



Rise Above Colorado Youth Survey

Behavioral Health & Substance Use
October 2026



COLORADO
Department of Public
Health & Environment



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2026 EXECUTIVE SUMMARY

The 2026 findings reveal meaningful progress in several areas of youth substance-use prevention. Compared with 2024, youth are less curious about trying every historically measured substance, report fewer direct offers of marijuana, alcohol, and prescription drugs, and perceive unprescribed prescription drugs as more difficult to obtain.

Attitudes toward prescription misuse have become substantially less permissive, while awareness and perceived risk of fentanyl, counterfeit pills, and prescription pain relievers have increased sharply. Youth are also more willing to intervene when a friend may be at risk and more confident refusing a vape offered by someone close to them.

These findings suggest that prevention messages are reaching youth—especially when the danger is concrete, potentially catastrophic, and clearly connected to overdose.

Those gains have not yet translated into broad declines in current substance use. Past-30-day prescription-drug misuse is lower, but alcohol and vaping remain significantly above their 2022 levels and statistically unchanged from 2024. Marijuana use is comparatively stable.

At the same time, youth appear to be drawing an increasingly sharp distinction between substances they understand as dangerous drugs and those they experience as familiar parts of adolescent life. As the risks of fentanyl, counterfeit pills, and prescription misuse become clearer, alcohol, marijuana, vaping, and nicotine pouches may feel comparatively safer—not because youth consider them harmless, but because they are socially visible, accessible, and easier to imagine using occasionally.

2026 EXECUTIVE SUMMARY

Youth may recognize their risks without experiencing those risks as immediate enough to outweigh belonging, curiosity, stress relief, or social participation.

The broader picture of youth well-being is similarly mixed. Friend support, acceptance at school, access to trusted adults, parental support, and commitment to personal goals are generally strong and often improved in 2026. Self-reported mental health also remains better than in 2022. Yet schoolwork feels substantially less meaningful, poor sleep has increased, and more youth report living with someone experiencing depression or another mental-health problem.

Their open-ended comments describe lives organized around academic pressure, competing demands, uncertainty about the future, social comparison, and the challenge of belonging without losing oneself. Substances rarely appear as the first problem youth name; for some youth, they may instead represent one of the available ways to manage lives already carrying other pressures.

This helps explain why correcting perceived peer norms remains useful but is not sufficient. Youth do overestimate how common substance use is, and reducing the belief that “everyone is doing it” may lessen social pressure. But those estimates also communicate something real about visibility: a behavior can be used by a minority and still feel pervasive within a school, friendship group, or digital environment.

The central prevention opportunity is therefore to build on the progress already visible while moving beyond danger messaging alone. Youth need accurate norms and clear information, but they also need practical ways to refuse without losing connection, cope without using substances, respond to overdose, and find belonging in environments where familiar substances may appear socially ordinary.

The next phase of prevention is not simply helping youth understand what substances can do **to** them. It is understanding what youth believe substances can do **for** them—and ensuring healthier alternatives can meet those needs.

Youth increasingly understand which substances can seriously harm them. The harder prevention challenge is the familiar substances they believe help them manage everyday life.

Substance use is usually not the problem youth are trying to solve. For some youth, it is one of the solutions available to the problems they actually name.



STUDY BACKGROUND

Rise Above Colorado commissioned this 2026 assessment among Colorado's teenagers, conducted by HealthCare Research, Inc. with funding support from the following entities:

- The Colorado Department of Public Health and Environment (CDPHE) and the Tobacco Education, Prevention, and Cessation Grant Program provides funding for community-based and statewide tobacco education programs designed to reduce the initiation of tobacco use by children and youth, promote cessation of tobacco use among youth and adults, and reduce exposure to secondhand smoke.
- The Office of the Attorney General in the Colorado Department of Law.
- Oversampling of specific counties was supported by the following entities: Caring for Denver Foundation, Pikes Peak Region 16 Opioid Abatement Council, Region 2 Opioid Abatement Council (Larimer County), Region 9 Opioid Abatement Council (Arapahoe County), Southeast Colorado Opioid Response Region 19.

This represents the tenth statewide assessment, with previous surveys being conducted in 2009, 2010, 2011, 2013, 2016, 2018, 2020, 2022 and 2024.

SURVEY INSTRUMENT

The survey instrument for the Rise Above Colorado Youth Survey continues to evolve in accordance with the substances of interest each year. In the 2022 survey, an increased focus was made on understanding attitudes and use of prescription drugs, asking specifically about stimulants, pain relievers and anti-anxiety medications (rather than “prescription drugs” in general as has been done in previous years). In 2024, additional questions were added regarding fentanyl as well as vaping. For the 2026 survey, questions were added regarding oral nicotine pouches as well as questions around AI chatbots and gambling. To make room for these new questions, some less-relevant content was removed, most of which surrounded the following substances: cocaine, heroin and methamphetamines. Sometimes changes to the survey can result in changes to their interpretation and cause a change in trends. Survey revisions are not made lightly, but with careful thought to the potential impacts these changes may have on the data versus the need to maintain relevance and improve specificity.

Data were gathered between April 14 to June 30, 2026. Data collection employed online research panels and social media outreach. To qualify, teenagers had to meet the following criteria :

- ✓ Must reside in the state of Colorado
- ✓ Must be between 12 and 17 years of age
- ✓ Must be enrolled in grades six through twelve, or have dropped out of school

The questionnaire consists of 168 questions. The survey instrument utilized skip logic to present respondents with questions that are relevant to them, based upon their previous answers in the survey. The questionnaire was available in both English and Spanish and took an average of 11.5 minutes to complete on average.

Respondents were allowed to indicate when they do not know the answer to a particular question or to not respond if they were uncomfortable providing an answer. For the purposes of this report, those individuals who did not respond, or said “Don’t know” were excluded on a question-by-question basis. Due to both skip logic and these missing-value exclusions, the sample sizes vary for each question, which is noted on each slide of the report.

The maximum margin of sampling error on a sample size of 700 interviews is +/- 3.7 percentage points.

STATISTICAL SIGNIFICANCE & INFERENCE

This analysis makes use of statistical procedures, notation and terminology which are important to understand.

Statistical Inference

As a statewide survey, the statistics presented in this report regarding Colorado youth are intended to be inferential in nature, meaning they are meant to be projectable to the larger population of Colorado's teens. However, we must recognize that survey results are not always representative, as those who chose to participate may be substantively different from those who did not. Furthermore, the subject matter of this study, asking teens about their awareness, use and curiosity to try illicit substances also lends to potentially under- or over-stated responses. However, as a tracking study, the biases in the data are likely similar year to year, allowing us to focus on trends more than absolutes.

While participants are often referred to as "teens" in this report, it is important to keep in mind that these results do not necessarily represent all Colorado teens.

Statistical Significance Testing

Differences between groups such as by age or gender or region are evaluated to see if the difference is meaningful from a statistical perspective. Statistical tests (typically t-tests of proportions and means) are used throughout the analysis to indicate which results are most likely to represent real differences in the data (as opposed to differences which fall within the margin of sampling error).

Significance testing is performed only when sample sizes are greater than or equal to 30. The level of confidence used for all statistical significance testing in this document is 95%.

When a difference from **2024** to 2026 is found to be statistically significant, it is notated by an arrow (↑)

When a difference from **2022** to 2026 is found to be statistically significant, it is notated by an arrow within a circle (⬆)

When a difference in a table is statistically significant, this is indicated by either a shaded cell

Because many comparisons are presented, isolated differences should be interpreted cautiously and considered alongside the size and consistency of the pattern.

SEGMENTATION METHODOLOGY

A weighted latent class model was built using substance engagement ladders, access, perceived peer norms, risk beliefs, refusal confidence, coping beliefs, and prescription-use rationalization.

Segmentation Methodology

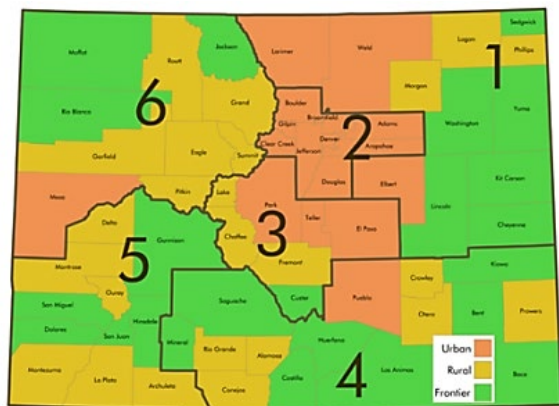
A weighted latent class analysis was conducted to identify groups of youth who share similar patterns of substance-related attitudes, exposure, and behavior. The model incorporated six substance-specific engagement ladders—ranging from no awareness through curiosity, experimentation, and recent use—along with measures of ease of access, perceived peer use, risk perceptions, refusal confidence, willingness to intervene, beliefs about vaping as a coping tool, and selected attitudes toward prescription drug misuse.

Several alternative solutions were tested and compared using statistical fit, class size, assignment confidence, stability, and interpretability. A five-segment solution provided the strongest balance of statistical quality and practical usefulness. Age, gender, geography, mental health, sleep, family and peer support, social media use, gambling, and other demographic characteristics were not used to create the segments; they were examined afterward to help describe and interpret each group.

AI-generated images are used to help humanize the segment profiles. They do not depict actual respondents and should not be interpreted as representing the appearance or circumstances of all youth within a segment.

REGIONAL DATA

In addition to participant demographic characteristics, such as age, sex, income, race/ethnicity, etc., this report compares results across six geographic regions across the State of Colorado:



- 1 Northeast
- 2 Denver/Boulder MSA
- 3 Central
- 4 Southeast
- 5 Southwest
- 6 Northwest

Data collection was supplemented as needed to ensure a minimum sample size of 30 completed surveys for each of the nine geographic areas listed below (some being counties and other being regional subsets). Note that SE Colorado, SW Colorado, NE Colorado and NW Colorado for these oversampled areas are not the full equivalent to those definitions of the OBH map. Results for these areas are provided in the appendix.

Focus Counties	Sample Size
1 El Paso / Teller *	93
2 Denver	80
3 Arapahoe	79
4 SE Colorado	32
5 Broomfield	31
6 SW Colorado	31
7 Larimer	30
8 NE Colorado	30
9 NW Colorado	30

* El Paso and Teller County respondents were surveyed only through the online panel in order to have parental permission and certain demographic questions were not asked of these respondents.

PARTICIPANT DEMOGRAPHICS

Participant demographics this year were found to align closely with prior years, with the only statistically significant change being among 12-year-olds, at 7% this year versus 4-5% in the past two periods (although this level was seen prior to 2020). We also saw a statistically significant increase in respondents who identify as White, although all other race/ethnicity categories remain statistically unchanged, indicating more participants selected White in addition to another race/ethnic background (participants are allowed to select more than one). Data are weighted by age, gender, race/ethnicity and region to hold the representation of each of these characteristics stable from year-to-year.

	2026	2024	2022	2020	2018	2016
Base	700	885	718	653	604	607
Age 12* 	7%	5%	4%	7%	8%	8%
Age 13	17%	13%	17%	17%	17%	17%
Age 14	16%	19%	18%	16%	15%	15%
Age 15	20%	22%	19%	17%	17%	17%
Age 16	21%	21%	24%	22%	22%	22%
Age 17	19%	21%	19%	21%	21%	21%
Female	45%	47%	50%	48%	51%	48%
Male	53%	51%	47%	52%	49%	52%
Nonbinary/Gender Fluid	3%	1%	3%	N/A	N/A	N/A
Heterosexual	86%	86%	82%	78%	82%	85%
LGBQ	11%	13%	17%	15%	14%	8%
Prefer not to answer	3%	1%	1%	7%	4%	7%

	2026	2024	2022	2020	2018	2016
White 	76%	67%	71%	67%	68%	73%
Hispanic/Latinx	19%	18%	20%	22%	24%	20%
Black/African Amer.	9%	10%	8%	5%	4%	4%
Asian/Asian American	7%	5%	4%	4%	3%	3%
Native American	3%	5%	3%	2%	2%	1%
Other/Refused	2%	2%	3%	6%	1%	1%
Denver/Boulder	53%	52%	52%	55%	55%	55%
Central	14%	14%	15%	16%	16%	16%
Northeast	15%	14%	17%	14%	13%	13%
Northwest	6%	7%	6%	7%	7%	7%
Southeast	6%	8%	6%	5%	6%	6%
Southwest	6%	5%	4%	4%	4%	4%

* 6th graders were allowed to participate this year, while in prior years they were not included.

MENTAL & PHYSICAL **WELLBEING**

-
- ▶ MENTAL HEALTH
 - ▶ HOUSEHOLD CONTEXT
 - ▶ FEELING CONNECTED

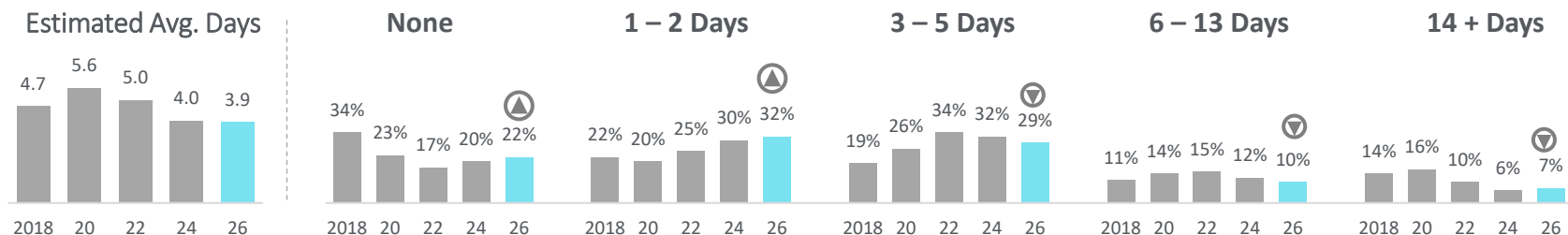


MENTAL HEALTH

Substance use is often associated with mental health, making youth well-being an important part of the broader context. Self-reported mental health improved substantially in 2024 and remained at that improved level in 2026.

- Poor mental health was highest in 2020, at an estimated average of 5.6 days per month, during the early COVID-19 pandemic.
- The average declined to 5.0 days in 2022, then fell more sharply to 4.0 days in 2024. For 2026, it remains statistically unchanged at 3.9 days.
- Fifty-four percent of youth reported no more than two poor mental health days in the past month, with the categories of “none” and 1-2 trending upward slowly but steadily over the past few years.

“During the past 30 days, how many days would you say your mental health was poor (i.e., not good?). Poor mental health includes anxiety, stress, sadness, changes with emotions and/or behaviors.”*



* The question wording for mental health was changed from “not good” to “poor (i.e., not good)” in 2026 and included “sadness” as part of the description.

MENTAL HEALTH

Few statistically significant demographic changes occurred between 2024 and 2026. The percentage reporting no poor mental health days increased significantly in Denver/Boulder and Central Colorado, while declining significantly in Southwest Colorado; however, small regional samples and substantial year-to-year variation warrant caution. Persistent differences remain more notable: females report more poor mental health days than males, and LGBTQ youth report substantially more than heterosexual youth—an estimated average of 7.4 versus 3.2 days per month. Younger teens also continue to fare better than older teens.

	Age 12-13						Age 14-15						Age 16-17						D/B						Central						Northeast						Northwest						Southeast						Southwest											
	2022			2024			2026			2022			2024			2026			2022			2024			2026			2022			2024			2026			2022			2024			2026			2022			2024			2026								
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026																		
sample size	108	151	162	412	350	245	197	349	273	284	443	358	110	119	98	63	119	100	74	58	44	108	68	39	78	43	41																																	
Number of Poor Mental Health Days																																																												
0 days	16%	20%	29%	22%	18%	21%	13%	21%	19%	13%	16%	22%	22%	16%	31%	11%	21%	20%	26%	21%	15%	39%	27%	22%	35%	60%	5%																																	
1-2 days	26%	37%	35%	27%	28%	35%	23%	29%	28%	30%	30%	34%	18%	29%	22%	21%	28%	37%	19%	41%	24%	12%	28%	39%	21%	27%	33%																																	
3-5 days	40%	31%	22%	34%	36%	31%	32%	29%	31%	32%	33%	28%	36%	37%	29%	39%	33%	24%	35%	31%	47%	31%	28%	26%	31%	8%	41%																																	
6-13 days	12%	8%	12%	14%	12%	10%	17%	14%	10%	13%	14%	11%	13%	9%	8%	23%	13%	14%	18%	2%	7%	17%	14%	5%	8%	0%	7%																																	
14 or more days	7%	4%	3%	4%	7%	4%	16%	7%	12%	12%	6%	6%	12%	10%	10%	6%	5%	5%	3%	5%	7%	2%	3%	9%	5%	4%	13%																																	
Estimated Avg.	4.4	3.3	3.0	3.8	4.3	3.4	6.1	4.2	4.7	5.1	4.2	3.7	5.1	4.6	4.1	5.1	3.9	3.8	3.9	2.9	4.3	3.4	3.4	3.7	3.2	1.4	5.2																																	
	Female						Male						Heterosexual						LGBQ						White						Hispanic						<\$50k						\$50-74k						\$75-99k						\$100k+					
	2022			2024			2026			2022			2024			2026			2022			2024			2026			2022			2024			2026			2022			2024			2026			2022			2024			2026								
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026																		
sample size	361	397	306	332	438	357	586	746	507	119	95	67	507	575	512	141	148	130	112	124	110	254	368	309	182	260	154	139	98	107																														
Number of Poor Mental Health Days																																																												
0 days	12%	13%	18%	22%	28%	26%	19%	21%	22%	2%	6%	8%	18%	21%	20%	9%	20%	24%	18%	19%	18%	17%	23%	23%	16%	19%	23%	13%	10%	21%																														
1-2 days	19%	32%	32%	32%	29%	34%	26%	32%	36%	17%	18%	19%	24%	30%	33%	28%	31%	36%	23%	28%	32%	25%	28%	32%	24%	31%	33%	29%	39%	34%																														
3-5 days	38%	35%	31%	33%	30%	28%	37%	32%	29%	21%	36%	29%	29%	31%	29%	39%	27%	31%	37%	34%	32%	35%	35%	31%	39%	28%	23%	22%	30%	27%																														
6-13 days	19%	13%	11%	8%	10%	8%	12%	11%	9%	30%	20%	23%	17%	12%	11%	18%	14%	5%	19%	11%	11%	13%	11%	8%	14%	13%	13%	19%	13%	13%																														
14 or more days	12%	7%	8%	5%	4%	4%	6%	4%	4%	31%	20%	21%	12%	7%	7%	7%	8%	4%	4%	7%	7%	10%	4%	7%	7%	9%	8%	17%	8%	6%																														
Estimated Avg.	5.8	4.4	4.2	3.5	3.3	3.2	4.1	3.5	3.2	9.5	7.2	7.4	5.3	4.1	4.0	5.0	4.3	3.0	4.4	4.1	4.1	4.8	3.6	3.7	4.5	4.4	4.1	6.2	4.5	3.8																														

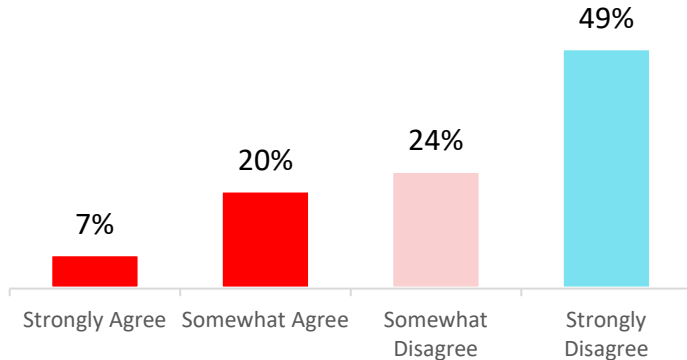
Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

MENTAL HEALTH STIGMA

A new 2026 survey question measures perceived stigma around seeking mental health care.

- Although 73% disagree overall, only 49% strongly reject the idea that seeking help could lead others to think less of them.
- Even so, 27% agree that people close to them might think less of them if they sought help. Perceived stigma is highest among older teens, youth from lower-income households, and heterosexual youth relative to LGBTQ youth.

“My friends, peers or family might think less of me if I got care or support to help me through a mental health challenge.”



> “Others think I’m being dramatic, but I genuinely can’t control these overwhelming feelings.”

— 15-year-old male, Broomfield County

	% Strongly + Somewhat Agree
TOTAL	27%
Age 12-13	17%
Age 14-15	26%
Age 16-17	34%
Female	27%
Male	27%
Heterosexual	30%
LGBQ	16%
White	24%
Hispanic	20%
< \$50k	31%
\$50-74k	28%
\$75-99k	25%
\$100k+	17%

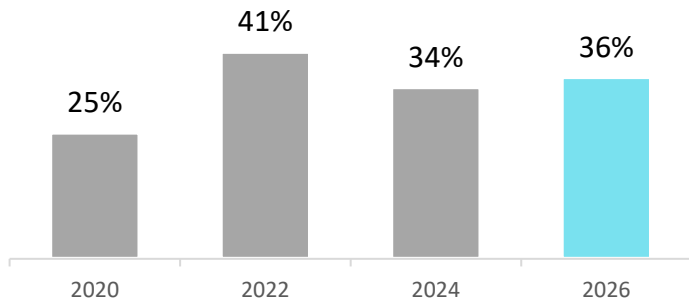
Shading indicates significantly higher or lower ratings than the overall average at the 95% confidence level.

HOUSEHOLD SUBSTANCE USE & MENTAL HEALTH

Two questions examine potentially challenging household circumstances: living with someone with a substance use disorder or addiction and living with someone experiencing depression or another mental-health problem.

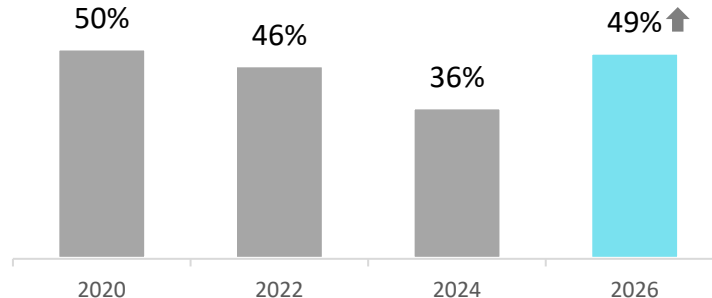
The percentage of youth who have lived with someone with a substance use disorder or addiction remained statistically stable at 36%, following the increase from 25% in 2020 to 41% in 2022.

“Have you lived with someone with a substance use disorder or addiction (alcohol or other drugs)?”



The percentage living with someone experiencing depression or another mental-health problem increased significantly from 36% in 2024 to 49% in 2026, returning to levels seen in 2020 and 2022.

“Do you have a member of your household who has been depressed or has other mental health problems?”



HOUSEHOLD SUBSTANCE USE & MENTAL HEALTH

Few statistically significant demographic changes occurred between 2024 and 2026 in the percentage of teens living with someone with a substance use disorder. Rates are highest among youth in Southeast Colorado (61%), those identifying as LGBQ (51%), and Northwest Colorado (51%), although regional sample sizes are small.

The increase in household mental-health problems was broadly distributed across demographic groups. The highest 2026 rates are among LGBQ youth (84%), teens in Southeast Colorado (71%), and those in households earning less than \$50,000 (60%). Females also remain more likely than males to report this experience (53% versus 41%).

			Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest					
			2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026						
sample size			108	148	162	412	344	238	197	345	259	284	441	351	110	118	92	63	119	99	74	61	41	108	70	35	78	43	41			
Household Context (% Yes)																																
Lived with someone with a substance use disorder or addiction			40%	30%	35%	40%	35%	37%	43%	36%	36%	39%	33%	31%	42%	30%	34%	51%	36%	37%	47%	39%	51%	36%	43%	61%	30%	39%	44%			
Household member depressed or mental health problems			41%	35%	46%	42%	36%	50%	51%	37%	49%	43%	35%	43%	47%	40%	53%	45%	34%	55%	61%	32%	47%	56%	43%	71%	38%	41%	42%			
			Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
			2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026			
sample size			361	394	286	332	429	358	586	720	499	119	97	59	507	559	498	141	149	124	112	127	104	254	370	299	182	254	153	139	98	103
Household Context (% Yes)																																
Lived with someone with a substance use disorder or addiction			47%	36%	37%	34%	32%	32%	38%	32%	34%	57%	49%	51%	36%	34%	35%	50%	36%	47%	45%	45%	49%	45%	34%	39%	41%	35%	30%	26%	25%	23%
Household member depressed or mental health problems			53%	41%	53%	34%	29%	41%	38%	30%	42%	87%	71%	84%	48%	35%	50%	36%	45%	54%	47%	40%	60%	50%	32%	48%	37%	37%	43%	48%	44%	45%

SENSE OF BELONGING

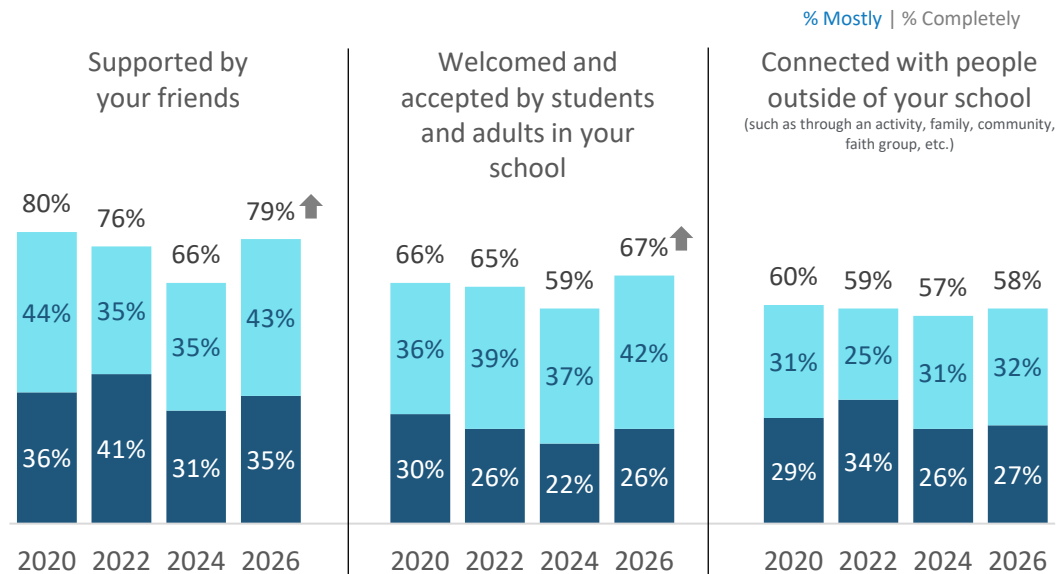
A strong indicator of youth well-being is their sense of belonging and connection with others: feeling supported by friends, welcomed at school, and connected to people outside of school.

After declining in 2024, friend support and feeling welcomed at school rebounded significantly in 2026.

- The percentage who feel supported by their friends increased from 66% to 79%, returning close to the 2020 level.
- Feeling welcomed and accepted by students and adults at school rose from 59% to 67%, the highest level recorded.

Connection with people outside of school remained comparatively stable at 58%.

“To what extent do you feel that you are...?”



➤ “Friendship changes are stressful because people start forming new groups and I’m not always sure where I belong anymore.” 14-year-old female, Southwest Colorado

SENSE OF BELONGING

Feelings of belonging improved across many groups in 2026, reversing much of the decline seen in 2024. Feeling supported by friends increased significantly among older teens, males and females, heterosexual youth, White youth, Hispanic youth, and several income groups. Some of the largest gains were among males and teens ages 16–17.

Feeling welcomed and accepted at school also improved for several groups, including males, heterosexual youth, White and Hispanic youth, and teens in households earning less than \$50,000. Connection outside of school remained generally stable.

Despite these improvements, LGBTQ youth continue to report lower levels of connection at school and outside school than heterosexual youth.

	Age 12-13			Age 14-15			Age 16-17			Female			Male			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	108	154	170	413	360	251	197	360	276	361	408	312	332	447	365	163	130	115	263	380	315	156	262	159	107	101	109
(% Completely + Mostly)																											
Supported by your friends	84%	71%	73%	76%	65%	79%	73%	65%	80%	76%	67%	76%	76%	64%	82%	86%	66%	78%	73%	64%	78%	76%	65%	76%	77%	75%	84%
Welcomed by students and adults at school	76%	59%	65%	66%	57%	69%	60%	60%	67%	63%	60%	63%	68%	59%	72%	74%	56%	69%	60%	58%	67%	64%	57%	63%	69%	69%	75%
Connected with people outside of school	65%	58%	56%	65%	57%	59%	52%	56%	59%	57%	56%	55%	64%	58%	64%	70%	51%	58%	56%	61%	58%	59%	50%	57%	56%	67%	61%

	Heterosexual			LGBTQ			White			Hispanic		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	586	747	519	119	104	67	507	585	526	141	154	134
(% Completely + Mostly)												
Supported by your friends	79%	65%	81%	64%	75%	73%	79%	64%	78%	86%	69%	82%
Welcomed by students and adults at school	70%	62%	70%	40%	46%	55%	65%	56%	65%	74%	63%	75%
Connected with people outside of school	65%	58%	64%	34%	53%	40%	59%	57%	57%	68%	55%	59%

Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

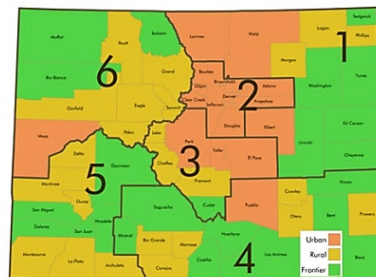
SENSE OF BELONGING

Regional results reflect the statewide rebound in belonging, with the strongest gains in Denver/Boulder and Northwest Colorado. Feeling supported by friends increased significantly from 65% to 82% in Denver/Boulder and from 64% to 86% in the Northwest. Feeling welcomed and accepted at school also improved significantly in Denver/Boulder, Central Colorado, and the Northwest.

