategy, Appendix G "Education and Parent Engagement"

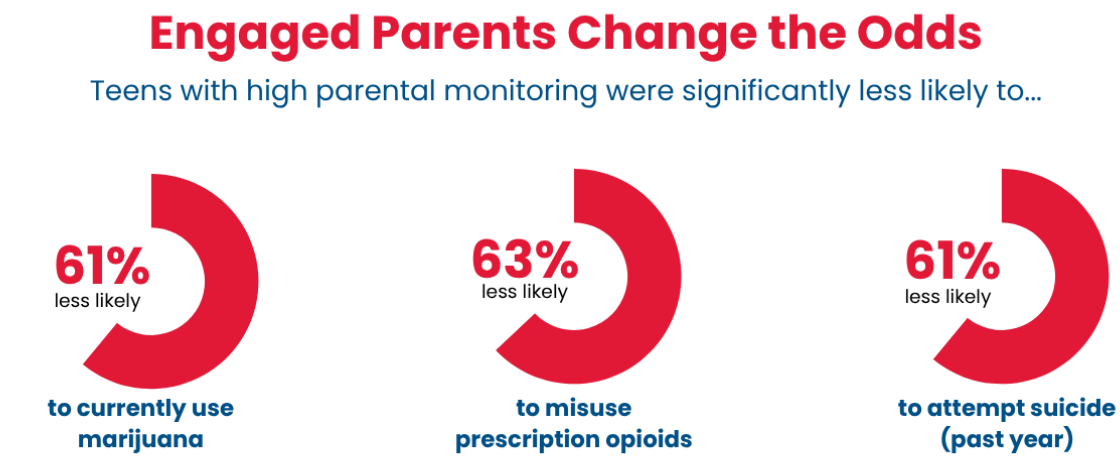
Monitoring and engagement measurably reduce use

This influence doesn't just affect attitudes; it also shapes behaviors. In the first nationally representative assessment of parental monitoring among U.S. high school students, the CDC analyzed its 2021 Youth Risk Behavior Survey (more than 17,000 student respondents) and found that "high parental monitoring was associated with lower risk" for every behavior studied.[13] Specifically, students who reported high parental monitoring were:

- About 61% less likely to currently use marijuana
- About 63% less likely to misuse prescription opioids
- About 61% less likely to have attempted suicide in the past year

In this instance, monitoring simply means a young person's sense that a parent or family adult knows where they are and who they are with. The protective association identified in the analysis held across gender, race and ethnicity, sexual identity, and grade level.

These findings are corroborated by broader research as well. One meta-analysis pooling 35,367 adolescents across 17 studies confirmed that parental monitoring is a reliable, statistically significant protective factor against marijuana use, with the effect strongest when monitoring reflected genuine parental knowledge of a child's whereabouts, activities, and companions.[14] More recent work using the federal Monitoring the Future panel finds that parental disapproval of cannabis use when expressed within a warm family relationship is itself a substantial protective factor against both current use and the development of cannabis use disorder.[15]



(Patricia J. Dittus et al.)

A lesson the field learned the hard way

Evidence also shows which kinds of parental education work.

Early parent-focused programs sometimes sought to enlist parents to police their children's peer relationships, but this proved unrealistic and ineffective.

A controlled study published in Evaluation Review found that while such risk-control tactics failed, the protective parenting factors, such as "monitoring of children's whereabouts, maintaining high rapport and a respectful parent-child relationship" protected against adolescent substance use.[16] The authors' 1995 conclusion has aged well, and anticipates today's federal framework. Prevention should "target protective factors, rather than trying to control risk factors."[17]

The goal of effective parental education should not be to turn parents into enforcers or to frighten families with scare tactics. Efforts must walk the fine line between communicating negative realities of THC, nicotine, alcohol, and other substances as supported by medical literature and simply fearmongering (which doesn't work!). Any conversation must be rooted in data, empathy, and the realities of adolescence.

It is essential to equip caregivers with accurate information about a fast-changing drug landscape and with the relational tools that science says truly protect kids, including open communication, clear expectations, and consistent connection.

