Examination of New Mexico Residents who Consume Cannabis: A Replication Study

Prepared by:

Cannabis Public Policy Consulting

June 30, 2025

NMHealth
CENTER FOR MEDICAL CANNABIS & PSILOCYBIN

CANNABIS PUBLIC POLICY CONSULTING

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Executive Summary

This report details the methods and results of a two-timepoint research study commissioned by the New Mexico Department of Health and conducted by Cannabis Public Policy Consulting between March and May 2025. The goals of this research study were threefold. First, this study intended to capture general population patterns of cannabis use and medical cannabis patient experiences in New Mexico. Second, this study aimed to assess prevalence and exploratory outcomes associated with the intentional use of cannabis as a replacement for other substances among people who exhibit substance use behaviors which may be potentially risky, as a replication of our 2024 survey study (please refer to section 9). Finally, exploratory investigations regarding the prevalence of psilocybin use in New Mexico and outcomes associated with its use as a replacement for other substances were also included as topics of interest (please refer to section 10). This is the New Mexico Department of Health's fifth annual survey of medical cannabis patients and individuals who consume cannabis in New Mexico. The present report builds on findings from previous survey issuances, and relevant comparisons to past surveys are included throughout the report. Findings from this study are projected to inform policy efforts and offer critical insights to patients, healthcare providers, and public health professionals.

Main findings from the current survey study are presented below. These findings are more thoroughly described throughout the document.

General Population Findings

- Overall, the findings from the present survey closely mirror those of previous survey administrations, indicative of strong consistency and validity of our measures, as well as stable patterns of substance use behaviors among New Mexico residents who use cannabis.
- Tetrahydrocannabinol (THC) is the widely preferred cannabinoid type among participants who consume cannabis. Even among those who consume "alternative" cannabinoids, most prefer their cannabis to be THC dominant or to include only THC.

- Most participants in this sample include people who consume multiple substances, such that they have consumed cannabis and at least one additional substance (primarily alcohol and tobacco) in the past month.
- Consistent with the 2023 and 2024 surveys, the cost of cannabis remains the most frequently reported barrier impacting one's access to cannabis; however, participants appear to be generally satisfied with their experiences accessing cannabis in New Mexico.
- Fewer participants utilize a sober, designated driver after consuming cannabis compared to alcohol, emphasizing the need for greater awareness and understanding of the impairments associated with cannabis intoxication.
- Twenty-nine percent of participants intentionally use cannabis for the purpose of reducing, replacing, or stopping the use of another substance. Participants most often use cannabis to replace alcohol, tobacco, and sleep medication.
- Participants who use cannabis to reduce, replace, or stop other substances reported more inconsistent adherence to their prescription medications than those who do not use cannabis for this purpose.

Registered Medical Cannabis Patients

- Since the 2023 survey, medical patients have consistently reported experiencing reduced stigma associated with their cannabis use, potentially reflecting increased accessibility and social acceptability of cannabis due to the legalization and development of the medical and adult-use cannabis markets.
- Medical patients were more likely to report they have had discussions with a medical professional about important cannabis safety topics and concerns, highlighting a notable benefit of involvement in the Medical Cannabis Program.
- Many patients reported adjusting their medical cannabis use—such as by taking breaks, gradually increasing their dose over time, or alternating days of use—to maintain its effectiveness. Those who took breaks or alternated days of use were more likely to perceive improvements for various symptoms (e.g., post-traumatic stress disorder [PTSD], headaches, dizziness, depression), offering preliminary evidence that such adjustments may enhance perceived therapeutic benefits of cannabis.
- Patients most commonly use cannabis for mental health purposes (anxiety and depression), sleep concerns, and pain, regardless of whether this use was recommended by a medical provider.

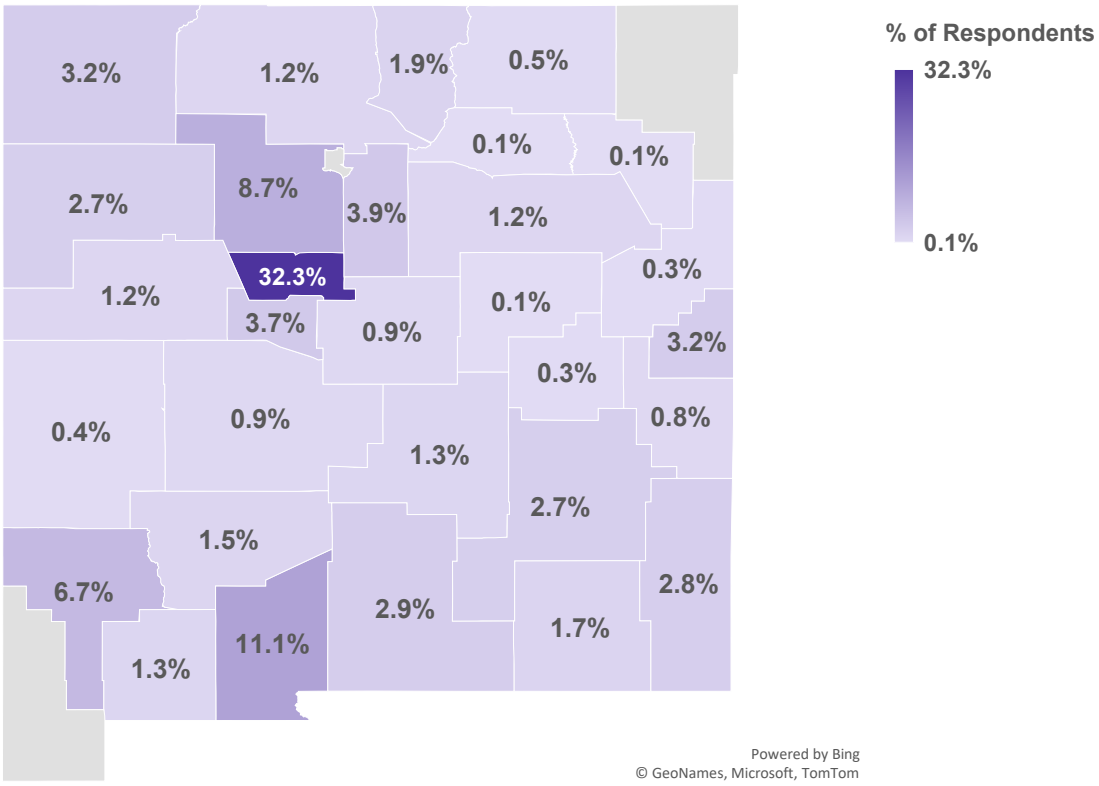
- Consistent with previous surveys, patients reported high levels of satisfaction with the medical cannabis dispensaries in New Mexico, specifically for the quality, variety, THC potency, and the supply/stock of medical cannabis available to them.
- Despite concerns surrounding the legalization of adult-use cannabis in New Mexico, most (84%) patients in this sample indicated they intend to remain in the Medical Cannabis Program when their card is due for renewal.
- Compared to nonpatients, medical cannabis patients were more likely, on average, to report consuming cannabis for the purpose of reducing, replacing, or stopping the use of another substance. These findings align with the extant literature on common medicinal uses of cannabis.

Section 1. Research Design

To qualify for participation in this study, respondents must have reported currently residing in New Mexico and consuming cannabis within the past year. A total of 748 respondents met all qualifying criteria to participate in this study and completed the full survey.

Figure 1 displays the geographic distributions of participants by county. The percentage of survey participants residing in each county is almost perfectly correlated with the percentage of actual New Mexico residents in each county (r = .97), which suggests our recruitment of New Mexico residents is geographically consistent with actual county populations in the state. Demographic characteristics between the survey sample and the population of New Mexico matched by 93%, as shown in table 1. Together, these correlations strengthen our confidence the findings shown in the report are likely to accurately reflect trends in New Mexico.

Figure 1. Geographic Distribution of Survey Respondents in New Mexico.



Section 2. Survey Participant Demographics

2.1 Demographic Information

Table 1. Demographic Distributions.

	Survey (N = 748)	New Mexico
Age (Median)	39	39
Race		
American Indian, Native American, or Alaska Native	10.6%	11.4%
Asian	0.8%	2.0%
Black or African American	5.3%	2.8%
White	78.9%	80.7%
Native Hawaiian or other Pacific Islander	0.4%	0.2%
Multi-race	4.0%	2.8%
Gender Identity		
Male	39.0%	49.7%
Female	58.7%	50.3%
Transgender man/trans man/female-to-male (FTM)	0.4%	--
Transgender woman/trans woman/male-to-female (MTF)	0.5%	--
Nonbinary	1.0%	--
Agender	0.1%	--
Decline to answer	0.4%	--
Family Income (Median)	$35,000	$62,125
High School Degree or Higher	93.3%	87.7%

Key demographic characteristics of the survey respondents and the general New Mexico population reported by the U.S. Census Bureau are shown in table 1.[1] Most of the survey respondents were White (78.9%) and female (58.7%). Median age of the survey sample paralleled the actual New Mexico population. Total household income was lower in our sample compared to the census.

Not listed in table 1: Among the total sample, 15% of respondents indicated they currently reside on Native American Tribal, pueblo, or sovereign land in New Mexico. Nine percent indicated they have served in the U.S. Armed Forces, military reserves, or National Guard. On average, respondents reported there were three individuals residing in their household and 51% reported having one or more children under the age of 18 living in their household. Eighty-eight percent of respondents had active health insurance at the time of taking this survey.

[1] U.S. Census Bureau. (n.d.). *QuickFacts New Mexico*. U.S. Department of Commerce. Retrieved May 13, 2025, from https://www.census.gov/quickfacts/fact/table/NM/PST045223

Section 3. General Population Findings on Cannabis Consumption and Polysubstance Use

3.1. Cannabis Use and Prevalence

To qualify for participation in this study, respondents must have reported consuming cannabis in the past year. Among the full sample of individuals who have consumed cannabis in the past year, 85.5% of participants reported consuming cannabis at least on a monthly basis, and 45.6% consumed cannabis daily or almost every day. Importantly, these data are not intended to provide an estimate of cannabis consumption prevalence among the general population of New Mexico, as our sample contains exclusively individuals who consumed cannabis in the past year.

Figure 2. Cannabis Use Frequency Among Respondents.

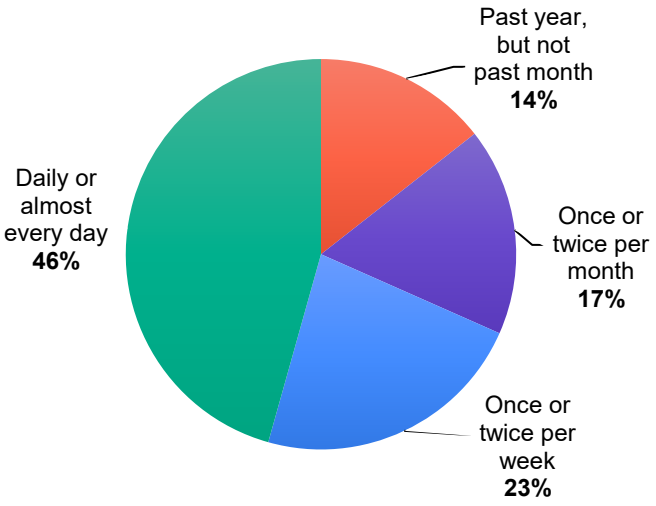


Table 2 summarizes general cannabis consumption patterns among those who reported consuming each respective cannabis product at least once within the past month. Flower products appear to be the most frequently consumed product, with those consuming flower products in the past month reporting an average of 15 days of use within the past month. Those consuming vape products within the past month reported an average of 13 days of use, followed by 10 days for concentrate products and 9 days for edible products. Number of days of product use are not exclusive, such that participants may have consumed different product types on the

same day. These data parallel findings from the 2024 and 2023 survey studies. Reported past-month days of use for tinctures and topicals slightly increased in the present sample when compared to the 2024 survey, as participants used tincture products an average of 9 days and topical products an average of 10 days in the past month (compared to 7 and 8 days from the 2024 survey). Among those who consumed flower, vape, and concentrate products, participants in this sample typically consumed cannabis containing 25–30% THC and 10–15% cannabidiol (CBD). Among those who consumed edible and tincture products, participants typically consumed 10–20 mg/THC per dose or serving. Participants reported consuming cannabis three times per day, on average.

Few participants overall choose to consume cannabis products containing cannabinoids other than THC and/or CBD. When examining prevalence of use for these "alternative" cannabinoids, tetrahydrocannabinolic acid (THCA) was most frequently consumed among participants (19%), followed by tetrahydrocannabivarin (THCV) (13%), cannabichromene (CBC) (13%), cannabigerol (CBG) (12%), and cannabinol (CBN) (12%). Most participants (42%), even those who consume alternative cannabinoids, prefer their cannabis to be THC dominant. Many (20%) prefer their cannabis products to include only THC, whereas others (14%) prefer their cannabis products to contain an equal ratio of THC to CBD (1:1 ratio of THC to CBD). Medical patients in the sample reported more preference for consuming THC-dominant products (e.g., 2:1 ratio of THC to CBD), whereas nonpatients preferred products to contain only THC.

Table 2. Consumption Patterns (Days in the Past Month) Among Past-Month Cannabis Respondents in New Mexico, Separated by Survey Administration Year.

	Smoke (Flower)	Edibles	Vape	Concentrates
New Mexico survey sample (2025)	15 days	9 days	13 days	10 days
New Mexico survey sample (2024)	15 days	8 days	12 days	11 days
New Mexico survey sample (2023)	17 days	10 days	11 days	11 days

Table 3. Past-Month Consumption Patterns Among Those Who Consume Cannabis in New Mexico, Presented in Means.

Typical Product THC Potency (Flower, Concentrate, Vape Products)	Typical Product CBD Potency (Flower, Concentrate, Vape Products)	Typical mg/THC Consumed per Dose/Serving (Edible and Tincture Products)	Average Use Occasions per Day
25–30%	10–15%	10–20 mg/THC	3 times per day

Figure 3. Average THC Potency Among Those Who Consumed Cannabis in the Past Year.

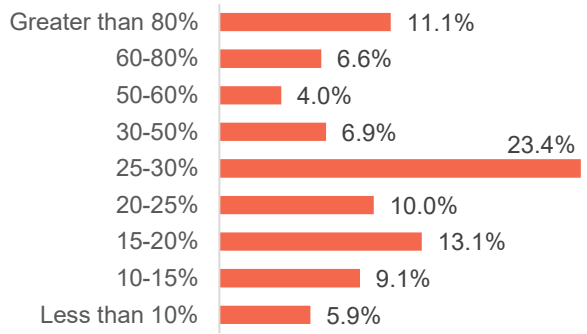


Figure 4. Average CBD Potency Among Those Who Consumed Cannabis in the Past Year.

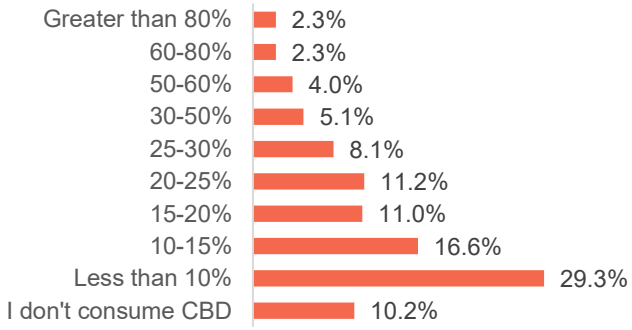


Table 4. Average Cannabis Consumption Patterns Among Participants Who Consume Cannabis on a Daily, Weekly, and Monthly Basis.