Connection with people outside of school remained statistically stable across all regions. Southwest youth report some of the highest 2026 levels of school and community connection, although the smaller regional sample sizes warrant caution.

	D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
<i>sample size</i>	284	456	367	110	123	101	63	120	102	74	62	45	109	69	39	78	44	44
Belongingness (% Completely + Mostly)																		
Supported by your friends	72%	65%	82%	83%	69%	74%	82%	62%	70%	79%	64%	86%	72%	70%	76%	78%	83%	76%
Welcomed by students and adults at school	64%	59%	68%	70%	55%	66%	62%	60%	64%	66%	47%	68%	64%	66%	63%	72%	79%	81%
Connected with people outside of school	58%	54%	58%	60%	59%	52%	61%	58%	55%	60%	60%	62%	60%	67%	64%	68%	66%	77%

➤ “I struggle with trying to fit in socially at school and sometimes feel like I have to act differently just to be accepted by certain groups.”
-- 15-year-old female, Southwest Colorado



Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

PROTECTIVE FACTORS & DAILY LIFE

-
- ▶ PROTECTIVE FACTORS
 - ▶ EXTRACURRICULAR ACTIVITIES
 - ▶ SOCIAL MEDIA & AI
 - ▶ YOUTH GAMBLING
 - ▶ SLEEP HABITS



PROTECTIVE FACTORS & DAILY LIFE

Participants are asked whether they have trusted adults they can turn to for help and whether they find meaning in their schoolwork and personal goals.

These measures are considered protective factors because they are associated with a lower likelihood of negative outcomes.¹

PROTECTIVE FACTORS

If I have a serious problem, I know an adult other than my parents/guardians I can go to for help

If I have a serious problem, I can go to one of my parents/guardians for help

The schoolwork I am assigned is meaningful and important to me

I have goals that I have set for myself which are important to me

¹ O'Connell, Boat, & Warner, 2009, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People," p. xxvii

PROTECTIVE FACTORS

Three of the four protective factors improved significantly in 2026. The important exception is school engagement.

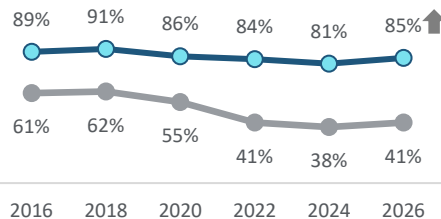
- The percentage who know an adult they could turn to increased from 81% to 85%, returning to earlier levels.
- Confidence in being able to go to a parent for help increased from 86% to 94%, while strong agreement rose from 49% to 68%. Because the question wording changed in 2026, the size of this increase should be interpreted with some caution. Both measures are now near levels last seen in 2016–2018.
- Having important personal goals also increased, with total agreement rising from 89% to 94%, also similar to 2016–2020.
- Agreement that schoolwork is meaningful declined significantly from 77% to 69%, while strong agreement fell by half—from 40% to 20%, the lowest level recorded.

* The wording of the question about going to a parent for help was modified in 2026 from "...when they have a personal problem" to "... when they have a "serious problem."

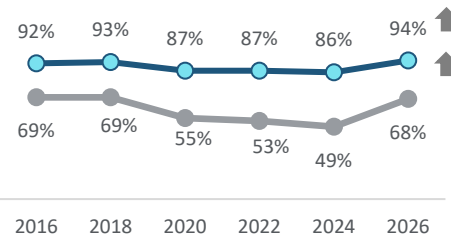
% Strongly + Somewhat Agree
% Strongly Agree

If I have a serious problem...

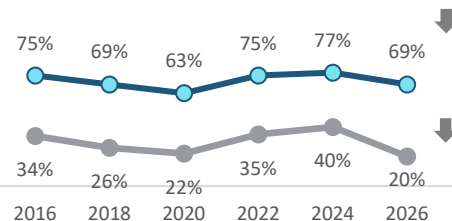
I know an adult who I could talk to



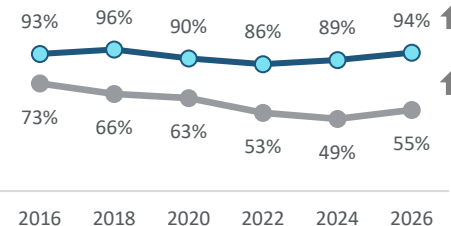
I can go to one of my parents for help*



Schoolwork is meaningful



I have goals which are important to me



Percentage Base: All Respondents, excluding "Don't Know" responses

PROTECTIVE FACTORS

Protective factors strengthened across many demographic groups in 2026, particularly confidence in going to a parent for help and having important personal goals. Parent support increased significantly across all age groups and among many demographic and regional groups, although the 2026 wording change should be considered when interpreting these gains. Knowing an adult to talk to also improved for several groups.

The exception is school engagement. Agreement that schoolwork is meaningful declined significantly among both females and males, heterosexual and White youth, all income groups, younger and older teens, and youth in Denver/Boulder and Southeast Colorado. LGBQ youth continue to report the lowest level of schoolwork meaningfulness, at 51%.

		Demographics						Protective Factors (% Strongly + Somewhat Agree)												Income												
		Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+			
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	
sample size		361	409	312	332	445	368	586	746	520	119	103	68	507	586	528	141	153	134	112	130	115	254	377	316	182	264	160	139	101	109	
Protective Factors (% Strongly + Somewhat Agree)																																
I know an adult who I could talk to		83%	81%	88%	86%	81%	83%	85%	81%	85%	78%	82%	92%	82%	80%	87%	89%	81%	90%	93%	85%	81%	81%	80%	87%	84%	79%	85%	83%	86%	88%	
School work is meaningful		74%	78%	70%	80%	78%	70%	81%	81%	73%	46%	56%	51%	71%	75%	66%	84%	79%	73%	80%	84%	70%	75%	79%	72%	76%	75%	66%	67%	71%	60%	
I have goals that I set for myself		85%	88%	96%	88%	90%	93%	86%	89%	95%	86%	92%	88%	85%	90%	95%	87%	87%	95%	89%	87%	90%	87%	91%	95%	82%	87%	96%	91%	88%	95%	
I can go to a parent for help		85%	84%	95%	92%	88%	94%	90%	87%	96%	75%	75%	89%	86%	88%	95%	90%	86%	94%	91%	87%	92%	85%	86%	95%	89%	87%	93%	89%	81%	95%	

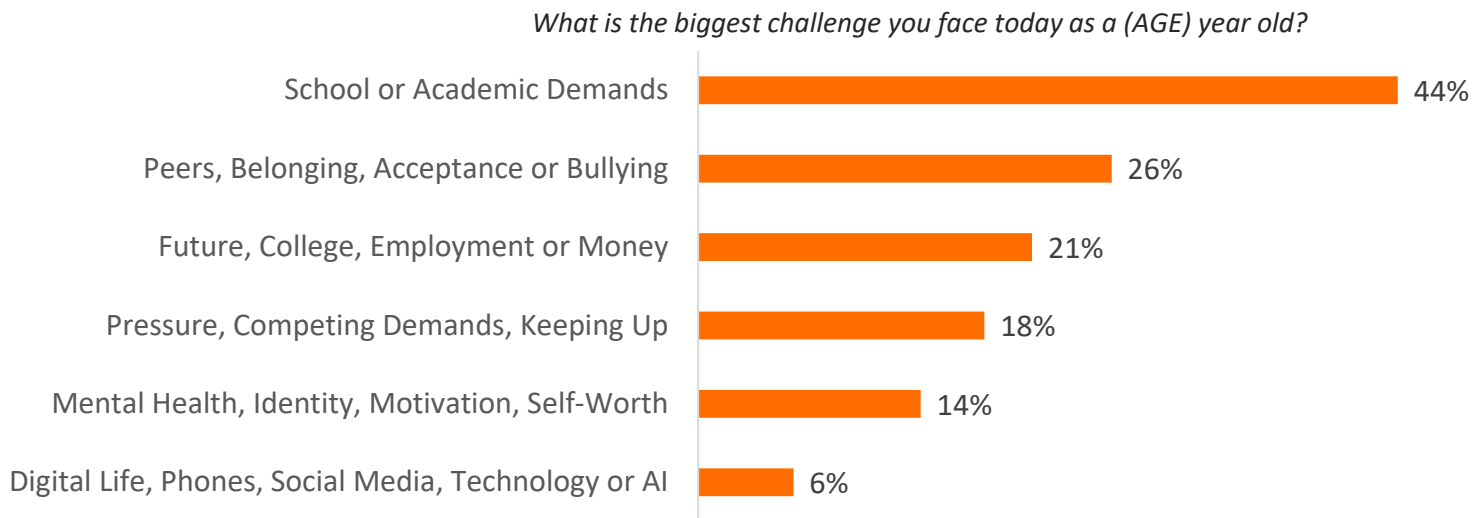
		Demographics									Protective Factors (% Strongly + Somewhat Agree)																	
		Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size		108	151	170	412	361	251	197	359	279	284	453	369	110	122	101	63	120	102	74	61	45	108	70	39	78	44	44
Protective Factors (% Strongly + Somewhat Agree)																												
I know an adult who I could talk to		87%	84%	86%	85%	81%	83%	80%	81%	87%	82%	79%	86%	82%	83%	86%	88%	83%	90%	86%	76%	72%	85%	92%	83%	92%	92%	89%
School work is meaningful		80%	76%	58%	79%	78%	74%	71%	77%	69%	71%	79%	70%	75%	71%	61%	88%	66%	71%	67%	84%	72%	80%	91%	59%	88%	93%	86%
I have goals that I set for myself		87%	87%	93%	86%	90%	95%	87%	89%	94%	86%	87%	94%	92%	90%	96%	84%	91%	94%	81%	87%	88%	84%	92%	100%	90%	98%	95%
I can go to a parent for help		93%	88%	96%	87%	87%	94%	85%	84%	94%	86%	86%	94%	89%	84%	92%	93%	85%	96%	82%	81%	95%	88%	88%	94%	88%	98%	97%

Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

WHAT YOUTH SAY **IS HARDEST**

Participants were asked an open-ended question about the greatest challenge they face today. School and academic demands dominate the challenges youth describe in their own words.

Once coded, those comments revolve around six primary themes with school or academic demands appearing most often. Forty-four percent mentioned school or academic demands, often alongside pressure to keep up, uncertainty about the future, or difficulty belonging. Because comments could reflect more than one challenge, these themes frequently overlap.



Percentages exceed 100% because comments could be coded into more than one theme.

WHAT “SCHOOL CHALLENGE” MEANS

Youth describe school primarily as a system of performance and pressure—not as a source of meaning.

Comments coded as “School or Academic Demands” are overwhelmingly framed around **performance and pressure**

Keeping up

Assignments, homework, grades, expectations

Balancing demands

School, sports, work, friends, and family

Preparing for what comes next

College, employment, and an uncertain future

What youth rarely describe

School is rarely described as intellectually interesting, personally rewarding, or a place where meaningful learning occurs.

The challenge is not simply workload. It is the experience of investing substantial effort in work that often feels disconnected from purpose.

“SCHOOL FEELS **OVERWHELMING AND MEANINGLESS**”

*“School feels **overwhelming and meaningless**. The teachers only care if you are an overachiever; otherwise, you are nothing more than a nuisance. There are no clubs for people after school unless you are into sports. The expectations are not realistic unless you are neurotypical and liked by staff. Truly, staff and funding make school horrible.”*

— 16-year-old male, Southeast Colorado

“Often school feels like one big giant test rather than a safe place to learn.”— 17-year-old female, Broomfield County

“Trying to stay focused at school when everything is so boring and seems like it won’t matter once I leave high school.”

— 17-year-old male, Denver County

“I guess school—my teachers don’t understand me, and I get bored with the work, and it’s like everything is on tablets now, which is kind of dumb.”— 13-year-old male, Denver/Boulder

The decline in schoolwork meaningfulness is not simply evidence that youth dislike homework. Their comments describe a deeper tension: school demands enormous effort while often failing to provide a corresponding sense of learning, agency, belonging, or purpose.

SCHOOL PRESSURE: **BEYOND THE CLASSROOM**

- “Dealing with stress from homework and not always understanding everything right away.”
— 14-year-old male, Moffat County
- “Not knowing what I want to do after high school yet but feeling pressure to decide soon.”
— 16-year-old male, Broomfield County
- “Trying to make everyone like you at school while keeping up with my homework and keeping my parents happy.”— 16-year-old male, Mesa County
- “I’m very worried about passing my classes so I can move on to eighth grade. I’m also worried that sometimes my mom and dad can’t pay some of the bills, so I just want to get older so I can help them.”— 13-year-old male, Fremont County

For many youth, school pressure is inseparable from belonging, family expectations, financial strain, and uncertainty about the future.

WHAT ABOUT **SUBSTANCE USE?**

Substances enter a life already organized around other pressures.

What youth name first

95%

About 95% of greatest-challenge comments did not directly mention substance use.

Youth were far more likely to name school pressure, belonging, uncertainty about the future, competing demands, and emotional strain.

Where substances enter

5%

About 5% directly mentioned drugs, alcohol, vaping, or another substance.

When substances do appear, they are often embedded in social participation, coping, family circumstances, or efforts to remain connected.

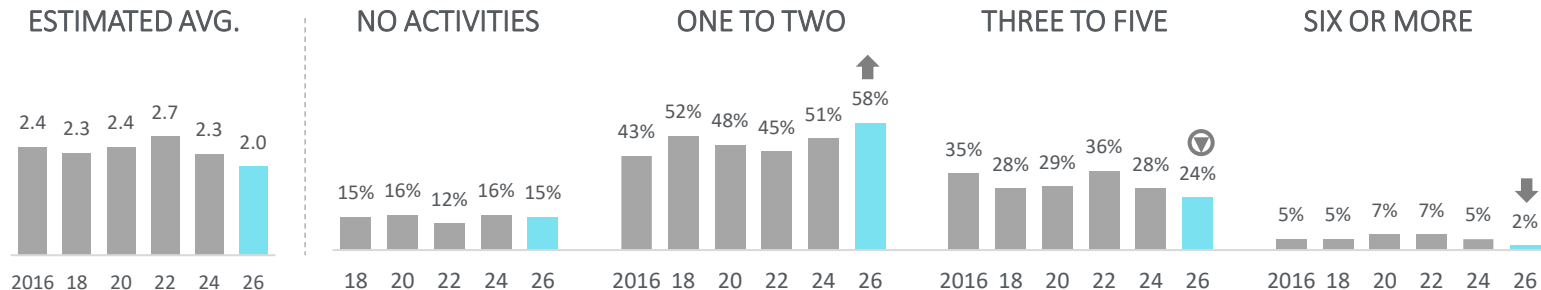
This does not make substances unimportant. It changes the prevention question from **“How do we warn youth about danger?”** to **“What need is the substance meeting—and what healthier support could meet it instead?”**

EXTRACURRICULAR ACTIVITIES

Extracurricular participation shifted toward a smaller number of activities in 2026. The percentage participating in one or two activities increased significantly from 51% to 58%, while participation in three to five activities declined from 28% to 24% and participation in six or more fell from 5% to 2%.

The percentage reporting no extracurricular activities remained statistically stable at 15%, suggesting a narrowing of participation rather than broader disengagement. The estimated average declined from 2.3 activities in 2024 to 2.0 in 2026, the lowest level recorded.

“How many extracurricular activities do you participate in, either at or outside of school, such as arts, sports, band, drama, clubs, youth group, or student government?”



“Balancing studies, extracurricular activities, and work leads to chronic burnout.”
— 15-year-old male, Broomfield County

EXTRACURRICULAR ACTIVITIES

Participation shifted toward one or two activities across many groups in 2026. Significant increases occurred among youth ages 12–13, females, heterosexual youth, White and Hispanic youth, youth in Denver/Boulder and Northwest Colorado, and those in households earning between \$50,000 and \$99,000. Several of these gains were accompanied by declines in participation in six or more activities, suggesting a narrowing of involvement rather than disengagement.

Southwest Colorado moved in the opposite direction, with fewer youth reporting no activities and more participating in three to five. **Regional findings should be interpreted cautiously because several subgroup sample sizes are small.**

Extracurricular Activities	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																										
None	12%	17%	11%	10%	14%	10%	14%	16%	22%	13%	15%	14%	7%	16%	22%	14%	11%	18%	15%	21%	5%	13%	20%	17%	5%	34%	12%
One to Two	45%	48%	68%	47%	52%	60%	43%	52%	52%	40%	51%	59%	60%	53%	55%	46%	57%	61%	34%	41%	62%	54%	42%	60%	48%	48%	44%
Three to Five	40%	30%	21%	37%	28%	27%	34%	28%	23%	40%	29%	25%	25%	29%	21%	31%	25%	19%	47%	33%	28%	30%	34%	23%	41%	16%	42%
Six or More	3%	5%	1%	6%	6%	4%	10%	4%	2%	7%	6%	2%	8%	2%	2%	9%	6%	3%	5%	5%	5%	4%	5%	0%	6%	2%	2%
Estimated Avg.	2.5	2.3	1.9	2.7	2.4	2.3	2.8	2.2	1.9	2.8	2.4	2.0	2.5	2.1	1.9	2.7	2.3	1.9	2.8	2.3	2.5	2.3	2.4	1.8	2.8	1.5	2.5

	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
Extracurricular Activities	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	361	401	312	332	442	366	586	750	518	119	100	68	507	581	526	141	148	134	112	124	115	254	373	315	182	261	159	139	100	108
None	11%	15%	12%	12%	15%	16%	9%	14%	11%	26%	27%	28%	13%	16%	14%	5%	25%	18%	12%	14%	21%	12%	17%	11%	11%	16%	20%	12%	12%	13%
One to Two	39%	50%	58%	51%	54%	59%	45%	53%	60%	43%	38%	50%	43%	51%	59%	50%	46%	60%	47%	51%	51%	45%	51%	62%	40%	48%	60%	51%	59%	53%
Three to Five	41%	30%	25%	32%	26%	24%	38%	29%	26%	26%	29%	20%	35%	27%	24%	39%	26%	22%	37%	29%	27%	36%	28%	24%	42%	30%	19%	27%	24%	31%
Six or More	9%	5%	4%	5%	5%	1%	8%	5%	3%	5%	6%	1%	9%	6%	3%	7%	3%	0%	5%	6%	2%	7%	4%	3%	7%	6%	1%	10%	5%	3%
Estimated Avg.	2.9	2.3	2.2	2.4	2.3	1.9	2.8	2.4	2.1	2.1	2.2	1.7	2.8	2.3	2.0	2.9	2.0	1.8	2.6	2.4	1.9	2.7	2.2	2.1	2.8	2.4	1.8	2.6	2.2	2.3

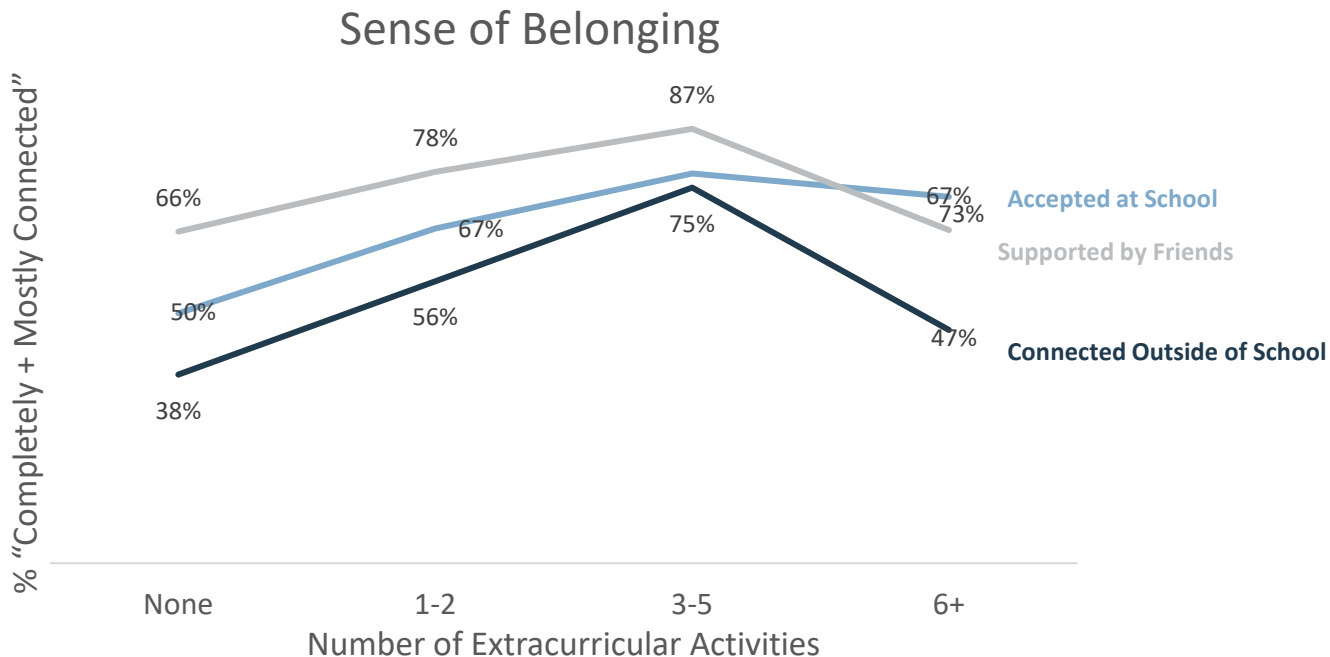
Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

CONNECTION BY NUMBER OF EXTRACURRICULAR ACTIVITIES

Extracurricular activities may create opportunities for connection, which is associated with a lower likelihood of substance use.

In 2026, youth participating in extracurricular activities generally reported greater support and connection than those participating in none. Belonging was highest among youth involved in three to five activities. Participation in six or more activities was not associated with additional connection and was linked with lower connection outside school.

These findings show association, not causation.

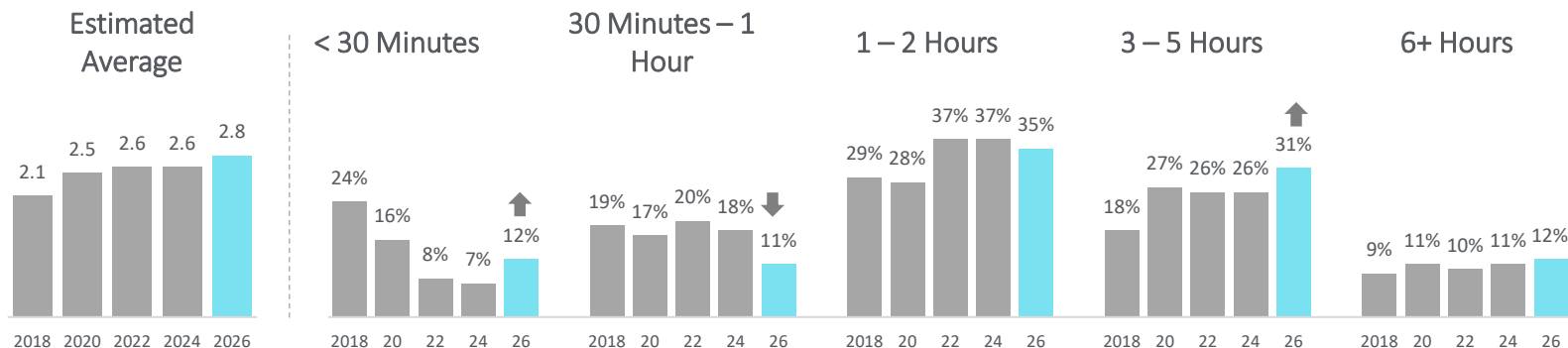


SOCIAL MEDIA USE

Social media can provide teens with connection to people they know and to broader communities. Although the relationship between social media use, mental health, and substance use is beyond the scope of this study, patterns of use provide important context.

In 2026, estimated social media use increased from 2.6 to 2.8 hours per day, the highest level recorded. The distribution also shifted: fewer teens reported using social media for 30 minutes to one hour, while significantly more reported either less than 30 minutes or three to five hours per day. Forty-three percent of teens now report spending at least three hours per day on social media.

“Thinking about an average day, how much time do you spend on social media such as TikTok, Snapchat, Instagram, Facebook, Twitter/X, etc.?”



Percentage Base: All Respondents, excluding “Don’t Know” responses

SOCIAL MEDIA USE

Social media use shifted away from the 30-minute-to-one-hour category across several demographic groups in 2026, with increases often appearing both below 30 minutes and in the three-to-five-hour category. This pattern is especially evident among teens ages 14–15, males, heterosexual youth, White youth, and several income groups.

Average use is highest among LGBTQ youth and youth in Southwest Colorado, both at 3.7 hours per day. Northeast and Southeast Colorado also average 3.3 hours, while youth ages 16–17 average 3.1 hours. Regional findings should be interpreted cautiously because several sample sizes are small.

		Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest					
Social Media Use Per Day		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026			
	sample size	108	152	163	412	355	247	197	349	277	284	448	364	110	120	96	63	118	100	74	59	44	108	68	39	78	43	44			
Less than 30 minutes		14%	16%	21%	6%	5%	10%	7%	5%	8%	7%	6%	12%	11%	9%	16%	10%	6%	12%	10%	11%	9%	6%	8%	5%	5%	18%	7%			
30 minutes to 1 hour		21%	18%	17%	24%	18%	9%	15%	18%	10%	20%	21%	13%	20%	16%	11%	19%	13%	7%	11%	8%	9%	26%	18%	8%	27%	27%	9%			
1-2 hours		42%	34%	36%	36%	42%	34%	35%	34%	35%	35%	36%	36%	38%	46%	33%	44%	33%	33%	27%	38%	38%	34%	37%	38%	36%	38%	21%			
3-5 hours		17%	22%	16%	27%	26%	37%	29%	29%	33%	29%	28%	31%	19%	20%	28%	19%	32%	29%	39%	31%	33%	22%	20%	32%	22%	10%	46%			
6+ hours		6%	10%	11%	6%	8%	9%	15%	14%	14%	10%	10%	8%	12%	8%	12%	8%	15%	19%	13%	13%	11%	12%	18%	17%	10%	8%	17%			
Est. Avg. hours		2.0	2.4	2.3	2.3	2.5	2.9	3.0	3.0	3.1	2.7	2.6	2.6	2.5	2.3	2.7	2.3	3.1	3.3	3.1	3.0	2.9	2.6	3.0	3.3	2.4	1.9	3.7			
		Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
Social Media Use Per Day		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026			
	sample size	361	400	303	332	441	365	586	747	515	119	100	68	507	578	516	141	146	133	112	125	113	254	371	313	182	260	156			
Less than 30 minutes		7%	7%	8%	9%	7%	15%	8%	7%	11%	10%	7%	11%	10%	8%	13%	4%	3%	5%	11%	8%	9%	6%	7%	10%	10%	6%	12%			
30 minutes to 1 hour		19%	13%	11%	21%	24%	10%	21%	19%	12%	9%	9%	9%	19%	20%	12%	22%	12%	9%	27%	21%	10%	16%	15%	11%	20%	20%	9%			
1-2 hours		29%	37%	37%	46%	39%	35%	39%	40%	36%	28%	19%	20%	37%	34%	36%	40%	47%	42%	29%	30%	38%	40%	42%	35%	41%	33%	36%			
3-5 hours		30%	30%	34%	20%	22%	28%	25%	24%	30%	33%	45%	35%	25%	25%	29%	25%	26%	31%	25%	27%	27%	26%	26%	31%	23%	28%	33%			
6+ hours		15%	13%	10%	4%	8%	12%	8%	10%	10%	20%	20%	22%	9%	11%	11%	11%	12%	12%	8%	13%	16%	12%	10%	13%	6%	12%	10%			
Est. Avg. hours		3.0	3.0	2.8	2.0	2.4	2.8	2.4	2.5	2.7	3.5	3.8	3.7	2.5	2.6	2.7	2.7	2.8	3.0	2.3	2.8	3.0	2.8	2.6	2.9	2.2	2.8	2.8			

Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

SOCIAL MEDIA **USE BY AGE**

Overall social media use remains statistically stable, but the age pattern continues to shift. In 2024, 12–13-year-olds had reached the level previously seen among 14–15-year-olds. In 2026, average use among 14–15-year-olds increased to 2.9 hours per day—nearly matching the 3.1 hours reported by 16–17-year-olds—while use among 12–13-year-olds held steady at 2.3 hours.

Although these are not the same respondents, the pattern suggests a possible cohort dynamic: elevated social media use first observed among younger teens may be appearing in the next age group as successive samples grow older. This cannot be confirmed without longitudinal data, but the middle age group is now converging descriptively with older teens rather than all age groups simply leveling out.