4. A National Consensus, Now in Writing

The longstanding belief among prevention experts in upstream adult education efforts has evolved into the formal, documented stance of the nation's primary health and drug policy agencies. This shift is most clearly seen across three key sources.

SAMHSA: Prevention as a family-based framework

SAMHSA has institutionalized the protective-factor model through its Strategic Prevention Framework and translated it for families through *Talk. They Hear You.*, the national underage-drinking and substance-use prevention campaign now in its second decade. The campaign's entire premise is that parents and caregivers are the primary audience for prevention because they are the primary influence on youth. SAMHSA's message to parents is to start conversations early, set clear expectations, and model healthy coping.

CDC: Parents in the data *and* in the strategy

The CDC's Youth Risk Behavior Survey produced the national parental-monitoring findings cited above, establishing engaged parenting as a measurable, cross-cutting protective factor. Through its *Free Mind* campaign (developed from real conversations with youth, parents, and caregivers), the CDC explicitly addresses the link between substance use and mental health among adolescents, reinforcing that trusted adults are central to reaching young people.

ONDCP: The 2026 National Drug Control Strategy

The clearest recent endorsement comes from the highest-level drug-policy document the United States produces. Released in May 2026, the National Drug Control Strategy is authored by ONDCP, which coordinates drug policy across 19 federal agencies. For the first time, the Strategy includes a dedicated National Prevention Framework (Appendix G), and it elevates primary prevention as a central pillar rather than an afterthought.

Three elements of the 2026 Strategy are especially relevant to parent and trusted-adult education:

1. **Protective factors at the family level.** Chapter 5 commits the federal government to "strengthen protective factors such as family engagement, community connections, and academic success," and frames prevention science as the work of strengthening protective factors and reducing risk factors "at the individual, family, and community levels."
2. **A section titled "Education and Parent Engagement."** The National Prevention Framework dedicates its own subsection to the idea that "prevention starts at home," naming parents "the single strongest influence" on a young person's choices and calling parent education "central to this plan." It explicitly points to SAMHSA's *Talk. They Hear You.,* NIAAA's parenting resources, and CDC's *Free Mind* as key scalable models.
3. **Trusted messengers.** The strategy repeatedly identifies "families, educators, coaches, and mentors" and "faith leaders, educators, healthcare professionals" as the adults whose engagement prevention must equip and amplify. This is precisely the "trusted adult" audience that parent-centered organizations like One Chance to Grow Up have long prioritized.

> *Empowering parents with accurate information and effective tools is central to this plan—the very best defense is for parents to educate themselves on the current drug environment and talk to their children about the dangers of drug use.*
> — 2026 National Drug Control Strategy, Appendix G

Taken together, these three high-profile authorities converge on the same conclusion from different angles: SAMHSA through its framework and campaigns, the CDC through its data and outreach, and ONDCP through national strategy.

In 2026, educating parents and trusted adults is a federally endorsed, scientifically backed prevention approach, considered to be a key component of youth protection.

5. A Position Held Since the Beginning

In 2012, Colorado became the first state to legalize a commercial, recreational marijuana market. When voters added Amendment 64 to the state constitution, a task force in 2014, ordered by the governor, created the "first in the world" regulatory framework to license, regulate, and tax this new industry. When this task force ranked the "public health and safety of Colorado youth" last among its priorities, a group of parents realized the need to organize and serve as the voice of reason, advocating for kids.

From the beginning, One Chance to Grow Up has recognized the critical role parents and trusted adults play in prevention. The past 14 years of the nonprofit organization's educational efforts and track record of key regulatory victories serve as a series of case studies into the efficacy of the parent education approach.

THC Photos and "Can you spot the pot?"

Modern high-potency THC products like edibles, concentrates, and vapes look nothing like traditional cannabis. However, media reliance on stock photos of the marijuana leaf and buds fuels misconceptions that today's products resemble the plant adults remember from their youth.