	Daily or Almost Daily Consumption	Once or Twice per Week Consumption	Once or Twice per Month Consumption
Average days of use in the past month, per method			
Flower* **	21	11	5
Edibles* **	11	9	2
Vape* **	16	11	6
Concentrates **	12	9	7
Average grams consumed per day, per method			
Flower **	2.6	1.8	1.3
Edibles*	2.0	1.7	1.1
Vape **	2.1	2.1	1.2
Concentrates	1.9	1.7	1.3
Average times of use per day			
Times per day **	4.2	2.4	1.9
Cannabis potency (Flower, vape, and concentrate products)			
THC potency (median) **	25–30%	20–25%	20–25%
CBD potency (median) **	10–15%	15–20%	10–15%
Milligrams THC (Edible and tincture products)			
mg/THC (median) **	10–20 mg/THC	5–10 mg/THC	5–10 mg/THC

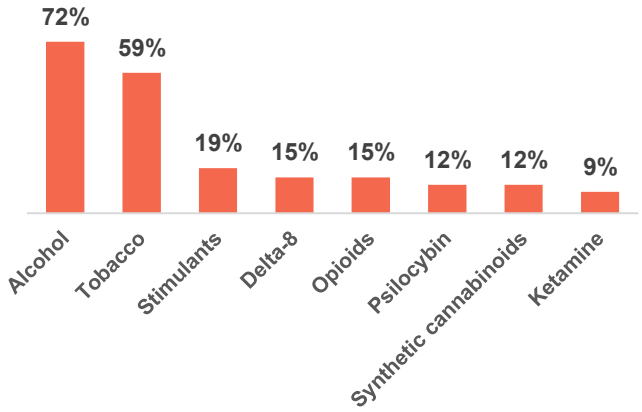
***Statistically significant difference between all three groups ($p < .05$)

**Statistically significant difference between two groups ($p < .05$)

*Statistically significant difference among one group ($p < .05$)

3.2. Polysubstance Use

Figure 5. Percentage of Participants Reporting Other Past-Month Substance Use.



To obtain a holistic perspective of participants' substance use behaviors, participants were asked about their use of substances in addition to cannabis. Aside from cannabis, alcohol and tobacco were the most frequently used substances among participants. Seventy-two percent of respondents have consumed alcohol at least once in the past month, with an average of 10 days of alcohol use among these individuals. Fifty-nine percent of participants used tobacco products in the past month, with an average of 20 days of past-month tobacco use. Participants who used tobacco in the past month reported using tobacco products a median of five times per day. Higher frequency of past-month tobacco use was associated with more frequent daily tobacco use episodes (r = .48, p < .001).

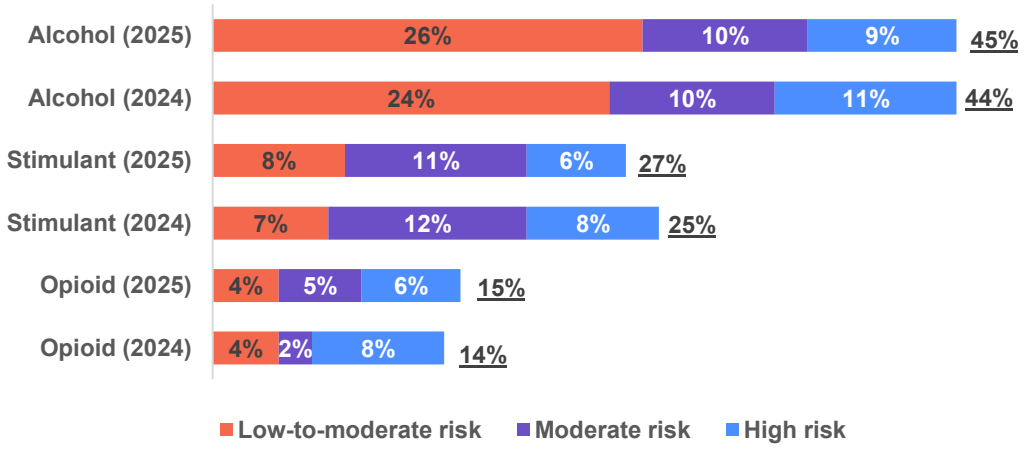
3.3. Substance Use Behaviors Which May Be Considered Problematic

A modified version of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST-Lite) was used to screen for substance use behaviors which may be considered risky among all participants in this sample. The ASSIST is a World Health Organization-endorsed framework used to identify risk of substance use disorders among the general population.[2] This screening tool assesses substance use behaviors within the past 3 months. Scores are separated into risk behavior categories, including low risk, moderate risk, and high risk. Although the full ASSIST scale includes many legal and illicit substances, we only included questions about the use of alcohol, stimulants, and opioids for the purpose of this study. As presented in figure 6, 45% of participants screened for potentially risky alcohol use: 26% qualified for low-to-moderate alcohol risk behaviors, 10% for moderate alcohol risk behaviors, and 9% for high alcohol risk behaviors. Potentially risky stimulant use was indicated for 25% of all participants: 8% qualified for low-to-moderate stimulant risk behaviors, 11% for moderate stimulant risk behaviors, and 6% for high stimulant risk behaviors. Potentially risky opioid use

[2] Stevens, M. W. R., Harland, J., Alfred, S., & Ali, R. L. (2022). Substance use in the emergency department: Screening for risky drug use, using the ASSIST-Lite. *Drug and Alcohol Review, 41*(7), 1565–1576. https://doi.org/10.1111/dar.13513

was indicated for 15% of all participants: 4% qualified for low-to-moderate opioid risk behaviors, 5% for moderate opioid risk behaviors, and 6% for high opioid risk behaviors. These findings are nearly identical to those from the 2024 survey study, indicating general stability in substance use patterns among New Mexico residents who consume cannabis and high validity of the ASSIST-Lite scale.

Figure 6. Percentage of the Total Sample Qualifying for Alcohol, Stimulant, or Opioid Use Which May Be Considered Risky, Separated by Survey Year.



Section 3 Summary

- All participants in this survey reported past-year cannabis consumption as a function of survey inclusion criteria. Among the full sample, around 86% of participants reported consuming cannabis at least monthly and 46% of the full sample consumed on a daily basis.
- Flower was consistently the most frequently consumed cannabis product type, with participants reporting an average of 15 days of use in the past month.
- On average, participants report consuming cannabis with a potency of 25–30% THC and 10–15% CBD.
- THC is the preferred cannabinoid type. Even among those who consume "alternative" cannabinoids, most participants prefer their cannabis to be THC dominant (42%), to include only THC (20%), or to contain an equal ratio of THC to CBD (14%).
- Those who consume more frequently (e.g., daily) generally report consuming more grams of cannabis per day, more use occasions per day, and using products with a higher THC potency than those who consume less frequently.
- Alcohol and tobacco were the most common substances used in addition to cannabis.
- Over 40% of the sample qualified for potentially risky alcohol use behaviors, 25% for potentially risky stimulant use behaviors, and 15% for potentially risky opioid use behaviors.
    - These findings are parallel to findings from the 2024 survey, indicative of stability in substance use behaviors among people who consume cannabis in New Mexico and validity of the ASSIST-Lite scale.

Section 4. Registered Medical Cannabis Patients

4.1 Patient Characteristics and Consumption Patterns

In this sample, 32.4% of respondents indicated they are a registered medical cannabis patient in New Mexico. Findings presented in section 4 of this report focus solely on data from registered medical cannabis patients (n = 242), unless otherwise specified. This sample includes both newly enrolled and long-term patients, with 46% reporting enrollment in the Medical Cannabis

Program within the past 12 months, 29% who have been enrolled for 1–3 years, and 25% enrolled for more than 3 years.

Among all medical cannabis registry patients in this sample, 33.9% reported their cannabis use is exclusively for medicinal purposes. We observe a trend in the decline of cannabis use exclusively for medicinal purposes across our surveys since 2023: 42.2% of medical patients reported using cannabis exclusively for medicinal purposes in 2023, compared to 38.8% in 2024, and 33.9% in 2025. Patients also appear to be increasingly consuming cannabis for a combination of purposes, with 59.5% consuming cannabis for both recreational and medicinal purposes, compared to 56.9% in 2024. These trends reflect the timeline of legalization and ongoing maturation of the adult-use cannabis market in New Mexico and are consistent with extant literature indicating most people who consume cannabis use cannabis for a combination of medicinal and recreational purposes.[3]

Table 5. Reported Purposes for Cannabis Use Among Medical Cannabis Patients.

Purpose for Use	% (2025)	% (2024)	% (2023)
100% medical	33.9%	38.8%	42.2%
75% medical, 25% recreational	21.9%	21.6%	19.8%
50% medical use, 50% recreational	29.3%	25.6%	18.8%
25% medical use, 75% recreational	8.3%	9.7%	7.3%
100% recreational	6.6%	4.4%	12%

[3] Gelberg, L., Beck, D., Koerber, J., Akabike, W. N., Dardick, L., Lin, C., Shoptaw, S., & Javanbakht, M. (2024). Cannabis use reported by patients receiving primary care in a large health system. *JAMA network open*, *7*(6), e2414809. https://doi.org/10.1001/jamanetworkopen.2024.14809

Medical cannabis patients in this sample reported more frequent cannabis use compared to nonpatients, with 94% consuming cannabis at least on a monthly basis, and 55% consuming cannabis daily or almost every day. Patients indicated consuming cannabis a median of three times per day.

Figure 7. Past-Month Cannabis Consumption Among Medical Cannabis Patients.

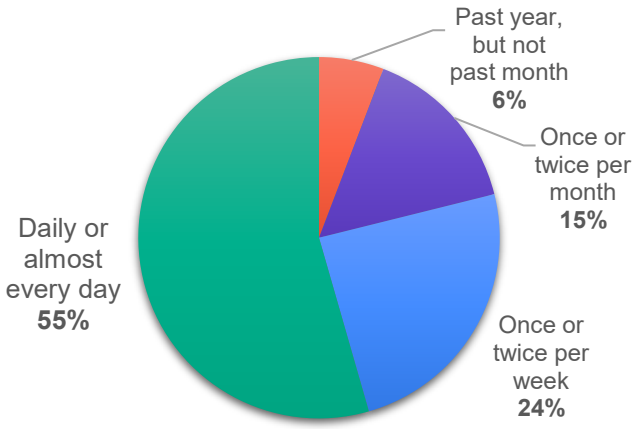


Table 6 summarizes general cannabis consumption patterns among medical cannabis patients who reported consuming each respective cannabis product at least once within the past month. Flower products appear to be the most favored method of consumption, with those consuming flower products in the past month reporting an average of 16 days of use within the past month. Those consuming vape products within the past month reported an average of 14 days of use, followed by 11 days for concentrate products and 11 days for edible products. Patients used tincture and topical products significantly more frequently compared to nonpatients (11 days each vs. 7 and 9 days, respectively), which makes sense given the typical medicinal uses for these products.

Table 6. Past-Month Cannabis Consumption Patterns Among Medical Cannabis Patients.

	Smoke (Flower)	Edibles	Vape	Concentrates
Medical Patients (2025 Survey)	16 days	11 days	14 days	11 days
Medical Patients (2024 Survey)	14 days	9 days	11 days	10 days

4.2. Cannabis Usage Preferences

To further assess cannabis product preferences among the medical cannabis patient population, questions inquiring about preferred strain, potency, dose, cannabinoids, and

reasons for product preferences were included in this survey. Patients were asked whether they choose to use a specific cannabis strain (e.g., sativa, indica, hybrid) when consuming cannabis for medicinal purposes. Cannabis strain appears to be personal preference, as no trends in the data were observed. Nearly one-quarter (24%) reported no strain preference, 30% preferred indica strain, 21% preferred sativa strain, and 26% preferred hybrid strains of cannabis. Those who consume cannabis for a medicinal purpose but are not enrolled in the Medical Cannabis Program were more likely to report they do not have any strain preference compared to those enrolled in the program.

Similar to the 2024 survey, a sizeable number of patients (60%) reported intentional use of high-THC-potency cannabis for a medicinal purpose in the present survey sample.[4] Only 21% do not use high-potency cannabis for any purpose. Among participants who reported consuming cannabis for a medicinal purpose but are not enrolled in the Medical Cannabis Program, 41% reported consuming high-potency cannabis specifically for a medicinal purpose. Given the trends observed between the 2024 and 2025 surveys, additional efforts may be warranted to better inform medical cannabis patients about the potential risks associated with high-potency cannabis products.

Patients were also presented with a question asking about their favorite part of the cannabis product(s) they typically consume for medicinal purposes. Forty percent use their preferred product because it works best for their condition(s) or symptom(s), 17% use their preferred product because of its taste/flavor, 12% use their preferred product because it is simply their preferred method of use, and 12% buy whatever is on sale. These findings are nearly identical to results from the 2024 survey (table 7), indicating consistency in product preferences among patients.

[4] "High-potency cannabis" was defined as any product containing over 35% THC or 20 mg/THC or greater, including any type of vaping or dabbing oil, concentrate, and extract products.

Table 7. Reasons for Preferred Medical Cannabis Product(s), Separated by Survey Administration Year.

	2025 Patient Sample (%, n = 242)	2024 Patient Sample (%, n = 224)
It works the best for my condition(s) or symptom(s)	41%	42%
Taste/flavor	17%	14%
I really like the method of use	12%	12%
I buy whatever is on sale	12%	5%
It is low cost	8%	8%
The serving size works well for me	5%	10%
Packaging looks nice	3%	6%
Other	2%	3%

It is not uncommon for individuals who consume cannabis to adjust their dosage or frequency of use to enhance its effectiveness and minimize unwanted side effects. To explore these behaviors, participants in the present sample were asked whether they modify their cannabis use in various ways to optimize its effectiveness for them. Over half (59%) of the patient sample reported they sometimes take breaks from their medical cannabis use to maintain its effectiveness, 41% gradually increase their cannabis dose over time, and 55% alternate days of medical cannabis use to maintain its effectiveness. Interestingly, patients who reported taking breaks from their medical cannabis or alternate days of use were significantly more likely to report that cannabis has had an improvement on various symptoms (e.g., PTSD, headaches, dizziness, depression) compared to those who do not take breaks/alternate days of use, when controlling for demographic variables and frequency of use. These findings offer preliminary evidence to suggest adjusting the frequency of cannabis use in these ways may be beneficial in terms of maximizing perceived usefulness for specific symptoms. There were correlations in the data such that those who reported increasing their dose over time also reported consuming cannabis products with a lower THC potency and consuming fewer grams of cannabis per month (*rs* = .20–.24, *ps* < .05). These findings are consistent with expectations and strengthen

our confidence in both the accuracy of participant reporting and the validity of the survey measures.