“Social media makes me feel like I’m not doing that good in life. I feel like I’m not pretty enough or smart enough.”— 14-year-old female, Central Colorado



“Social media affects me a lot because I constantly compare my life, appearance, and achievements with other people, which sometimes makes me feel like I’m not doing enough.”— 16-year-old male, Southwest Colorado

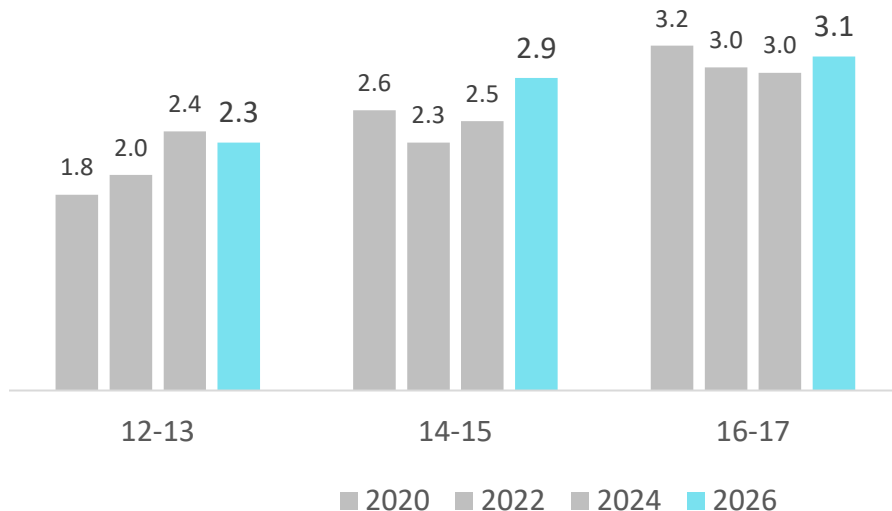


“There’s a lot of pressure on social media to be a certain way.”— 13-year-old male, Denver/Boulder



“I find it hard to stay focused and motivated because there are so many distractions, especially my phone and social media.”— 17-year-old female, Southwest Colorado

Average Hours/Day on Social Media



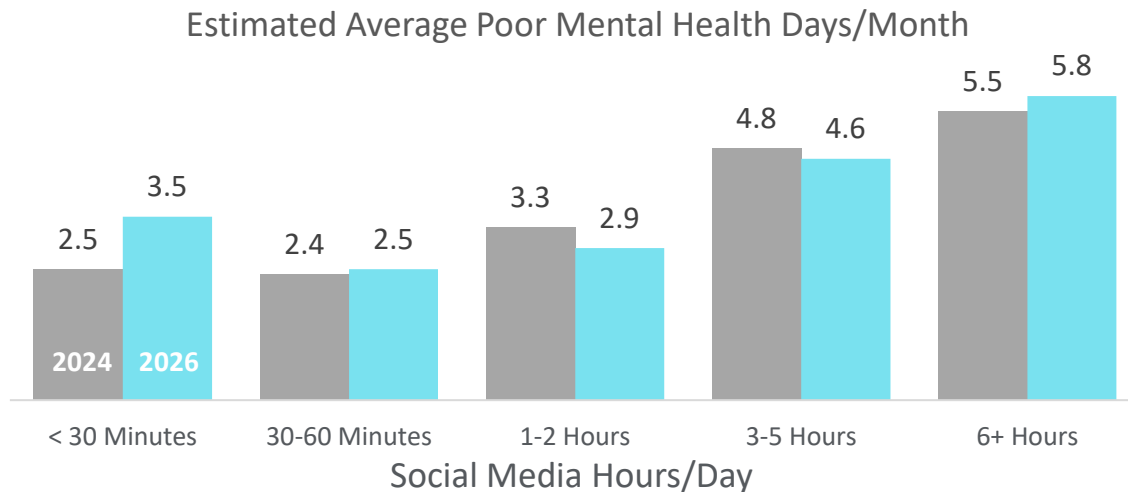
MENTAL HEALTH & SOCIAL MEDIA

Other research has frequently found an association between adolescent social media use and mental health. The Colorado survey shows a similar but modest relationship: greater social media use is associated with more poor mental-health days, with a statistically significant correlation of 0.21.

- The 2026 association remains positive overall, although it is modest and not strictly linear across the lower-use categories.
- Teens spending three or more hours a day on social media report substantially more poor mental health days per month: about 4.6 days among those using it 3–5 hours and 5.8 days among those using it 6+ hours.

We cannot determine whether social media use contributes to poor mental health, whether teens experiencing poor mental health spend more time—or sometimes less time—online, or whether both are shaped by other factors. The clearest finding is that heavier use, particularly 3+ hours per day, remains associated with more poor mental health days.

➤ “Cyberbullying is really tough for me to deal with. Some classmates spread rumors or post mean comments about me on social platforms anonymously. Those hurtful words spread quickly among students, making me embarrassed and isolated.”
— 16-year-old male, NE Colorado



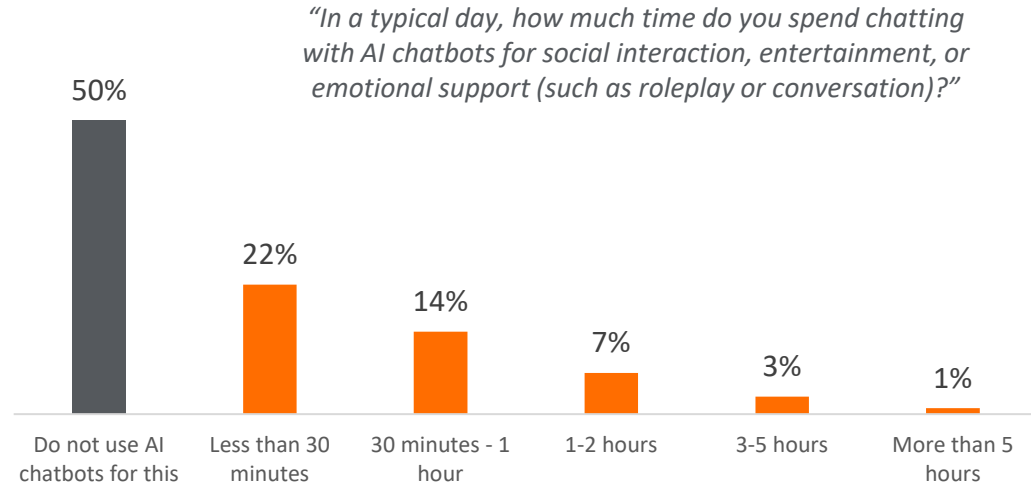
AI CHATBOT USE

Half of Colorado youth report using AI chatbots for social interaction, entertainment, or emotional support on a typical day, although most use is limited. Across all respondents, 22% report less than 30 minutes per day, 14% report 30 minutes to one hour, and 11% report one hour or more. Average use across all youth is approximately 30 minutes per day.

Unlike social media use, conversational AI use is not significantly related to the number of poor mental-health days reported in this survey. The correlation is 0.10, indicating a very weak relationship.

This measure does not include using AI for schoolwork, research, or practical tasks.

It specifically captures conversational use for entertainment, roleplay, companionship, or emotional support.



AI CHATBOT USE

AI chatbot use varies most clearly by age and geography. Younger teens are the least likely to use chatbots for social interaction, entertainment, or emotional support: 63% of 12–13-year-olds report no use, compared with 48% of 14–15-year-olds and 45% of 16–17-year-olds. Older teens are also more likely to spend 30 minutes to an hour chatting with AI.

Regional differences are more pronounced. Reported use is highest in Southwest Colorado, where only 22% say they do not use AI chatbots and average use reaches 0.8 hours per day. Northwest Colorado also reports relatively high participation, while Southeast Colorado reports the least use, with 68% saying they do not use AI chatbots. These regional findings should be interpreted cautiously because of the small sample sizes.

	Total	12-13	14-15	16-17	D/B	Central	NE	NW	SE	SW
<i>Sample Size</i>	700	170	251	279	369	101	102	45	39	44
Do not use AI chatbots for this	50%	63%	48%	45%	50%	53%	53%	29%	68%	22%
Less than 30 minutes	22%	17%	27%	20%	23%	18%	18%	39%	13%	30%
30 minutes to 1 hour	14%	9%	9%	21%	16%	10%	9%	15%	6%	27%
1-2 hours	7%	4%	7%	9%	6%	5%	12%	5%	5%	14%
3-5 hours	3%	5%	4%	2%	2%	2%	5%	7%	3%	7%
More than 5 hours/always chatting	1%	0%	2%	1%	1%	3%	0%	0%	3%	0%
Average (hours)	0.5	0.4	0.6	0.5	0.5	0.6	0.6	0.7	0.5	0.8

	Female	Male	Hetero-sexual	LGBQ	White	Hispanic	< \$50k	\$50-74k	\$75-99k	\$100k+
<i>Sample Size</i>	312	368	520	68	528	134	115	316	160	109
Do not use AI chatbots for this	51%	48%	47%	61%	51%	54%	49%	47%	54%	54%
Less than 30 minutes	21%	24%	25%	11%	22%	20%	19%	24%	19%	22%
30 minutes to 1 hour	14%	15%	15%	11%	13%	12%	14%	14%	13%	15%
1-2 hours	6%	9%	8%	8%	7%	6%	10%	8%	5%	5%
3-5 hours	3%	3%	3%	8%	3%	2%	3%	4%	2%	3%
More than 5 hours/always chatting	1%	1%	1%	0%	1%	2%	2%	1%	1%	1%
Average (hours)	0.5	0.5	0.5	0.6	0.5	0.5	0.6	0.6	0.4	0.5

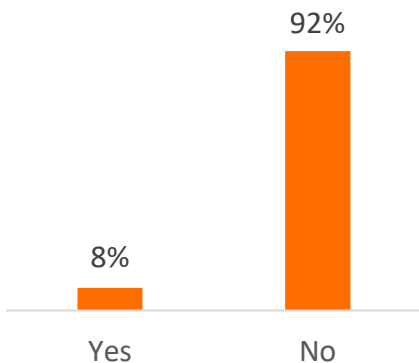
YOUTH GAMBLING

Past-year betting remains uncommon among Colorado youth overall, but many youth who participate report using methods that can bypass age restrictions.

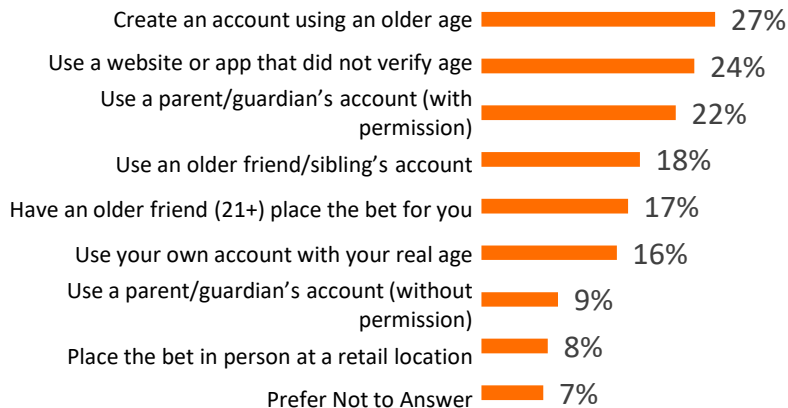
Eight percent report placing a sports bet or another wager in the past year. Among youth who have bet, the most common approaches include creating an account with an older age, using a website or app that did not verify age, or using a parent's, sibling's, or friend's account.

Only 16% reported using their own account with their real age the last time they placed a bet. Many instead reported creating an account with an older age, using a platform that did not verify age, or accessing betting through someone else.

“In the past 12 months, have you placed a sports bet (or bet on other events) for money or something of value? (This includes bets placed online, through an app, in person, or through someone else.)”



“The last time you placed a sports bet (or bet on other events), did you ...”



Multiple responses allowed; percentages may exceed 100%. Base: youth reporting past-year betting, n=61.

YOUTH GAMBLING

Reported past-year betting is more common among older teens and in several focus regions, although regional estimates are based on small samples.

Rates rise from 4% among youth ages 12–13 to 10% among those ages 16–17. Approximately 15%–18% of youth in Northwest, Southeast, and Southwest Colorado report having placed a bet.

Males report more than twice the rate of females—11% compared with 5%. Differences by sexual orientation, race/ethnicity, and household income are comparatively modest.

“In the past 12 months, have you placed a sports bet (or bet on other events) for money or something of value? (This includes bets placed online, through an app, in person, or through someone else.)”

	Total	12-13	14-15	16-17	D/B	Central	NE	NW	SE	SW
Sample Size	700	170	251	279	369	101	102	45	39	44
% Yes	8%	4%	9%	10%	9%	3%	3%	15%	17%	18%

	Female	Male	Hetero-sexual	LGBQ	White	Hispanic	< \$50k	\$50-74k	\$75-99k	\$100k+
Sample Size	312	368	520	68	528	134	115	316	160	109
% Yes	5%	11%	9%	6%	7%	10%	10%	9%	6%	6%

Shading indicates significantly higher or lower ratings than the overall average at the 95% confidence level.

WHEN SCHOOL PRESSURE **DISPLACES REST**

“I’m suffocating under homework and exams, yet I don’t even have the right to stop. I go to sleep late and wake early every day, and a slight grade drop can break me for days. I don’t feel like a person anymore, just a machine running for scores.”

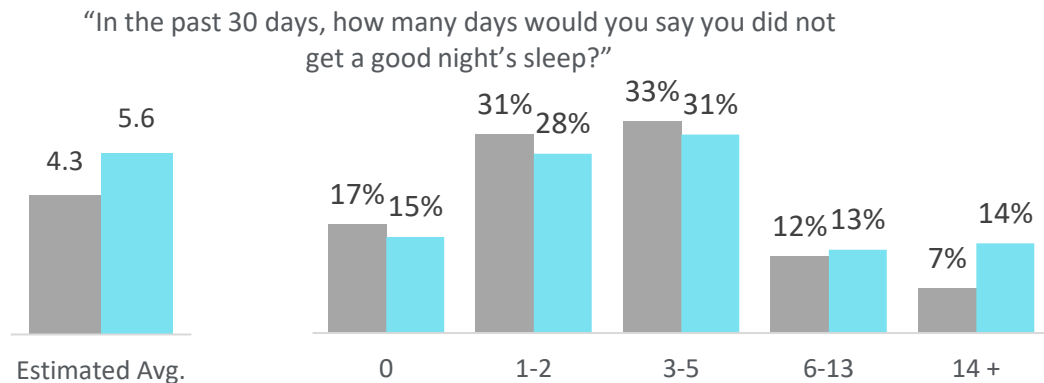
— 16-year-old female, Broomfield County

SLEEP HABITS

A question introduced in 2024 asks how often youth did not get a good night's sleep during the past month. Results suggest that sleep worsened in 2026*:

- The estimated average increased from 4.3 to 5.6 poor nights of sleep per month.
- The percentage reporting 14 or more poor nights doubled, from 7% to 14%.
- The percentage reporting no poor nights declined slightly, from 17% to 15%.

Poor sleep and poor mental health have the strongest relationship shown in the table ($r=0.42$). Social media use is also associated with poor sleep ($r=0.23$) and poor mental health ($r=0.21$). Relationships involving conversational AI use are weaker: $r=0.16$ with poor sleep and $r=0.10$ with poor mental health.



Correlations

	Extra-curricular Activities	Hours per Day on Social Media	Days of Poor Mental Health	Nights of Poor Sleep	Chatbots
Extra-curricular Activities	--	0	-0.01	0.05	0.20
Hours per Day on Social Media		--	0.21	0.23	0.20
Days of Poor Mental Health			--	0.42	0.10
Nights of Poor Sleep				--	0.16
Chatbots					--

> “Balancing school, sleep, and sports and getting good grades.”
— 14-year-old female, Douglas County

SLEEP HABITS

Poor sleep increased across nearly every demographic group in 2026. The percentage reporting 14 or more poor nights during the past month increased significantly across all three age groups, as well as among males, heterosexual and White youth, and several income groups.

LGBQ youth continue to report the most poor sleep, at an estimated average of 7.9 nights per month, compared with 5.1 among heterosexual youth. High averages are also seen among youth in households earning \$100,000 or more (7.2) and in Southeast Colorado (6.8), although the smaller regional samples produce considerable year-to-year variation.

Poor Nights Sleep	Age 12-13		Age 14-15		Age 16-17		D/B		Central		Northeast		Northwest		Southeast		Southwest	
	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026
sample size	157	167	364	246	364	276	464	365	24	97	121	100	62	45	70	38	44	44
0 Days	18%	13%	14%	15%	19%	15%	14%	17%	11%	16%	16%	17%	18%	0%	30%	3%	62%	8%
1-2 Days	34%	35%	34%	26%	29%	26%	35%	28%	31%	23%	26%	33%	38%	25%	19%	32%	25%	17%
3-5 Days	32%	25%	34%	33%	32%	32%	32%	28%	41%	32%	36%	25%	23%	47%	31%	28%	13%	64%
6-13 Days	9%	10%	12%	12%	13%	15%	12%	13%	6%	11%	14%	12%	18%	20%	17%	18%	0%	3%
14+ Days	8%	18%	6%	13%	6%	13%	6%	14%	12%	18%	8%	13%	3%	9%	3%	18%	0%	7%
Estimated Avg.	4.1	6.0	4.1	5.4	4.0	5.6	4.0	5.5	4.8	6.2	4.6	5.2	3.7	5.9	3.7	6.8	0.9	4.5

Poor Nights Sleep	Female		Male		Heterosexual		LGBQ		White		Hispanic		<\$50k		\$50-74k		\$75-99k		\$100k+	
	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026
sample size	399	306	442	364	759	514	105	68	594	520	155	133	132	113	382	314	268	153	103	109
0 Days	12%	13%	23%	16%	18%	16%	7%	8%	18%	15%	18%	20%	20%	11%	18%	15%	17%	16%	9%	17%
1-2 Days	35%	30%	29%	28%	33%	30%	20%	19%	30%	27%	29%	25%	25%	28%	31%	30%	34%	28%	36%	22%
3-5 Days	32%	32%	33%	30%	33%	32%	29%	30%	32%	27%	37%	34%	30%	36%	33%	33%	32%	26%	38%	24%
6-13 Days	13%	14%	10%	11%	10%	11%	26%	20%	11%	15%	8%	14%	17%	13%	12%	12%	11%	14%	8%	12%
14+ Days	8%	12%	5%	15%	5%	12%	19%	23%	9%	16%	8%	7%	7%	12%	7%	10%	6%	16%	9%	24%
Estimated Avg	4.5	5.4	3.6	5.6	3.7	5.1	7.4	7.9	4.4	6.0	4.1	4.4	4.5	5.4	4.2	4.9	3.9	5.9	4.4	7.2

ATTITUDES TOWARD SUBSTANCE USE

-
- ▶ SUBSTANCE AWARENESS
 - ▶ RISK ATTITUDES
 - ▶ BELIEFS & PERCEIVED RISK
 - ▶ FAMILY DISCUSSIONS



SUBSTANCE USE ATTITUDES & FAMILY DISCUSSIONS

Colorado youth are asked about their beliefs regarding prescription drug misuse, the perceived risk of using specific substances, and whether they have discussed substance use with a parent or guardian.

PRESCRIPTION DRUG ATTITUDES

Misusing someone else's prescription drugs (using them without a prescription) is safer than using illegal/illicit drugs.

Using prescription drugs like Adderall or Ritalin to help you stay awake and focused when studying is safe, even if the prescription wasn't written for you.

Prescription pain relievers like Vicodin or Oxy (OxyContin) are not addictive.

PERCEIVED RISK OF USE

How much risk do you think there is in using each of the following:

- Fentanyl
- Rx Pain Relievers
- Rx Stimulants
- Marijuana
- Alcohol
- Vaping
- Oral nicotine pouches

FAMILY DISCUSSIONS

Have you ever talked to your parents about ...

- Marijuana
- Prescription drugs that were not prescribed for you
- Counterfeit or laced pills
- Alcohol
- Vaping
- Oral nicotine pouches

RISK ATTITUDES

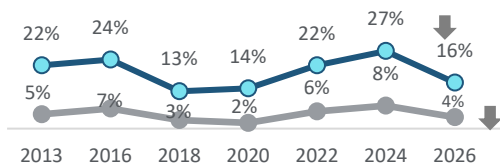
% Strongly + Somewhat Agree
% Strongly Agree

Youth expressed substantially less permissive attitudes toward prescription drug misuse in 2026. Agreement that prescription drugs are safer than illegal drugs declined from 27% to 16%, while agreement that prescription pain relievers are not addictive fell from 25% to 8%—the lowest level recorded.

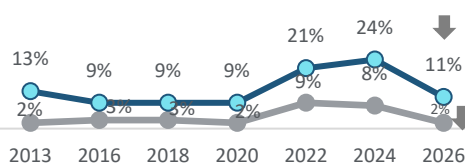
Agreement that stimulants are safe when the prescription was not written for the teen also declined from 24% to 11%. However, this result should be interpreted cautiously because the question wording changed from “using” to “misusing” in 2026.

Two other risk-factor questions—whether experimenting with drugs is part of being a teen and whether drugs help teens manage stress—were removed from the 2026 survey.

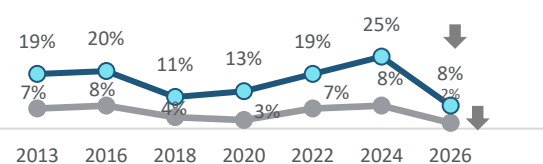
Prescription drugs are safer
than illegal drugs



Stimulants are safe even if the
script wasn't for you



Prescription pain relievers are
not addictive



RISK ATTITUDES

Risk attitudes became substantially less permissive across nearly every demographic group in 2026. Agreement that prescription drugs are safer than illegal drugs declined significantly across all age groups, in Denver/Boulder, and among females, males, heterosexual youth, White youth, and several income groups.

The most consistent change involves the belief that prescription pain relievers are not addictive, which declined across nearly all demographic groups. Perceptions of stimulant safety also fell broadly, although comparisons should be interpreted cautiously because the question wording changed in 2026.

Southwest Colorado is a notable exception, with all three measures increasing from unusually low 2024 levels; the small regional sample and substantial year-to-year variation warrant caution.

Risk Attitudes (% Strongly + Somewhat Agree)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																										
Prescription drugs are safer than illegal drugs	26%	24%	10%	24%	29%	18%	19%	28%	17%	22%	35%	18%	18%	24%	15%	24%	14%	9%	28%	24%	14%	18%	25%	21%	29%	7%	22%
Using prescription drugs (stimulants) is safe	29%	19%	10%	21%	26%	11%	17%	25%	12%	23%	32%	13%	17%	15%	11%	17%	14%	7%	24%	18%	13%	20%	26%	7%	25%	4%	16%
Prescription pain relievers are not addictive	23%	19%	7%	19%	25%	10%	17%	27%	8%	19%	29%	8%	19%	18%	7%	16%	23%	8%	25%	25%	14%	18%	21%	6%	23%	11%	14%

Risk Attitudes (% Strongly + Somewhat Agree)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																													
Prescription drugs are safer than illegal drugs	22%	26%	15%	23%	27%	17%	24%	28%	15%	15%	26%	23%	21%	30%	17%	22%	19%	18%	23%	26%	16%	22%	20%	14%	23%	37%	16%	16%	30%	22%
Using prescription drugs (stimulants) is safe	22%	23%	10%	21%	26%	13%	23%	25%	12%	8%	18%	10%	19%	26%	12%	25%	14%	8%	21%	25%	10%	16%	19%	11%	26%	33%	9%	18%	20%	17%
Prescription pain relievers are not addictive	18%	23%	8%	21%	27%	9%	20%	26%	9%	13%	16%	8%	18%	26%	8%	13%	16%	8%	18%	26%	8%	15%	20%	8%	25%	30%	10%	16%	23%	8%

WHAT SHAPES **RISK ATTITUDES**

Youth attitudes toward substance use do not develop in isolation. Their comments point to peer norms, refusal confidence, family substance use, social belonging, and coping needs as important parts of the context.



“The struggle with a big amount of my fellow peer students who are getting involved with drinking and illegal drug use at a very young age. And it is being presented as a cool thing to do—in reality it is not.”
— 17-year-old male, Denver/Boulder



“I face using coping mechanisms such as using illegal drugs when I’m feeling depressed.”
— 15-year-old male, Denver/Boulder



“I don’t know how to refuse e-cigarettes or alcohol offered by others.”
— 15-year-old male, Denver/Boulder



“My best friend uses drugs, and I find it difficult to avoid him.”
— 15-year-old female, Northeast Colorado



“Dealing with my parents’ divorce and my mom’s substance abuse, as well as her unemployment.”
— 16-year-old male, Denver/Boulder



“How to manage a social life when you don’t do drugs.”
— 15-year-old male, Denver/Boulder

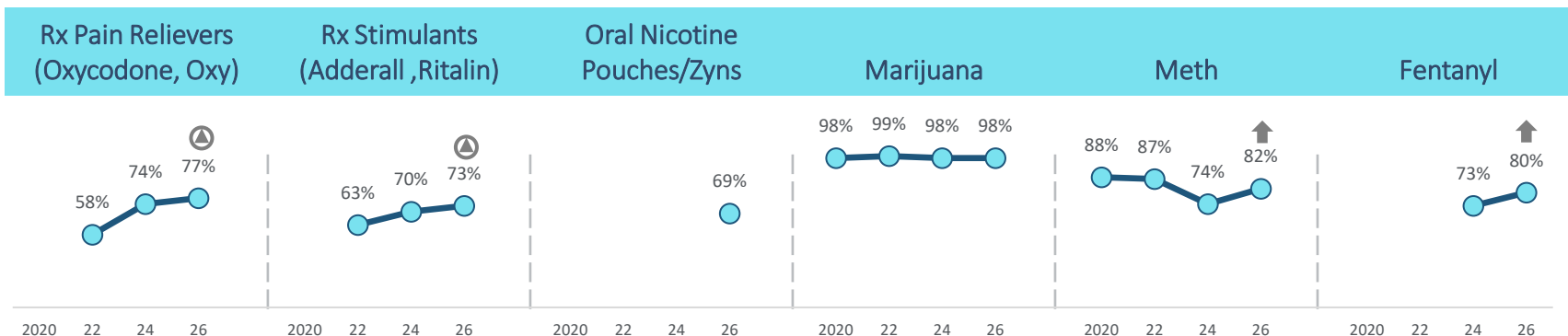
Less permissive attitudes are encouraging, but youth still encounter substances through peers, relationships, family circumstances, social pressure, and coping needs.

SUBSTANCE AWARENESS

Awareness of most substances remains high and generally stable. Nearly all teens have heard of marijuana (98%), while awareness of prescription pain relievers (77%) and stimulants (73%) changed little from 2024.

Awareness of meth and fentanyl increased significantly in 2026, reaching 82% and 80%, respectively. Meth awareness nevertheless remains below its 2020 and 2022 levels. Oral nicotine pouches were measured for the first time in 2026, with 69% of youth reporting awareness.

“Which, if any, of the following have you heard of?” (% Yes)



SUBSTANCE AWARENESS

Awareness of meth rebounded across many demographic groups in 2026, with significant increases among youth ages 14–15 and 16–17, females and males, heterosexual and LGBTQ youth, White youth, several income groups, and youth in Northeast and Southeast Colorado.

Fentanyl awareness also increased across many groups and is especially high among youth in Southeast Colorado (92%), Hispanic youth (90%), and teens in Northwest and Southwest Colorado (87%). Awareness of prescription pain relievers and stimulants remained generally stable, while oral nicotine pouches were measured for the first time in 2026.