This misunderstanding prevents parents from recognizing truly intoxicating items, risking youth safety and accidental ingestion. To bridge this gap, One Chance to Grow Up created an educational resource showing what modern products actually look like. The result is www.thcphotos.org, a database of cannabis and hemp-derived product images from various states. It outlines consumption methods, potency, and misleading, child-appealing packaging. The photos are free to use.

THC Photos remains a cornerstone of One Chance's outreach, helping parents and trusted adults identify the evolving types of products that youth may use or conceal. Boosting parental awareness is also vital for preventing accidental ingestions among young children.

Impactful Public Education Campaigns on THC Concentrates

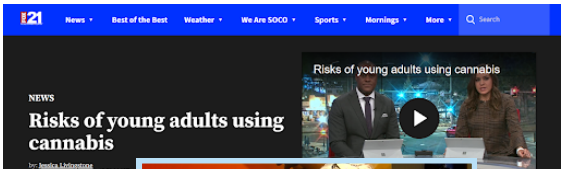
The *Get the Facts: Warnings on Risks and Harms of Marijuana Concentrates* public awareness campaign (2023–2024) significantly extended the reach of state-mandated health advisories.[18] The State of Colorado created a resource warning of the scientifically backed risks associated with high-potency THC concentrates, but this resource was unlikely to be seen outside of a dispensary.

By leveraging social media and billboard placements, One Chance to Grow Up's initiative generated more than 44.8 million impressions, delivering essential data on high-potency THC products to 2.7 million parents and trusted adults in both English and Spanish. This translates to exponentially more awareness of Colorado's mandated educational resource on high-potency concentrates than would have occurred otherwise.

Opioid Abatement Settlement Efforts Leveraged for Parental Education

In early 2026, One Chance to Grow Up launched a robust educational campaign in El Paso and Teller Counties (Pikes Peak Region 16 Opioid Abatement Council) using evidence-informed strategies to link THC prevention with future opioid misuse prevention and to educate parents and other trusted adults on the risks.

The Colorado Opioid Abatement Council determined One Chance's upstream prevention approach is evidence-informed and consistent with the national settlement Exhibit E guidelines because research supports a link between early, high-potency THC use and an increased risk of later opioid misuse.



The Gazette
Pulitzer Prize Winner / Est. 187

EDITORIAL: A reminder that pot is wrecking Colorado kids

By The Gazette Editorial Board

Key Terms

THC	Tetrahydrocannabinol, the chemical in marijuana that causes intoxication ("the high"). The active ingredient at issue across most modern cannabis products.
THC concentrate / high-potency THC product	Processed forms of cannabis (oils, waxes, vapes, "dabs") that can far exceed the potency of natural marijuana — sometimes more than 90% THC, versus low digits decades ago.
Hemp-derived cannabinoids/THC	Intoxicating compounds (such as delta-8 THC) often made in labs from hemp and sold in convenience stores and smoke shops, frequently without age limits or safety regulation.
Substance use disorder (SUD)	The medical term for addiction: a treatable, chronic condition in which a person can't reliably control their substance use despite harm.
Strategic Prevention Framework (SPF)	SAMHSA's step-by-step model communities use to plan prevention: assess needs, build capacity, plan, act, and evaluate.
Drug-Free Communities (DFC)	A long-running federal grant program that funds local coalitions to prevent youth substance use.
Opioid abatement / settlement funds	Money paid by opioid companies through legal settlements, earmarked for states and localities to spend on addressing the addiction crisis — including, per best-practice guidance, evidence-based prevention.

6. The Gap Between Consensus and Investment

Endorsement is not the same as investment. Even as the evidence and the official guidance have aligned, prevention (and especially of parent and trusted-adult education) remains uneven and underfunded.

Prevention reaches too few young people

The 2026 Strategy concedes the shortfall directly. SAMHSA data indicate that approximately one in four adolescents reports no exposure to prevention messaging through school.[19] If a quarter of teens hear nothing at school, the adults at home become not just important but indispensable. Despite that, parent education is rarely funded as a prevention line item.