4.3. Enrollment and Provider Perceptions

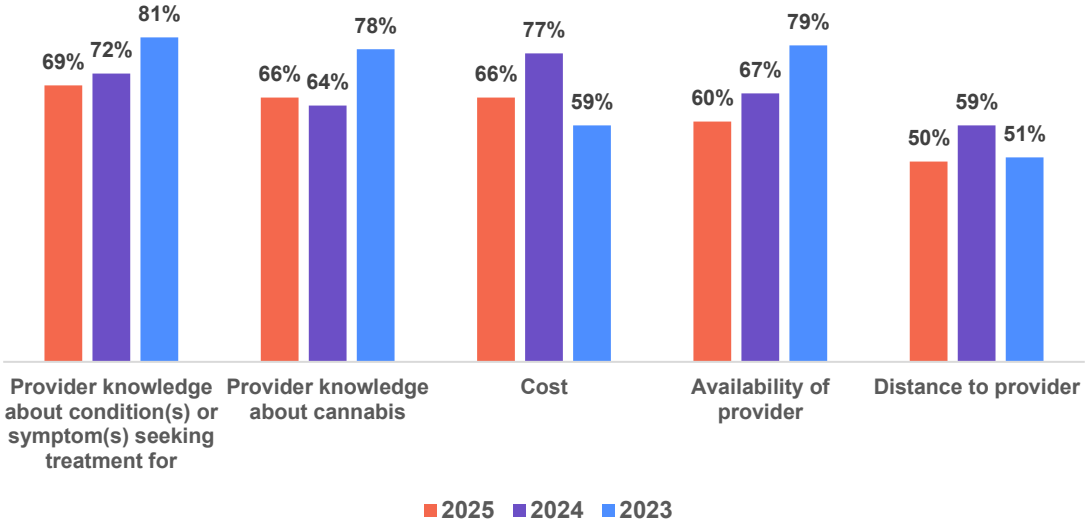
The New Mexico Department of Health is committed to ensuring medical patients have a smooth and positive experience when enrolling in the Medical Cannabis Program and renewing their medical card. Given this priority, questions inquiring about patient experiences with the Medical Cannabis Program have been included across several survey issuances (2023, 2024, and 2025).

Patients who enrolled in the Medical Cannabis Program within the past 12 months (n = 111) were presented with questions inquiring about their enrollment experiences. Only individuals who had recently enrolled in the program were invited to respond to these survey questions, to minimize potential recall bias. Among these participants, when asked how they chose a provider to recommend cannabis to them, 38% spoke with their primary care provider; 24% met with a consultant at a dispensary; 21% received a recommendation for a provider from a friend, patient, social worker or other; 9% spoke with a medical specialist other than their primary care provider; and 7% found a provider through an online search. These findings match data from the 2024 survey. These patients were also asked about the most important factors impacting their decision when choosing a medical professional to provide them with a recommendation for medical cannabis. Provider knowledge was commonly selected among patients, with 69% selecting provider knowledge about the condition(s) or symptom(s) they were seeking treatment for and 66% selecting provider knowledge about cannabis as primary factors influencing their decision when choosing a medical provider. Sixty-six percent of participants endorsed cost as a primary factor, 60% endorsed the availability of the provider, and 50% endorsed distance to the provider as primary factors when selecting a provider.

Figure 8 presents responses to this survey question across the 2023, 2024, and 2025 surveys. Since the 2023 survey, there has been a prioritization of cost, as well as a growing emphasis for the importance of provider knowledge of the specific condition(s) or symptom(s) for which patients are seeking treatment for when choosing a provider. In general, we also observe a slight decline in the endorsements of these factors overall. This may be attributed to sample differences or due to preferences not assessed in the survey. It may also be as the Medical

Cannabis Program continues to mature, patients simply have fewer preferences impacting their likelihood of seeing a medical provider.

Figure 8. Primary Factors Influencing Patients' Decision When Selecting a Provider to Recommend Medical Cannabis, by Survey Year.



Among those who enrolled in the Medical Cannabis Program within the past 12 months, patients reported overall positive experiences with the medical provider who certified them for the program. The majority (77%) agreed or strongly agreed that their provider took their questions and concerns seriously, spent enough time with them (70%), and listened carefully to what they had to say (66%). There were no differences in patient satisfaction with their medical provider across the 2023–2025 surveys. Similarly, patients found the registry enrollment and renewal process to be relatively easy. Provided with a scale of 1 (extremely easy) to 10 (extremely difficult), patients rated the process of finding a medical provider at 4.1 out of 10, on average, the process of enrolling as a medical patient at 3.8 out of 10, and the process of renewing their registry identification card a 3.8 out of 10. These data parallel findings from the 2023 and 2024 surveys, demonstrating most patients find the overall registration process to be easy and have experienced no additional challenges or burdens when finding a medical provider and enrolling or renewing their medical cannabis card in recent years.

4.4. Online Patient Portal

In 2020, the New Mexico Department of Health launched the Online Patient Portal, in which New Mexico residents could choose to enroll in the Medical Cannabis Program or renew their registry identification card virtually. At the time, individuals still had the option to enroll or renew as a medical cannabis patient via paper application. In late 2022, the Department launched virtual Medical Cannabis Program identification cards patients could access online, and, as of April 2023, the Department has transitioned fully to the Online Patient Portal and has discontinued paper applications altogether. Based on the timing of our surveys, we have had the unique opportunity to evaluate patient experiences with the enrollment and renewal process during this transition.

Forty-two percent of medical cannabis patients in the present sample enrolled in the Medical Cannabis Program using the Online Patient Portal, and 28% have used the portal to renew their New Mexico Medical Cannabis card. Thirty percent have never used the portal to enroll or renew their medical cannabis card and have only used the paper applications. Among those who have used the portal to enroll in the Medical Cannabis Program within the past 12 months or renew their registry identification card, patients rated the process of enrolling in the program using the Online Patient Portal as easy, at 3.8 out of 10, and renewing their cannabis registry identification card using the Online Patient Portal as easy, at 4.2 out of 10, when provided a scale of 1 (extremely easy) to 10 (extremely difficult). These findings have remained consistent when compared to the 2024 survey, indicating few, if any, additional challenges patients have experienced with enrolling or renewing their certification using the Online Patient Portal compared to the paper applications.

All medical cannabis patients in New Mexico have access to the Online Patient Portal, regardless of whether they enrolled in the Medical Cannabis Program or renewed their identification card using the portal. To assess general use of the portal, all patients in this sample were asked about their frequency of logging on to the Online Patient Portal for purposes such as reviewing sales history, checking their available units, etc. Twenty-two percent reported logging on within the past year, 23% on a monthly basis, 23% on a weekly basis, 7% on a daily basis, and 24% have never logged on to the Online Patient Portal. Patients' age, income, and recency of enrollment in the Medical Cannabis Program each significantly predicted frequency of logging on to the portal ($p < .05$), such that patients with a lower age, higher income, and

more recent enrollment utilize the portal more frequently. These effects are replicated from the 2024 survey.

4.5. Qualifying and Nonqualifying Conditions

Patients reported the health conditions or symptoms a medical provider recommended they use cannabis for (i.e., qualifying conditions), and the health conditions or symptoms for which they currently use cannabis without a recommendation by a medical provider (i.e., nonqualifying conditions). Please refer to tables 8 and 9 for detailed information. Anxiety disorder (65%) was the most commonly reported qualifying condition in the patient sample, followed by insomnia (55%), and PTSD (48%). Among use for conditions not recommended by a medical provider, sleep (68%), anxiety (59%), pain (53%), and depression (55%) were the most common. Altogether, these findings indicate patients are most commonly using cannabis for mental health purposes (anxiety and depression), sleep concerns, and pain, regardless of whether this use was recommended by a medical provider.

Table 8. Percentage of Sample Reporting Obtaining a Medical Provider's Recommendation for Qualifying Conditions: Registered Patients in 2025, 2024, and 2023.

Condition/Symptom	2025 Patients (%, n = 242)	2024 Patients (%, n = 224)	2023 Patients (%, n = 192)
Anxiety disorder	65%	60%	79%
Insomnia	55%	54%	57%
Post-traumatic stress disorder	48%	41%	62%
Severe chronic pain	41%	42%	41%
Inflammatory autoimmune-mediated arthritis	25%	23%	20%
Autism spectrum disorder	20%	13%	13%
Intractable nausea/vomiting	19%	25%	19%
Damage to the nervous tissue of the spinal cord	18%	17%	22%
Obstructive sleep apnea	17%	16%	17%
Epilepsy/seizure disorder	16%	18%	14%
Opioid use disorder	15%	19%	13%
Painful peripheral neuropathy	15%	20%	15%
Severe anorexia/cachexia	15%	13%	11%
Alzheimer's disease	14%	15%	7%
Cancer	13%	21%	12%
Crohn's disease	12%	18%	10%
Spinal muscular atrophy	12%	17%	11%
Amyotrophic lateral sclerosis (ALS)	12%	14%	7%
Lewy body disease	12%	9%	5%
HIV/AIDS	11%	9%	8%
Ulcerative colitis	11%	14%	9%
Glaucoma	10%	14%	12%
Hospice care	10%	13%	11%
Parkinson's disease	10%	10%	10%
Huntington's disease	10%	10%	8%
Multiple sclerosis	10%	16%	9%
Friedreich's ataxia	10%	7%	7%
Inclusion body myositis	9%	13%	8%
Hepatitis C infection currently receiving antiviral therapy	9%	12%	6%
Spasmodic torticollis (cervical dystonia)	8%	12%	8%

Table 9. Percentage of Sample Reporting Cannabis Use for Conditions Without a Medical Provider's Recommendation: Registered Patients in 2025, 2024, and 2023.

	2025 Patients (%, n = 242)	2024 Patients (%, n = 224)	2023 Patients (%, n = 192)
Sleep	68%	60%	69%
Anxiety	59%	53%	68%
Depression	55%	49%	59%
Pain	53%	59%	59%
Headaches or eye pain	35%	30%	37%
Inflammation	33%	28%	32$
Appetite/weight	29%	24%	34%
Nausea	29%	25%	30%
Reducing alcohol use	28%	25%	25%
Reducing prescription antidepressants	23%	16%	23%
Reducing tobacco use	22%	23%	24%
Reducing other drug use	20%	17%	21%
Spasms	19%	21%	20%
Opioid use disorder treatment	17%	15%	13%
Opioid withdrawal symptoms	17%	15%	10%
Preventing/alleviating opioid withdrawal	15%	12%	13%
Another type of substance use disorder	13%	15%	9%
Skin issues	13%	13%	8%
Other	7%	7%	4%

4.6. Medical Cannabis Dispensary Experiences

Patients reported overall high ratings of satisfaction and low ratings of dissatisfaction with the medical cannabis dispensaries near them. The highest satisfaction ratings were for the quality of medical cannabis, the variety of medical cannabis product types, the THC potency in medical cannabis, and the supply/stock of medical cannabis. The lowest satisfaction ratings were for the CBD potency in the medical cannabis available to them. These findings remain consistent when compared to the 2024 and 2023 surveys,[5] demonstrating stability in patient satisfaction with medical cannabis dispensaries, a notable achievement alongside the maturation of the adult-use cannabis market.

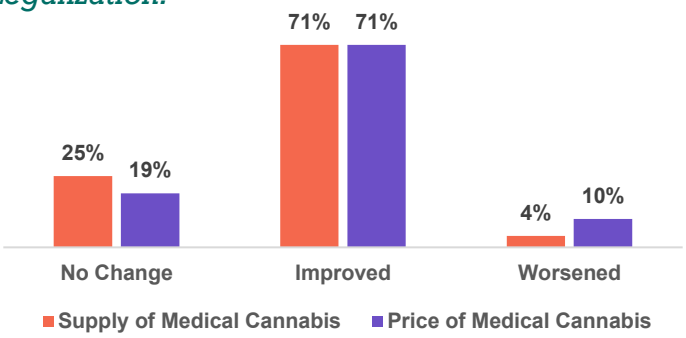
Table 10. Percentage of Patients Reporting Satisfaction with Medical Dispensaries, Separated by Survey Year.

	%; 2025	%; 2024
Quality of medical cannabis	78%	77%
Variety of medical cannabis product types	77%	73%
Supply or stock of medical cannabis product types	75%	68%
THC potency in medical cannabis	75%	72%
Availability of cannabis strains	71%	67%
Pricing of medical cannabis products	69%	62%
CBD potency in medical cannabis	60%	58%

4.7. Adult-Use Cannabis Market

Given the timing of our survey studies in relation to the legalization and sales of adult-use cannabis in New Mexico, we have had the unique opportunity to examine patient attitudes and experiences with the medical cannabis market in relation to adult-use cannabis legalization. Specifically, the New Mexico Department of Health has been

Figure 9. Perceived Impacts to the Medical Cannabis Program Following Adult-Use Cannabis Legalization.



[5] Due to differences in question presentation and content, data from 2023 are excluded from table 10, as we are unable to make direct comparisons between these data to the 2024 and 2025 data. However, most patients (80% to 88%) from the 2023 survey reported satisfaction with the quality, price, and supply/stock of cannabis.

interested to know if medical patients have experienced impacts to the medical market since adult-use legalization, and to what extent patients are utilizing the adult-use market.

Consistent with previous years' studies, participants in the present survey reported positive experiences with the medical cannabis market since the legalization of adult-use cannabis. Most patients reported the legalization of adult-use cannabis has improved the supply (71%) and price (71%) of medical cannabis. Some reported there have been no changes to the supply (25%) and price (19%) of medical cannabis since the legalization of the adult-use market.

Given the ease of accessibility of cannabis due to adult-use legalization, some have raised concerns that patients may be inclined to leave the Medical Cannabis Program. To better understand their intentions, patients were prompted with a series of questions inquiring about their plans to remain in the Medical Cannabis Program. Most (84%; n = 202) plan to remain in the Medical Cannabis Program when their card is due for renewal, 8% (n = 19) do not plan to remain in the program, and 9% (n = 21) were unsure of their plans. Among the patients who plan to renew their card, most reported their primary reason for staying in the Medical Cannabis Program was due to lower costs of medical cannabis (26%; n = 52), benefits associated with interactions with their medical provider (19%; n = 39), preference for the types of cannabis available to medical cannabis patients (16%; n = 33), tax exemption when purchasing medical cannabis products (11%; n = 26), and higher quality of medical cannabis products (12%; n = 24). Among the 8% who do not plan to renew their card, the most common reasons were concerns over purchasing/possessing a firearm (26%, n = 5), the amount of paperwork/administration in the Medical Cannabis Program (16%, n = 3), cost of recertification from a certifying healthcare provider (16%, n = 3), and higher cost of medical cannabis (16%, n = 3). Due to the small sample size, specifically among those who do not plan to remain in the Medical Cannabis Program, these findings should not be overgeneralized to all patients who may intend to leave the program.