Substance Awareness (% Aware)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest										
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026								
	sample size									108	148	165	412	347	250	197	357	277	284	447	364	110	120	99	63	119	101	74	60	45	108	69	39	78	41
Meth	81%	74%	74%	83%	71%	81%	93%	77%	86%	88%	75%	80%	85%	80%	79%	85%	75%	91%	88%	69%	74%	88%	74%	93%	83%	55%	74%								
Marijuana	97%	98%	98%	100%	97%	98%	100%	99%	99%	100%	96%	98%	100%	100%	96%	97%	100%	100%	100%	100%	99%	99%	97%	100%	100%	100%									
Rx Pain Relievers	48%	72%	71%	50%	70%	76%	69%	79%	81%	60%	72%	76%	62%	78%	75%	55%	75%	78%	52%	79%	83%	54%	80%	89%	49%	66%	76%								
Rx Stimulants	59%	67%	67%	52%	70%	71%	75%	72%	78%	62%	68%	72%	66%	76%	75%	68%	74%	73%	61%	73%	80%	56%	71%	73%	58%	56%	74%								
Fentanyl	n/a	70%	71%	n/a	73%	82%	n/a	75%	84%	n/a	75%	78%	n/a	74%	77%	n/a	70%	83%	n/a	64%	87%	n/a	72%	92%	n/a	77%	87%								
Oral Nicotine Pouches	n/a	n/a	66%	n/a	n/a	66%	n/a	n/a	74%	n/a	n/a	68%	n/a	n/a	64%	n/a	n/a	67%	n/a	n/a	87%	n/a	n/a	75%	n/a	n/a	82%								

Substance Awareness (% Aware)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+							
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026								
	sample size						361	397	311	332	430	361	586	726	513	119	104	68	507	572	522	141	153	133	112	126	114	254	371	316	182	260	157	139	97
Meth	92%	76%	83%	81%	72%	80%	85%	74%	81%	95%	74%	93%	88%	77%	83%	88%	82%	86%	89%	69%	84%	89%	71%	82%	81%	77%	77%	92%	85%	87%					
Marijuana	100%	99%	98%	99%	98%	99%	99%	98%	99%	100%	100%	98%	99%	98%	98%	100%	97%	98%	100%	99%	99%	100%	99%	99%	98%	96%	98%	100%	97%	97%					
Rx Pain Relievers	62%	74%	77%	52%	74%	78%	55%	74%	77%	76%	70%	84%	59%	75%	78%	58%	78%	83%	50%	76%	82%	63%	73%	78%	56%	74%	75%	61%	74%	74%					
Rx Stimulants	72%	72%	70%	52%	67%	74%	59%	69%	70%	86%	73%	91%	64%	73%	74%	60%	63%	69%	67%	69%	73%	67%	66%	70%	57%	75%	76%	68%	72%	76%					
Fentanyl	n/a	75%	81%	n/a	71%	80%	n/a	73%	80%	n/a	73%	86%	n/a	73%	80%	n/a	80%	90%	n/a	71%	84%	n/a	73%	80%	n/a	75%	77%	n/a	73%	83%					
Oral Nicotine Pouches	n/a	n/a	69%	n/a	n/a	69%	n/a	n/a	69%	n/a	n/a	72%	n/a	n/a	70%	n/a	n/a	66%	n/a	n/a	76%	n/a	n/a	70%	n/a	n/a	63%	n/a	n/a	69%					

PERCEIVED RISK OF LIMITED USE

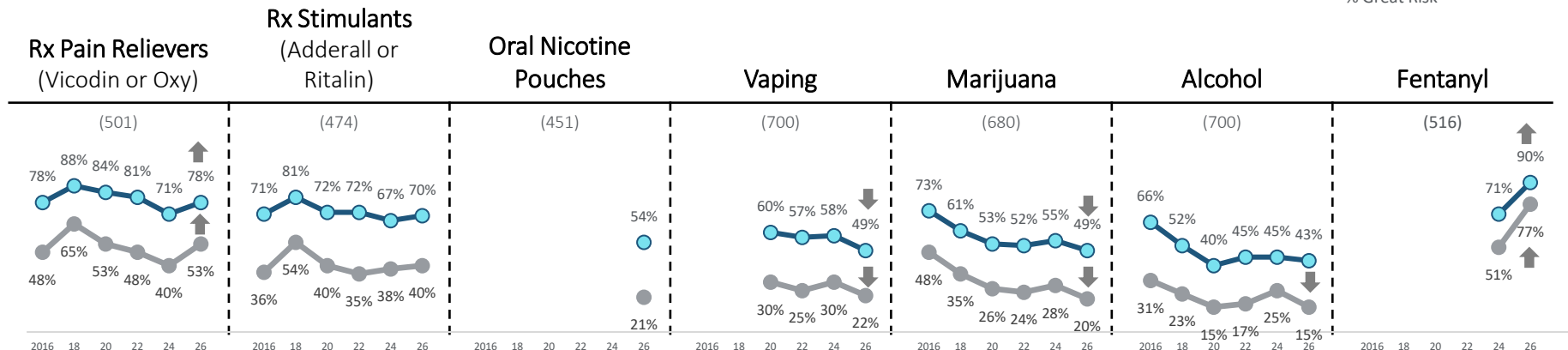
Perceived risk moved in different directions in 2026:

- Perceived risk of trying fentanyl once or twice increased sharply, with 90% seeing at least moderate risk and 77% seeing great risk—up from 71% and 51% in 2024.
- Perceived risk of trying prescription pain relievers also rebounded, with great-risk ratings increasing from 40% to 53%.
- In contrast, perceived risk declined significantly for vaping and marijuana. Great-risk ratings fell to 22% for vaping and 20% for marijuana.
- The percentage viewing alcohol use as a great risk also declined, from 25% to 15%, while perceptions of stimulant risk remained stable.

Oral nicotine pouches were measured for the first time: 54% see at least moderate risk, but only 21% consider trying them once or twice a great risk.

“How much risk, if any, do you think there is in trying [substance] once or twice?”

% Great + Moderate Risk
% Great Risk



Meth was removed from the perceived risk battery in 2026 to add oral nicotine pouches.

PERCEIVED RISK OF LIMITED USE

Perceived risk moved in sharply different directions across demographic groups in 2026. Perceived risk of trying fentanyl once or twice increased sharply, with significant gains across all age groups, in Denver/Boulder, Central and Northeast Colorado, and among most demographic and income groups. Perceived risk of trying prescription pain relievers increased significantly among youth ages 12–13, youth in Denver/Boulder, White and Hispanic youth, and those in households earning \$75,000 or more.

At the same time, perceived risk of vaping declined among older teens, males, heterosexual and White youth, and several regions. Marijuana risk also declined among older teens, LGBQ youth, lower-income teens, and youth in Northwest, Southeast, and Southwest Colorado.

Southwest Colorado stands apart, with perceived risk declining substantially for nearly every substance—including fentanyl—although the small sample and considerable year-to-year variation warrant caution.

Perceived Risk of Substance Trial (% Great + Moderate Risk)		Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest					
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026			
sample size		88	107	147	328	256	245	176	267	273	327	305	357	93	95	95	52	85	101	57	42	45	92	51	38	61	24	44			
Marijuana		58%	59%	53%	57%	53%	52%	46%	54%	43%	55%	54%	48%	57%	51%	55%	46%	51%	53%	44%	66%	38%	44%	54%	32%	45%	75%	40%			
Rx Pain Relievers		84%	67%	83%	75%	73%	79%	83%	70%	75%	77%	68%	79%	84%	70%	80%	90%	80%	84%	74%	66%	62%	86%	68%	73%	79%	82%	52%			
Rx Stimulants		75%	67%	80%	67%	60%	69%	75%	69%	66%	75%	64%	72%	76%	69%	73%	71%	73%	79%	58%	72%	43%	64%	62%	59%	55%	76%	51%			
Alcohol		62%	50%	50%	48%	45%	46%	36%	43%	38%	43%	44%	42%	54%	42%	48%	48%	46%	50%	40%	58%	34%	43%	43%	36%	45%	62%	31%			
Vaping		69%	64%	57%	57%	56%	48%	50%	56%	45%	61%	56%	45%	62%	58%	62%	52%	57%	52%	33%	64%	47%	44%	59%	47%	49%	73%	34%			
Fentanyl		n/a	77%	92%	n/a	70%	90%	n/a	70%	91%	n/a	67%	94%	n/a	74%	99%	n/a	77%	94%	n/a	73%	78%	n/a	74%	80%	n/a	85%	49%			
Oral Nicotine Pouches		n/a	n/a	62%	n/a	n/a	49%	n/a	n/a	54%	n/a	n/a	55%	n/a	n/a	59%	n/a	n/a	63%	n/a	n/a	42%	n/a	n/a	44%	n/a	n/a	31%			
Perceived Risk of Substance Trial (% Great + Moderate Risk)		Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size		295	283	305	280	305	356	509	523	507	79	75	67	398	419	513	109	118	131	140	95	113	220	267	312	116	188	154	94	80	101
Marijuana		46%	56%	49%	61%	55%	49%	58%	56%	50%	26%	47%	26%	51%	55%	49%	57%	44%	48%	45%	55%	37%	53%	58%	53%	51%	52%	46%	57%	45%	47%
Rx Pain Relievers		78%	73%	80%	82%	70%	75%	78%	71%	78%	87%	68%	73%	80%	75%	80%	89%	69%	82%	84%	70%	72%	86%	74%	78%	77%	68%	81%	75%	66%	79%
Rx Stimulants		68%	69%	70%	76%	67%	69%	70%	68%	70%	80%	62%	66%	78%	70%	73%	60%	63%	72%	67%	61%	65%	74%	74%	69%	77%	63%	72%	74%	64%	72%
Alcohol		41%	47%	46%	51%	45%	42%	49%	47%	45%	28%	38%	20%	44%	47%	43%	50%	42%	48%	45%	47%	37%	47%	50%	49%	44%	43%	39%	45%	33%	41%
Vaping		50%	58%	50%	65%	60%	47%	59%	59%	47%	44%	48%	37%	57%	60%	50%	62%	52%	53%	55%	56%	46%	55%	59%	50%	60%	56%	46%	57%	57%	51%
Fentanyl		n/a	73%	92%	n/a	69%	89%	n/a	70%	90%	n/a	84%	85%	n/a	76%	93%	n/a	75%	94%	n/a	74%	82%	n/a	72%	90%	n/a	69%	99%	n/a	74%	92%
Oral Nicotine Pouches		n/a	n/a	52%	n/a	n/a	52%	n/a	n/a	56%	n/a	n/a	42%	n/a	n/a	57%	n/a	n/a	53%	n/a	n/a	43%	n/a	n/a	58%	n/a	n/a	51%	n/a	n/a	57%

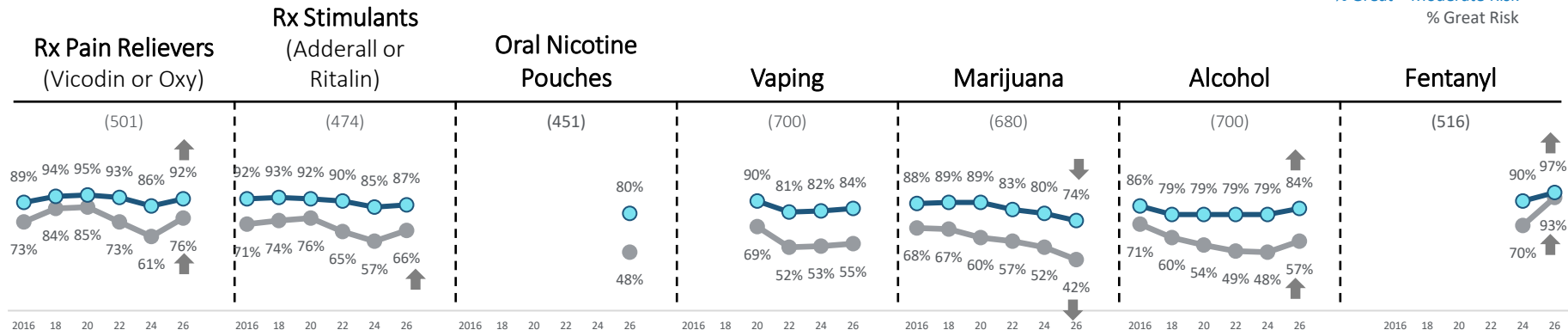
PERCEIVED RISK OF REGULAR USE

Perceived risk of regular use increased for several substances in 2026, in contrast to the more mixed pattern for limited use.

- Fentanyl received the highest risk ratings: 97% see at least moderate risk and 93% see great risk, both significantly higher than in 2024.
- Perceived risk also increased for prescription pain relievers. Great-risk ratings rose from 57% to 66% for stimulants, while alcohol increased for both at least moderate risk and great risk.
- Marijuana moved in the opposite direction. At-least-moderate-risk ratings declined from 80% to 74%, while great-risk ratings fell from 52% to 42%.
- Oral nicotine pouches were measured for the first time: 80% see at least moderate risk and 48% consider regular use a great risk.

"How much risk, if any, do you think there is in using [substance] on a regular basis?"

% Great + Moderate Risk
% Great Risk



PERCEIVED RISK OF REGULAR USE

Perceived risk of regular use generally increased in 2026, particularly for fentanyl and prescription pain relievers. Fentanyl risk rose significantly across most age, geographic, demographic, and income groups, reaching 95% or more in many. Perceived risk of prescription pain relievers also increased among older teens and several regional, gender, racial/ethnic, and income groups.

The main exceptions are marijuana and Southeast Colorado. Marijuana risk declined significantly among LGBTQ youth, lower-income teens, and youth in the Southeast. Southeast Colorado also recorded declines in perceived risk for stimulants and fentanyl, although the small regional sample warrants caution. Oral nicotine pouches were measured for the first time in 2026.

		Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size		85	107	162	319	234	245	174	252	273	233	305	357	89	95	101	50	85	102	57	42	45	91	51	39	58	24	44
Perceived Risk of Regular Use (% Great + Moderate Risk)																												
Marijuana		77%	78%	73%	82%	83%	78%	76%	79%	72%	79%	78%	75%	77%	78%	74%	80%	82%	75%	70%	78%	79%	75%	86%	53%	85%	93%	90%
Rx Pain Relievers		94%	86%	85%	92%	87%	93%	94%	86%	93%	94%	84%	91%	95%	84%	90%	86%	92%	96%	96%	81%	94%	95%	91%	86%	97%	100%	100%
Rx Stimulants		84%	85%	80%	89%	84%	88%	92%	86%	86%	90%	82%	86%	92%	92%	84%	88%	86%	89%	88%	78%	94%	92%	93%	72%	80%	94%	100%
Alcohol		83%	84%	87%	84%	82%	84%	81%	74%	82%	83%	76%	83%	84%	80%	88%	80%	79%	88%	73%	81%	82%	89%	81%	75%	81%	96%	89%
Vaping		68%	82%	85%	81%	82%	84%	87%	82%	82%	82%	81%	83%	81%	81%	87%	80%	83%	87%	75%	81%	81%	81%	86%	73%	71%	93%	89%
Fentanyl		n/a	88%	98%	n/a	91%	97%	n/a	88%	98%	n/a	88%	97%	n/a	88%	99%	n/a	92%	99%	n/a	83%	100%	n/a	100%	88%	n/a	97%	100%
Oral Nicotine Pouches		n/a	n/a	83%	n/a	n/a	80%	n/a	n/a	80%	n/a	n/a	81%	n/a	n/a	75%	n/a	n/a	75%	n/a	n/a	80%	n/a	n/a	59%	n/a	n/a	94%

	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	292	283	312	269	305	368	495	523	520	79	75	68	390	419	528	107	118	134	137	95	115	214	267	316	116	188	160	90	80	109
Perceived Risk of Regular Use (% Great + Moderate Risk)																														
Marijuana	77%	82%	89%	82%	79%	76%	83%	81%	78%	59%	75%	53%	75%	79%	74%	79%	79%	71%	78%	83%	70%	81%	81%	77%	78%	77%	72%	75%	82%	74%
Rx Pain Relievers	94%	85%	92%	92%	86%	91%	91%	85%	93%	99%	92%	91%	93%	86%	92%	95%	89%	91%	92%	88%	89%	93%	88%	95%	91%	82%	92%	98%	91%	88%
Rx Stimulants	90%	85%	89%	90%	85%	87%	88%	85%	89%	95%	87%	77%	89%	85%	86%	89%	88%	85%	88%	83%	83%	90%	90%	88%	89%	79%	89%	92%	89%	83%
Alcohol	85%	82%	76%	80%	75%	82%	80%	79%	83%	94%	76%	83%	79%	79%	82%	84%	82%	89%	85%	82%	81%	85%	83%	84%	79%	74%	83%	82%	73%	86%
Vaping	80%	81%	84%	81%	83%	83%	80%	83%	82%	87%	78%	84%	79%	81%	83%	83%	83%	88%	85%	83%	77%	82%	84%	83%	74%	80%	85%	85%	81%	89%
Fentanyl	n/a	88%	97%	n/a	90%	97%	n/a	89%	97%	n/a	88%	95%	n/a	89%	97%	n/a	94%	97%	n/a	95%	93%	n/a	93%	98%	n/a	85%	98%	n/a	83%	98%
Oral Nicotine Pouches	n/a	n/a	78%	n/a	n/a	82%	n/a	n/a	84%	n/a	n/a	74%	n/a	n/a	79%	n/a	n/a	79%	n/a	n/a	75%	n/a	n/a	83%	n/a	n/a	79%	n/a	n/a	81%

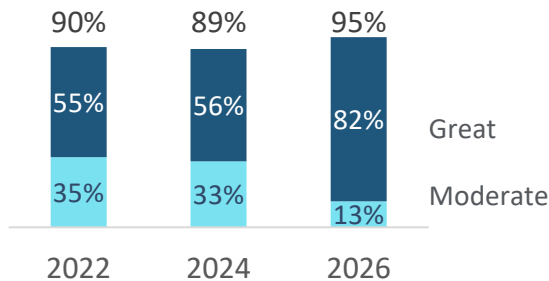
COUNTERFEIT PILLS: RISK & CONCERN

Perceived risk and concern about counterfeit pills increased sharply in 2026.

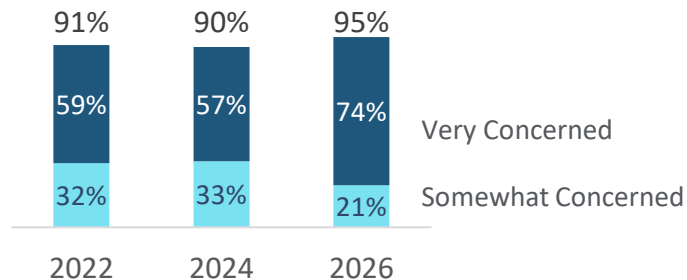
The percentage who consider taking a pill obtained online or on the street to be at least a moderate risk rose from 89% to 95%, while those viewing it as a great risk increased from 56% to 82%.

Similarly, 95% would be concerned that a pill offered to them might be counterfeit or contain fentanyl, up from 90% in 2024. Nearly three-fourths (74%) would be very concerned, compared with 57% two years ago.

“How risky do you think it is to take pills that someone got online or on the street?”



“If someone offered you a pill that was not prescribed to you, how concerned would you be that it might be fake or “counterfeit,” and could contain other substances like fentanyl that could cause an overdose?”



➤ “My best friend overdosed a few months ago. That’s the hardest thing I’ve ever dealt with in my life so far.”— 17-year-old male, Northeast Colorado

COUNTERFEIT PILLS: RISK & CONCERN

Concern about counterfeit pills increased sharply and consistently across nearly every demographic group in 2026.

Great-risk ratings for taking a pill acquired online or on the street increased significantly across all age groups, genders, racial/ethnic groups, income levels, and most regions.

Top-Box Rating (Great Risk/Very Concerned)		Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest												
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026													
		sample size									108	155	170	413	357	251	195	358	279	283	451	369	110	123	101	62	121	102	74	62	45	109	69	39	78	44	44	
Risk of taking a pill that was acquired online or on the street		49%	60%	90%	46%	52%	79%	67%	56%	81%	62%	51%	79%	54%	51%	91%	47%	67%	90%	45%	66%	77%	41%	66%	78%	43%	55%	73%										
Concern that a pill may be counterfeit or laced with other substances		49%	63%	72%	57%	50%	75%	66%	60%	74%	64%	60%	71%	51%	56%	76%	55%	62%	75%	48%	53%	77%	65%	69%	81%	51%	60%	85%										
Top-Box Rating (Great Risk/Very Concerned)		Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+									
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026										
		sample size									345	408	312	353	444	368	622	745	520	86	105	68	485	583	528	133	153	134	163	131	115	262	374	316	155	263	160	107
Risk of taking a pill that was acquired online or on the street		58%	61%	84%	50%	49%	80%	50%	53%	80%	85%	70%	84%	57%	56%	84%	53%	63%	85%	45%	53%	80%	57%	58%	82%	49%	52%	84%	72%	58%	81%							
Concern that a pill may be counterfeit or laced with other substances		61%	60%	75%	55%	52%	74%	57%	55%	74%	71%	66%	71%	58%	57%	73%	55%	61%	78%	65%	56%	81%	60%	57%	73%	53%	56%	71%	67%	60%	73%							

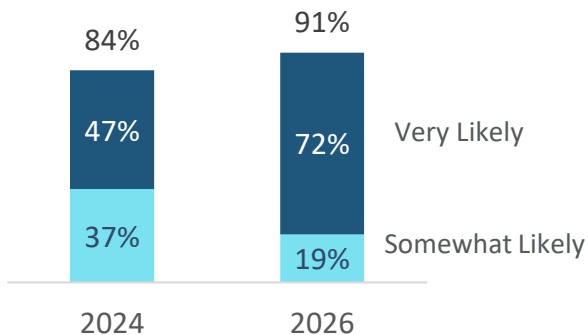
PREVENTING OVERDOSES

Two questions introduced in 2024 assess actions youth might take to prevent a fentanyl overdose.

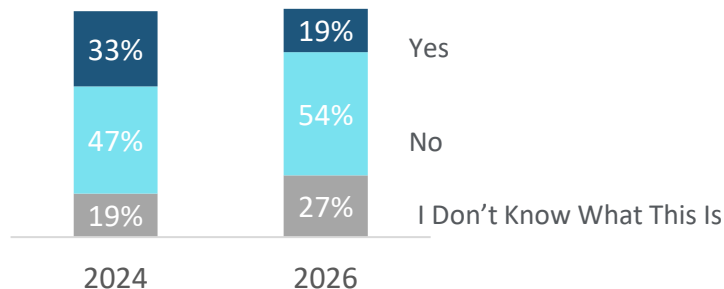
Willingness to intervene increased sharply in 2026. More than nine in ten teens (91%) say they would be at least somewhat likely to stop a friend from taking a drug or pill that might contain fentanyl, and 72% would be very likely—up from 47% in 2024.

At the same time, fewer teens have considered carrying naloxone or Narcan. The percentage saying yes declined from 33% to 19%, while 27% now say they do not know what it is. The results suggest strong willingness to help, but less awareness and preparedness to use a key overdose-reversal tool.

“How likely would you be to try to stop a friend from taking a drug or pill because it might be laced with fentanyl?”



“Have you thought about carrying naloxone or Narcan with you in case someone around you overdoses?”



PREVENTING OVERDOSES

Youth are increasingly willing to intervene when a friend may be at risk, but fewer are considering how they could respond if an overdose occurs. Nearly three-quarters say they would stop a friend from taking a pill that might be laced with fentanyl—up sharply from 47% in 2024 to 72% in 2026, with increases across every demographic group.

At the same time, the percentage who have thought about carrying naloxone declined from 33% to 19%, with decreases across nearly every group. LGBTQ youth and older teens remain more likely than others to have considered carrying it.

Awareness of and preparedness to use naloxone appear to have weakened. In 2026, fewer teens had considered carrying it, while more said they did not know what it was. This suggests that familiarity with this overdose-reversal tool has declined even as youth willingness to stop a friend from taking a potentially fentanyl-laced pill has increased.

	Would Stop a Friend		Have Thought About Carrying Naloxone	
	2024	2026	2024	2026
Sample size	884	700	884	700
Total	47%	72%	33%	19%
Female	51%	75%	34%	20%
Male	42%	67%	34%	16%
Heterosexual	44%	70%	34%	17%
LGBQ	63%	80%	33%	35%
White	49%	70%	35%	18%
Hispanic	47%	83%	25%	22%
<\$50k	41%	78%	32%	22%
\$50-74k	51%	70%	32%	20%
\$75-99k	43%	71%	38%	15%
\$100k+	49%	73%	28%	17%
12-13	53%	74%	25%	12%
14-15	46%	72%	30%	14%
16-17	45%	71%	40%	27%
D/B	44%	70%	35%	18%
Central	48%	74%	35%	10%
Northeast	47%	77%	32%	25%
Northwest	57%	66%	27%	18%
Southeast	57%	79%	30%	28%
Southwest	55%	64%	30%	30%

DISCOURAGING FRIENDS

Participants were asked whether they would encourage a friend to stop using each of the five substances shown.

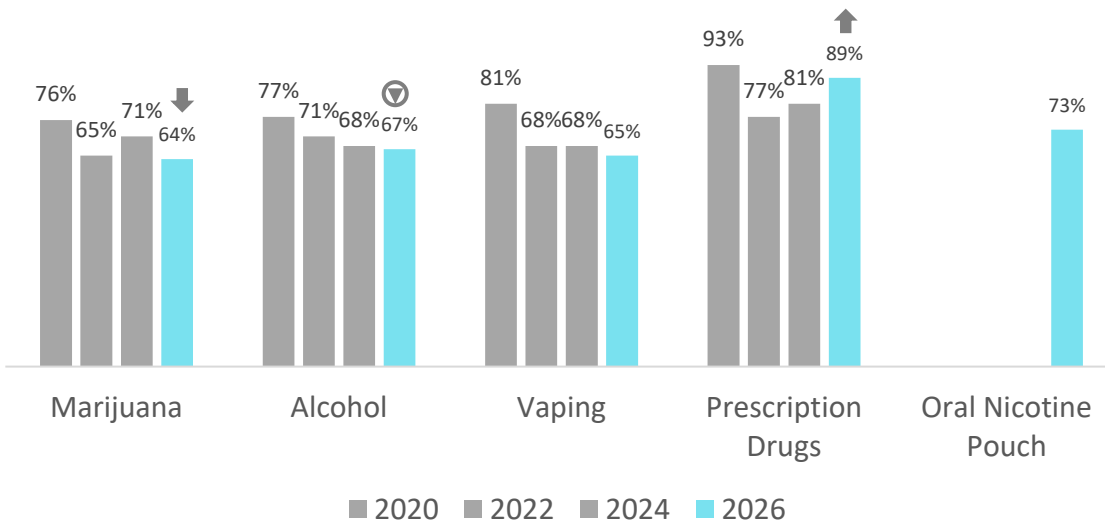
Willingness to discourage prescription drug misuse increased significantly from 81% in 2024 to 89% in 2026, making it the substance youth are most likely to discourage.

In contrast, willingness to discourage marijuana use declined significantly from 71% to 64%, the lowest level recorded. Results for alcohol (67%) and vaping (65%) remained relatively stable.

Oral nicotine pouches were measured for the first time in 2026; 73% would encourage a friend to stop using them.

“Would you encourage a friend to stop if you knew they were using [substance]?”

% YES



TRYING TO FIT IN **WITHOUT USING**

Social resistance operates in both directions: discouraging friends from using and maintaining one's own boundaries when belonging is at stake.

- “Trying to figure out what girls are into. Trying to not smoke weed like everyone else.”
— 14-year-old male, Denver/Boulder
- “Staying away from people who do bad things like drugs and smoke.”
— 14-year-old female, Southeast Colorado
- “Making friends that don't do drugs.”
— 16-year-old male, Denver/Boulder
- “Peer pressure is a challenge even at my age, especially when friends try to get me to do things just to fit in or seem cool.”
— 13-year-old male, Southwest Colorado

For some youth, resisting substance use is not only a matter of saying no. It also means finding belonging, friendship, and social acceptance without participating.

SUBSTANCE **CURIOSITY** & USE

-
- ▶ CURIOSITY TO TRY
 - ▶ SUBSTANCE OFFERS
 - ▶ EASE OF ACCESS
 - ▶ SUBSTANCE USE



CURIOSITY TO TRY SUBSTANCES

Among youth who have never used each substance but are aware of it, curiosity declined sharply in 2026, reversing the increases seen in recent survey periods. Significant declines occurred for every substance with historical data, both in overall curiosity and in the percentage saying they were “very curious.”

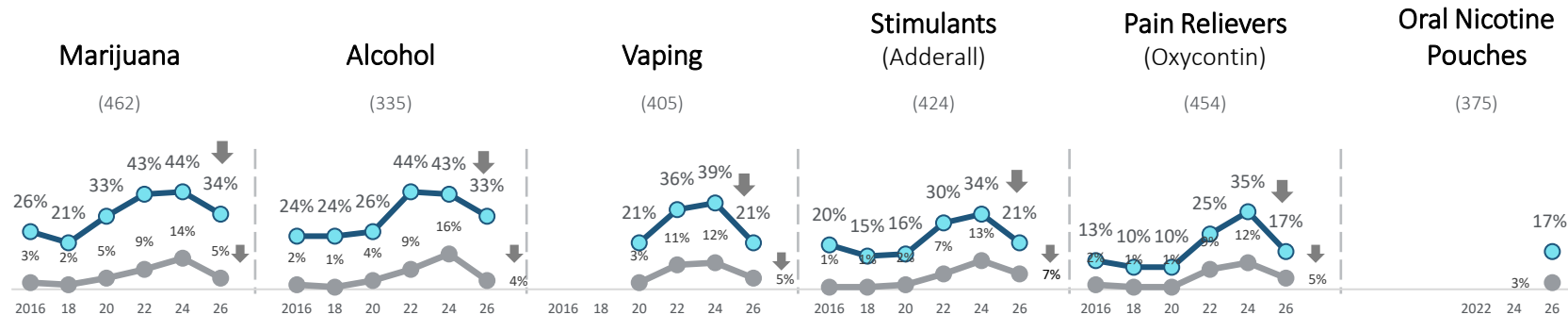
Marijuana and alcohol continue to generate the most curiosity, although each declined by about 10 percentage points—to 34% and 33%, respectively. Curiosity about vaping and prescription stimulants fell to 21%, while curiosity about prescription pain relievers declined from 35% to 17%.

Oral nicotine pouches were measured for the first time in 2026; 17% expressed at least some curiosity about trying them.

“How curious would you be to try [substance] if someone were to give it to you?”

(Asked of those who have heard of, but never used, each of the following substances)

% Very + Somewhat Curious
% Very Curious



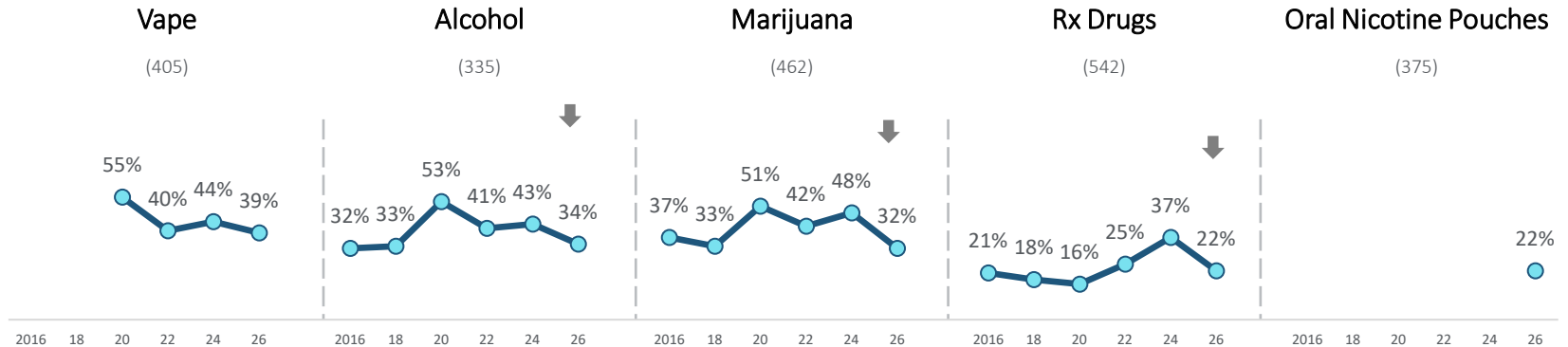
DIRECT OFFERS

Direct offers declined in 2026 for several substances among youth who were aware of but had never used them. Significant decreases occurred for marijuana, alcohol, and prescription drugs not prescribed to the teen.