Prevention is the smallest slice of the response

Historically, prevention has received a fraction of the resources directed to enforcement, interdiction, harm reduction, and treatment. This is beginning to change (and the 2026 Strategy's elevation of primary prevention is itself a signal) but the funding architecture has not yet caught up to the rhetoric. Two opportunities are particularly timely:

- **Opioid settlement funds.** States and localities are deploying historic opioid-abatement settlement dollars, and authoritative guidance—including from the Partnership to End Addiction—identifies evidence-based primary prevention, including family- and parent-focused programs, as a best-practice use of those funds.[20] Directing a meaningful share toward parent and trusted-adult education is both compliant with abatement priorities and aligned with the federal strategy.
- **Drug-Free Communities and coalition infrastructure.** The Strategy reaffirms the Drug-Free Communities coalition model and calls for new partnerships with "organizations that support healthy youth." Parent- and trusted-adult education programs are a natural fit for this existing infrastructure.

Translating the consensus into outcomes requires funding the following, deliberately and at scale:

1. **Sustained parent education on the current drug landscape**—keeping caregivers current on high-potency THC, hemp-derived intoxicants, and novel "gas station" intoxicating products, since the market changes faster than conventional curricula.
2. **Evidence-based family programs**, such as the Strengthening Families Program and similar models that carry strong benefit-cost track records, embedded in schools, clinics, and community organizations.
3. **Equipping the wider circle of trusted adults**—coaches, faith leaders, school resource officers, other adult family members, and mentors—with the same accurate information and conversation tools given to parents.
4. **Continuity and evaluation**, so programs are measured for fidelity and results rather than funded as one-off campaigns.

None of this displaces treatment, recovery, or enforcement. It strengthens the whole system by reducing the number of young people who ever need the downstream response in the first place.

Conclusion

One Chance to Grow Up has organized its work around this approach since its founding in 2013. Long before upstream prevention and parent engagement appeared as headline pillars in the National Drug Control Strategy, the organization's core conviction was that the adults around a child (parents and the trusted adults beside them) are the most effective line of protection against the harms of high-potency THC and emerging intoxicants.

The organization's premise has always been pragmatic rather than political. One Chance to Grow Up does not take a position on whether adults should be permitted to use marijuana or other substances. It focuses on the narrower, broadly shared goal of keeping today's potent products away from developing brains, and making sure the adults who love and guide young people have accurate, current information to do so. This is parent and trusted-adult education in practice: the very strategy the evidence in this paper supports.

Evidence that the approach is working

The most recent data from One Chance's home state offer an encouraging signal. In the 2025 Healthy Kids Colorado Survey, 78% of high schoolers said they think it is wrong for someone their age to use marijuana (a 7-point increase from 71% in 2023) and 92% believed their parents or guardians would think it was wrong if they used, up from 90% in 2023.[21] Perceived parental disapproval is precisely the kind of protective factor the research associates with lower youth use.

Over the same period, youth marijuana use in Colorado edged downward. No single organization can claim sole credit for population trends, but the pattern (rising perceived parental disapproval alongside falling use) is exactly what a parent-centered prevention strategy predicts.

At the same time, the data are a reminder that prevention is never finished. The same survey underscored the rapid emergence of "gas station" intoxicants, such as hemp-derived THC and kratom products available without age gates—a frontier that makes keeping parents and trusted adults informed more urgent, not less.

The path forward

The convergence documented in this paper represents a genuine opportunity—decades of research, SAMHSA's frameworks, the CDC's data, and the 2026 National Drug Control Strategy's explicit endorsement. The country now broadly agrees on where the highest-leverage prevention work happens: upstream, with the adults already in a child's life. The task ahead is to fund and scale that work to match the consensus.

For parents, the takeaway is empowering rather than alarming. You are not powerless against a fast-moving market, and you do not need to be an expert to make a difference. For funders and policymakers, the takeaway is strategic: parent and trusted-adult education is among the most cost-effective, evidence-backed, and federally endorsed prevention investments available.