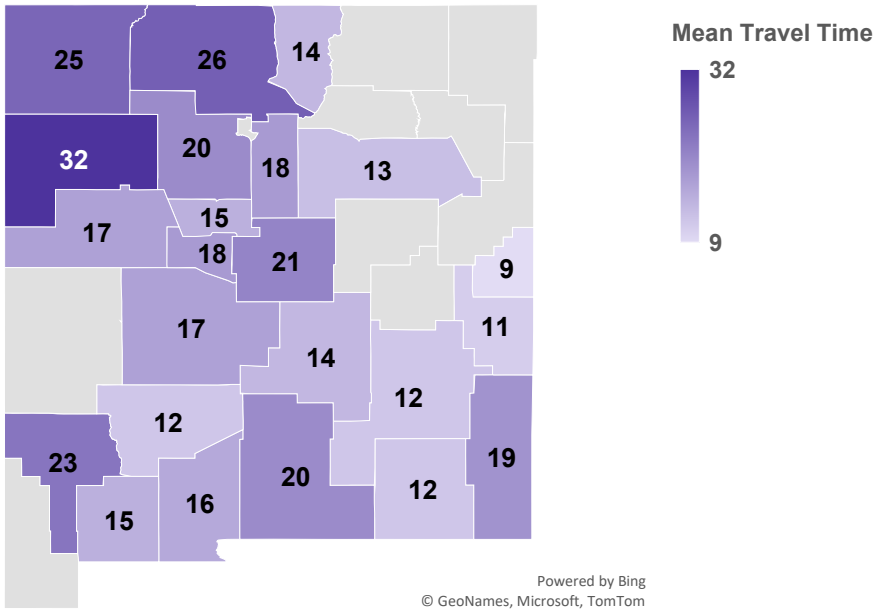
Section 4 Summary

- Sixty percent of medical cannabis patients in this sample reported medicinal and recreational uses for cannabis.
- Patients reported more frequent use of cannabis compared to nonpatients, with nearly half of all medical cannabis patients indicating daily use and a median frequency of three times per day.
- Similar to findings from the 2024 survey, a sizeable number of patients (60%) reported intentional use of high-potency THC for medicinal use. This replication of findings is indicative of a potential need to inform patients about the risks associated with high-potency cannabis products.
- Many patients reported adjusting their medical cannabis use—such as by taking breaks, gradually increasing their dose over time, or alternating days of use—to maintain its effectiveness. Those who took breaks or alternated days of use were more likely to report perceived improvements for various symptoms (e.g., PTSD, headaches, dizziness, depression), offering preliminary evidence that such adjustments may enhance perceived therapeutic benefits of cannabis.
- Since the 2023 survey, there has been a growing emphasis on the importance of cost and provider knowledge when considering factors influencing a patient's decision when choosing a medical professional to provide them with a medical cannabis recommendation.
- Patients most commonly consume cannabis for mental health purposes (anxiety and depression), sleep concerns, and pain, regardless of whether this use was recommended by a medical provider.
- Consistent with the 2024 survey, patients reported high levels of satisfaction with the medical cannabis dispensaries near them, specifically for the quality, variety, THC potency, and the supply/stock of medical cannabis available to them.
- Despite concerns that patients may be inclined to leave the Medical Cannabis Program since the legalization of adult-use cannabis in New Mexico, most (84%) patients in this sample indicated they intend to remain in the program when their card is due for renewal.
- Patients identified several key benefits of participation in the Medical Cannabis Program, including lower costs of medical cannabis, benefits associated with interactions with their medical provider, access to preferred product types, tax exemptions, and high-quality medical cannabis products.

Section 5. Access and Transportation

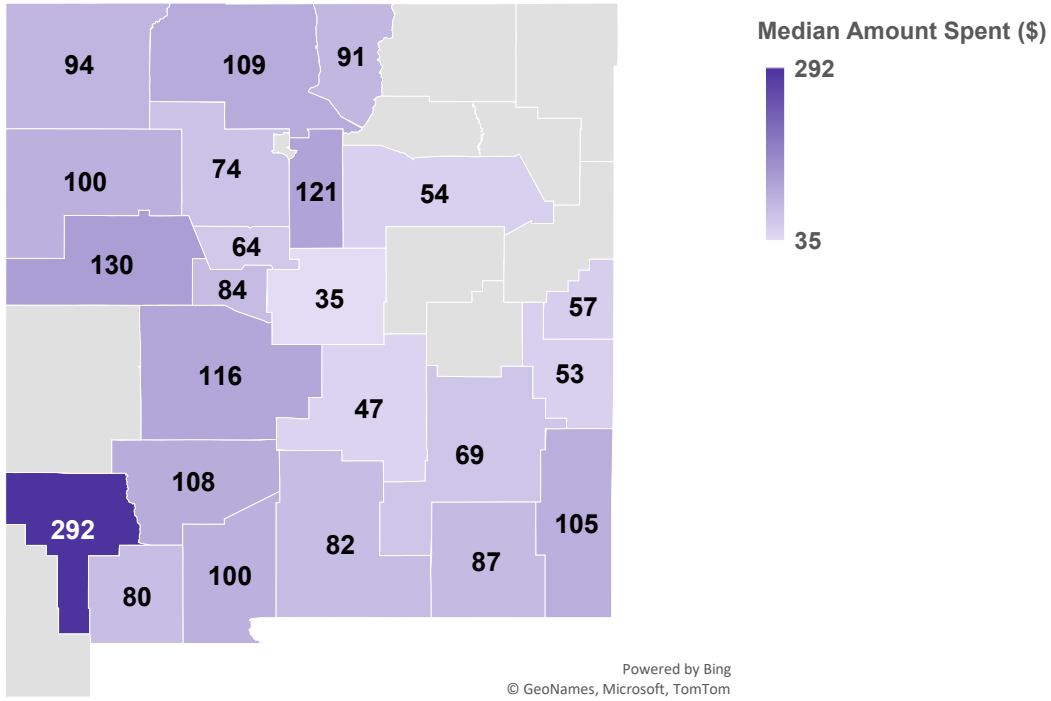
Sections 5–8 of this report include data from the full sample of participants (i.e., both medical patients and nonpatients); however, data will be separated by patient status to provide relevant comparisons as needed. Participants indicated it takes them a median of 12 minutes (one way) to travel to purchase cannabis, and nearly 75% of participants can purchase cannabis within a 20-minute distance. Similar to findings from the 2024 survey, medical patients in the present sample reported a higher travel time on average (22 minutes) compared to nonpatients (16 minutes). These differences were statistically significant ($p < .001$). Figure 10 displays the average travel time per county in New Mexico with five or more participants. Travel times in the east and southeast portions of the state are lower than in the northwest. Participants in McKinley County (32 minutes), Rio Arriba County (26 minutes), and San Juan County (25 minutes) reported the highest average travel times to a dispensary. Participants in Curry County (9 minutes), Roosevelt County (11 minutes), Chaves County, Eddy County, and Sierra County (12 minutes, each) reported the lowest travel times to a dispensary.

Figure 10. Reported Travel Time (in Minutes) to a Dispensary per County, Among Counties with Five or More Respondents.



Participants who consumed cannabis in the past year reported spending a median of $96 on cannabis within the past month, which is lower than the 2024 and 2023 surveys, in which participants spent $104 and $150, respectively, on cannabis in the past month. As one would expect, participants who consumed more cannabis per day (in grams) were more likely to report spending more money on cannabis in the past month, as well as those who reported higher household income. When comparing mean spending between medical patients and nonpatients, medical patients reported spending a significantly higher amount on cannabis within the past month compared to nonpatients (mean = $230 and $129, respectively). This finding is understandable considering medical patients also report consuming more grams of cannabis per month. As shown in figure 11, participants in Grant, Cibola, Santa Fe, and Socorro counties reported spending the most (median) on cannabis within the past month.

Figure 11. Dollars Spent (Median) in the Past Month per County, Among Counties with Five or More Respondents.



Seventy percent of medical patients in the present sample reported experiencing at least one barrier to access cannabis in the past year, which is significantly higher than nonpatients (57%). Similar to previous survey years, the cost of cannabis products was most frequently endorsed

as a barrier among all participants. Crowded dispensaries and/or long lines at dispensaries and a lack of supply or stock of cannabis were also frequently endorsed as barriers among patients (33% and 32%, respectively). Among nonpatients, a lack of transportation options and a lack of supply or stock of cannabis were the next most frequently endorsed barriers (19% and 18%, respectively). Although the proportion of the patient sample who selected one or more barriers may be cause for concern, aside from ratings for cost as a barrier, only around one-third to one-quarter of the patient sample selected any given barrier.

We generally observe trends in the data such that the number of participants reporting one or more barriers has declined since 2023, most notably among the nonpatient sample. Among the patient sample, the reporting of barriers including stigma associated with cannabis use and the cost of cannabis products has declined since 2023, whereas reporting of crowded dispensaries and/or long lines at dispensaries and a lack of nearby dispensaries has increased. Among nonpatients, we observe a decline in the reporting of each barrier since 2023, potentially attributable to the maturation of the adult-use cannabis market.

Table 11. Percentage of Participants Reporting Barriers When Accessing Cannabis; Separated by Survey Year.

	Medical Cannabis Patients (2025)	Medical Cannabis Patients (2024)	Medical Cannabis Patients (2023)	Nonpatients (2025)	Nonpatients (2024)	Nonpatients (2023)
Cost of cannabis products	51%	56%	59%	45%	47%	63%
Crowded dispensaries and/or long lines at dispensaries	33%	35%	28%	12%	11%	19%
Lack of supply or stock of cannabis	32%	35%	34%	18%	16%	26%
A lack of dispensaries near me	20%	27%	12%	11%	10%	19%
Stigma associated with cannabis use	23%	24%	30%	15%	15%	25%
A lack of transportation options to get to & from a dispensary	26%	21%	25%	19%	16%	32%
% reporting at least one barrier	70%	73%	75%	57%	60%	75%

Section 5 Summary

- Three-quarters of participants can access cannabis within a 20-minute distance.
- Medical patients spend more money on cannabis per month than nonpatients. However, monthly spending on cannabis has consistently declined among patients and nonpatients since 2023.
- Seventy percent of medical patients reported experiencing at least one barrier to access cannabis in the past year. Cost was the most common barrier experienced by all participants in the sample, consistent with data from previous survey years.
- Since the 2023 survey, medical patients have reported experiencing reduced stigma associated with cannabis consumption, potentially reflecting increased accessibility of cannabis due to the legalization and maturation of the medical and adult-use cannabis markets.

Section 6. Purchasing Behavior

Participants in this survey were presented with a series of questions inquiring about details of their most recent transaction when purchasing cannabis from a regulated dispensary. Participants were first prompted to choose when their most recent transaction occurred (within the past week, month, or year; over a year ago; or never) for each cannabis product type (flower, edibles, vape, concentrates). If participants reported their most recent purchase for each given product type occurred within the past month, they were presented with follow-up questions inquiring about the total amount (grams or milligrams), average potency, and amount they paid (in dollars) for the cannabis they purchased in the given transaction.[6] Among all participants, 61% (458) reported purchasing flower cannabis products, 45% (335) purchased concentrate cannabis products, 42% (313) purchased vape cannabis products, and 26% (197) purchased edible products within the past month.

- ***Flower products***. During their most recent transaction of flower cannabis products within the past year, participants reported purchasing a total of 4.8 grams of cannabis with 24% THC potency on average. The average cost of this transaction was $56. Among medical patients, 83% reported their most recent transaction when purchasing flower products was a medical cannabis purchase (i.e., using their medical cannabis card).

- ***Edible products.*** During their most recent transaction of edible cannabis products within the past year, participants reported purchasing nearly three units and/or packages of edible products, totaling 380 mg/THC. The average cost of this transaction was $64. Thirty-one percent of participants purchased gummy edible products, 14% purchased chocolates, 13% purchased candy products, and 11% purchased a beverage product. Among medical patients, 90% reported their most recent transaction when purchasing edible products was a medical cannabis purchase (i.e., using their medical cannabis card).

[6] Questions assessing cannabis potency were presented on a sliding bar format, from 0–100% THC. Only those who reported purchasing concentrate and vape products with 50% THC and greater, or 40% THC and lower for flower products, were included in the analyses. These qualifications were based on typical THC potencies of cannabis products available in regulated dispensaries in New Mexico, as validated by dispensary research.

- ***Vape products***. During their most recent transaction of vape cannabis products within the past year, participants reported purchasing a total of 2.9 grams of cannabis with a 78% THC potency on average. The average cost of this transaction was $88. Among medical patients, 80% reported their most recent transaction when purchasing vape products was a medical cannabis purchase (i.e., using their medical cannabis card).
- ***Concentrate products.*** During their most recent transaction of concentrate cannabis products within the past year, participants reported purchasing a total of 3.8 grams of cannabis with a 78% THC potency on average. The average cost of this transaction was $98. Among medical patients, 86% reported their most recent transaction when purchasing concentrate products was a medical cannabis purchase (i.e., using their medical cannabis card).

Table 12 presents detailed findings from participants' most recent transaction, separated by patient status and survey administration year. Purchasing data from the 2025 and 2024 survey studies are strikingly similar. Participants appear to be making generally similar transactions in terms of the amount purchased, amount spent, and potency of the products they are purchasing. There are notable differences: medical patients in the present sample report (1) spending less on their most recent transaction of flower products compared to data from the 2024 survey and (2) obtaining edible products with greater mg/THC while also reporting lower amount spent. Both patients and nonpatients report obtaining more grams of concentrate products in their most recent transaction in 2025 and have purchased edible products with greater mg/THC. Similar to findings from the 2024 survey, patients in the present sample generally report spending more per transaction, specifically for concentrate, vape, and edible products, compared to nonpatients, despite reporting purchasing similar amounts in that transaction.

Table 12. Details of Participants' Most Recent Cannabis Purchase Within the Past Month, Separated by Medical Patients and Nonpatients.

	Medical patients (2025)	Medical Patients (2024)	Nonpatients (2025)	Nonpatients (2024)
Flower				
Amount (grams)	4.7	4.8	4.8	4.2
Potency	24%	22%	23%	23%
Amount spent	$56	$77	$57	$51
Medical purchase	83%	78%	--	--
Concentrates				
Amount (grams)	3.7	2.7	3.8	2.3
Potency	76%	75%	79%	79%
Amount spent	$107	$105	$93	$75
Medical purchase	86%	90%	--	--
Vape				
Amount (grams)	2.8	2.7	3.0	2.5
Potency	75%	76%	80%	84%
Amount spent	$98	$98	$82	$75
Medical purchase	80%	89%	--	--
Edibles				
Amount (units)	3.1	3.1	3.0	3.1
mg/THC	544	407	421	544
Amount spent	$74	$85	$61	$74
Medical purchase	79%	76%	--	--

Section 6 Summary

- Most (>75%) of medical patients reported their most recent transaction when purchasing cannabis was a medical cannabis purchase (using their medical cannabis card).
- Similar to findings from the 2024 survey, medical patients in the present sample report spending more money on cannabis, on average, in their most recent transaction compared to nonpatients, despite purchasing equivalent amounts of product.

Section 7. Public Health

7.1. Driving Under the Influence of Cannabis

Across our current and prior surveys, we assessed various cannabis use outcomes relevant to public health, including the prevalence of driving under the influence of cannabis and other substances. While most people recognize the dangers of driving under the influence of alcohol, fewer are aware of the impairing effects of cannabis. Acute cannabis intoxication is associated with a range of neurocognitive and psychomotor impairments that negatively impact driving performance. According to existing research, cannabis intoxication decreases reaction time, increases lane weaving, impairs critical-tracking tasks, and increases the risk of being involved in a motor vehicle accident. Driving under the influence of cannabis is an emerging public health concern; therefore, it is essential that those who consume cannabis understand the risks associated with acute cannabis intoxication.