The percentage offered marijuana fell from 48% to 32%, while alcohol offers declined from 43% to 34%. Offers of prescription drugs not prescribed to the teen dropped from 37% to 22%, reversing the increase seen in 2024.

Vaping offers remained statistically stable at 39%. Oral nicotine pouches were measured for the first time; 22% of youth who were aware of but had never used them reported having been offered or encouraged to try them.

“Has anyone ever offered you or tried to get you to use [substance]?” % Yes



DIRECT OFFERS

Direct offers declined broadly in 2026, with the most consistent reductions seen for marijuana and prescription drugs not prescribed to the teen. Marijuana offers fell significantly among youth ages 12–13 and 16–17, females and males, heterosexual and White youth, and several regional and income groups. Prescription-drug offers declined significantly across all age groups and most demographic groups.

Declines in alcohol offers were more selective, while vaping offers remained largely stable. Southwest Colorado was a notable exception: prescription-drug offers increased from 21% to 56%. However, the 2026 estimate is based on only 19 respondents and should be interpreted cautiously. Oral nicotine-pouch offers were measured for the first time in 2026.

Have Been Offered (% Yes)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																										
Marijuana	49%	38%	21%	38%	46%	38%	41%	57%	34%	39%	50%	32%	42%	39%	23%	49%	48%	36%	39%	62%	34%	45%	42%	40%	41%	57%	41%
Rx drugs not prescribed to you	29%	34%	15%	26%	38%	25%	23%	38%	23%	29%	38%	17%	24%	36%	15%	14%	36%	28%	23%	45%	36%	25%	44%	34%	18%	21%	56%
Alcohol	40%	33%	29%	43%	38%	27%	40%	55%	46%	34%	43%	34%	53%	43%	26%	49%	40%	47%	50%	53%	25%	35%	31%	31%	46%	51%	39%
Vape	35%	36%	31%	38%	42%	39%	45%	50%	45%	40%	48%	38%	38%	33%	33%	43%	38%	44%	39%	46%	46%	42%	36%	52%	43%	48%	46%
Oral Nicotine Pouch	n/a	n/a	18%	n/a	n/a	25%	n/a	n/a	21%	n/a	n/a	18%	n/a	n/a	19%	n/a	n/a	29%	n/a	n/a	25%	n/a	n/a	31%	n/a	n/a	34%

Have Been Offered (% Yes)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																													
Marijuana	43%	50%	33%	39%	48%	32%	39%	49%	32%	58%	45%	46%	42%	47%	31%	38%	49%	38%	55%	55%	33%	45%	48%	39%	38%	50%	25%	34%	42%	23%
Rx drugs not prescribed to you	28%	36%	20%	22%	38%	23%	26%	38%	24%	21%	34%	22%	23%	33%	20%	30%	41%	15%	24%	45%	28%	28%	38%	22%	25%	34%	18%	18%	35%	22%
Alcohol	43%	42%	37%	40%	44%	32%	41%	44%	36%	47%	39%	41%	40%	41%	34%	48%	47%	38%	53%	30%	22%	41%	44%	38%	36%	48%	31%	40%	39%	38%
Vape	44%	42%	43%	36%	45%	35%	38%	44%	40%	46%	45%	47%	40%	41%	40%	32%	57%	44%	36%	49%	41%	45%	42%	39%	39%	45%	38%	38%	40%	42%
Oral Nicotine Pouch	n/a	n/a	19%	n/a	n/a	24%	n/a	n/a	23%	n/a	n/a	21%	n/a	n/a	22%	n/a	n/a	15%	n/a	n/a	22%	n/a	n/a	22%	n/a	n/a	25%	n/a	n/a	17%

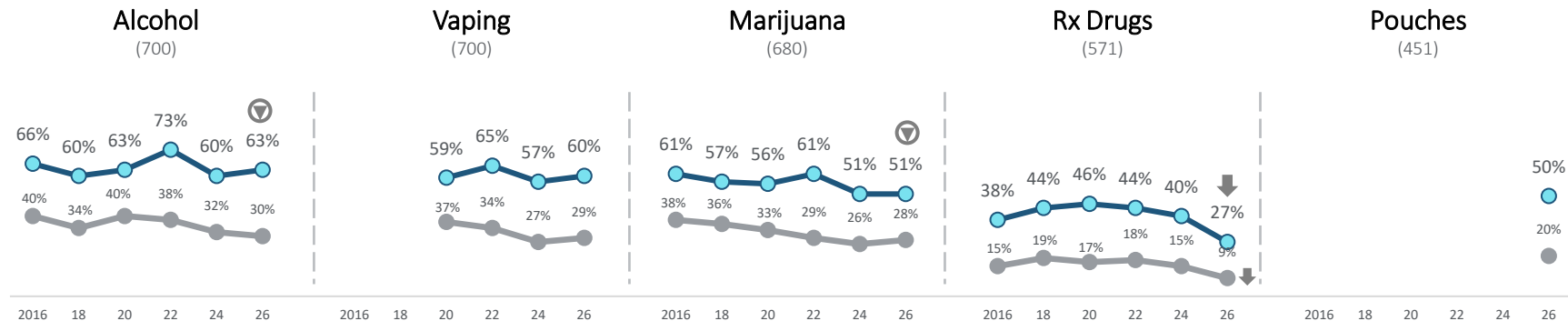
EASE OF ACCESS

The 2026 results no longer reflect the concerning combination of reduced risk, increased curiosity, and increased direct offers described in the prior report. Curiosity and direct offers declined for many substances, while perceived risk increased in several important areas.

Perceived ease of access remained generally stable for alcohol, vaping, and marijuana. Alcohol continues to be viewed as the easiest to obtain (63%), followed by vaping (60%) and marijuana (51%). Prescription drugs are the clear exception: the percentage saying they would be easy to obtain declined significantly from 40% to 27%, the lowest level recorded. Oral nicotine pouches were measured for the first time, with half of youth saying they would be easy to obtain.

"How difficult, or easy, do you think it would be for YOU to get [substance]?"

% Very + Somewhat Easy
% Very Easy



> “Trying to stay on track with school, and the amount of drugs and alcohol at the school is tempting.”
— 17-year-old male, Central Colorado

EASE OF ACCESS

Reduced perceived access to prescription drugs is the clearest and most consistent 2026 pattern. The percentage saying unprescribed prescription drugs would be easy to obtain declined significantly among youth ages 12–13 and 14–15, females and males, heterosexual and LGBTQ youth, White and Hispanic youth, across every income group, and in several regions. Perceived access to marijuana, alcohol, and vaping remained largely stable across most demographic groups.

Regional results are more variable. Ease of access to alcohol and vaping increased sharply in Southeast and Southwest Colorado, while marijuana access declined in Northeast and Southwest Colorado but increased in the Southeast. These regional shifts should be interpreted cautiously because of the small sample sizes.

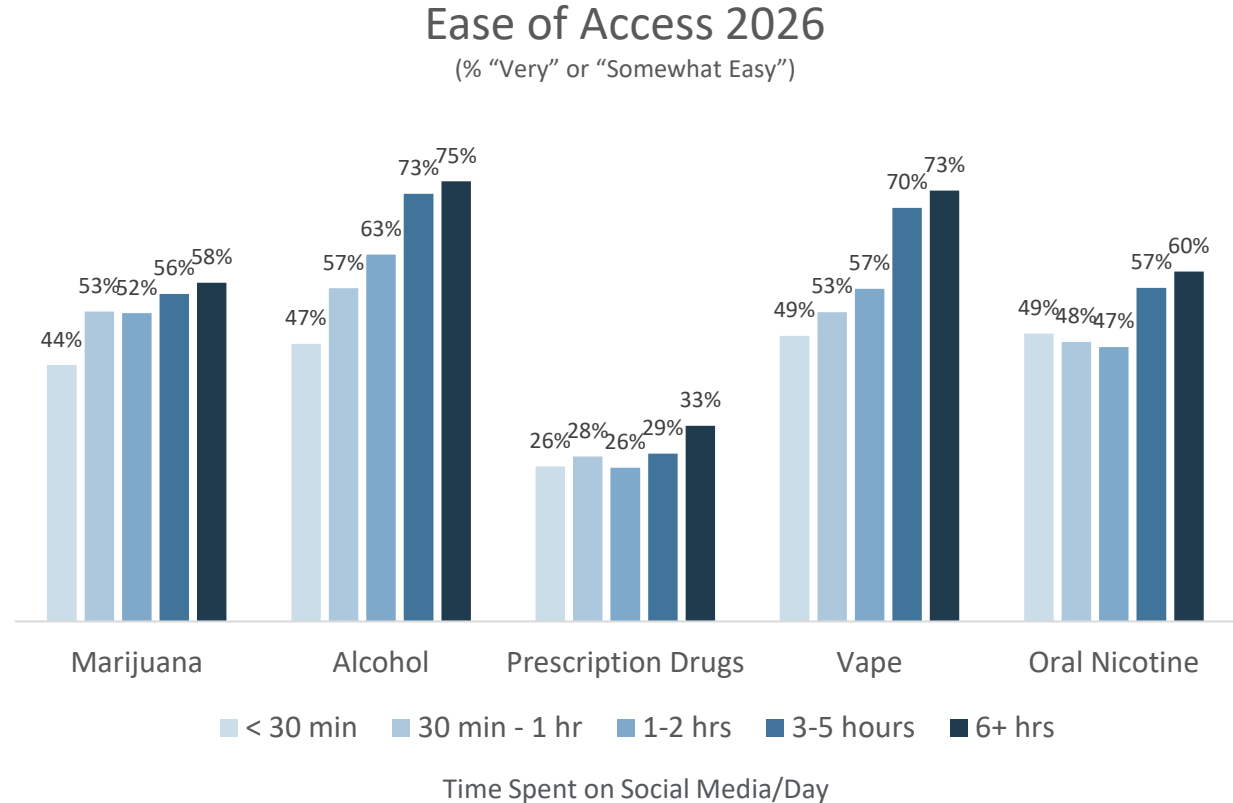
Ease of Access (% Very + Somewhat)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest			PCN Cohort		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																													
Marijuana	58%	46%	37%	56%	47%	49%	68%	56%	59%	62%	46%	52%	65%	52%	51%	59%	62%	43%	60%	60%	49%	62%	40%	75%	41%	66%	26%	58%	47%	50%
Rx drugs not prescribed to you	44%	39%	21%	39%	41%	24%	48%	40%	32%	43%	38%	25%	45%	39%	34%	47%	41%	24%	49%	48%	26%	46%	39%	37%	33%	50%	32%	35%	41%	29%
Alcohol	63%	52%	48%	68%	57%	64%	82%	67%	69%	75%	57%	62%	65%	60%	52%	82%	71%	62%	72%	70%	72%	64%	48%	70%	49%	61%	83%	71%	59%	66%
Vape	53%	45%	46%	61%	54%	61%	74%	66%	66%	70%	55%	58%	63%	58%	54%	60%	63%	61%	57%	68%	59%	57%	51%	76%	45%	52%	73%	64%	56%	62%
Oral Nicotine Pouches	n/a	n/a	37%	n/a	n/a	52%	n/a	n/a	54%	n/a	n/a	50%	n/a	n/a	46%	n/a	n/a	48%	n/a	n/a	42%	n/a	n/a	62%	n/a	n/a	73%	n/a	n/a	52%

Ease of Access (% Very + Somewhat)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size																													
Marijuana	65%	51%	52%	56%	49%	49%	58%	49%	49%	74%	67%	61%	61%	52%	52%	61%	55%	54%	64%	50%	48%	63%	52%	51%	61%	49%	52%	61%	54%	50%
Rx drugs not prescribed to you	48%	40%	31%	38%	39%	24%	37%	39%	26%	71%	50%	26%	47%	40%	26%	48%	41%	28%	50%	47%	29%	41%	38%	29%	49%	39%	28%	45%	43%	19%
Alcohol	78%	59%	63%	69%	60%	63%	71%	59%	64%	79%	72%	67%	72%	61%	62%	82%	59%	57%	67%	62%	63%	73%	59%	63%	71%	59%	65%	79%	69%	58%
Vape	66%	58%	61%	65%	56%	60%	64%	56%	62%	70%	71%	60%	67%	58%	60%	76%	60%	60%	61%	62%	66%	66%	58%	61%	64%	54%	58%	72%	59%	52%
Oral Nicotine Pouches	n/a	n/a	50%	n/a	n/a	50%	n/a	n/a	51%	n/a	n/a	58%	n/a	n/a	52%	n/a	n/a	35%	n/a	n/a	52%	n/a	n/a	48%	n/a	n/a	52%	n/a	n/a	54%

PERCEIVED ACCESS BY SOCIAL MEDIA USE

Perceived access generally increases with time spent on social media, especially for alcohol and vaping. Among youth using social media for less than 30 minutes per day, 47% say alcohol would be easy to obtain and 49% say the same about vaping. Those figures rise to 75% and 73%, respectively, among youth reporting six or more hours per day.

The relationship is more modest for marijuana and oral nicotine pouches and minimal for prescription drugs. These are descriptive associations. They may reflect differences in age, peer exposure, or substance involvement and do not establish that social media use increases access.



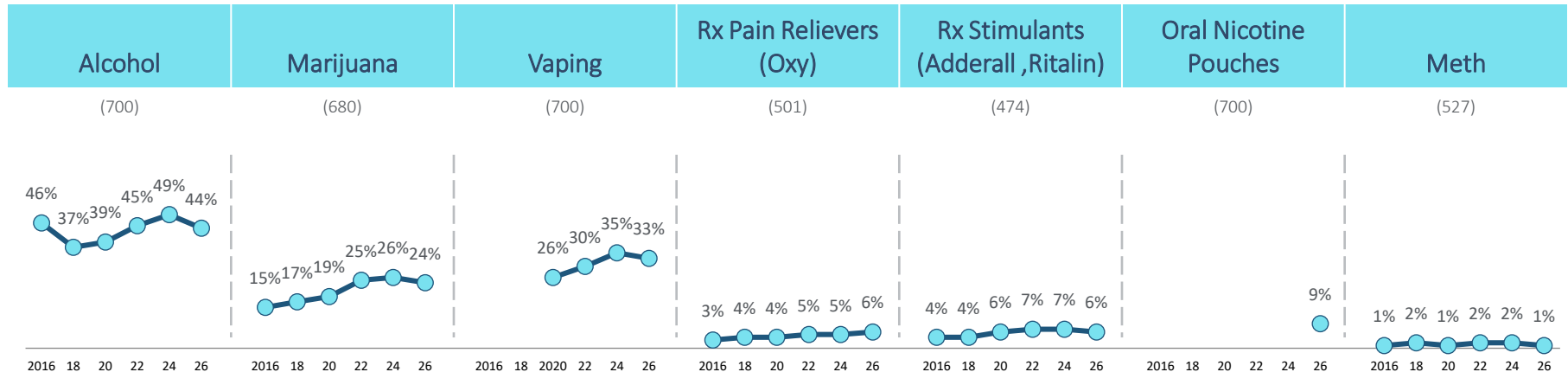
SUBSTANCE USE: **EVER TRIED**

The percentage of youth who have ever tried most substances remained statistically stable in 2026. Alcohol remains the most commonly tried substance, although the percentage who have ever used it declined significantly from 49% to 44%.

Ever use of marijuana and vaping also edged down, to 24% and 33%, respectively, while prescription pain reliever and stimulant use remained low at 6% each. Meth use declined to 1%.

Oral nicotine pouches were measured for the first time in 2026; 9% of youth reported having tried them.

"Have you EVER tried [substance]?" (% Yes)



SUBSTANCE USE: **EVER TRIED**

The percentage who have ever tried substances generally increases with age, although the clearest 2026 changes occurred among the youngest teens. Ever use declined significantly among youth ages 12–13 for marijuana, prescription pain relievers, stimulants, and alcohol. Among teens ages 16–17, marijuana use increased significantly to 43%, while most other changes were not statistically significant.

Most gender, racial/ethnic, sexual orientation, and income groups remained comparatively stable. Regional results are more variable, particularly in Southwest Colorado, where several substances increased sharply; however, the small 2026 sample size warrants caution. Oral nicotine pouch use was measured for the first time and is reported by 9% of youth overall.

Substance Use (% Ever Used)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest										
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026								
	sample size									108	120	170	412	209	251	197	270	279	284	443	369	110	118	101	63	90	102	74	45	45	108	49	39	78	25
Meth	2%	2%	0%	2%	2%	1%	1%	3%	2%	1%	2%	0%	3%	2%	1%	1%	3%	1%	3%	5%	4%	1%	8%	3%	3%	6%	7%								
Marijuana	13%	20%	10%	25%	28%	31%	31%	31%	43%	30%	23%	30%	19%	28%	26%	15%	40%	31%	27%	28%	43%	28%	34%	53%	17%	22%	48%								
Rx Pain Relievers	7%	5%	1%	6%	6%	9%	3%	8%	12%	6%	6%	6%	2%	5%	9%	7%	8%	9%	8%	13%	9%	4%	14%	14%	4%	5%	30%								
Rx Stimulants	5%	7%	1%	10%	13%	11%	7%	11%	10%	8%	10%	6%	8%	6%	6%	6%	10%	6%	12%	17%	23%	2%	25%	22%	11%	14%	22%								
Alcohol	37%	42%	28%	43%	48%	56%	51%	56%	62%	51%	46%	52%	38%	53%	41%	40%	64%	55%	41%	68%	67%	42%	46%	65%	32%	24%	68%								
Vape	20%	29%	24%	29%	36%	45%	35%	40%	47%	33%	33%	31%	26%	36%	30%	25%	49%	40%	30%	49%	36%	27%	33%	31%	22%	10%	32%								
Oral Nicotine Pouch	n/a	n/a	4%	n/a	n/a	18%	n/a	n/a	16%	n/a	n/a	11%	n/a	n/a	13%	n/a	n/a	10%	n/a	n/a	31%	n/a	n/a	12%	n/a	n/a	60%								

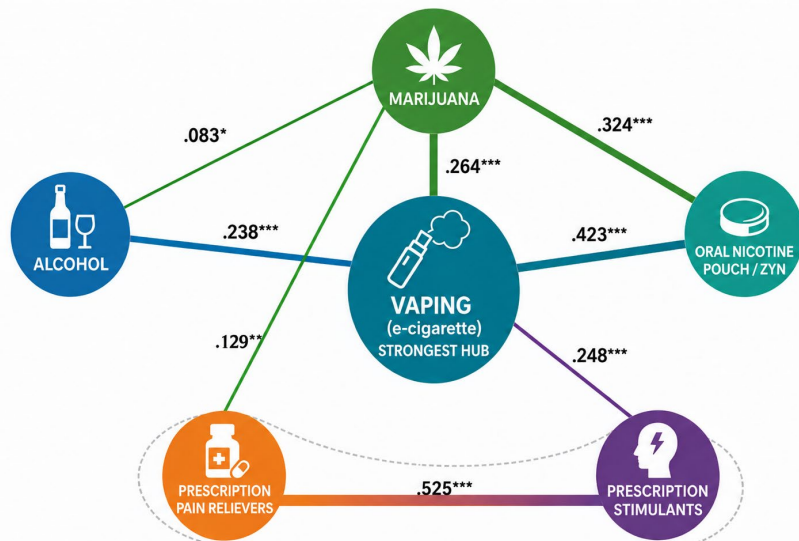
Substance Use (% Ever Used)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+										
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026								
	sample size									361	400	312	332	434	368	586	728	520	119	102	68	507	567	479	141	123	134	112	124	115	254	262	316	182	189	160	139	100
Meth	1%	2%	1%	2%	4%	1%	2%	3%	1%	1%	1%	0%	1%	2%	1%	0%	1%	1%	2%	5%	3%	3%	3%	1%	1%	2%	0%	0%	0%	0%	0%	0%	0%					
Marijuana	30%	29%	32%	19%	27%	32%	23%	27%	32%	34%	29%	44%	23%	25%	27%	29%	31%	42%	24%	36%	41%	30%	30%	33%	20%	23%	32%	22%	21%	21%								
Rx Pain Relievers	7%	6%	6%	4%	9%	12%	6%	7%	8%	3%	6%	14%	5%	7%	8%	4%	8%	6%	7%	14%	13%	5%	4%	11%	5%	8%	5%	4%	6%	5%								
Rx Stimulants	10%	11%	6%	6%	11%	11%	9%	11%	8%	3%	13%	17%	5%	9%	6%	10%	10%	10%	9%	22%	13%	7%	8%	10%	9%	11%	8%	7%	5%	3%								
Alcohol	52%	51%	52%	39%	49%	53%	45%	50%	54%	48%	58%	66%	42%	49%	52%	51%	51%	55%	38%	55%	67%	48%	51%	49%	45%	50%	51%	45%	46%	51%								
Vape	35%	37%	42%	25%	36%	42%	28%	36%	43%	39%	34%	50%	28%	34%	38%	36%	40%	52%	33%	36%	53%	30%	38%	44%	28%	38%	39%	27%	27%	28%								
Oral Nicotine Pouch	n/a	n/a	12%	n/a	n/a	17%	n/a	n/a	16%	n/a	n/a	13%	n/a	n/a	12%	n/a	n/a	12%	n/a	n/a	23%	n/a	n/a	15%	n/a	n/a	10%	n/a	n/a	10%								

EVER-TRIED SUBSTANCE NETWORK MAP

YOUTH SUBSTANCE USE NETWORK (EVER USED)

Vaping Appears to be the Strongest Hub

Pearson correlations (phi coefficients) among 12-17-year-olds



HOW TO READ THIS MAP

Each line shows how strongly two substances are related.

- Thicker lines = stronger relationship
- Numbers are Pearson correlations (phi coefficients)

*** $p < .001$ ** $p < .01$ * $p < .05$

KEY TAKEAWAYS



Vaping is the strongest hub,
Connected to all other substances in the network.



Marijuana is the broadest bridge,
linking across both the socially normalized substances and the prescription misuse cluster



Prescription pain relievers and prescription stimulants form a strong, distinct cluster



Alcohol is connected primarily through vaping

This network shows lifetime (ever) use among Colorado youth ages 12-17. It does not show cause or direction – only that the same youth are more likely to have tried both substances.

Patterns of ever use overlap across substances rather than occurring entirely independently.

The map does not show a causal pathway; it shows that experience with one substance often overlaps with experience with others.

This suggests that prevention may benefit from addressing shared social environments, access points, and needs that make multiple substances relevant in young people's lives.

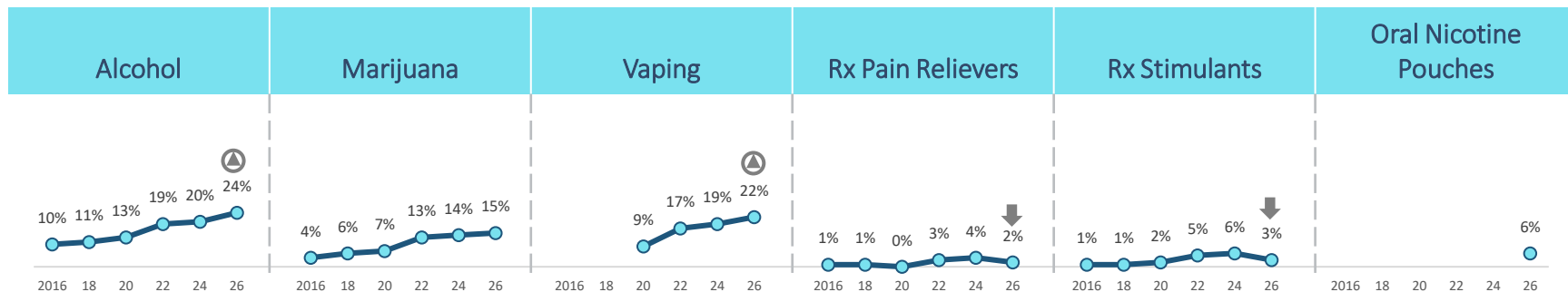
PAST-30-DAY SUBSTANCE USE

Past-30-day alcohol and vaping use remained elevated in 2026. Both were significantly higher than in 2022 but statistically unchanged from 2024. Alcohol reached 24% and vaping reached 22%—the highest descriptive levels recorded for each.

Marijuana use remained statistically stable at 15%. Past-30-day use of prescription pain relievers and stimulants declined significantly to 2% and 3%, respectively, and remains uncommon.

Oral nicotine pouches were measured for the first time in 2026; 6% reported past-30-day use.

“In the past 30 days, have you used ...”



PAST-30-DAY SUBSTANCE USE

Past-30-day alcohol and vaping use rose descriptively across many demographic groups in 2026, but few subgroup changes reached statistical significance. This suggests that the statewide increases were broadly distributed rather than driven by one population.

Past-30-day use of prescription pain relievers and stimulants remained uncommon and declined significantly among several groups, including females, heterosexual and White youth, and youth in Denver/Boulder.

Substance Recent Use (% Used in past 30 days)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size	108	157	170	412	364	251	197	364	279	284	464	369	110	124	101	63	121	102	74	62	45	108	70	39	78	44
Marijuana	5%	12%	5%	13%	14%	15%	17%	15%	20%	18%	13%	14%	8%	14%	13%	5%	17%	15%	9%	13%	17%	19%	17%	29%	8%	18%	21%
Rx Pain Relievers	4%	3%	0%	4%	3%	1%	1%	5%	3%	3%	4%	1%	2%	2%	0%	4%	2%	4%	3%	9%	2%	3%	7%	0%	4%	3%	4%
Rx Stimulants	5%	4%	1%	6%	6%	3%	5%	6%	3%	6%	5%	2%	5%	3%	1%	4%	5%	3%	7%	10%	12%	2%	13%	2%	8%	5%	11%
Alcohol	9%	16%	13%	19%	20%	23%	24%	22%	30%	25%	22%	24%	14%	16%	23%	10%	19%	23%	8%	25%	31%	18%	18%	21%	13%	5%	14%
Vape	9%	17%	17%	18%	17%	26%	20%	21%	26%	21%	16%	24%	11%	17%	19%	14%	27%	29%	8%	24%	19%	13%	23%	26%	12%	5%	32%
Oral Nicotine Pouches											3%			4%			3%			19%			0%				21%

Substance Recent Use (% Used in past 30 days)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
	sample size	361	415	312	332	452	368	586	759	520	119	105	68	507	594	479	141	155	467	112	132	115	254	382	316	182	268	160	139	103
Marijuana	17%	14%	15%	10%	15%	15%	12%	14%	16%	21%	18%	19%	10%	13%	14%	15%	15%	19%	13%	18%	24%	17%	15%	16%	9%	13%	13%	13%	12%	6%
Rx Pain Relievers	4%	4%	1%	2%	4%	3%	3%	4%	2%	1%	3%	1%	3%	4%	1%	5%	1%	1%	5%	7%	4%	2%	2%	2%	3%	5%	0%	3%	3%	0%
Rx Stimulants	7%	6%	2%	3%	6%	4%	6%	6%	3%	1%	6%	6%	3%	5%	2%	9%	5%	3%	6%	10%	4%	5%	4%	3%	6%	6%	3%	4%	3%	0%
Alcohol	23%	20%	23%	15%	21%	25%	20%	21%	25%	16%	19%	20%	16%	19%	25%	18%	17%	19%	18%	24%	30%	19%	16%	23%	20%	24%	25%	17%	18%	18%
Vape	19%	21%	23%	16%	19%	26%	17%	20%	24%	17%	15%	33%	14%	18%	24%	18%	17%	25%	17%	23%	36%	19%	19%	23%	17%	20%	23%	13%	11%	16%
Oral Nicotine Pouches																														

MENTAL HEALTH & SUBSTANCE USE

Substance use remains strongly related to youths' self-reported mental health. Those reporting no poor mental health days are consistently less likely to have used most substances, while alcohol, marijuana and prescription misuse are substantially more common among youth experiencing frequent poor mental health days.

Vaping and oral nicotine pouches show a less linear pattern. Ever use rises sharply among youth reporting three to five poor mental-health days per month and is somewhat lower among those reporting six or more. Even so, use remains substantially higher than among youth reporting no poor mental-health days.

These findings do not establish whether substance use contributes to poor mental health, whether emotional strain increases the likelihood of use, or whether both reflect other experiences in young people's lives.

Ever use is more common among youth reporting frequent poor mental-health days, particularly for alcohol, marijuana, vaping, and prescription misuse. These cross-sectional findings cannot determine whether emotional strain increases the likelihood of substance use, substance use contributes to poorer mental health, or both reflect other experiences in young people's lives.