For everyone who works with young people, the message is the same one that has guided this work from the start: ***Kids only have one chance to grow up.***

Footnotes

[1] Orens et al., 2015

[2] Pg 173, 2026 National Drug Control Strategy

[3] Hoose

[4] Pg 47, 2026 National Drug Control Strategy

[5] Substance Abuse and Mental Health Services Administration, 2020

[6] Pg 9, Substance Abuse and Mental Health Services Administration, 2020

[7] Substance Abuse and Mental Health Services Administration, 2020

[8] Substance Abuse and Mental Health Services Administration, 2009

[9] Johnson-Motoyama et al., 2013

[10] Jackson, 2002; Office of National Drug Control Policy, 2026

[11] 2025 Healthy Kids Colorado Survey Results | Colorado Department of Public Health and Environment

[12] "Data Brief: COLORADO YOUTH MARIJUANA USE 2017"

[13] Patricia J. Dittus et al., 2023

[14] Lac & Crano, 2009

[15] Young et al., 2025

[16] Cohen & Rice, 1995

[17] Cohen & Rice, 1995

[18] Get the Facts - One Chance to Grow Up

[19] Lipari

[20] Partnership to End Addiction

[21] 2025 Healthy Kids Colorado Survey Results | Colorado Department of Public Health and Environment

Sources

2025 Healthy Kids Colorado Survey Results | Colorado Department of Public Health and Environment. https://cdphe.colorado.gov/healthy-kids-colorado-survey-information/2025-healthy-kids-colorado-survey-results. Accessed 25 June 2026.

Adolescent Substance Use: America's #1 Public Health Problem. National Center on Addiction and Substance Abuse at Columbia University, June 2011. *ERIC*, https://eric.ed.gov/?id=ED521379.

CDC. "Free Mind: Mental Health & Drug Use Awareness for Teens | CDC." *Centers for Disease Control and Prevention*, 27 Mar. 2026, https://www.cdc.gov/free-mind/index.html.

Cohen, Deborah A., and Janet C. Rice. "A Parent-Targeted Intervention for Adolescent Substance Use Prevention: Lessons Learned." *Evaluation Review*, vol. 19, no. 2, Apr. 1995, pp. 159–80. *PubMed*, https://doi.org/10.1177/0193841X9501900203.

"Data Brief: COLORADO YOUTH MARIJUANA USE 2017." Colorado Department of Public Health and Environment, 2018, https://hermes.cde.state.co.us/islandora/object/co:38485/datastream/OBJ/view.

Dittus, Patricia J., et al. "Parental Monitoring and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 2021." *MMWR Supplements*, vol. 72, 2023. *www.cdc.gov*, https://doi.org/10.15585/mmwr.su7201a5.

Get the Facts - One Chance to Grow Up. 24 Sept. 2024, https://onechancetogrowup.org/get-the-facts/.

Giordano, Gregory, et al. "Accuracy of Labeled THC Potency across Flower and Concentrate Cannabis Products." *Scientific Reports*, vol. 15, July 2025, p. 20822. *PubMed Central*, https://doi.org/10.1038/s41598-025-03854-3.

Hinckley, Jesse D., and Christian Hopfer. "Marijuana Legalization in Colorado: Increasing Potency, Changing Risk Perceptions, and Emerging Public Health Concerns for Youth." *Adolescent Psychiatry (Hilversum, Netherlands)*, vol. 11, no. 2, 2021, pp. 95–116. *PubMed Central*, https://doi.org/10.2174/2210676611666210616163340.

Hoose, Nicole Arduini-Van. *Brain Development*. June 2020. *edpsych.pressbooks.sunycreate.cloud*, https://edpsych.pressbooks.sunycreate.cloud/chapter/brain-development/.

Jackson, Christine. "Perceived Legitimacy of Parental Authority and Tobacco and Alcohol Use during Early Adolescence." *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, vol. 31, no. 5, Nov. 2002, pp. 425–32. *PubMed*, https://doi.org/10.1016/s1054-139x(02)00398-1.

Johnson-Motoyama, Michelle, et al. "Cost Analysis of the Strengthening Families Program in Reducing Time to Family Reunification among Substance-Affected Families." *Children and Youth Services Review*, vol. 35, no. 2, Feb. 2013, pp. 244–52. *ScienceDirect*, https://doi.org/10.1016/j.childyouth.2012.11.008.