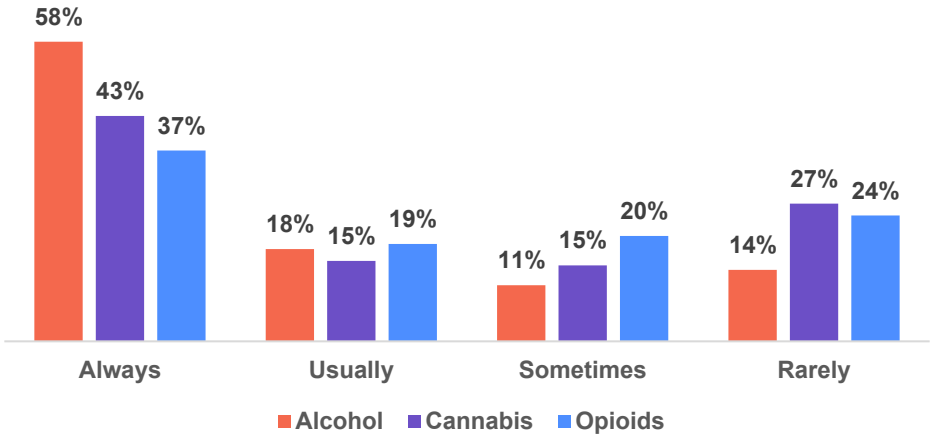
Slightly over one-third (36%) of the full sample reported at least one driving under the influence of cannabis day within the past month. Among those who reported at least 1 driving under the influence of cannabis day, the average number of driving under the influence of cannabis days was 11 days for nonpatients and 9 days for patients. These findings are similar to data from the 2024 survey, in which average reported driving under the influence of cannabis days were 11 days for nonpatients and 7 days for patients. As one would expect, participants who reported more driving under the influence of cannabis days within the past month were significantly more likely to report they can still drive safely despite being heavily intoxicated after consuming cannabis. These individuals would benefit from targeted education or messaging campaigns

aimed to provide education about the impairments associated with cannabis intoxication that negatively impact driving performance.

Participants were also asked about their utilization of a designated driver (DD) when under the influence. Among participants who reported consuming a given substance, figure 12 displays the frequency of selecting a DD (e.g., sober friend or family member, Uber, taxi) when knowing they will need to drive within 2 hours of consuming alcohol, cannabis, and opioids. Participants were more likely to report having a DD in place when consuming alcohol compared to any of the other substances, with 58% reporting “always” having a DD in place for alcohol, compared to 43% for cannabis and 37% for opioids. This finding aligns with extant literature suggesting fewer individuals recognize the impairing effects of cannabis on driving abilities compared to alcohol. There were no significant differences in DD utilization when consuming cannabis among medical patients compared to nonpatients.

Participants with higher substance use behavior risk scores (via the ASSIST-Lite scale) were more likely to report rarely using a DD when consuming cannabis, even when controlling for cannabis use frequency, age, gender, driving under the influence of cannabis days, and perception of harm due to driving under the influence of cannabis. Consuming a greater amount of cannabis (grams) in the past month was also related to lower likelihood of using a DD. Interestingly, these findings were not replicated when examining one’s likelihood of utilizing a DD when consuming alcohol among those who qualify for potentially risky alcohol use behaviors or when using opioids among those who qualify for potentially risky opioid use behaviors.

Figure 12. Likelihood of Having a Designated Driver in Place when Consuming Alcohol, Cannabis, and Opioids.

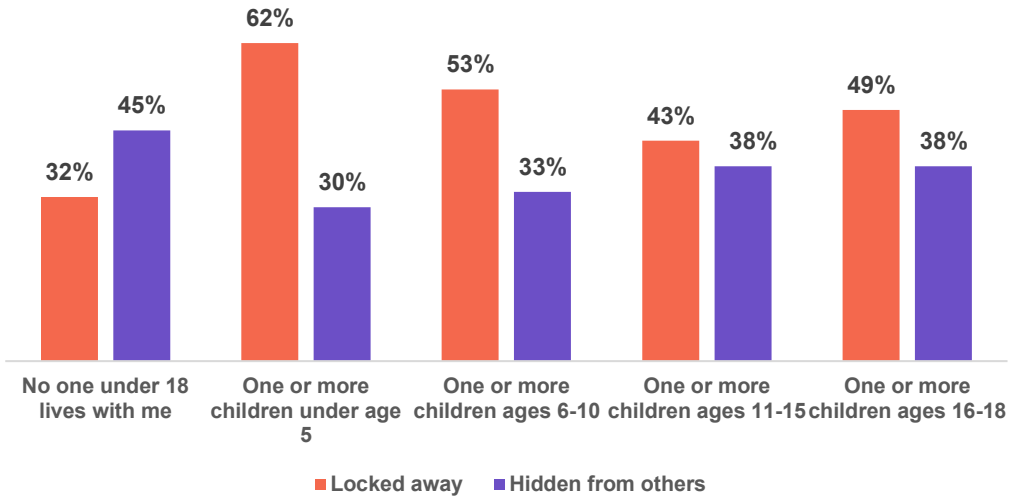


7.2. Cannabis Storage and Use Inside the Home

Cannabis storage and use practices inside the home were assessed in this survey, as well as the 2024 survey. The New Mexico Department of Health prioritizes safety associated with cannabis consumption, which includes the safe storage of cannabis to minimize inadvertent access and secondhand exposure to cannabis among children. When examining these data by patient status, 39% of nonpatients and 41% of patients in this sample store their cannabis in a locked location; 38% of nonpatients and 43% of patients store their cannabis hidden away from others but not locked away; and 17% of nonpatients and 16% of patients store their cannabis in a common area and/or in plain sight. Among participants who keep their cannabis in a locked location, most (51%) keep their cannabis in a lock box, 29% in a locked cabinet or drawer, and 19% in a locked safe.

Presence of children in the household contributed to differences in cannabis storage practices among participants. For example, significantly more participants with at least one child under the age of 18 reported storing their cannabis in a locked location than those without any children in their household. Fifty-one percent of participants with at least one child under the age of 18 in their household keep their cannabis locked away compared to 32% of those without children. Age of the children in the household significantly predicted likelihood of storing cannabis in a locked location, even when controlling for patient status and demographic variables, such that participants with younger children (e.g., under the age of 5) were more likely to keep their cannabis locked away compared to those with older children (e.g., 16–18 years). Although it is optimistic that individuals with young children in the household appear to be more likely to properly store their cannabis in a locked location, there is still a sizeable amount of the sample with children present in the household who do not report locking away their cannabis. Additional reminders, educational opportunities, or lock box availability may be beneficial to improve safe storage practices among New Mexico residents who have children and consume cannabis.

Figure 13. Cannabis Storage Practices Among Those With and Without Children, Separated by Child Age.



7.3. Cannabis Experiences and Perceptions of Use

Participants in this survey were asked about their experiences since starting to consume cannabis. Most participants reported cannabis has improved, or has had no change on, the presented symptoms. Participants most often endorsed improvements for sleep/insomnia, anxiety, and depression. Similar to findings from the 2024 study, participants most commonly endorsed experiencing a worsening of memory or concentration since beginning to consume cannabis compared to all other presented symptoms or experiences. However, this number remained low, with only 15.4% reporting a worsening of memory or concentration. Thirty-five percent of respondents in the present sample reported experiencing a worsening of at

Table 13. Percentage Reporting Changes in Function Since Starting to Consume Cannabis.

	Improved	Worsened	No Change
Anxiety	56.6%	8.7%	34.8%
Memory or concentration	23.9%	15.4%	60.7%
PTSD	38.5%	6.7%	54.8%
Sleep/insomnia	62.0%	3.7%	34.2%
Weight	21.1%	12.0%	66.8%
Headaches	36.6%	5.3%	58.0%
Paranoia	22.3%	11.4%	66.3%
Dizziness	20.6%	7.8%	71.7%
Depression	45.1%	6.3%	48.7%

least one of the presented symptoms or experiences. This is lower than findings from the 2024 and 2023 surveys, in which 48% and 53%, respectively, of participants endorsed the worsening of at least one symptom.

7.4. Medical Provider Interactions

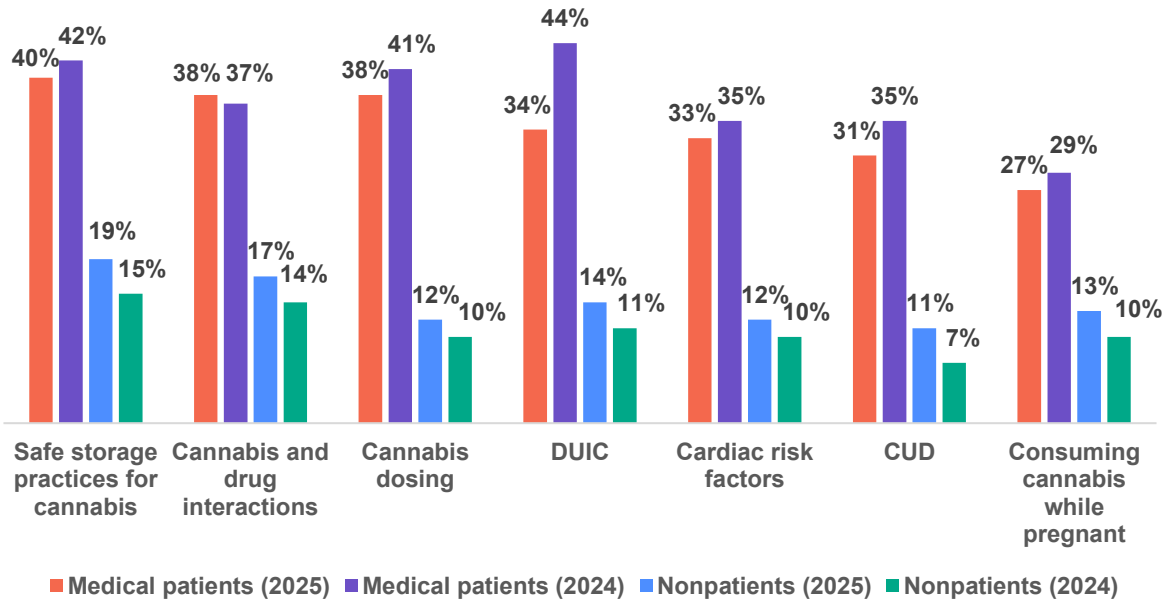
The New Mexico Department of Health greatly values the patient–provider relationship and encourages individuals who consume cannabis to routinely discuss their use with a medical provider. It is imperative medical providers discuss the benefits and risks of harms associated with cannabis, and this relationship necessitates individuals who consume cannabis are also comfortable speaking to medical providers about their use.

To generally assess the comfort level individuals who consume cannabis have with speaking to medical professionals about their use, participants were prompted with a question asking them to rate their comfort level in telling a healthcare provider they use cannabis (1 being not comfortable at all, and 10 being very comfortable). The median response among all participants was 8 out of 10. There were no significant differences when comparing comfort ratings between the present survey to the 2024 (8.5 out of 10) and 2023 surveys (9 out of 10). Additionally, there were no significant differences in comfort ratings between medical patients and nonpatients, a finding replicated from the 2023 and 2024 surveys, indicating comfort speaking to a medical provider about cannabis consumption does not depend on general reasons for use (medicinal versus recreational).

As noted above, it is essential not only that individuals who consume cannabis feel comfortable discussing their use with healthcare providers, but also that medical professionals are equipped to engage in informed, open conversations with patients about cannabis. Participants were presented with several important topics related to cannabis use and were asked if a medical provider has ever spoken with them about these topics. In the present survey, safe storage practices for cannabis, cannabis and drug interactions, and cannabis dosing were most often endorsed among participants as topics medical providers have spoken with them about, whereas conversations about cannabis consumption while pregnant and cannabis use disorder were endorsed less frequently. As is evident in figure 14, medical patients in the present sample more frequently reported having discussions for each topic compared to nonpatients; these effects were statistically significant for each topic ($p < .001$). This finding remains consistent across past survey issuances, further underscoring the benefits of increased provider

engagement resulting from enrollment in the Medical Cannabis Program. We observe a slight decrease in the percentage of patients endorsing having conversations with their medical provider for each topic when comparing these data to 2024. However, these changes were minimal overall. The only statistically significant difference was for driving under the influence of cannabis, in which 34% of medical patients in the present sample endorsed having conversations about driving under the influence of cannabis with a medical provider compared to 44% of medical patients in 2024 ($p < .001$). Based on these data, gaps persist in provider–patient discussions about cannabis use, notably for risks associated with cannabis use disorder, cardiac risk factors, and cannabis consumption while pregnant. These gaps emphasize a need for improved communication and, potentially, additional education for all medical providers regarding cannabis-related risks.

Figure 14. Percentage of Participants Indicating a Medical Provider Has Spoken with Them About the Following Concerns, Separated by Patient Status and Survey Year.



Section 7 Summary

- Prevalence of driving under the influence of cannabis was consistent between the 2024 and 2025 surveys, with participants reporting an average of 11 days among nonpatients and 9 days among patients.
- Participants with more days of driving under the influence of cannabis were more likely to perceive they are able to drive safely despite being heavily intoxicated after cannabis consumption.
- Fewer participants utilize a sober, designated driver after consuming cannabis compared to alcohol, emphasizing the need for greater awareness and understanding of the impairments associated with cannabis intoxication.
- Participants with younger children present in their home were more likely to report storing their cannabis in a locked location compared to those without children or with older children. However, a sizeable number of individuals with children in their household reported improper storage of cannabis.
- Participants who consume cannabis in New Mexico appear to be very comfortable discussing their cannabis use with healthcare providers.
- A notable benefit of involvement in the Medical Cannabis Program is the additional opportunities to discuss cannabis use and safety topics with a medical professional.

Section 8. Cannabis as a Replacement for Other Substances

8.1. Prevalence of Cannabis as a Replacement

With the rise in the medicinal uses of cannabis, there has been an increase in the use of cannabis as a substitution for other prescription and nonprescription substances. Research has shown substituting prescription and nonprescription substances with cannabis is a prevalent motive for cannabis use, especially among medical cannabis patients, and may be effective at reducing the use of other substances.[7] Considering the risks of harm associated with prolonged use or misuse of certain substances, such as opioids, some have argued for the use of

[7] Kvamme, S. L., Pedersen, M. M., Rømer Thomsen, K., & Thylstrup, B. (2021). Exploring the use of cannabis as a substitute for prescription drugs in a convenience sample. *Harm Reduction Journal*, *18*, 1–18. https://doi.org/10.1186/s12954-021-00520-5

cannabis as a means of harm reduction for reducing the use of more problematic substances. Specifically, cannabis has been suggested to be an effective replacement strategy with fewer risks of harm for those with problematic substance use or among those who are at greater risk of developing problematic substance use.[8] [9] [10] Despite such claims, almost all existing studies in this domain have notable flaws. For example, many studies try to investigate this subject using a single survey, rather than surveying the same participants across two or more instances. This methodology fails to pinpoint how trends in using cannabis to replace other substances develop over time and which behaviors precede others. Many studies also fail to recruit participants who meet criteria for problematic use of the substance being replaced by cannabis, which restricts the clinical relevance of the study. Other studies neglect to compare individuals who specifically intend to use cannabis as a replacement for other substance(s) relative to those who consume cannabis but do not have this intention for its use. This factor is critical in determining whether the effort associated with purposefully consuming cannabis for this objective plays a key role in reducing other substance use. By addressing each of these barriers, along with others not mentioned above, research could better clarify whether certain patterns of cannabis use may help reduce or replace the use of other, more harmful substances than cannabis and identify outcomes associated with this purpose for cannabis consumption.