% Have Used (Ever)	Number of Poor Mental Health Days			
	None	One to Two	Three to Five	Six or more
Meth	1%	0%	2%	3% ↑
Marijuana	15% ↓	18%	36%	33% ↑
Pain Reliever	4% ↓	5%	11%	13% ↑
Stimulants	4% ↓	2%	13%	19% ↑
Alcohol	33% ↓	39%	53%	54% ↑
Vaping	22% ↓	31%	42% ↑	38% ↑
Oral Nicotine	4% ↓	11%	24% ↑	16%

BELONGING & SUBSTANCES

Belonging does not appear uniformly protective against use of the familiar substances measured here. Youth who feel completely connected to at least one social group report nearly identical marijuana use and generally similar levels of alcohol, vaping and prescription medication use as those without a “Complete” connection.

Oral nicotine pouches stand apart: 19% of youth who feel completely connected to at least one group have used them, compared with 11% of youth without that level of connection. This may reflect the social circulation of a small, discreet product within peer groups, although the survey cannot establish why the difference occurs.

Curiosity is descriptively somewhat higher among youth without complete connection, particularly for prescription medications, although the differences are modest. Overall, belonging does not appear uniformly protective; its relationship with substance involvement may depend partly on the norms and behaviors of the groups to which youth belong.

BELONG “COMPLETELY” TO AT LEAST ONE GROUP

363

DO NOT FEEL “COMPLETELY CONNECTED” TO ANY GROUP

336

25%	Used marijuana	25%
42%	Consumed Alcohol	47%
31%	Vaped	36%
8%	Taken pain relievers	9%
9%	Taken stimulants	8%
19%	Used oral nicotine pouches/Zyn	11%
14%	Curious to try pain relievers	20%
19%	Curious to try stimulants	23%
35%	Curious to try marijuana	36%
15%	Curious to try oral nicotine pouches/Zyn	18%

ATTITUDES, CONNECTIONS & SUBSTANCE USE

Most protective and belonging measures show few statistically significant relationships with ever use, and the relationships that do appear are weak. Oral nicotine pouches are the exception: school welcome, outside-school connection, friend support, and access to a trusted adult each show small positive associations with use. This may point to a social pathway for pouch use, but it does not suggest that connection itself causes substance use.

The clearest pattern involves coping beliefs. Agreement that vaping helps teens manage stress is associated with ever use of every substance measured—most strongly oral nicotine pouches (0.37), marijuana and vaping (0.31 each), prescription pain relievers (0.27), and stimulants (0.25). These findings identify coping beliefs as a broad marker of substance involvement, although they do not establish cause and effect.

		Correlation Coefficients with Ever Use					
		Meth	Marijuana	Rx pain relievers	Rx stimulants	Alcohol	Oral nicotine pouches
Protective Factors	Schoolwork is meaningful	-0.10	--	0.12	--	0.10	--
	I have goals that I have set for myself	--	--	--	--	--	--
	I can go to one of my parents for help	--	--	0.12	--	--	--
	I can go to a trusted adult for help	--	--	--	--	0.11	0.13
Belonging	Feel welcome and accepted at my school	--	--	--	--	--	0.12
	I feel connected with people outside of my school	--	--	--	--	-0.12	0.13
	I feel supported by my friends	--	--	--	--	--	0.10
Risk Attitudes	Prescription drugs is safer than using illegal drugs	--	--	0.09	--	--	--
	Using stimulants is safe	--	--	0.16	0.13	--	-0.11
	Prescription pain relievers are not addictive	--	--	.21	0.10	--	--
	Vaping helps teens manage stress	0.10	0.31	0.27	0.25	0.18	0.31

All correlations shown are statistically significant at the 95% level of confidence.

SOCIAL NORMS



Social norms are the understood rules and expectations that guide behavior within a group.

Descriptive norms reflect what people believe others do—or how common they think a behavior is.

Injunctive norms reflect what people believe others approve or disapprove of.

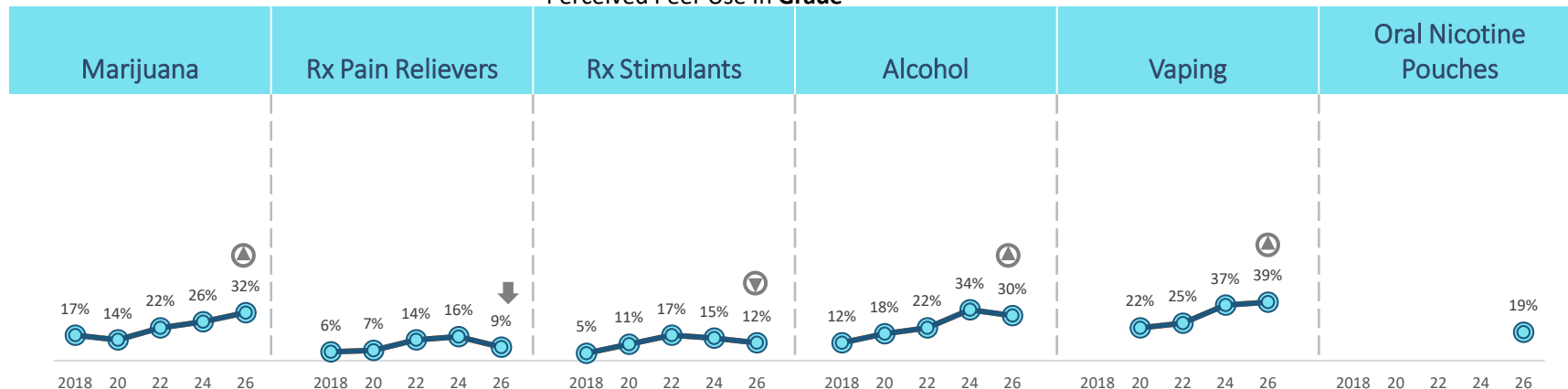
AGE 12 – 14: PERCEIVED PEER USE

Descriptive norms reflect how common youth believe a behavior is among their peers. Respondents estimated the percentage of students in their grade who use each substance.

Among youth ages 12–14, perceived peer use remains higher than in 2022 for marijuana and vaping. Marijuana increased from 22% in 2022 to 32% in 2026, while vaping increased from 25% to 39%.

Compared with 2024, perceived alcohol use declined from 34% to 30%, prescription pain-reliever use fell from 16% to 9%, and stimulant use declined from 2024, perceived alcohol use declined from 34% to 30%, prescription pain-reliever use fell from 16% to 9%, and stimulant use declined from 15% to 12%. Oral nicotine pouches were measured for the first time; youth estimate that 19% of students in their grade use them.

Perceived Peer Use In Grade

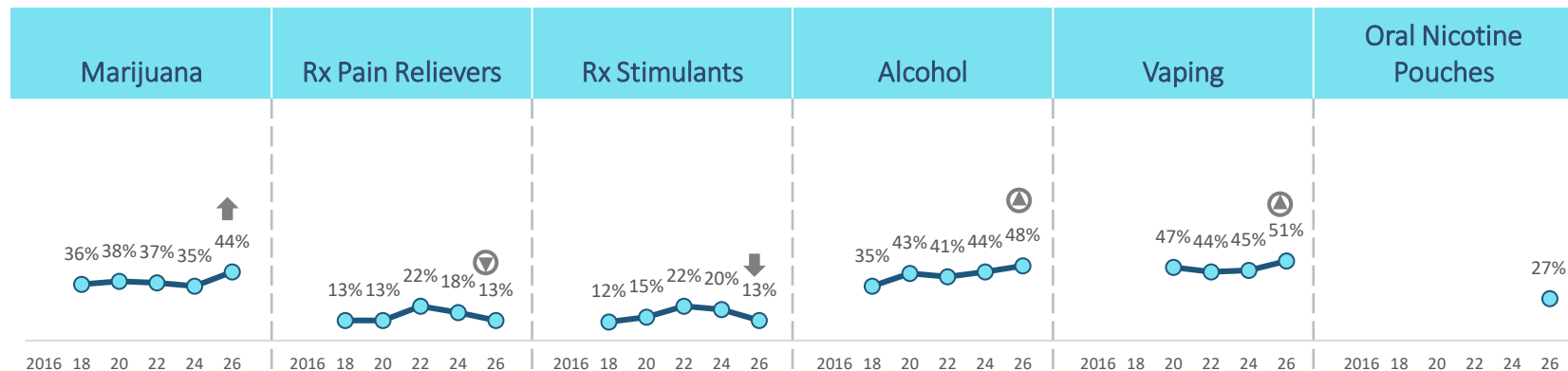


AGE 15 – 17: PERCEIVED PEER USE

Among youth ages 15–17, estimates of peer marijuana, alcohol, and vaping use increased from 2024. Teens now estimate that 44% of students in their grade use marijuana, 48% use alcohol, and 51% vape.

Perceived use of prescription pain relievers and stimulants declined to 13% each. Despite these recent movements, the 2026 estimates remain statistically similar to 2022 levels. Oral nicotine pouches were measured for the first time, with older teens estimating peer use at 27%.

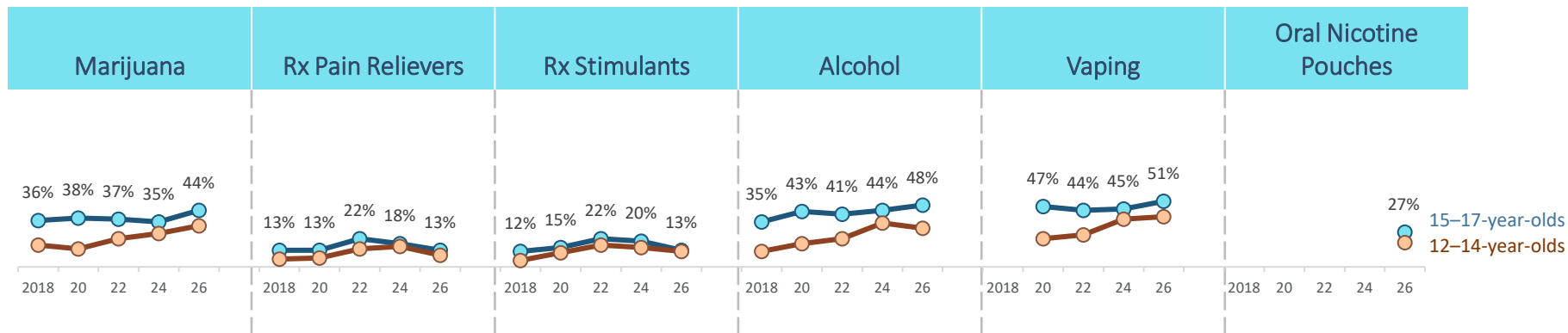
Perceived Peer Use in **Grade**



COMPARISONS IN PERCEIVED SUBSTANCE USE

Younger teens' estimates of peer marijuana and vaping use have moved closer to those of older teens, suggesting increasingly similar perceptions of how common these behaviors are.

Perceived Peer Use in **Grade**



AGE 12–14: PERCEIVED PEER USE VS. SELF-REPORTED USE

Youth ages 12–14 perceive substantially more peer substance use than is reported by respondents of the same age. The largest 2026 gap is for marijuana: perceived peer use is 32%, compared with 7% reporting past-30-day use—a difference of 25 percentage points. Gaps are also substantial for vaping (+17 points), oral nicotine pouches (+16), and alcohol (+13).

Compared with 2024, the perceived-norm gap widened sharply for marijuana (+11 points), while narrowing for prescription pain relievers, alcohol, vaping, and stimulants.

	Marijuana	Rx Pain Relievers	Rx Stimulants	Alcohol	Vaping	Oral Nicotine Pouches
Perceived Peer Use in Grade	32%	9%	12%	30%	39%	19%
Self-Reported 30-Day Use	7%	1%	2%	17%	22%	3%
Over/(Under) Estimation (Perceived Use – Reported Use)	+25	+8	+10	+13	+17	+16
Gap Measured in 2024	+14	+14	+12	+19	+22	n/a
Gap Change from 2024	+11	-6	-2	-6	-5	n/a

Perceived Use - What percentage of students in your grade do you believe have used [substance] during the past 30 days?
Reported Use - In the past 30 days, how many days have you used [substance]?

Perceived peer use reflects youths' estimates of the percentage of students in their grade who use each substance. Self-reported use reflects reported past-30-day use in the survey. The difference is an aggregate perceived-norm gap, not a measure of each respondent's factual accuracy.

AGE 15–17: PERCEIVED PEER USE VS. SELF-REPORTED USE

Older teens also perceive substantially more peer use than is reported by respondents their age. The largest gaps are for vaping (+26 percentage points), marijuana (+24), oral nicotine pouches (+21), and alcohol (+20).

Most gaps changed relatively little from 2024. The marijuana gap widened by five points and the vaping gap by two, while gaps narrowed modestly for prescription pain relievers and stimulants.

	MARIJUANA	Rx PAIN RELIEVERS	Rx STIMULANTS	ALCOHOL	VAPING	Oral Nicotine
Perceived Peer Use in Grade	44%	13%	13%	48%	51%	27%
Self-Reported 30-Day Use	20%	2%	3%	28%	25%	6%
Over/(Under) Estimation (Perceived Use – Reported Use)	+24	+11	+10	+20	+26	+21
Gap Measured in 2024	+19	+14	+13	+21	+24	
Gap Change from 2024	+5	-3	-3	-1	+2	

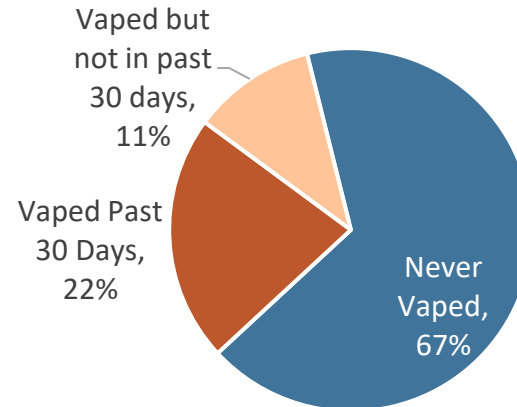
VAPING

“I think vaping is a bigger problem at my school than drugs is.”— 13-year-old female, Denver/Boulder

“Everyone’s smoking like crazy. My 12-year-old brother got in trouble for vaping.”— 14-year-old female, Denver/Boulder

Colorado’s recent vaping pattern differs from declining national prevalence estimates. The findings may reflect a more concentrated group of active and polysubstance users rather than a broad return to experimentation.

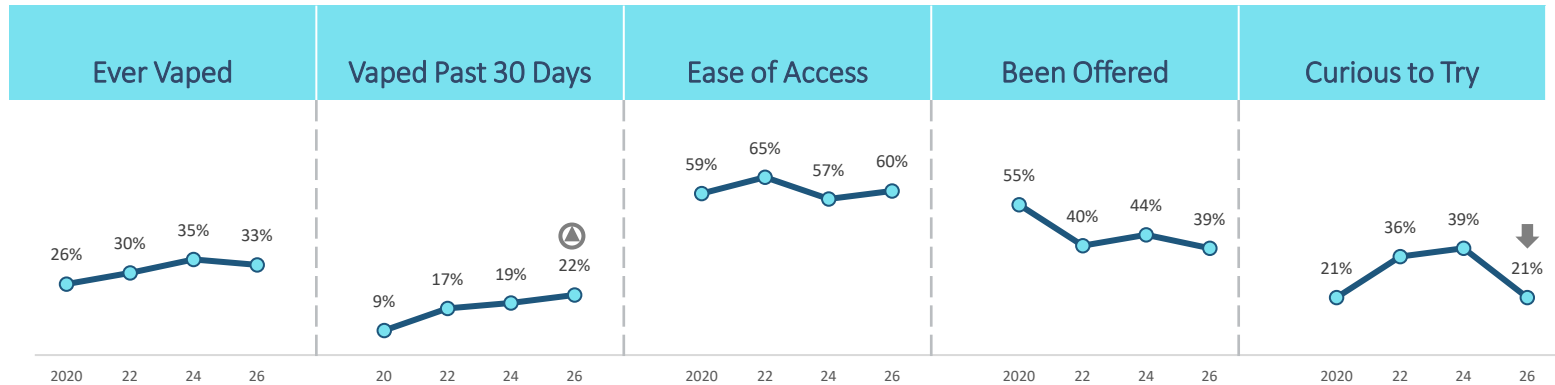
Comparisons should be interpreted cautiously because national measures often focus specifically on nicotine vaping, while youth may interpret the RAC vaping question more broadly.



VAPING REFRESHER

A review of key vaping indicators shows a mixed 2026 picture. The percentage who have ever vaped remains above the 2020 level at 33%. Past-30-day vaping reached 22%—statistically unchanged from 2024, but significantly higher than in 2022 and more than twice the 2020 level.

Among youth who are aware of vaping but have never used it, curiosity declined sharply from 39% in 2024 to 21% in 2026, returning to the 2020 level. Perceived ease of access remained statistically stable at 60%, and direct offers remained stable at 39%.



“Just about everyone vapes at my middle school. I am one of the only ones who doesn’t.”
— 13-year-old female, Denver County

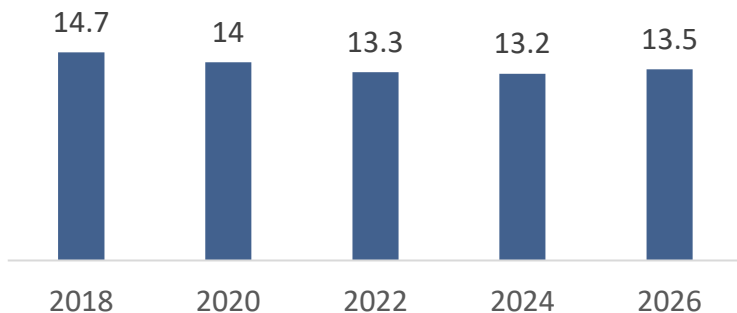
AGE AT FIRST VAPING

The average age youth first vaped was 13.5 in 2026—slightly older than 13.2 in 2024, but still younger than the 2018 average of 14.7. Overall, the age of initiation has remained fairly stable since 2022.

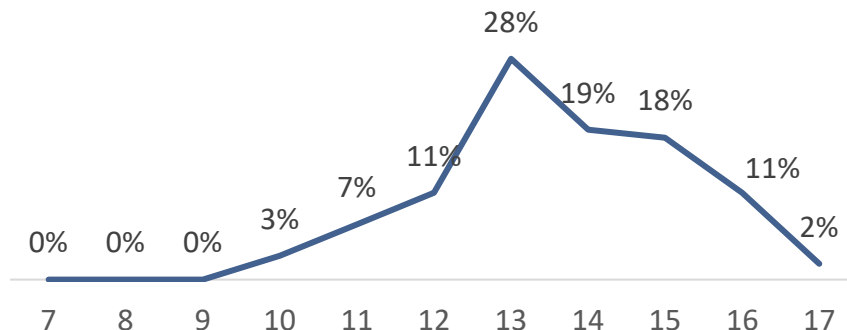
First use is concentrated in early adolescence. Nearly two-thirds of youth who have vaped first tried it between ages 13 and 15, with age 13 the single most common starting point. About one in five began before age 13, while relatively few first tried vaping after age 15.

“How old were you when you first used a vape or other e-cigarette?”

Average Age



Age Distribution



“I just wish nicotine wasn’t as bad as it was. It feels like everyone has it—especially in middle school. It was crazy how many kids had a vape.”

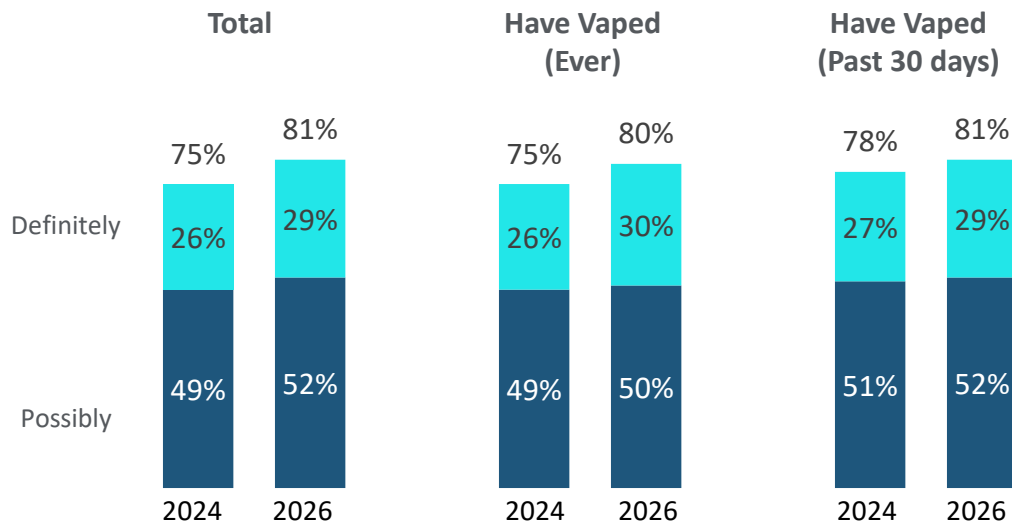
— 14-year-old female, Denver County

VAPING & SOCIAL INFLUENCE

Vaping continues to have a strong social component. More than four in five youth who have vaped say they would at least possibly stop if their friends stopped—52% “possibly” and 29% “definitely.” This is descriptively higher than in 2024, when 75% said the same.

Responses are nearly identical among all youth who have ever vaped and those who vaped in the past 30 days, suggesting that peer behavior may remain influential even among active users.

“If your friends stopped vaping, do you think you would stop as well?”

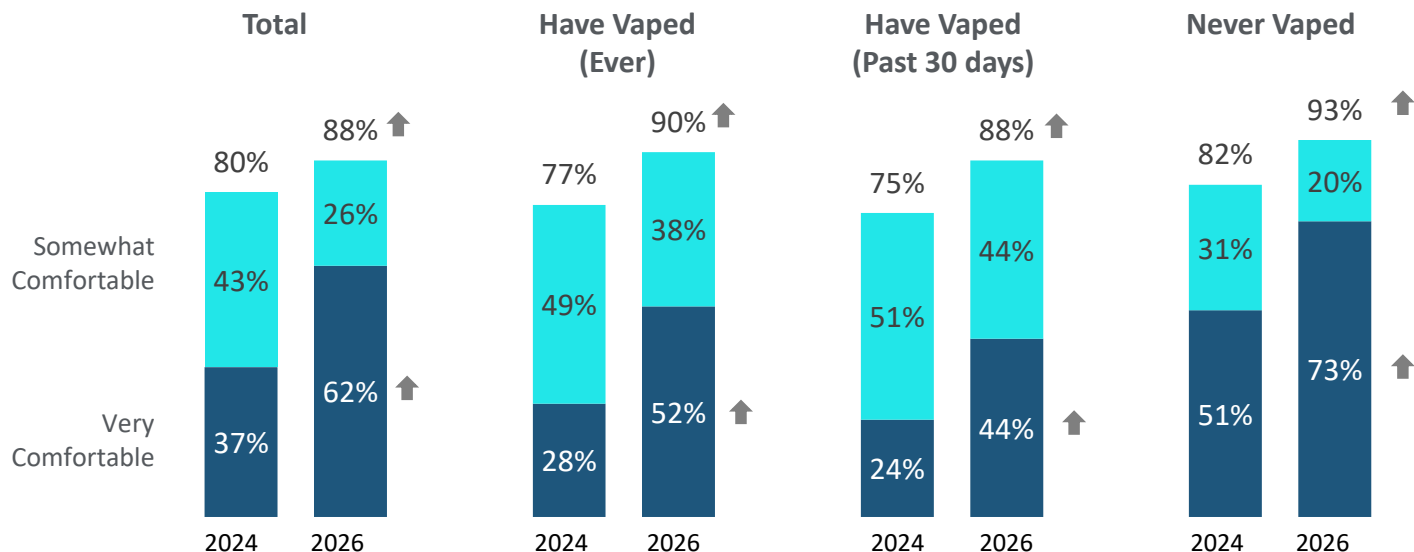


VAPING & SOCIAL INFLUENCE

Youth report greater confidence refusing a vape than in 2024. Nearly nine in ten would be comfortable saying no to a close friend, and the percentage who would feel very comfortable rose sharply.

Overall comfort remains high across vaping-experience groups. However, youth with vaping experience—particularly past-30-day users—are substantially less likely to say they would feel “very comfortable” refusing a close friend. This suggests that firm refusal may become more difficult once vaping is part of a young person’s social environment.

“If a close friend offered you a vape, how comfortable would you be telling them ‘no’?”



VAPING & SOCIAL INFLUENCE

Across many demographic groups, youth report stronger resistance to vaping-related social influence than in 2024. In 2026, 80% say they would stop if their friends stopped, 88% would feel comfortable refusing a vape from a close friend, and 91% would speak up if vaping were harming a friend's health.

At the same time, belief that vaping helps teens manage stress declined from 42% to 30%. This belief is especially uncommon among youth ages 12–13, at 14%, but remains more prevalent among older teens and varies considerably by income and region. LGBTQ youth remain less likely than heterosexual youth to say they would stop if their friends stopped—70% versus 82%.

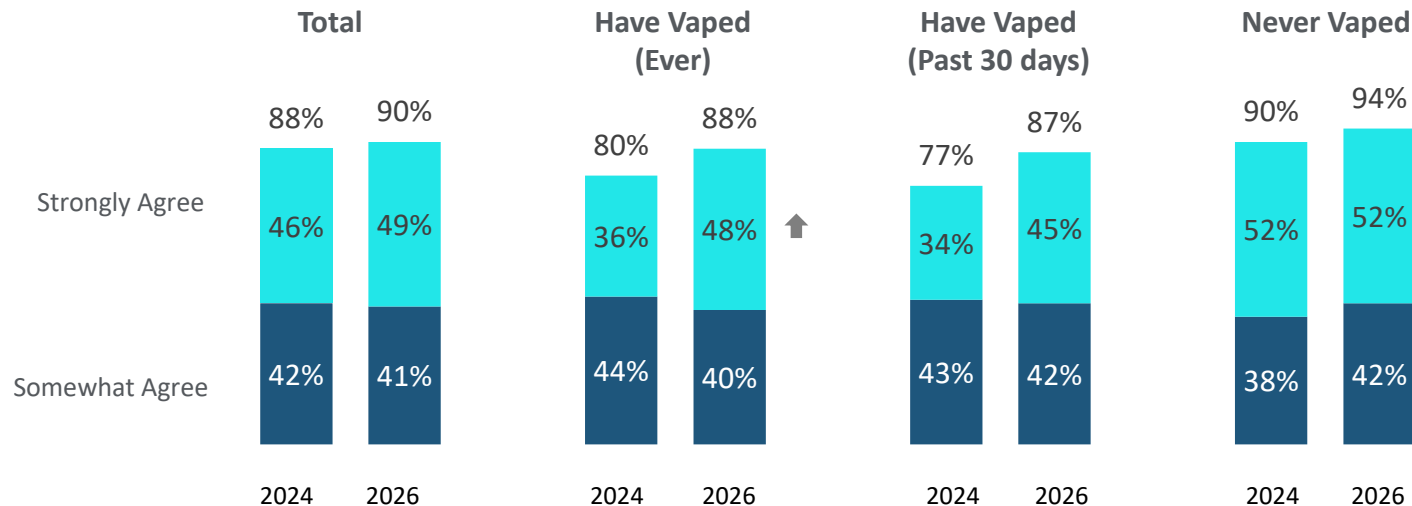
		Total		Age						Gender				Sexual Orientation				Income							
				12-13		14-15		16-17		Female		Male		Heterosexual		LGBQ		<\$50k		\$50-74k		\$75-99k		\$100k+	
		2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026
sample size		875	700	155	170	359	251	362	279	411	312	447	368	759	520	105	68	128	115	378	316	266	160	103	109
Would stop if friends stopped		74%	80%	70%	85%	80%	79%	71%	80%	76%	79%	72%	84%	76%	82%	57%	70%	73%	80%	74%	82%	72%	77%	84%	83%
Comfortable telling close friend no if offered vape		80%	88%	84%	89%	79%	90%	80%	87%	81%	90%	80%	86%	81%	88%	73%	89%	84%	84%	84%	89%	82%	87%	86%	91%
Vaping helps teens manage stress		42%	30%	29%	14%	46%	35%	44%	35%	43%	30%	41%	32%	42%	32%	40%	26%	40%	44%	39%	30%	49%	31%	36%	16%
Would talk to my friends if hurting their health		88%	90%	87%	91%	86%	89%	89%	92%	87%	92%	88%	89%	88%	91%	82%	89%	88%	91%	90%	91%	86%	89%	85%	91%

		Race/Ethnicity								Region							
		White		Hispanic		D/B		Central		Northeast		Northwest		Southeast		Southwest	
		2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026
sample size		591	528	148	134	460	369	123	101	120	102	60	45	69	39	43	44
Would stop if friends stopped		77%	80%	69%	79%	76%	80%	87%	78%	68%	84%	66%	84%	66%	64%	59%	92%
Comfortable telling close friend no if offered vape		81%	89%	79%	94%	81%	87%	82%	91%	85%	91%	92%	84%	73%	90%	98%	81%
Vaping helps teens manage stress		39%	29%	40%	22%	46%	27%	41%	26%	37%	36%	48%	39%	40%	37%	11%	49%
Would talk to my friends if hurting their health		86%	90%	84%	91%	86%	90%	89%	91%	89%	88%	82%	98%	96%	88%	100%	98%

VAPING: PROTECTING FRIENDS

Youth show a strong willingness to protect their friends. Nine in ten youth say they would speak up if they believed vaping was harming a friend's physical or mental health.