Lac, Andrew, and William D. Crano. "Monitoring Matters: Meta-Analytic Review Reveals the Reliable Linkage of Parental Monitoring with Adolescent Marijuana Use." *Perspectives on Psychological Science : A Journal of the Association for Psychological Science*, vol. 4, no. 6, Nov. 2009, pp. 578–86. *PubMed Central*, https://doi.org/10.1111/j.1745-6924.2009.01166.x.

Lipari, Rachel N. "Exposure to Substance Use Prevention Messages among Adolescents." *The CBHSQ Report*, Substance Abuse and Mental Health Services Administration (US), 2013. *PubMed*, http://www.ncbi.nlm.nih.gov/books/NBK470849/.

National Institute on Drug Abuse. *Cannabis (Marijuana) | National Institute on Drug Abuse (NIDA)*. 24 Sept. 2024, https://nida.nih.gov/research-topics/cannabis-marijuana.

National Institute on Drug Abuse (NIDA). *Cannabis Potency Data | National Institute on Drug Abuse (NIDA)*. 16 July 2024, https://nida.nih.gov/research/research-data-measures-resources/cannabis-potency-data.

Office of the Commissioner, FDA. "FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD)." *FDA*, Jan. 2026. *www.fda.gov*, https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd.

Office of National Drug Control Policy. *National Drug Control Strategy (2026)*. 2026.

One Chance to Grow Up. *One Chance to Grow Up Cautions on Emergence of 'Gas Station Drugs' Amid Overall Decline in Youth Marijuana Use - One Chance to Grow Up*. 9 June 2026, https://onechancetogrowup.org/one-chance-to-grow-up-cautions-on-emergence-of-gas-station-drugs-amid-overall-decline-in-youth-marijuana-use/.

Orens, A., et al. *Marijuana Equivalency in Portion and Dosage: An Assessment of Physical and Pharmacokinetic Relationships in Marijuana Production and Consumption in Colorado*. 2015.

Partnership to End Addiction. "Using Opioid Settlement Funds to Invest in Best Practices in Substance Use Prevention."

Spoth, Richard, Cleve Redmond, et al. "Brief Family Intervention Effects on Adolescent Substance Initiation: School-Level Growth Curve Analyses 6 Years Following Baseline." *Journal of Consulting and Clinical Psychology*, vol. 72, no. 3, 2004, pp. 535–42. *DOI.org (Crossref)*, https://doi.org/10.1037/0022-006X.72.3.535.

Spoth, Richard, G. Kevin Randall, et al. "Randomized Study of Combined Universal Family and School Preventive Interventions: Patterns of Long-Term Effects on Initiation, Regular Use, and Weekly Drunkenness." *Psychology of Addictive Behaviors*, vol. 19, no. 4, Dec. 2005, pp. 372–81. *DOI.org (Crossref)*, https://doi.org/10.1037/0893-164X.19.4.372.

Substance Abuse and Mental Health Services Administration. *Focus On Prevention*. HHS Publication No. (SMA) 10–4120, 2020. *Zotero*, https://library.samhsa.gov/sites/default/files/focus-on-prevention-sma10-4120.pdf.

Substance Abuse and Mental Health Services Administration, *National Survey on Drug Use and Health: Summary of*

Methodological Studies, 1971–2014, CBHSQ Methodology Report. *PubMed,* http://www.ncbi.nlm.nih.gov/books/NBK519735/.

"Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis: (569922009-001)." 2009. *DOI.org (Crossref)*, https://doi.org/10.1037/e569922009-001.

Talk. They Hear You: Underage Drinking Awareness Campaign. 6 Nov. 2024, https://www.samhsa.gov/substance-use/prevention/talk-they-hear-you.

Young, Brian, et al. "Parental Influence on Youth Cannabis Use: The Interplay between Disapproval and Warmth." *Addictive Behaviors Reports*, vol. 22, June 2025, p. 100621. *PubMed Central*, https://doi.org/10.1016/j.abrep.2025.100621.

About the Author

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.

One Chance to Grow Up®

onechancetogrowup.org