This study aimed to address some of the gaps in the prior research on this topic by investigating the prevalence and efficacy of cannabis use as a replacement for other substances across two timepoints, among those who do and do not intentionally use cannabis for this purpose. Importantly, all data in this study were collected on a self-report basis, and because of this, we are unable to objectively verify the accuracy of participants' responses to these questions. Further research is necessary to evaluate objective changes in substance use among those who consume cannabis as a replacement for other substances. To mitigate potential issues associated with self-report responses, we utilized a relatively short recall timeframe of 1 month. Research has shown the use of shorter recall timeframes (e.g., past 30 days) is associated with better recall accuracy when compared to timeframes beyond 30 days.[11]

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[8] Lucas, P., Walsh, Z., Crosby, K., Callaway, R., Belle-Isle, L., Kay, R., Capler, R., & Holtzman, S. (2016). Substituting cannabis for prescription drugs, alcohol and other substances among medical cannabis patients: The impact of contextual factors. *Drug and Alcohol Review*, *35*(3), 326–333. https://doi.org/10.1111/dar.12323

[9] Reiman, A., Welty, M., & Solomon, P. (2017). Cannabis as a substitute for opioid-based pain medication: Patient self-report. *Cannabis and Cannabinoid Research*, *2*(1), 160–166. https://doi.org/10.1089/can.2017.0012

[10] Lau, N., Sales, P., Averill, S., Murphy, F., Sato, S. O., & Murphy, S. (2015). A safer alternative: Cannabis substitution as harm reduction. *Drug and Alcohol Review*, *34*(6), 654–659. https://doi.org/10.1111/dar.12275

[11] Robinson, S. M., Sobell, L. C., Sobell, M. B., & Leo, G. I. (2014). Reliability of the Timeline Followback for cocaine, cannabis, and cigarette use. *Psychology of Addictive Behaviors*, *28*(1), 154–162. https://doi.org/10.1037/a0030992

To assess prevalence for the use of cannabis as a replacement in this sample, all participants were presented with a question asking, *"Was at least part of why you started using cannabis because you wanted to reduce, replace, or stop the use of another substance?"* with response options of "yes" and "no." Nearly one-third of participants (29%) responded "yes" to this question. These findings mirror the 2024 survey, in which 30% of participants used cannabis to reduce, replace, or stop the use of another substance. These respondents were then presented with follow-up questions inquiring about the number of days within the past month they consumed cannabis for these purposes, and the specific substances they used cannabis to replace. Participants reported consuming cannabis to reduce, replace, or stop the use of another substance half of the days within the past month (14 days on average). Table 14 presents the substances participants reported using cannabis to reduce, replace, or stop. Similar to data from 2024, alcohol was most commonly reported as the substance participants in this sample used cannabis to reduce, replace, or stop (55%). We observe a slight increase in the percentage of participants in this year's sample using cannabis as a replacement for tobacco (48%), and general stability in the percentage of participants using cannabis to replace sleep medication (45%) and antianxiety medication (42%).

Table 14. Substances Participants Reported Using Cannabis to Reduce, Replace, or Stop Within the Past Month, Separated by Survey Administration Year.

Substances	% (2025)	% (2024)
Alcohol	55%	52%
Tobacco	48%	43%
Sleep medication	45%	46%
Antianxiety medication	42%	42%
Opioids/pain medication	40%	46%
Stimulants	39%	34%
Antidepressant medication	34%	36%
Antipsychotic medication	30%	23%
Other	11%	9%

Medical cannabis patients were more likely, on average, to report consuming cannabis for the purpose of reducing, replacing, or stopping the use of another substance; compared to nonpatients, these differences were statistically significant (38% and 25%, respectively; $p < .001$). These findings are to be expected given the associated uses of cannabis for medicinal purposes. No differences were found between the two groups in terms of the number of days within the past month they consumed cannabis for these purposes. More medical patients reported use of cannabis as a replacement for alcohol, tobacco, antidepressant medication, and antipsychotic medication than nonpatients. Participants most often reported using flower cannabis products as a replacement for other substances, followed by edible and vape products. These align with general product preferences among participants.

8.2. Prescription Medication Adherence

In the present survey and the 2024 survey, we inquired about participants' prescription medication use to obtain a general understanding of prescription medication adherence, particularly among those who report using cannabis as a replacement for other substances. Among the general population, it has been estimated that only 50% of individuals fully adhere to their prescription medication treatment, which is cause for concern as those who do not properly adhere to their prescription medication treatment may not receive the full benefits of the treatment.[12] [13] Furthermore, individuals using cannabis for medicinal purposes have been found to be more likely to replace prescription medication with cannabis as opposed to nonprescription medication.[14] We sought to investigate how New Mexico residents who consume cannabis may be using cannabis to replace prescription substances and how use of cannabis for this purpose may impact prescription medication adherence. Importantly, cannabis is not currently approved to replace any prescription medication treatment. We encourage individuals who consume cannabis to adhere to their prescription medication treatment and consult with a medical professional about any substitution and about any other substance or medication use to ensure potential drug interactions and other risks are avoided.

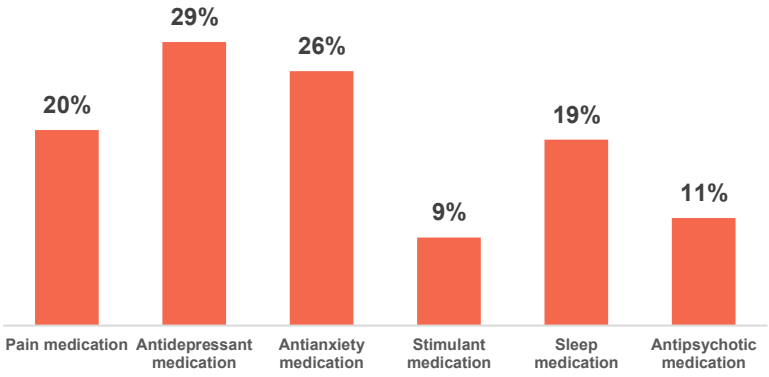
[12] Brown, M. T., & Bussell, J. K. (2011). Medication adherence: WHO cares? *Mayo clinic proceedings, 86*(4), 304–314. https://doi.org/10.4065/mcp.2010.0575

[13] Lehmann, A., Aslani, P., Ahmed, R., Celio, J., Gauchet, A., Bedouch, P., Bugnon, O., Allenet, B., & Schneider, M. P. (2014). Assessing medication adherence: Options to consider. *International Journal of Clinical Pharmacy*, *36*, 55–69. https://doi.org/10.1007/s11096-013-9865-x

[14] Lucas, P., Baron, E. P., & Jikomes, N. (2019). Medical cannabis patterns of use and substitution for opioids & other pharmaceutical drugs, alcohol, tobacco, and illicit substances; Results from a cross-sectional survey of authorized patients. *Harm Reduction Journal*, *16*, 9. https://doi.org/10.1186/s12954-019-0278-6

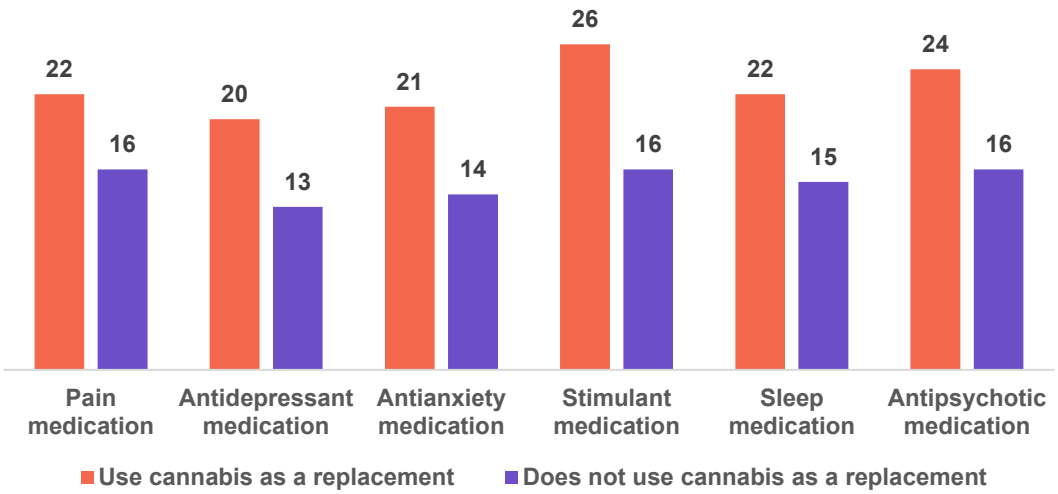
In an effort to evaluate general prescription medication adherence, participants were presented with a question inquiring about the medications they are currently prescribed, from options including pain medication, antidepressant medication, antianxiety medication, stimulant medication, sleep medication, and antipsychotic medication. Among those who indicated they are currently prescribed any of these medications, they were then asked to report the number of days within the past month they used *less than* and *more than* the number of pills they are prescribed, as well as whether they fully stopped their regular, prescribed use of any of these medications within the past month.

Figure 15. Percentage of Full Sample Prescribed Each Respective Medication.



When separating these data by cannabis replacement status, participants who reported intentionally using cannabis to replace, reduce, or stop another substance reported more days, on average, of using *more than* the prescribed dose of their prescription medications (10.5 days, on average) than those who do not use cannabis as a replacement for other substance(s) (5 days, on average). Furthermore, we observe greater variability in prescription medication adherence among those who use cannabis to reduce, replace, or stop each respective substance. Detailed findings are presented in figure 16, which presents the average number of days within the past month participants reported variability (using more or less than their prescribed dose) in their prescribed medication use among those who do and do not report using cannabis as a replacement for each respective substance.

Figure 16. Average Number of Days Adjusting the Prescribed Dose Within the Past Month, Among Those Who Do and Do Not Use Cannabis as a Replacement.



Prescription medication adherence was further examined by intentional use of cannabis to reduce, replace, or stop the use of each respective substance. Relevant findings from these analyses are delineated below:

- Among those who are prescribed antidepressant medication, participants who intentionally use cannabis as a replacement for antidepressant medication reported significantly more days, on average, of using *more than* their prescribed dose of antidepressant medication within the past month (12 days) compared to those who are prescribed antidepressant medication but do not use cannabis as a replacement (6 days).
- Among those who are prescribed sleep medication, participants who intentionally use cannabis as a replacement for sleep medication reported significantly more days, on average, in the past month of using *less than* their prescribed dose of sleep medication (13 days of using less than their prescribed dose) compared to those who are prescribed sleep medication but do not use cannabis as a replacement for this (8 days of using less than their prescribed dose).
- Among those who are prescribed pain medication (e.g., hydrocodone, tramadol, oxycodone, morphine), significantly more participants who reported intentionally using cannabis as a replacement for prescription pain medication indicated they have fully discontinued their use of these pain medications in the past month (78%) compared to those who are not using cannabis as a replacement for pain medication (45%).
- Among those who are prescribed stimulant medication, significantly more participants who reported intentionally using cannabis as a replacement for prescription stimulants

indicated they have fully discontinued their use of these stimulant medications in the past month (75%) compared to those who are not using cannabis as a replacement for stimulant medication (38%).

- Among those who are prescribed antipsychotic medication, significantly more participants who reported intentionally using cannabis as a replacement for prescription antipsychotic medication indicated they have fully discontinued their use of these medications in the past month (76%) compared to those who are not using cannabis intentionally as a replacement for antipsychotic medication (40%).

Participants in the present survey reported greater variability overall in prescription medication adherence when compared to findings from the 2024 survey. We also observe greater differences in medication adherence as a function of one's use of cannabis as a replacement for a given substance. In the 2024 survey, only participants who were prescribed antipsychotic medication and used cannabis as a replacement for this medication exhibited greater variability in their medication adherence compared to those who did not use cannabis as a replacement; however, in the present survey, we observe differences in prescription medication adherence for antidepressant medication and sleep medication as a function of cannabis use as a replacement for these substances. Additionally, there was no statistical evidence in the 2024 survey to suggest those who use cannabis as a replacement were more likely to have discontinued their use of prescription substances; however, significant effects were established in the present survey such that more participants using cannabis as a replacement for pain medication, stimulant medication, and antipsychotic medication reported discontinuing their use of these prescriptions altogether.

Section 8 Summary

- Twenty-nine percent of participants intentionally consume cannabis for the purpose of reducing, replacing, or stopping the use of another substance. Participants most often use cannabis to replace alcohol, tobacco, and sleep medication.
- Medical cannabis patients were more likely, on average, to report consuming cannabis for the purpose of reducing, replacing, or stopping the use of another substance, compared to nonpatients.
- Participants who use cannabis to reduce, replace, or stop another substance reported more inconsistent adherence to their prescription medications than those who do not use cannabis for this purpose. Specifically, these participants were generally more likely to report taking *more than* the prescribed dose of their medications.
- Participants who use cannabis as a replacement for antidepressant medication reported significantly more days, on average, of using *more than* their prescribed dose of antidepressant medication, whereas those using cannabis as a replacement for sleep medication reported significantly more days, on average, of using less than their prescribed dose of sleep medication.
- Participants intentionally using cannabis as a replacement for pain, stimulant, and antipsychotic medications were more likely to report fully discontinuing their use of these medications altogether.

Section 9. Follow-Up Survey

Executive Summary

The following section of this report details findings from our follow-up survey, which occurred in May 2025. This follow-up survey was conducted as a replication of our 2024 study. The overall goal was to assess exploratory outcomes associated with the intentional use of cannabis to reduce, replace, or stop the use of other prescription and nonprescription substances among those who screened for potentially risky alcohol, opioid, and/or stimulant use behaviors in our population-level survey. Detailed findings from this survey are presented in section 9; primary findings of interest and notable takeaways are presented below.

- We observed a replication of findings from our 2024 survey, such that among participants who met criteria for alcohol use which may be considered risky, efforts to reduce or replace alcohol consumption through the use of cannabis appear to be effective for at least some subset of participants in our sample. While the extent to which these findings can be generalized remains unclear, it is notable these effects were replicated across two separate timepoints. These findings offer additional preliminary evidence that certain patterns of cannabis use may show promise as an effective harm reduction strategy for reducing alcohol consumption.
- Those who participated in the follow-up survey most commonly qualified for potentially risky alcohol use behaviors. We observed a slight decline in the percentage of respondents qualifying for problematic alcohol use between baseline and follow-up, similar to findings from our 2024 survey.
- Overall, these findings are noteworthy such that they provide initial evidence for the intentional use of cannabis at reducing potentially risky substance use behaviors, specifically for alcohol. Additional funding for research on this topic is necessary, particularly in the context of the Medical Cannabis Program, to continue the investigation into whether intentional cannabis use as a replacement for alcohol is effective at minimizing other substance use and to explore all outcomes associated with this replacement.