"I would talk to my friends if I thought vaping was hurting their physical or mental health"

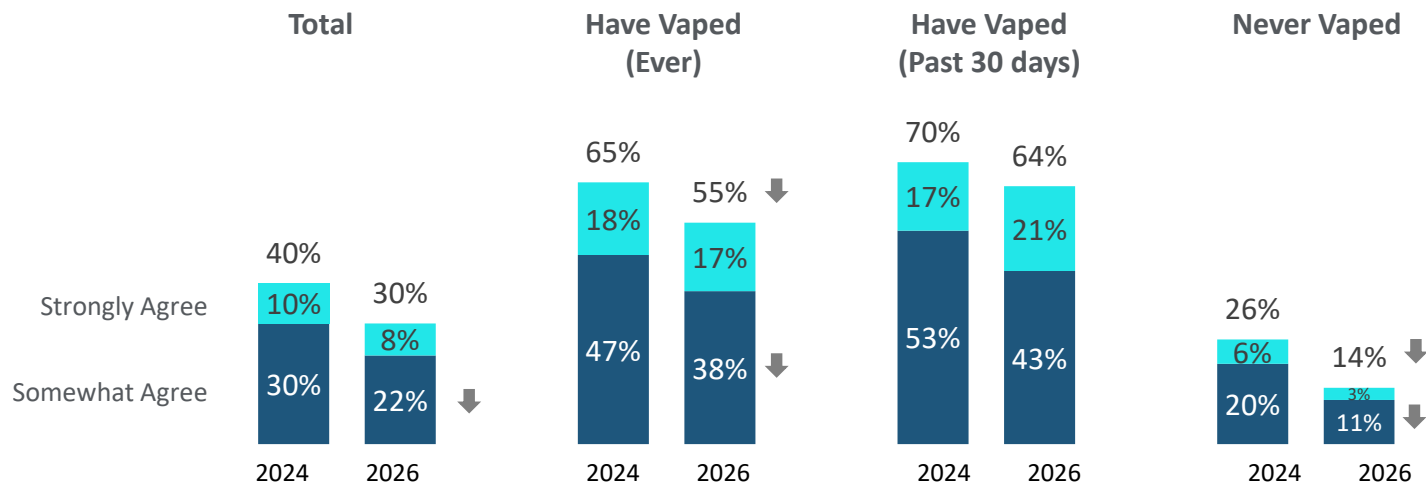


VAPING AS STRESS RELIEF

Overall agreement that vaping helps teens manage stress declined from 40% in 2024 to 30% in 2026. However, this belief remains closely tied to vaping experience: 64% of recent vapers agree, compared with 55% of all youth who have ever vaped and only 14% of those who have never vaped.

The survey cannot tell us whether youth begin vaping because they expect relief or come to view it as helpful after using it. Either way, the belief that vaping helps manage stress appears central to continued use and reinforces the importance of challenging nicotine's claim to be a solution.

“Vaping helps teens manage the stress and pressure they have to deal with”



VAPING CONTENTS

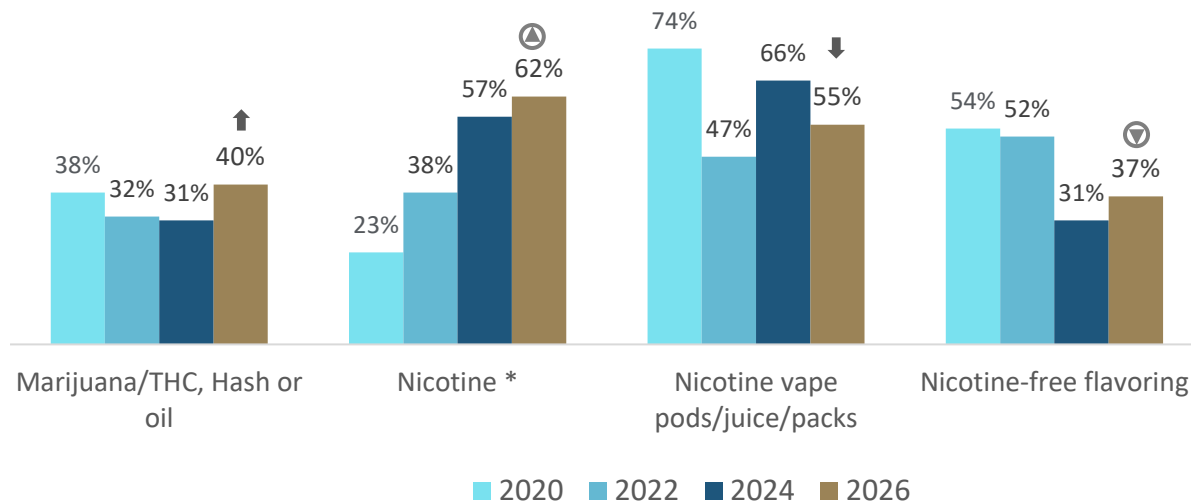
Among youth who vaped in the past 30 days, the general nicotine category was selected most often in 2026, at 62%, while 55% reported using nicotine pods, juice, or packs. Because the general category was labeled “tobacco” before 2026, its trend should be interpreted cautiously.

Forty percent reported having used marijuana, THC, hash, or oil in a vape, up from 31% in 2024. Use of nicotine pods, juice, or packs declined from 66% to 55%, while nicotine-free flavoring increased descriptively to 37% but remained below its 2020–2022 levels.

“Which of the following have you ever used in your vape?”

“Well, in my second period at school we’re learning about drug use, and this girl in my class literally got caught with a weed pen. Now she has to go to court.”

— 13-year-old male, Adams County



* Prior to 2026, the “nicotine” option was labeled as “tobacco”

Base: Those who have recently used vaping products (259)
Sum of percentages exceed 100% due to multi-responses.

VAPING CONTENTS

Vaping contents vary considerably across demographic groups, although many subgroup bases are small and should be interpreted cautiously. The general nicotine category is selected by majorities in most groups, but its apparent increase cannot be treated as a clean trend because the option was labeled “tobacco” before 2026.

The clearest broadly distributed change is a decline in the more specific nicotine pods, juice, or packs category. Nicotine-free flavoring increased in many groups, while marijuana/THC use rose especially sharply among LGBQ youth and youth in households earning \$75,000–\$99,000. Several other subgroup movements are descriptive but do not appear statistically significant.

Vaping Content		Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size		24	37	26	117	111	88	68	111	93	94	128	98	29	35	18	17	50	35	24	24	13	34	19	18	14	3	25
Nicotine		26%	46%	61%	38%	58%	59%	41%	61%	65%	38%	54%	62%	42%	73%	78%	29%	53%	44%	36%	49%	84%	35%	64%	68%	63%	70%	76%
Marijuana/THC/Hash Oil		27%	26%	23%	30%	31%	38%	35%	34%	46%	30%	28%	37%	31%	29%	51%	42%	37%	43%	24%	44%	39%	39%	23%	44%	44%	41%	35%
Nicotine-free Vape Juice or Flavoring		34%	34%	29%	53%	26%	60%	56%	34%	58%	50%	30%	48%	51%	26%	62%	63%	34%	51%	43%	42%	85%	51%	17%	48%	50%	41%	85%
Nicotine vape pods/liquid/juice/packs		55%	68%	31%	31%	64%	33%	55%	67%	41%	43%	66%	34%	57%	62%	45%	65%	68%	53%	34%	73%	14%	24%	52%	34%	54%	59%	14%

Vaping Content		Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
		2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size		118	126	90	88	133	112	173	227	161	35	28	26	134	156	128	45	50	43	50	40	54	76	115	96	45	83	39	28	21	18
Nicotine		27%	59%	61%	57%	55%	62%	39%	57%	59%	37%	55%	61%	41%	53%	60%	27%	46%	57%	37%	56%	62%	37%	54%	63%	46%	58%	57%	36%	73%	66%
Marijuana/THC/Hash Oil		35%	31%	42%	28%	33%	34%	28%	32%	32%	44%	28%	72%	30%	33%	36%	26%	33%	51%	39%	35%	47%	25%	35%	33%	31%	29%	52%	35%	19%	28%
Nicotine-free Vape Juice or Flavoring		56%	29%	59%	42%	33%	52%	48%	31%	55%	65%	23%	56%	45%	36%	53%	69%	29%	44%	51%	28%	65%	54%	36%	49%	34%	26%	61%	68%	24%	51%
Nicotine vape pods/liquid/juice/packs		54%	72%	42%	34%	60%	33%	39%	65%	37%	71%	70%	34%	49%	71%	40%	59%	63%	43%	56%	61%	35%	45%	67%	39%	45%	66%	37%	43%	67%	26%

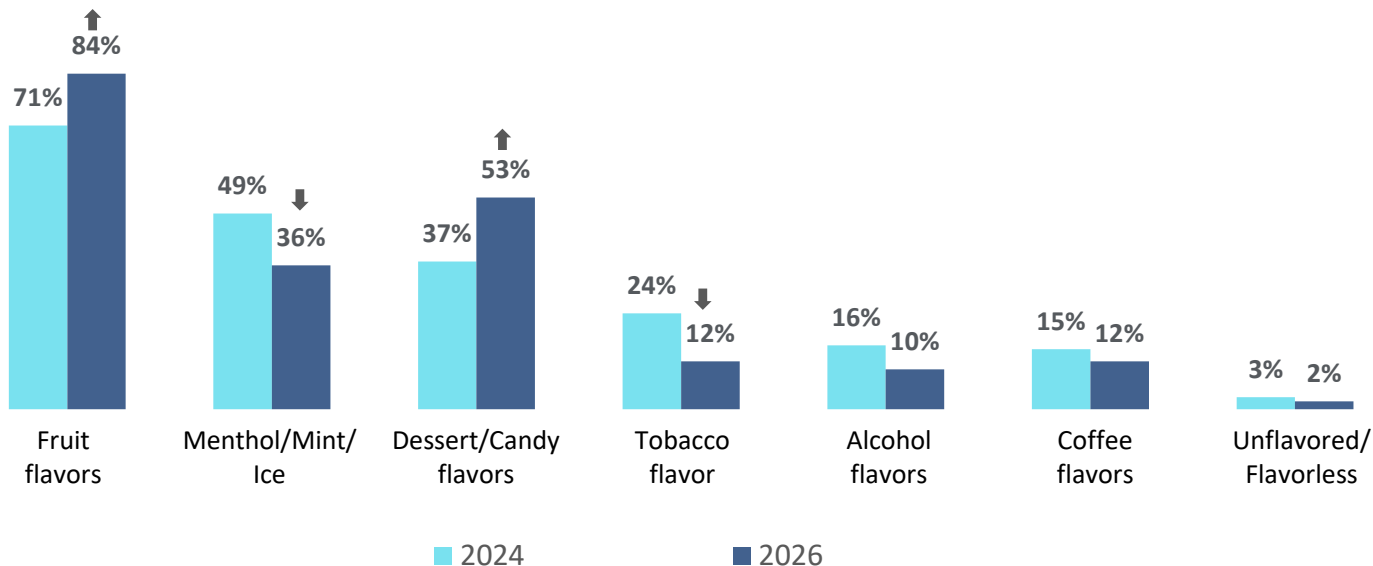
Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

VAPING FLAVORS

Fruit flavors remain the most commonly reported flavor among youth who vape pods or juice, increasing from 71% in 2024 to 84% in 2026. Dessert/candy flavors also increased substantially, from 37% to 53%, making them the second most common flavor category.

Menthol/mint/ice declined from 49% to 36%, while tobacco flavor fell from 24% to 12%. The pattern suggests that youth vaping is becoming increasingly concentrated in sweet, familiar flavors rather than flavors traditionally associated with tobacco products.

“What flavors do you typically use?”



VAPING FLAVORS

Flavor preferences shifted in a similar direction across many demographic groups. Fruit remained dominant and increased across numerous age, gender, sexual-orientation, racial/ethnic, and income groups. Dessert/candy flavors also became more common, with especially clear increases among youth ages 14–15, females, heterosexual youth, and those in households earning \$75,000–\$99,000.

Menthol/mint/ice and tobacco flavors generally declined, although many subgroup changes were descriptive rather than statistically significant. Several subgroup bases are small and should be interpreted cautiously.

		Age						Gender				Sexual Orientation				Income								Race/Ethnicity			
		12-13		14-15		16-17		Female		Male		Hetero-sexual		LGBQ		<\$50k		\$50-74k		\$75-99k		\$100k+		White		Hispanic	
		2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026
sample size		30	16	82	66	88	67	101	66	99	80	175	117	21	19	29	40	93	70	62	29	16	10	129	92	34	28
Flavors Typically Used																											
Fruit flavors		72%	84%	78%	89%	66%	84%	74%	87%	68%	85%	69%	85%	92%	100%	70%	88%	76%	83%	69%	86%	53%	100%	69%	84%	69%	86%
Menthol/Mint/Ice		30%	32%	57%	34%	51%	41%	43%	31%	56%	42%	49%	39%	58%	35%	48%	22%	50%	41%	42%	43%	69%	49%	45%	37%	53%	28%
Dessert/Candy flavors		39%	61%	27%	59%	44%	46%	35%	57%	39%	49%	38%	55%	29%	54%	47%	55%	33%	48%	38%	69%	38%	30%	40%	48%	42%	60%
Tobacco flavor		20%	7%	27%	11%	24%	16%	25%	11%	23%	14%	24%	13%	26%	20%	24%	17%	32%	16%	13%	0%	26%	19%	22%	9%	30%	15%
Alcohol flavors		23%	0%	12%	9%	17%	14%	13%	11%	19%	10%	18%	9%	0%	13%	16%	6%	10%	18%	22%	3%	29%	0%	16%	5%	11%	7%
Coffee flavors		7%	7%	12%	13%	20%	10%	12%	13%	18%	10%	15%	9%	9%	20%	7%	11%	15%	12%	18%	7%	14%	19%	17%	14%	15%	6%
Unflavored/Flavorless		3%	0%	3%	5%	2%	0%	1%	2%	5%	3%	3%	1%	0%	6%	3%	3%	4%	3%	1%	0%	0%	0%	1%	3%	7%	0%

VAPING FLAVORS

Regional results generally reinforce the statewide movement toward sweeter flavors. Fruit use increased significantly in Denver/Boulder and Northwest Colorado, while dessert/candy flavors rose sharply in the Northwest. Menthol/mint/ice declined significantly in Central and Southeast Colorado, and tobacco flavor declined in Central and Northeast Colorado.

Regional patterns should be interpreted cautiously because most bases outside Denver/Boulder are very small. The 2024 Southwest estimate, based on only three respondents, should not be used for trend interpretation.

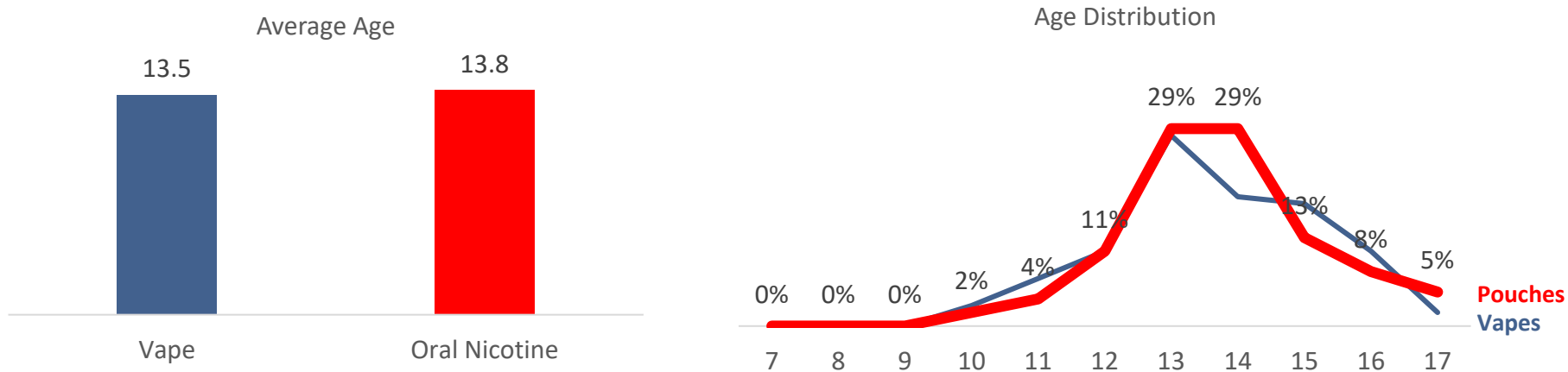
		Region											
		D/B		Central		Northeast		Northwest		Southeast		Southwest	
		2024	2026	2024	2026	2024	2026	2024	2026	2024	2026	2024	2026
sample size		100	63	25	13	38	29	22	11	12	11	3	22
Flavors Typically Used													
Fruit flavors	68%	84%	74%	84%	76%	83%	60%	91%	84%	100%	100%	92%	
Menthol/Mint/Ice	48%	46%	47%	15%	56%	35%	44%	17%	57%	10%	0%	60%	
Dessert/Candy flavors	39%	53%	34%	53%	31%	44%	41%	82%	42%	65%	41%	44%	
Tobacco flavor	20%	13%	27%	0%	30%	11%	26%	8%	40%	30%	0%	24%	
Alcohol flavors	16%	11%	19%	7%	11%	7%	29%	19%	14%	10%	0%	13%	
Coffee flavors	17%	14%	4%	15%	16%	14%	15%	0%	16%	0%	29%	5%	
Unflavored/Flavorless	2%	2%	3%	0%	0%	7%	7%	0%	0%	0%	41%	0%	

AGE AT FIRST USE: Oral Nicotine Pouches

Youth begin using oral nicotine pouches at nearly the same age they begin vaping. The average age at first pouch use is 13.8, compared with 13.5 for vaping.

First use is concentrated in early adolescence: 58% of those who have ever used an oral nicotine pouch first tried one at age 13 or 14, and 84% began between ages 12 and 15. The similarity between the two distributions suggests that vaping and oral nicotine pouches may enter youths' lives during the same developmental period.

"How old were you when you first used an oral nicotine pouch or Zyn?"



Unlike vaping, oral nicotine pouches can be used discreetly almost anywhere—including in school, without smoke, vapor, odor, or the need to spit. Their low visibility may make initiation and continued use harder for adults to detect.

COMMUNICATIONS

-
- ▶ SCHOOL & COMMUNITY INFORMATION
 - ▶ FAMILY DISCUSSIONS

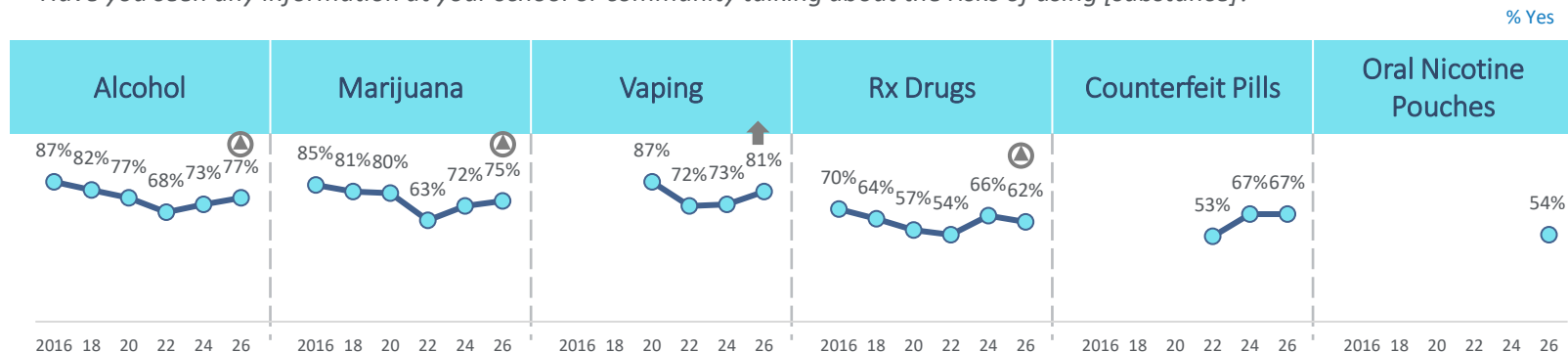


SUBSTANCE USE INFORMATION: SCHOOL & COMMUNITY

Recall of substance-use information seen at school or in the community has generally recovered from the lows recorded in 2022. In 2026, recall is highest for vaping (81%), alcohol (77%), and marijuana (75%).

Vaping shows the clearest recent increase, while recall of alcohol- and marijuana-related information continued its gradual recovery. Counterfeit-pill information remained stable at 67%, while prescription-drug information declined slightly to 62% after rebounding in 2024. Oral nicotine pouches were measured for the first time, with 54% recalling related information.

“Have you seen any information at your school or community talking about the risks of using [substance]?”



Base: Those aware of each substance

SUBSTANCE USE INFORMATION: SCHOOL & COMMUNITY

Recall of school and community education increased most consistently for vaping and alcohol. Significant gains are found among 14–15-year-olds, males, heterosexual and White youth, and several higher-income groups; vaping recall also increased among older teens and in Denver/Boulder.

Marijuana education rose among heterosexual youth and in Northwest and Southwest Colorado. Prescription-drug and counterfeit-pill education was generally stable, although prescription-drug recall declined in Northwest Colorado. Oral nicotine pouch education was measured for the first time and reached about half of most groups, with lower recall among LGBTQ youth and in Southeast Colorado.

School Education (% Yes)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	108	128	108	412	336	245	197	310	279	284	433	357	110	107	101	63	103	101	74	50	45	108	62	39	78	41	38
Marijuana	59%	73%	76%	63%	74%	79%	65%	71%	72%	68%	72%	73%	58%	68%	67%	58%	80%	84%	50%	80%	88%	65%	69%	66%	55%	48%	87%
Rx Drugs not prescribed to you	61%	66%	58%	57%	67%	62%	50%	66%	65%	53%	67%	61%	56%	64%	60%	58%	69%	70%	50%	76%	57%	48%	64%	68%	61%	40%	61%
Counterfeit, contaminated, or laced pills	56%	62%	60%	52%	65%	71%	52%	70%	68%	58%	67%	66%	42%	69%	68%	49%	67%	68%	49%	73%	66%	46%	61%	75%	65%	56%	66%
Alcohol	64%	73%	76%	69%	73%	81%	68%	72%	75%	68%	70%	75%	66%	70%	73%	69%	76%	86%	58%	90%	84%	70%	85%	76%	68%	60%	82%
Vape	62%	80%	85%	71%	75%	83%	77%	68%	77%	72%	69%	81%	75%	75%	76%	80%	80%	85%	79%	77%	89%	68%	78%	73%	67%	76%	89%
Oral Nicotine Pouches/Zyns	n/a	n/a	50%	n/a	n/a	59%	n/a	n/a	51%	n/a	n/a	51%	n/a	n/a	55%	n/a	n/a	63%	n/a	n/a	57%	n/a	n/a	43%	n/a	n/a	66%

School Education (% Yes)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	361	351	312	332	360	356	586	714	520	119	103	68	507	555	513	141	148	134	112	120	113	254	316	312	182	227	160	139	98	86
Marijuana	58%	73%	72%	68%	71%	77%	61%	72%	78%	71%	69%	68%	60%	70%	75%	75%	73%	71%	62%	70%	74%	64%	75%	78%	61%	68%	73%	67%	77%	75%
Rx Drugs not prescribed to you	57%	65%	59%	54%	68%	65%	56%	67%	64%	49%	65%	56%	51%	66%	64%	54%	61%	59%	56%	62%	60%	52%	68%	65%	64%	64%	63%	41%	71%	59%
Counterfeit, contaminated, or laced pills	54%	67%	66%	51%	68%	69%	53%	67%	68%	53%	67%	56%	52%	65%	68%	51%	64%	63%	52%	62%	69%	51%	70%	66%	55%	65%	72%	55%	66%	64%
Alcohol	66%	75%	75%	69%	70%	79%	67%	73%	79%	69%	72%	75%	68%	72%	78%	77%	70%	74%	70%	76%	76%	69%	75%	77%	60%	69%	82%	76%	71%	75%
Vape	71%	72%	79%	73%	75%	83%	72%	73%	83%	75%	75%	75%	68%	70%	82%	84%	73%	78%	75%	68%	77%	73%	78%	81%	64%	69%	82%	77%	73%	86%
Oral Nicotine Pouches/Zyns	n/a	n/a	52%	n/a	n/a	56%	n/a	n/a	57%	n/a	n/a	37%	n/a	n/a	55%	n/a	n/a	49%	n/a	n/a	57%	n/a	n/a	56%	n/a	n/a	51%	n/a	n/a	49%

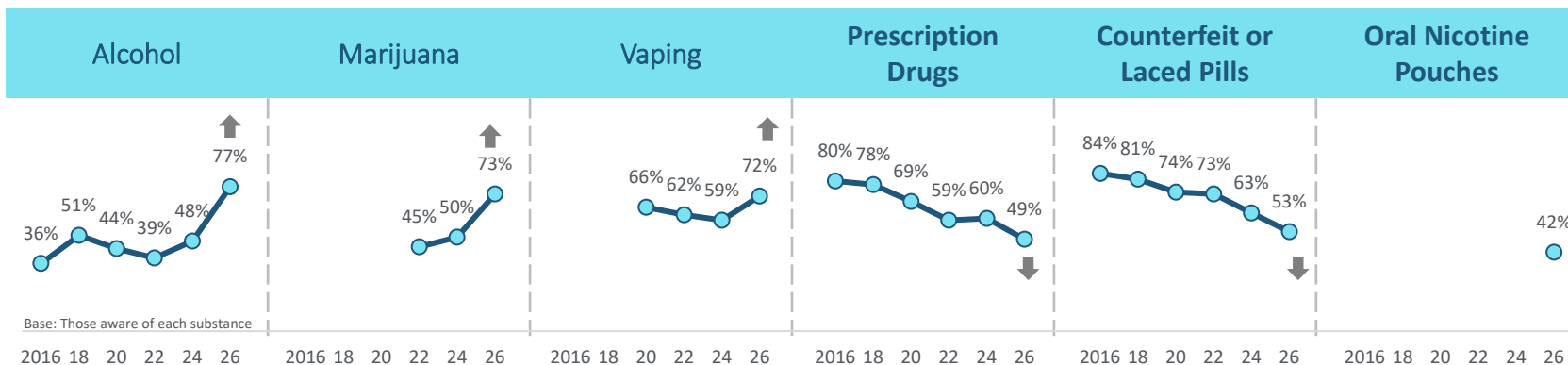
Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

FAMILY DISCUSSIONS

Family conversations increased sharply around alcohol, marijuana, and vaping—the substances youth report encountering most commonly. In 2026, roughly three-quarters report having talked with their parents about alcohol (77%), marijuana (73%), and vaping (72%), all significant increases from 2024.

At the same time, discussions about prescription drugs and counterfeit or laced pills continued to decline, reaching 49% and 53%, respectively. Only 42% have discussed oral nicotine pouches. The pattern suggests that family attention has shifted toward commonly encountered substances, while conversations about pill-related risks are becoming less common.

“Have you EVER talked to your parents about [substance]?” % Yes



FAMILY DISCUSSIONS

Family discussions about alcohol, marijuana, and vaping increased across many demographic groups. Conversations about marijuana rose notably among younger teens, males, Hispanic and lower-income youth, while alcohol and vaping discussions also increased across several age, regional, and income groups.

By contrast, discussions about unprescribed prescription drugs and counterfeit or laced pills were generally stable or declining, with relatively few significant gains. Oral nicotine pouches were discussed by roughly four in ten youth overall, although results vary across groups and should be interpreted cautiously where sample sizes are small.

Family Discussion (% Yes)	Age 12-13			Age 14-15			Age 16-17			D/B			Central			Northeast			Northwest			Southeast			Southwest		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	108	146	127	412	336	251	197	353	279	284	380	357	110	106	101	63	105	102	74	49	45	108	58	39	78	34	44
Marijuana	59%	58%	73%	55%	59%	73%	62%	62%	72%	59%	62%	70%	63%	64%	78%	58%	57%	74%	50%	65%	67%	58%	62%	80%	61%	22%	80%
Rx Drugs not prescribed to you	47%	41%	40%	40%	47%	49%	35%	51%	52%	36%	49%	43%	42%	53%	61%	42%	47%	57%	56%	47%	34%	38%	47%	65%	49%	9%	45%
Counterfeit, contaminated, or laced pills	53%	46%	53%	44%	48%	53%	42%	53%	53%	46%	50%	50%	42%	55%	62%	41%	52%	61%	52%	49%	37%	48%	53%	64%	54%	22%	31%
Alcohol	79%	62%	73%	68%	62%	76%	75%	65%	80%	70%	66%	76%	78%	67%	86%	87%	62%	76%	63%	63%	75%	62%	66%	76%	67%	21%	65%
Vape	56%	56%	73%	58%	58%	69%	68%	60%	73%	61%	60%	71%	70%	63%	81%	55%	58%	72%	60%	53%	63%	60%	65%	79%	72%	18%	54%
Oral nicotine pouches/Zyn	n/a	n/a	44%	n/a	n/a	42%	n/a	n/a	41%	n/a	n/a	36%	n/a	n/a	41%	n/a	n/a	59%	n/a	n/a	40%	n/a	n/a	45%	n/a	n/a	46%

Family Discussion (% Yes)	Female			Male			Heterosexual			LGBQ			White			Hispanic			<\$50k			\$50-74k			\$75-99k			\$100k+		
	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026	2022	2024	2026
sample size	361	349	312	332	367	356	586	717	520	119	103	68	507	557	528	141	150	134	112	123	115	254	320	316	182	225	160	139	82	82
Marijuana	63%	62%	70%	53%	59%	75%	55%	59%	72%	76%	63%	70%	57%	59%	72%	66%	57%	80%	64%	63%	80%	57%	56%	75%	61%	62%	66%	55%	65%	68%
Rx Drugs not prescribed to you	42%	47%	48%	38%	48%	51%	41%	48%	48%	34%	49%	37%	40%	48%	46%	44%	44%	57%	54%	47%	58%	36%	46%	53%	43%	50%	40%	29%	50%	40%
Counterfeit, contaminated, or laced pills	50%	55%	51%	41%	44%	55%	45%	50%	52%	44%	49%	48%	43%	50%	53%	54%	48%	55%	48%	47%	60%	44%	51%	56%	49%	50%	45%	40%	52%	49%
Alcohol	77%	64%	79%	68%	63%	75%	72%	63%	75%	79%	68%	79%	73%	64%	79%	79%	62%	79%	79%	64%	82%	74%	58%	77%	70%	69%	79%	71%	66%	72%
Vape	64%	62%	72%	59%	55%	70%	61%	58%	69%	69%	62%	74%	60%	59%	73%	66%	55%	74%	64%	60%	77%	62%	57%	73%	57%	59%	71%	61%	62%	62%
Oral nicotine pouches/Zyn	n/a	n/a	38%	n/a	n/a	46%	n/a	n/a	45%	n/a	n/a	26%	n/a	n/a	42%	n/a	n/a	46%	n/a	n/a	48%	n/a	n/a	48%	n/a	n/a	34%	n/a	n/a	28%

Shading indicates significantly higher/lower ratings from the prior survey period at the 95% level of confidence.

