



Official Newsletter of Drug Free Workplaces
October 2026 Vol. 27 No. 10

Published by The Council on Alcohol and Drugs
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Cannabis, Fentanyl, and Teen Overdose: What Employees and Families Should Know

A new CDC report is drawing attention to a troubling pattern in adolescent overdose deaths: cannabis is showing up with surprising frequency, often alongside far more dangerous drugs such as illicit fentanyl and stimulants.

CDC investigators examined 209,166 overdose deaths occurring from January 2021 through June 2025 in 31 states and the District of Columbia. Cannabis was detected in 21% of those deaths. The major concern here—is what cannabis use may signal—particularly among teenagers.

Among adolescents ages 12 to 17 who died from an overdose, cannabis was detected in 42.7% of cases, the highest percentage of any age group. In the most recent six-month period studied, January through June 2025, cannabis was detected in 44.6% of adolescent overdose deaths, up from 35.9% in 2024. Among adolescent overdose deaths in which cannabis was detected, 88.6% also involved illegally manufactured fentanyl and 69% involved stimulants.

Fentanyl remains the primary lethal threat. Earlier CDC research found that approximately 84% of overdose deaths among young people ages 10 to 19 involved illegally manufactured fentanyl. Yet only 35% of those young people had a documented history of opioid use. Nearly one-quarter showed evidence of counterfeit pill use.

That finding is especially important for parents, grandparents, and anyone who works with young people. Many adolescents who die from fentanyl are not intentionally seeking fentanyl. They may believe they are taking oxycodone, Xanax, or another familiar-looking medication obtained from a friend, acquaintance, social media contact, or other nonmedical source. A counterfeit pill can look nearly identical to a legitimate prescription medication while containing a potentially fatal amount of fentanyl.

The presence of cannabis in so many adolescent overdose deaths raises another concern. Researchers do not yet know whether plant-derived THC directly increases fentanyl-related respiratory depression. However, cannabis intoxication may impair judgment or make it more difficult to recognize that someone is experiencing a life-threatening opioid overdose.

An opioid overdose can sometimes look like a person is simply asleep. Slow, irregular, or absent breathing, inability to wake the person, or unusual snoring or gurgling sounds can indicate a medical emergency. In a fentanyl overdose, minutes matter. Someone who is intoxicated may underestimate the danger, delay calling 911, or assume the person can “sleep it off.”

Earlier CDC research reported that about two-thirds of adolescent overdose deaths had a potential bystander present, yet in most cases no bystander response was documented. Naloxone, the opioid overdose reversal medication commonly known by the brand name Narcan, was documented as being administered in only 30.3% of the deaths studied. Having naloxone available and knowing how to use it can save a life.

Alcohol deserves attention as well. Unlike cannabis, alcohol is a central nervous system depressant and can add to the sedation and respiratory depression caused by opioids. That makes conversations about polysubstance use especially important. A teenager may not think of alcohol, cannabis, or a borrowed pill as connected risks, but combinations of substances can make an already dangerous situation even harder to recognize and respond to.

The larger lesson here is that teen substance use should not be viewed in isolation. Cannabis, alcohol, vaping, prescription drug misuse, and experimentation with street pills may overlap. When a young person is using one substance, that can be an opportunity for a calm, direct conversation about what else they or their friends may be encountering.

Families should make one message especially clear: any pill that was not prescribed to that individual and dispensed by a licensed pharmacy should be treated as potentially counterfeit. A pill that looks legitimate may still contain fentanyl.

Drug education works best before an emergency occurs. Talk with young people about counterfeit pills, fentanyl, cannabis, alcohol, and the risks of mixing substances. Ask where pills or vape cartridges are coming from. Make sure they understand that calling 911 during an overdose is not an overreaction. If naloxone is available in your home, learn how to use it and make sure other family members know where it is kept.

Awareness, honest conversations, and rapid action in an emergency can make the difference between a close call and a tragedy.



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