9.1. Follow-Up Survey Participant Characteristics

Participants who screened for problematic alcohol, opioid, and/or stimulant use via the ASSIST-Lite scale in the population-level survey (also referred to as “baseline”) were invited to

participate in a follow-up survey, which occurred approximately 1 month following the population-level survey. The goal of the follow-up survey was to evaluate changes in substance use between those who do and do not use cannabis to reduce, replace, or stop the use of another substance, among individuals who qualified for potentially risky use of alcohol, opioids, and/or stimulants. In total, 167 participants from the population-level survey qualified for and consented to be contacted to participate in the follow-up survey. Among these respondents, 70 completed the follow-up survey. Participants were appropriately compensated for their time and effort on both the population-level survey and the follow-up survey via monetary payments following survey completion. Key demographic characteristics of the follow-up survey respondents are shown in table 15.

Table 15. Demographic Distribution of Follow-Up Survey Participants.

	Follow-Up Survey (n = 70)
Age (Median)	40
Race	
American Indian, Native American, or Alaska Native	8.6%
Asian	0.0%
Black or African American	8.6%
White	77.1%
Native Hawaiian or other Pacific Islander	0.0%
Multi-race	5.8%
Gender Identity	
Male	37.1%
Female	60.0%
Transgender man/trans man/female-to-male (FTM)	1.4%
Transgender woman/trans woman/male-to-female (MTF)	0.0%
Nonbinary	1.4%
Agender	0.0%
Decline to answer	0.0%
Family Income (Median)	$45,000
High School Degree or Higher	97.1%

9.2. Substance Use Consumption Trends

Ninety-seven percent of participants who completed the follow-up survey reported consuming cannabis within the past month, with 67% reporting daily or near-daily cannabis use. Participants in the follow-up sample reported consuming cannabis an average of 19 days within the past month. Nearly all participants in this sample (93%) reported past-month polysubstance use (i.e., consume more than one substance). Figure 18 displays the past-month prevalence of polysubstance use among participants in this follow-up sample. The most common substances consumed by participants in the past month, in addition to cannabis, were alcohol, tobacco, psilocybin, and nonprescription stimulants.

Figure 17. Past-Year Cannabis Consumption Patterns Among Follow-Up Participants.

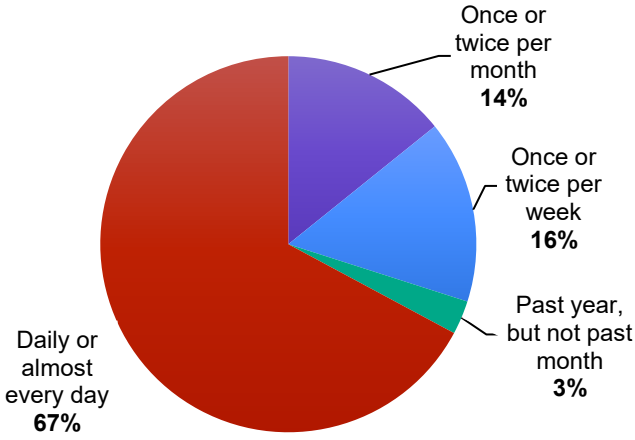
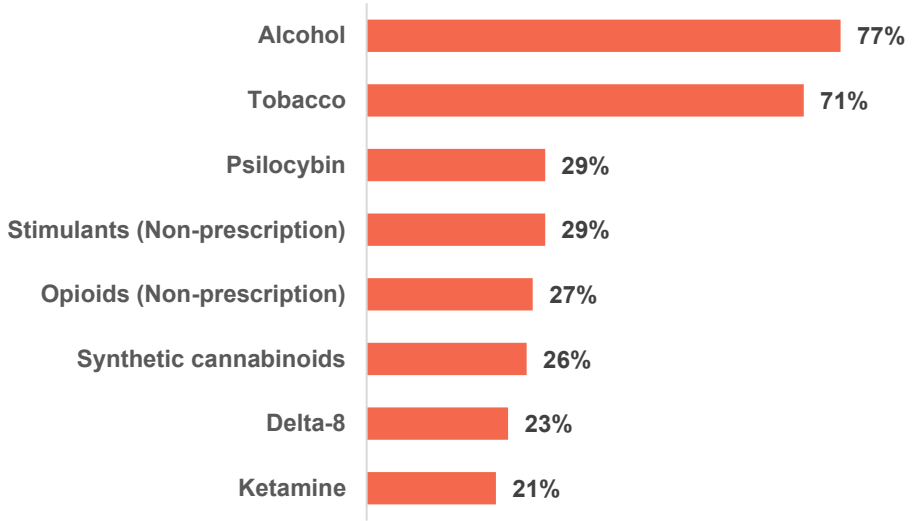
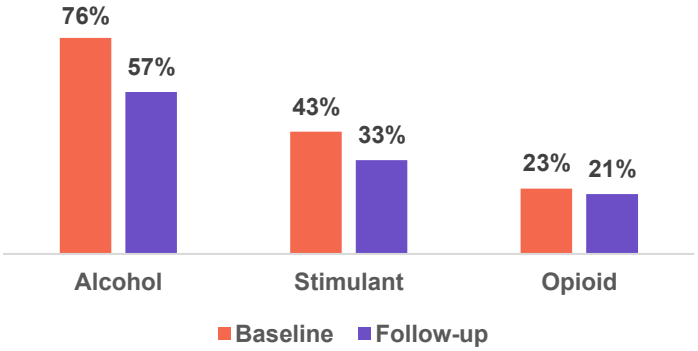


Figure 18. Percentage of Participants Using Each Substance Within the Past Month.



9.3. Substance Use and Risky Behavior

Figure 19. Percentage of Follow-Up Sample (n = 70) who Qualified for Having Used Alcohol, Stimulants, and Opioids in a Risky Way from the Baseline Survey and the Follow-Up Survey.



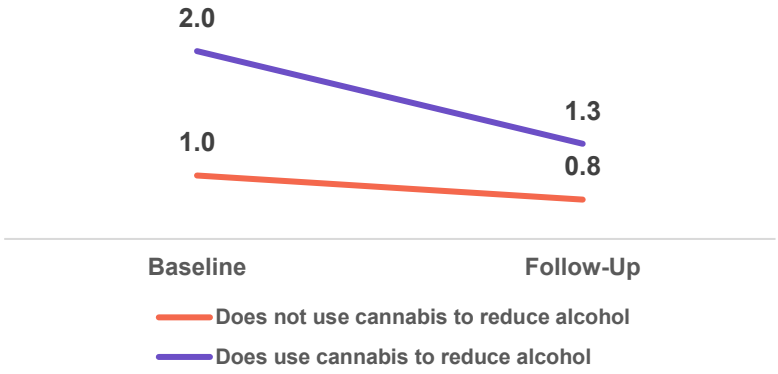
Among the 70 participants who completed the follow-up survey, 76% qualified for having used alcohol in a risky way in the baseline population-level survey, 43% qualified for having used stimulants in a risky way, and 23% qualified for having used opioids in a risky way via the ASSIST-Lite scale. At the follow-up survey, 57% qualified for having used alcohol in a risky way (39% for low-to-moderate alcohol use risk behaviors, 9% for moderate alcohol use risk behaviors, and 10% for high alcohol use risk behaviors), 33% qualified for having used stimulants in a risky way (10% for low-to-moderate stimulant use risk behaviors, 13% for moderate stimulant use risk behaviors, and 10% for high stimulant use risk behaviors), and 21% qualified for having used opioids in a risky way (10% for low-to-moderate opioid use risk behaviors, 1% for moderate opioid use risk behaviors, and 10% for high opioid use risk behaviors), as shown in figure 19. The most notable change in substance use risk scores occurred for alcohol use: fewer participants qualified for having used alcohol in a risky way at the follow-up survey. Among participants who screened for potentially risky substance use behaviors, 36% screened for potentially risky substance use behaviors of multiple substances at follow-up, compared to 33% in the baseline population-level survey.

It is important to note the ASSIST-Lite scale assesses substance use behaviors within the past 3 months. Since our surveys occurred within 1 month of each other, we are not able to entirely evaluate changes in potentially risky substance use behaviors between the baseline population-level survey and the follow-up survey over a 3-month period as the ASSIST-Lite scale is intended to assess; however, we are able to glean general trends in behavior change between the timepoints using this scale.

When comparing these findings to the 2024 survey, we observe similar trends in the reduction of those qualifying for potentially risky use of alcohol from baseline to follow-up (2024 survey: 82% at baseline and 55% at follow-up). While the percentage of participants meeting criteria for

using stimulants and opioids in a risky way between baseline and follow-up remained stable in the 2024 survey (stimulants: 44% and 46%; opioids: 18% and 16%), there are slightly more notable reductions of those qualifying for potentially risky stimulant use behaviors from baseline to follow-up in the present study. Although there was a decrease in the percentage of participants meeting qualifying criteria for potentially risky alcohol use behaviors from baseline to follow-up, no statistically significant associations were found between intentional use of cannabis to reduce alcohol consumption and likelihood of qualifying for using alcohol in a risky way. In other words, observed reductions in the percentage of the sample who qualified for using alcohol in a risky way were not attributed to use of cannabis as a replacement for alcohol. Although not quite reaching statistical significance, there were trends in the data indicating participants who intentionally use cannabis to reduce, replace, or stop their use of alcohol exhibited greater reduction in their overall risk behavior qualification for alcohol, as presented in figure 20.

Figure 20. Change in Alcohol Use Risk Qualification Scores from the Baseline Survey and the Follow-Up Survey, Separated by Intentional Use of Cannabis as a Replacement for Alcohol.



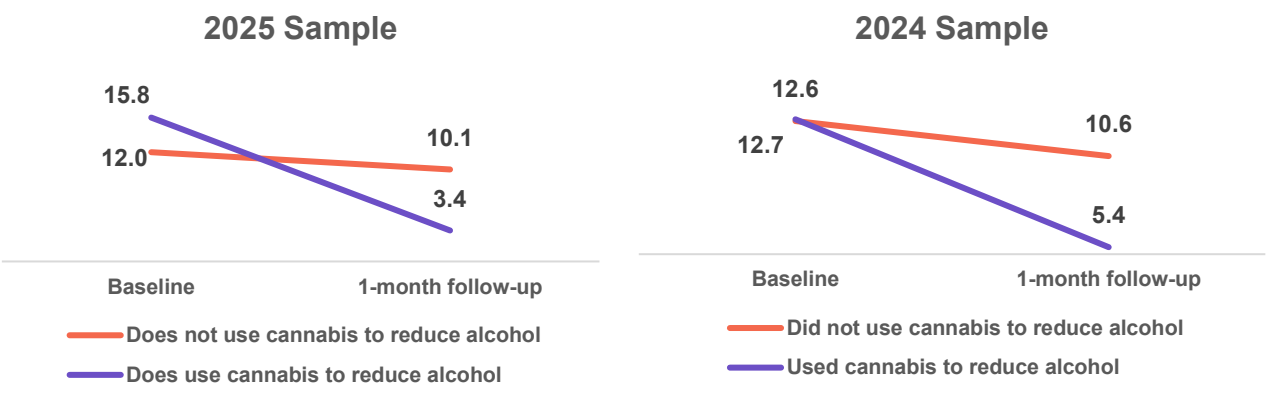
9.4. Change in Alcohol Use

Among those who qualified for having alcohol in a risky way via the ASSIST-Lite scale, there was a significant interaction effect between number of past-month alcohol use days at baseline and follow-up and intentionally using cannabis as a replacement for alcohol. Among those who qualified for having used alcohol in a risky way, those who used cannabis to reduce, replace, or stop their use of alcohol had a statistically significant reduction in past-month alcohol use days between the baseline population-level survey and the follow-up survey compared to those who did not use cannabis to replace alcohol, when accounting for age, income, anxiety, depression,

and cannabis use days ($F(1, 41) = 12.056$, $p = .001$). As presented in figure 21, when accounting for covariates, those who did not report using cannabis as a replacement for alcohol reported consuming alcohol on 12.0 days within the past month at baseline, and 10.1 days at follow-up. Those who reported using cannabis as a replacement for alcohol reported consuming alcohol on 15.8 days within the past month at baseline, and 3.4 days at follow-up. These effects were significant for all participants who qualified for potentially risky use behaviors of at least one substance and who used cannabis as a replacement for alcohol, regardless of whether they qualified for potentially risky use behaviors of one substance via the ASSIST-Lite scale or potentially risky use behaviors of more than one substance. These findings suggest cannabis may be effective as a replacement for alcohol among individuals using alcohol in a risky way in general, rather than being limited to a subset of those with risky polysubstance use behaviors.

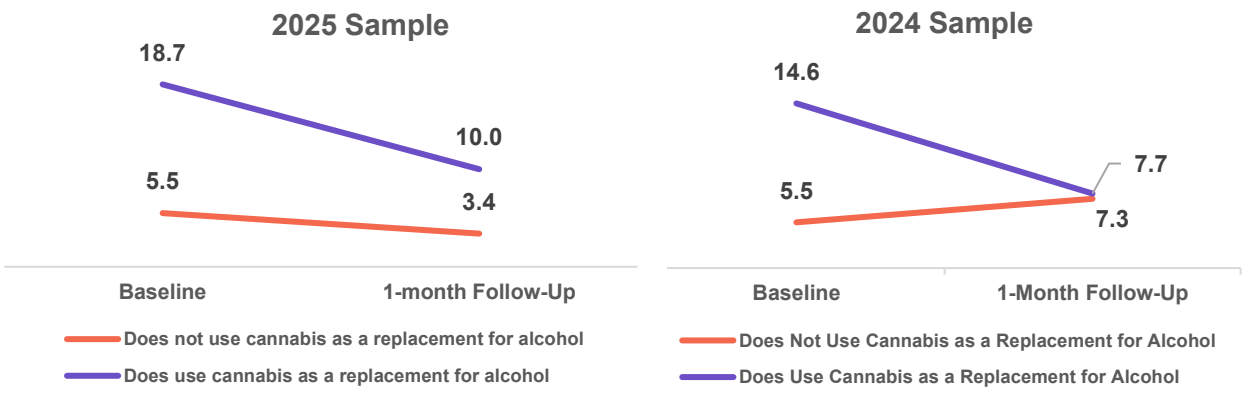
Importantly, these data replicate findings from the 2024 survey. In the 2024 survey, when accounting for the same covariates, those who reported using cannabis as a replacement for alcohol exhibited significantly more reductions in their number of past-month alcohol use days (12.7 days at baseline and 5.4 days at follow-up) compared to those who did not use cannabis as a replacement (12.6 days at baseline and 10.6 days at follow-up). Given the small sample size of our studies, it is important to interpret these results with a level of caution. To confidently generalize these results to a broader population, replication in studies with larger sample sizes is necessary. Nonetheless, these preliminary data offer compelling initial evidence for the intentional use of cannabis at potentially being effective at reducing alcohol use among those who may exhibit potentially risky alcohol use behaviors.

Figure 21. Change in Past-Month Alcohol Use Days Between Those Who Do vs. Do Not Use Cannabis to Reduce/Stop Alcohol Use, Separated by Survey Year.