FAMILY DISCUSSIONS BY SUBSTANCE EXPERIENCE

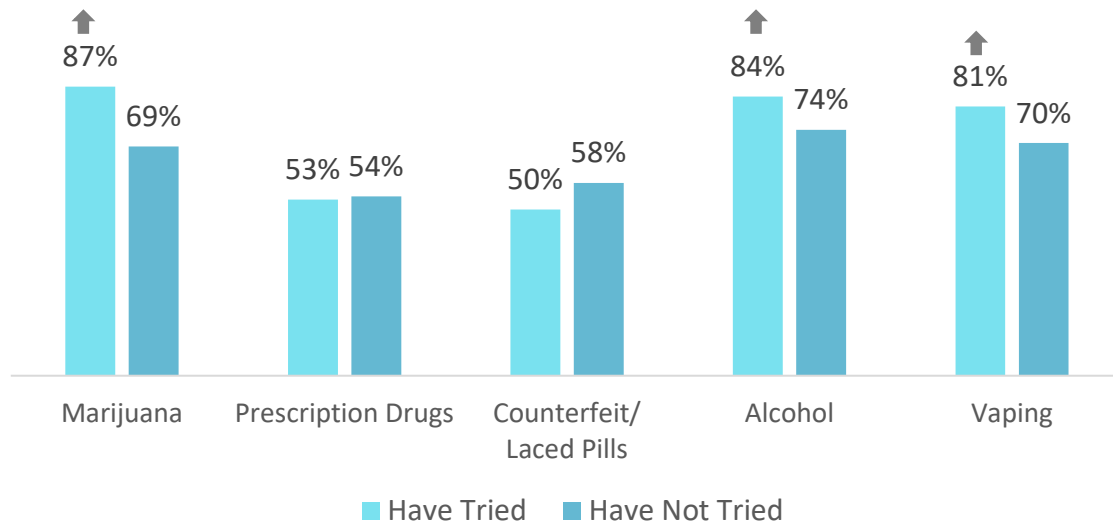
Youth who have tried marijuana, alcohol, or vaping products are more likely than those who have not to report discussing those substances with a parent.

The largest gap is for marijuana: 87% of youth who have tried it report a parent conversation, compared with 69% of those who have not. Similar, though smaller, differences are found for alcohol and vaping.

No comparable pattern appears for prescription drugs. Youth who report having tried prescription drugs not prescribed to them are also somewhat less likely to report a conversation about counterfeit or laced pills. These results do not establish when the conversations occurred, but they are consistent with some family discussions taking place after substance use has already entered a young person's life—not solely beforehand as prevention.

For marijuana, alcohol, and vaping, family communication appears partly reactive—not only proactive.

"Have you ever talked to your parents about ..."



"I only tried the vape once, and it was because of peer pressure. I learned my lesson when Mom found out. I was not only lectured but re-educated... I got my phone taken away, no Xbox, a lot of talking, and was grounded for months."

— 14-year-old female, Denver/Boulder

SEGMENTATION

► UNDERSTANDING DIFFERENT PATHS, DIFFERENT NEEDS, DIFFERENT OPPORTUNITIES

Five distinct groups of youth, each with their own experiences, strengths and challenges.



YOUTH SUBSTANCE SEGMENTATION

This report has made significant use of a priori segments—groups defined before the analysis—such as age, sex, gender identity, race/ethnicity, geography, and household income. These comparisons have helped identify important differences in how Colorado youth experience and think about substances.

It is also possible to identify groups statistically through latent class analysis, which brings together participants who show similar patterns across key survey measures. For this study, we were particularly interested in the relationships among substance awareness, perceived risk, access and direct offers, curiosity, experimentation, recent use, and confidence in refusing.

Latent class segmentation allows us to see the people represented in the data, not only the percentages. Once we can understand and imagine the youth within each segment, we can develop prevention strategies that are more likely to reflect their experiences and reach them effectively.

Why this matters

- Different youth need different forms of prevention and support.
- The most important divide is not just whether youth use substances, but what they can rely on when substances become available, socially normal, or emotionally useful.
- This framework gives RAC a more human and actionable understanding of how youth are navigating substance exposure in Colorado.

What are youth carrying, and where are the supports failing to reach them?

HOW YOUTH DIFFER **IN THEIR RELATIONSHIP TO SUBSTANCES**

The analysis identifies two different patterns of nonuse and three patterns of greater proximity to or involvement with substances.

Environmental Protection

Substances remain relatively distant, while adult support and other protective structures are strong.

Active Resistance

Youth encounter substances but retain the confidence, support, and boundaries needed to resist.

Social-Emotional Susceptibility

Curiosity is greater where refusal confidence and relational support feel less secure.

Selective Social Use

Youth use selected substances within social settings and boundaries they believe keep use manageable.

Broad Coping-Oriented Involvement

Substance use extends across more products and is more closely connected with coping, stimulation, and unmet needs.

Key takeaway

The segments do not represent fixed stages or an inevitable progression. They show that similarly aged youth can occupy very different positions depending on their exposure, support, perceived norms, confidence, substance boundaries, and coping beliefs.

SEGMENT OVERVIEW

Five statistically derived segments emerged.

The analysis distinguishes between two groups of youth who are not broadly using substances: those who remain largely unexposed, and those who encounter substances but actively resist.

It also identifies three groups of youth who have greater proximity to or involvement with substances: youth who are curious and more socially or emotionally susceptible; youth who use selected substances within social settings and self-defined boundaries; and youth whose broader substance involvement appears more closely connected with coping and other unmet needs.

These are not fixed stages or inevitable pathways. They describe how youth are currently positioned in relation to substance exposure and use.

Segment Name	Segment size	What distinguishes them	Primary prevention need
Protected & Unexposed	18%	Younger youth with low exposure to substances and strong adult support	Sustain protection as exposure rises
Exposed but Resistant	27%	Substances are present, but youth are actively resisting	Reinforce skills, norms, and adult backing
Curious & Susceptible	23%	Curious, less securely anchored, and more socially/emotionally open	Pre-emptive support before use becomes established
Selective Social Users	22%	Selective use within a self-defined boundary around “casual” substances	Challenge “casual” assumptions without overstating risk
Broad / Coping-Oriented	10%	Broad involvement, stronger coping beliefs, and fewer trusted adult pathways	Blend prevention, coping support, and harm reduction

Segment sizes are weighted and rounded.

DEMOGRAPHIC PROFILE OF THE SEGMENTS

Age most clearly differentiates the youngest, most protected group. Beyond that, similarly aged youth occupy very different positions in relation to substance exposure and use.

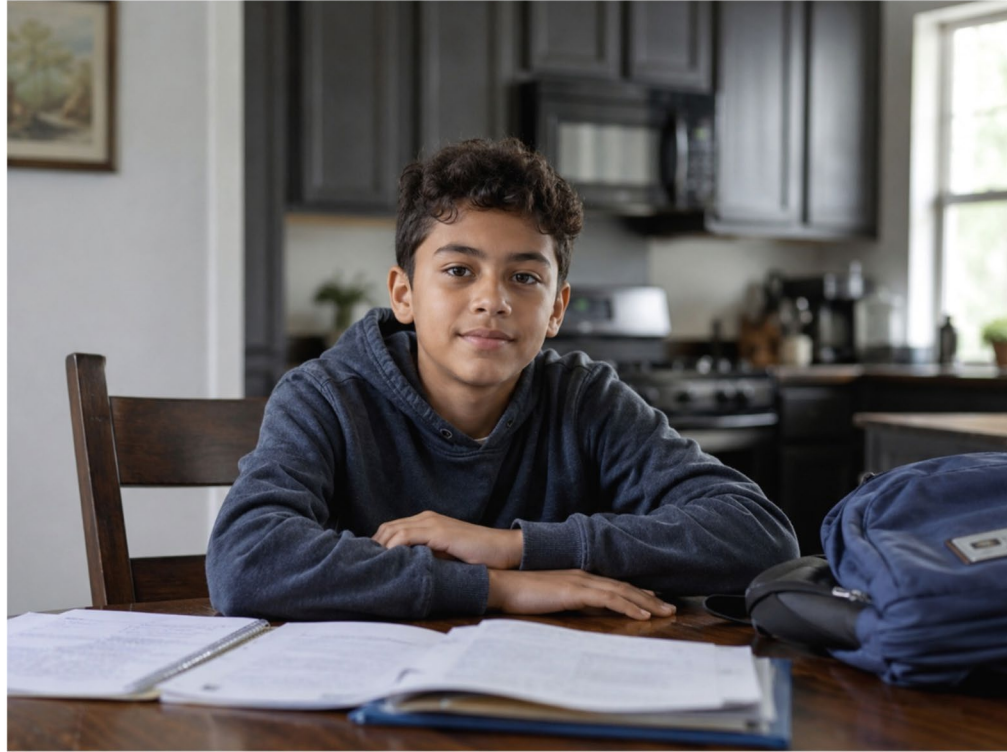
Segment	Size	Average age	Age mix	Notable demographic tendencies
Protected & Unexposed	18%	14.0	66% ages 12–14	Youngest group; no other strong demographic concentration
Exposed but Resistant	27%	14.9	41% ages 12–14	Mixed gender; no strong demographic concentration
Curious & Susceptible	23%	15.2	33% ages 12–14	Mixed gender; no strong demographic concentration
Selective Social Users	22%	15.4	26% ages 12–14	Somewhat more female; elevated LGBTQ/questioning representation
Broad / Coping-Oriented	10%	15.3	28% ages 12–14	More male and more likely to be lower-income; greater racial/ethnic diversity

Interpretation

The segmentation is not simply reproducing age, gender, or income groups in a more complicated form. The major distinctions emerge in how youth navigate exposure, resistance, curiosity, normalization, and coping.

PROTECTED & UNEXPOSED (18%)

Younger youth with
limited exposure to
substances and
strong, reliable adult
support



AI-generated image for illustrative purposes; AI-generated images are used to help humanize the segment profiles and do not depict actual survey participants.

Low exposure and strong adult support characterize the most consistently protected environment.

Key profile

- Youngest segment, with an average age of 14.0; two-thirds are ages 12–14.
- Very little recent substance use and relatively limited exposure through offers or perceived access.
- School meaning, personal goals, and access to supportive adults are all strong.
- Lowest levels across the five segments of frequent poor mental health, heavy social media use, and past-year gambling.

Selected indicator	Segment	All youth
Schoolwork meaningful	75%	69%
Important personal goals	96%	94%
Can turn to a parent	95%	94%
Can turn to another adult	95%	86%
Strong friend support	80%	79%
Poor mental health 6+ days	14%	17%
Social media 3+ hours/day	27%	43%
Gambled in past year	3%	8%

WHAT THIS MEANS

Protection is both environmental and relational: substances are less present, while trusted adults remain readily available. The opportunity is to preserve those supports while building refusal confidence and accurate peer expectations before greater exposure occurs.

EXPOSED **BUT RESISTANT** (27%)

Youth who encounter substances but have the confidence, support, and boundaries needed to resist



AI-generated image for illustrative purposes; does not depict an actual survey participant.

EXPOSED BUT RESISTANT (27%)

Substances are present, but these youth are actively holding the line.

Key profile

- More exposure through offers, perceived access, and peer environments than the Protected & Unexposed segment, but very little current use.
- Highest refusal confidence across the five segments, along with a strong willingness to discourage friends from using.
- Exceptionally strong parental support, with ready access to other trusted adults and supportive friends.
- Lower levels of frequent poor mental health, heavy social media use, and past-year gambling than youth overall.

Selected indicator	Segment	All youth
Schoolwork meaningful	67%	69%
Important personal goals	94%	94%
Can turn to a parent	98%	94%
Can turn to another adult	91%	86%
Strong friend support	81%	79%
Poor mental health 6+ days	11%	17%
Social media 3+ hours/day	32%	43%
Gambled in past year	3%	8%

WHAT THIS MEANS

These youth show that exposure does not inevitably lead to use. Their resistance appears to be supported by strong relationships, confidence refusing substances, and a reliable safety net. Prevention should reinforce those strengths through accurate peer norms, continued refusal practice, and the visible availability of trusted adults. They are not protected because substances are absent. They are protected because their support and confidence remain stronger than the pressure.

CURIOUS & **SOCIALLY SUSCEPTIBLE** (23%)

Youth who are curious and socially open, but less securely anchored when pressure or uncertainty rises



AI-generated image for illustrative purposes; does not depict an actual survey participant.

Curiosity is paired with lower refusal confidence and less secure relational support.

Key profile

- Highest curiosity breadth across the five segments, but broad current use is not yet established.
- Many are engaged at school and in activities; they are not simply disengaged youth drifting toward use.
- Friend support, access to another trusted adult, and comfort seeking help are all weaker than among the more protected segments.
- Help-seeking stigma and AI-chatbot use are substantially higher than among youth overall..

Selected indicator	Segment	All youth
Schoolwork meaningful	77%	69%
Important personal goals	91%	94%
Can turn to a parent	90%	94%
Can turn to another adult	80%	86%
Strong friend support	71%	79%
Fear stigma for MH help	47%	27%
AI chatbot use	67%	49%
Gambled in past year	11%	8%

WHAT THIS MEANS

These youth appear engaged and functional, but less securely supported when social pressure, uncertainty, or stress rises. Their curiosity may be driven less by rebellion than by openness without enough confidence or relational support to navigate offers safely. Prevention should focus on refusal rehearsal, low-stigma help-seeking, coping alternatives, and honest conversations before experimentation becomes established.

SELECTIVE SOCIAL USERS (22%)

Youth who use
selected substances
in social settings
within boundaries
they believe keep
use manageable



AI-generated image for illustrative purposes; does not depict an actual survey participant.

SELECTIVE SOCIAL USERS (22%)

Youth use selected substances within a self-defined boundary around what they consider “casual” or manageable.

Key profile

- Recent use is concentrated in alcohol and vaping, with marijuana also part of the pattern; movement into prescription misuse and oral nicotine pouches is much less common.
- This segment draws the clearest boundary between substances viewed as ordinary social experimentation and those viewed as more dangerous.
- Personal goals, parental support, and friend support remain strong even as school meaning weakens.
- Household substance-use exposure, frequent poor mental health, and heavy social media use are all substantially higher than among youth overall.

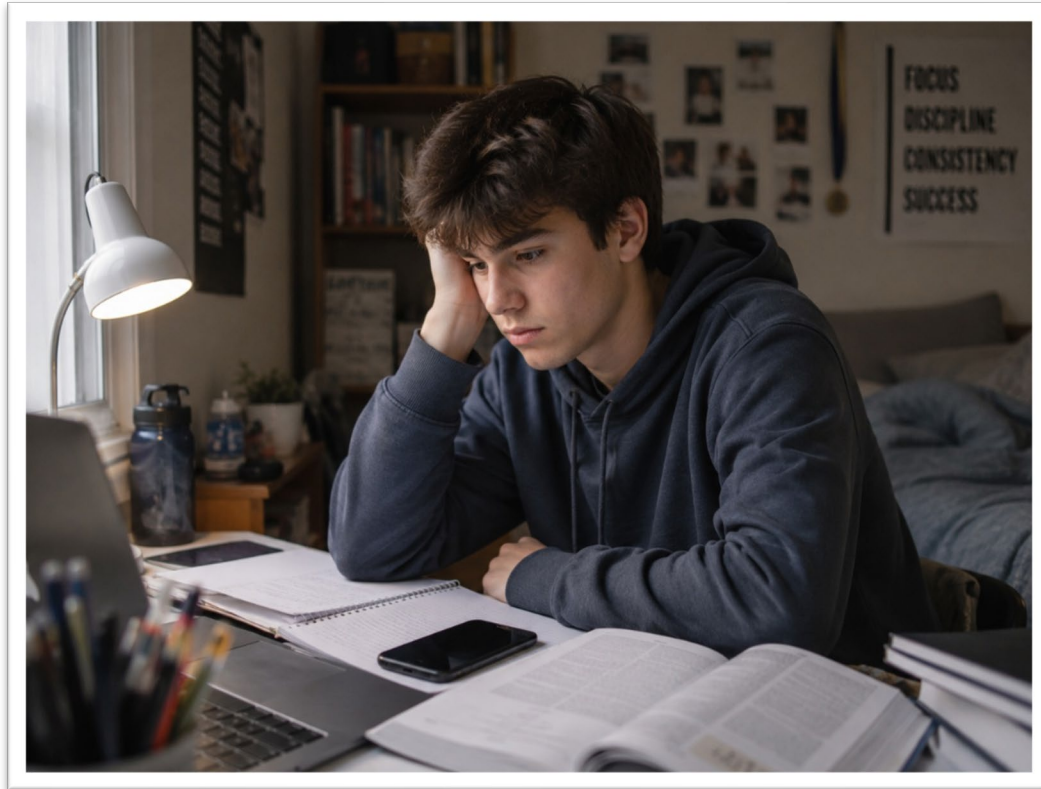
Selected indicator	Segment	All youth
Schoolwork meaningful	59%	69%
Important personal goals	98%	94%
Can turn to a parent	95%	94%
Can turn to another adult	86%	86%
Strong friend support	82%	79%
Lived with someone with a substance-use disorder	51%	36%
Social media 3+ hours/day	54%	43%
Poor mental health 6+ days	26%	17%

WHAT THIS MEANS

These youth do not appear broadly reckless or disconnected. They are highly goal-oriented and socially supported, but have normalized a selected set of substances within boundaries they believe keep use manageable. Prevention should respect that distinction while challenging the assumption that alcohol, marijuana, and vaping are harmless simply because they feel familiar or socially ordinary.

BROAD / COPING ORIENTED (10%)

Youth whose substance use spans more products and is more closely tied to coping, stimulation, and unmet needs



AI-generated image for illustrative purposes; does not depict an actual survey participant.

Substance use, nicotine, media, and stimulation are more closely intertwined with everyday coping.

Key profile

- Greatest breadth of lifetime and recent substance use, including the strongest involvement with oral nicotine pouches.
- Far more likely than other segments to believe vaping helps teens manage stress.
- Highest heavy social media use, AI-chatbot use, and past-year gambling.
- Many still report goals, parental support, friendships, and extracurricular participation; this is not a disconnected group.

Selected indicator	Segment	All youth
Schoolwork meaningful	64%	69%
Important personal goals	92%	94%
Can turn to a parent	92%	94%
Can turn to another adult	65%	86%
Help-seeking stigma	60%	27%
Social media 3+ hours/day	72%	43%
AI chatbot use	69%	49%
Gambled in past year	29%	8%

WHAT THIS MEANS

These youth are not simply a more extreme version of “partiers.” Their broader substance involvement appears alongside coping beliefs, heavy media use, gambling, and much weaker access to trusted adults outside the family. They likely need the most layered response: prevention, harm reduction, coping alternatives, visible adult pathways, and mental-health support that does not increase shame. They are still participating in life, but they may be carrying more of it alone.

PROTECTIVE FACTORS **ACROSS SEGMENTS**

Indicator	Protected	Resistant	Curious	Selective	Broad
Schoolwork meaningful	75%	67%	77%	59%	64%
Important personal goals	96%	94%	91%	98%	92%
Can turn to a parent	95%	98%	90%	95%	92%
Can turn to another adult	95%	91%	80%	86%	65%
Strong friend support	80%	81%	71%	82%	81%
Participates in extracurriculars	89%	84%	87%	80%	83%

What stands out

Protective factors remain present across all five segments. The clearest differences are in how securely youth can rely on trusted adults and friends when exposure, pressure, or stress increases.

LIFE CONTEXT & VULNERABILITY **ACROSS THE FIVE SEGMENTS**

Vulnerability is not concentrated in only one segment. Curious & Susceptible youth, Selective Social Users, and Broad / Coping-Oriented youth each show a different pattern of strain.

Indicator	Protected	Resistant	Curious	Selective	Broad
Lived with someone with a substance-use disorder	17%	32%	32%	51%	55%
Lived with someone experiencing mental-health problems	31%	50%	39%	68%	54%
Poor mental health 6+ days	14%	11%	14%	26%	27%
Poor sleep 6+ nights	26%	23%	23%	36%	28%
Help-seeking stigma	11%	12%	47%	19%	60%
Social media 3+ hours/day	27%	32%	42%	54%	72%
Uses AI chatbots for social or emotional interaction	39%	32%	67%	45%	69%
Gambled in past year	3%	3%	11%	8%	29%

What stands out

Curious & Susceptible youth show elevated help-seeking stigma and AI-chatbot use despite relatively low current distress. Selective Social Users carry substantial household complexity, poor sleep, and mental-health strain while remaining highly goal-oriented and socially supported. Broad / Coping-Oriented youth show the widest concentration of vulnerabilities, especially weak adult pathways, stigma, heavy media use, and gambling.

WHAT THIS MEANS FOR COLORADO YOUTH PREVENTION

Prevention should be differentiated less by age alone and more by how youth encounter, interpret, and use substances—and what supports they can rely on when pressure rises.

Strategic implications

- **Nonusers are not one audience.** Some remain protected because substances are less present in their lives; others are already exposed and need reinforcement for active resistance.
- **Nicotine prevention must reflect how ordinary and discreet these products have become.** Vaping and oral nicotine pouches can function as socially ordinary products, discreet stimulation, or stress relief.
- **Curious & Susceptible youth are an early-intervention audience.** Refusal rehearsal, low-stigma support, accurate peer norms, and coping alternatives may matter before use becomes established.
- **Selective Social Users require credibility, not moralizing.** Prevention must challenge the belief that alcohol, marijuana, and vaping are manageable simply because they feel familiar or socially normal.
- **Broad / Coping-Oriented youth need the most layered response.** Prevention should be paired with harm reduction, mental-health support, coping alternatives, and visible trusted-adult pathways.

Bottom line

The most important divide is not simply whether youth use substances. It is what they can rely on when substances become available, socially normal, or emotionally useful.

This segmentation gives RAC a framework for designing prevention around real youth experiences—not only around behaviors or demographics.



Rise Above Colorado **CONCLUSIONS**

Behavioral Health & Substance Use
August 2026

Prevention appears strongest where the danger is concrete and catastrophic.

Youth show sharper awareness this year of the dangers associated with fentanyl, counterfeit pills, and prescription misuse.

Risk perceptions increased, permissive attitudes declined, and more youth say they would intervene if a friend might be at risk of using one of these substances.

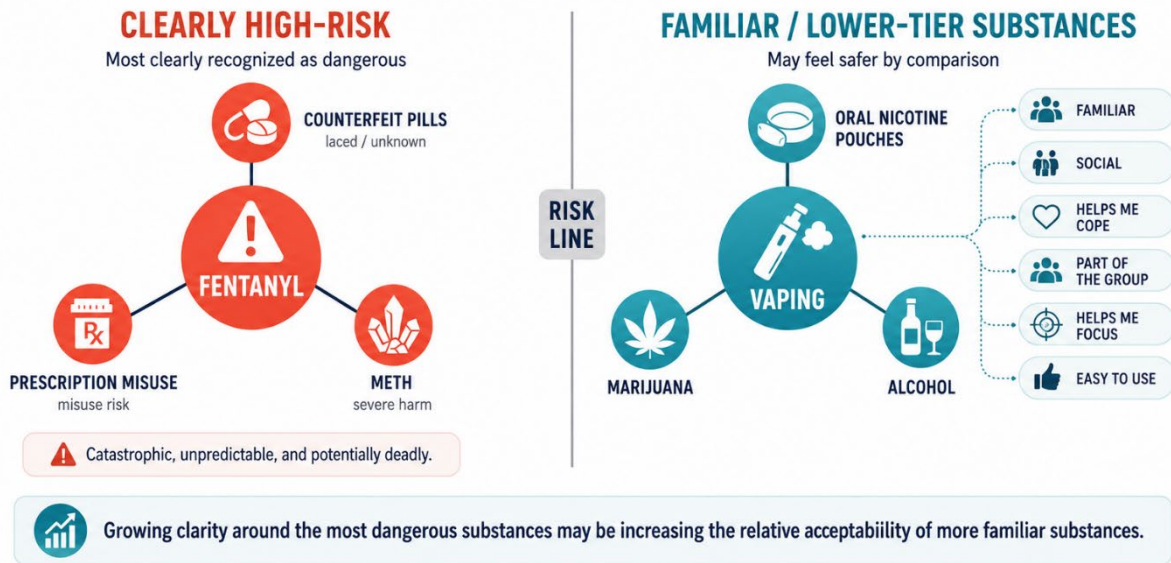


Youth increasingly understand which substances can seriously harm them.

BUT FAMILIAR SUBSTANCES MAY FEEL SAFER BY COMPARISON

THE RISK LINE IS GETTING CLEARER

As youth become clearer about which substances feel truly dangerous, more familiar substances may feel relatively safer by comparison.



The most dangerous substances are increasingly recognized as drugs. The substances most embedded in adolescent life may no longer feel like drugs at all.

“I think vaping is a bigger problem at my school than drugs is.”— 13-year-old female, Denver/Boulder

95%

of greatest-challenge comments did not directly mention substance use

What youth name first

SCHOOL & ACADEMIC
PRESSURE

BELONGING & PEER
ACCEPTANCE

STRESS, MENTAL HEALTH &
SELF-WORTH

FUTURE, COLLEGE & MONEY

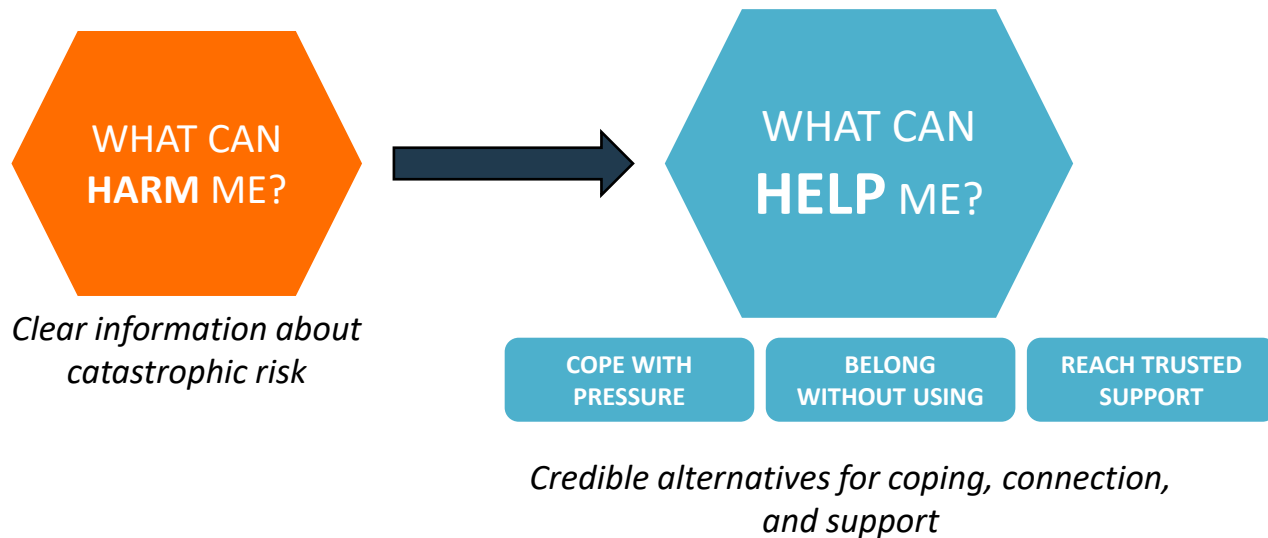
COMPETING DEMANDS &
KEEPING UP

DIGITAL LIFE & SOCIAL
COMPARISON

Substance use is usually not the problem youth are trying to solve. For some youth, it is one of the solutions available to the problems they actually name.

THE NEXT PREVENTION QUESTION

From warning youth about harm to helping them meet the need



Prevention has helped youth identify what can kill them. Its next challenge is helping them replace what they believe helps them live.