In the 2024 survey study, we also discovered *trends* in the data (not statistically significant findings) such that, among those who qualified for using alcohol in potentially risky ways via the ASSIST-Lite scale, those who intentionally use cannabis to reduce, replace, or stop their use of alcohol reported a reduction in their number of past-month binge drinking occasions from the baseline and follow-up surveys compared to those who did not use cannabis to replace alcohol, when accounting for age, income, anxiety, depression, and cannabis use days. Similar *trends* were discovered in the present survey—among participants who qualified for using alcohol in potentially risky ways, participants who intentionally used cannabis as a replacement for alcohol reported a decline in the number of binge drinking occasions in the past month compared to those who do not use cannabis as a replacement. Importantly, similar to the 2024 survey, these findings were not quite statistically significant, so caution is warranted when interpreting these relationships. As presented in figure 22, in the 2025 sample, when accounting for covariates, those who did not report using cannabis as a replacement for alcohol reported 5.5 binge drinking occasions within the past month at baseline, and 3.4 occasions at follow-up. Those who did report using cannabis as a replacement for alcohol reported 18.7 binge drinking occasions within the past month at baseline, and 10.0 occasions at follow-up. Although both groups reported a decrease in their number of binge drinking occasions, this effect was more pronounced in the group who use cannabis as a replacement for alcohol.

Figure 22. Change in Number of Past-Month Binge Drinking Occasions Between Those Who Do vs. Do Not Use Cannabis to Reduce/Stop Alcohol Use (Among Those Who Met Criteria for Use of Alcohol in a Risky Way at Baseline), Separated by Survey Year.

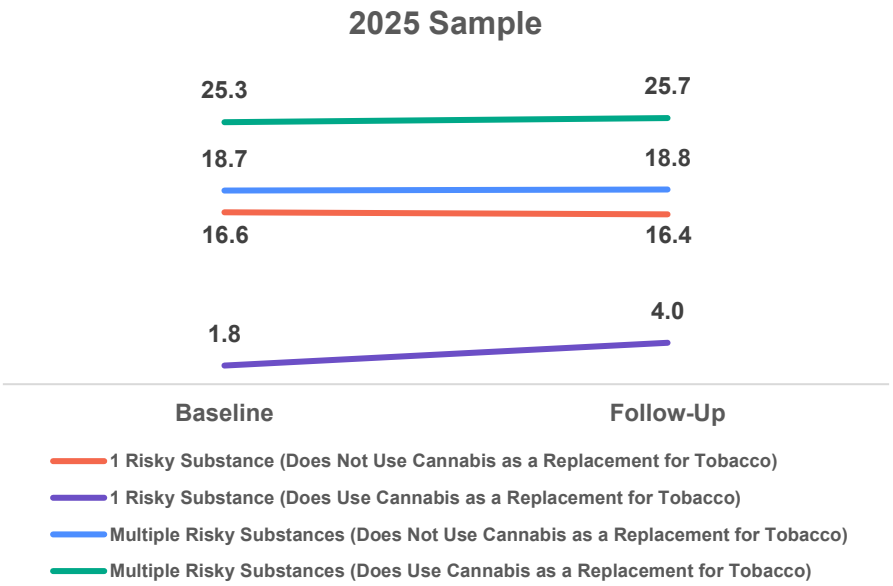


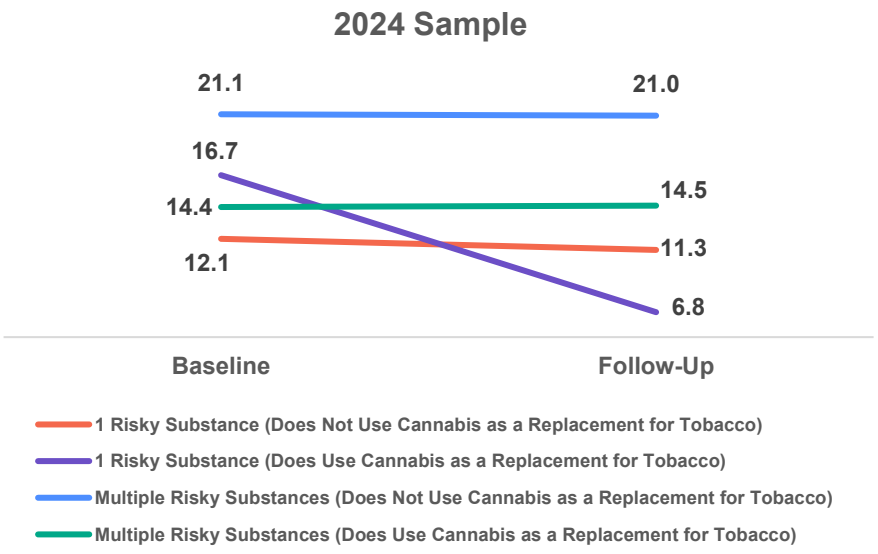
9.5. Change in Tobacco Use

Unlike findings from the 2024 survey, in which significant reductions in the number of past-month tobacco use days were established among those who intentionally use cannabis as a replacement for tobacco and qualified for potentially risky use of one substance, no such effects were established in the present study. Despite this, we observe similar trends in these data such that, even when accounting for covariates (e.g., age and past-month cannabis use), those who qualified for potentially risky use behaviors of multiple substances generally consumed tobacco on more days within the past month compared to those who qualified for potentially risky use behaviors of one substance and exhibited stability in their tobacco use days between baseline and follow-up. It is also important to note that among those who use cannabis as a replacement for tobacco and only qualify for potentially risky use behaviors of one substance, these individuals reported fewer past-month tobacco use days at each timepoint compared to all other groups. While these data are not indicative of a *change* in tobacco use as a function of risky substance use behavior qualifications and the intentional use of cannabis as a tobacco substitute, as was found in the 2024 survey, it is meaningful that individuals in this subgroup report fewer tobacco use days overall. This may potentially be due to factors beyond the scope or timeline of this study and may be indicative of sustained tobacco reduction behaviors. These effects should be explored in future research with larger sample sizes and across longer time

periods, to better evaluate changes in, and the long-term maintenance of, substance use behaviors as they relate to cannabis use for the purpose of substitution of tobacco.

Figure 23. Past-Month Tobacco Use Days Among Those Who Do and Do Not Use Cannabis as a Replacement for Tobacco; Separated by Number of Risky Substance Use Behavior Qualifications and Survey Year.





9.6. Health and Well-Being

There were few changes in health and overall well-being outcomes among the full follow-up sample between the baseline survey and follow-up survey. When comparing mean ratings between the two timepoints, there were no significant differences in overall reported health ratings (e.g., quality-of-life rating, physical health satisfaction rating, mental health satisfaction rating, level of perceived stress, and average sleep hours per night). At baseline, 61.4% of respondents rated their quality of life as “good” or “very good” compared to 57.2% at follow-up. Fifty-nine percent and 47.1% indicated they were “satisfied” or “very satisfied” with their mental health and physical health, respectively, at baseline, compared to 49% and 45.7% at follow-up. Provided a scale of 0 to 10, in which 0 indicates their pain does not interfere with general activity and 10 indicates their pain completely interferes with general activity, the average ratings provided by participants were 4.4 and 4.8, respectively, at baseline and follow-up. Participants indicated experiencing moderate to high levels of stress at both survey timepoints, with an average response rating of 5.9 at baseline and 5.7 at follow-up (where 0 indicates no stress and 10 indicates very high stress). Respondents averaged 6.5 hours of sleep per night across both survey timepoints.

There were no significant differences in mental well-being between the two timepoints, as assessed with the Generalized Anxiety Disorder scale-2 (GAD-2) and Patient Health Questionnaire-2 (PHQ-2) measures. Among respondents who participated in the follow-up study, 37% met qualifying criteria for generalized anxiety at baseline, compared to 33% at follow-up. Thirty-three percent qualified for major depression at baseline, compared to 36% at follow-up. There were very strong correlations between reported mental health ratings and anxiety/depression scores using the GAD-2/PHQ-2 (*rs* = .55–.66), indicative of validity and consistency between the measures.

These data were separated in numerous ways to further investigate potential differences between subgroups of the sample. There were no significant changes in pain interference, physical health satisfaction, or quality of life among those who use cannabis as a replacement for opioids. No differences in number of sleep hours were found among those who do and do not use cannabis as a replacement for sleep medication, and between baseline and follow-up for both groups. No differences in anxiety (GAD-2) or depression (PHQ-2) were found among those who use cannabis as a replacement for antianxiety medication and antidepressant medication between baseline and follow-up.

It is important to approach our findings with a level of caution, as cannabis use has been associated with risks of harm, and substitution effects have not been fully explored in the research literature. Additional research occurring over longer periods of time and with larger sample sizes is necessary in order to make conclusive claims about the prevalence, efficacy, and safety of the use of cannabis as a replacement substance.

Section 9 Summary

- Findings from the 2024 survey were replicated in the present study, such that among those who qualified for use of alcohol in risky ways at baseline, participants who used cannabis to reduce, replace, or stop their use of alcohol had a statistically significant reduction in past-month alcohol use days between the baseline population-level survey and the follow-up survey, compared to those who did not use cannabis intentionally for this purpose.
- Although the 2024 and 2025 surveys show similar data trends, such that those with who qualified for risky use behaviors of multiple substances reported more days of tobacco use in the past month compared to those who qualified for risky use behaviors of only one substance, we do not observe a replication of previous findings for the reduction in tobacco use among those intentionally using cannabis as a replacement for tobacco.
    - Despite this lack of replication, participants with who qualified for risky use behaviors of one substance who intentionally used cannabis as a replacement for tobacco reported significantly fewer tobacco use days at both baseline and follow-up, potentially indicative of sustained tobacco reduction behaviors among this subgroup.
- No notable changes in health or well-being were detected among respondents between the baseline and follow-up surveys.
- Given the small sample size of our studies, it is important that replication occur in studies with larger sample sizes. However, these preliminary data offer compelling initial evidence for the intentional use of cannabis at potentially being effective at reducing alcohol use among those who exhibit potentially risky alcohol use behaviors.

Section 10. Psilocybin Survey

Executive Summary

In April 2025, New Mexico enacted legislation to establish a regulated medical psilocybin program, which is set to be implemented by the end of 2027. Due to these legislative priorities and the New Mexico Department of Health's involvement in the establishment and maintenance of this future program, several questions were included in our 2024 and 2025 surveys to obtain preliminary data on the prevalence of psilocybin use frequency and associated outcomes. Importantly, due to the nature of the primary goals for our survey studies, all participants included in this section of the report also consume cannabis, which may impact the generalizability of our findings related to psilocybin use. However, extant literature indicates a notable overlap between psilocybin and cannabis use among adults.[15] Please note, survey respondents were not asked about dosage levels; therefore, our survey does not provide information regarding the dosage of psilocybin at therapeutic levels.

The ability to make statistical inferences is dependent upon sample size; therefore, to improve on the size of the sample, survey results from both 2024 and 2025 were combined whenever feasible. To explore the general health correlates with psilocybin use, the combination of 2024 and 2025 baseline surveys yielded a total of 1,333 survey respondents; 366 (27.5%) reported some lifetime experience with psilocybin, and 152 (11.4%) reported past-month use. The combined longitudinal survey provided 127 survey respondents who completed both the baseline and 1-month follow-up surveys; 40 (31.4%) of these reported some lifetime use, and 34 (26.7%) reported some past-month use at the time of follow-up.

The following section of this report details the results from the survey items regarding psilocybin. This includes use frequency, method of consumption, reasons for use, and correlated health behaviors and outcomes. Main themes are delineated below:

- Generally, the results indicate those who have used psilocybin in the past month have poorer health than their counterparts who did not use psilocybin. They

[15] Anderer, S. NIH: Adults still using marijuana and psychedelics at record levels. *JAMA 332*(16),1323. https://doi.org/10.1001/jama.2024.19688

experience significantly more mental health symptoms (depression and PTSD) and experience more daily pain than their peers who do not use psilocybin. Furthermore, they report more symptoms of alcohol and cannabis use disorders and are more likely to use a variety of nonprescription and prescription psychoactive substances more frequently than their peers who do not use psilocybin. It is unclear whether these individuals have poorer health as a result of psilocybin use or if they use psilocybin because they have poorer health and psilocybin provides a positive effect. These findings should be further explored in future research.

- The majority of those who use psilocybin tend to use it on fewer than five occasions per month. Forty-two percent reported using it as an explicit replacement for prescription medications (e.g., antidepressants) and other substances (e.g., tobacco), and the majority of those who use it as a substitute for other substances report using it on more than ten occasions in the past month. The majority (65%) of those who have used it as a substitute for another substance have discussed it with their medical provider. Also, those who are enrolled in the Medical Cannabis Program are more likely to have discussed using psilocybin as a replacement for other substances with their medical provider.
- A greater use of psilocybin was correlated with a past-month reduction in the use of a variety of psychoactive prescription medications (e.g., antidepressants, anxiolytics, etc.), and this finding provides some evidence that psilocybin may address mental health conditions for a subset of the population. This encouraging finding comes with the caveat that the reported explicit, intended replacement of these medications with psilocybin was statistically unrelated to the decreased reliance on most prescription medications. Another finding that complicates the understanding of the relationship between psilocybin use and reliance on prescription medication is those who tend to misuse substances (e.g., alcohol) are more likely to use more prescription medications and use psilocybin more frequently.
- The results of the longitudinal study demonstrate that a handful of survey respondents coincidentally decreased their psilocybin use between the baseline survey and the follow-up survey. The decrease in psilocybin use was associated with improvements in mental and physical health. It is unclear at this time whether improvements in health allowed those who use psilocybin to decrease their reliance on psilocybin as a remedy, or whether the improved health outcomes were a product of decreased psilocybin use.

10.1. Correlates of Psilocybin Use

To provide the best estimate of the correlates of psilocybin use, the 2024 and 2025 baseline surveys were combined. Table 16 presents correlation coefficients that show the

interrelatedness of psilocybin use and use of other substances for nonmedicinal purposes. Correlations are all positive, statistically significant, and robust, most notably for psilocybin use and synthetic cannabis use, alcohol binge occasions, and stimulant use. These findings indicate those who choose to use psilocybin also frequently use these other substances for nonmedicinal purposes.

Table 16. Correlations Between Past-Month Psilocybin Use and Other Nonprescription Substance Use.

Nonprescription Substance Use	Relationship with Past-Month Psilocybin Use	n
Synthetic cannabis use frequency (past month)	Strong (.79)**	141
Alcohol binge occasions[16]	Strong (.58)**	104
Stimulant use, not prescribed (past month)	Strong (.52)**	221
Number of drinks per day	Moderate (.49)**	104
Opioid use, not prescribed (past month)	Moderate (.41)**	158
Alcohol use frequency (past month)	Moderate (.39)**	337
Tobacco use frequency (past month)	Weak (.21)**	323
Cannabis use frequency (past month)	Weak (.11)*	348

* indicates statistical significance at $p < .05$

** indicates statistical significance at $p < .001$

We used validated measures to assess several mental and behavioral health variables, such as the PHQ-2 for depression, the GAD-2 scale, a four-item Primary Care PTSD Screen, and survey items to assess substance use disorders (such as cannabis use disorder, alcohol use disorder [AUD], and opioid use disorder). In comparison to those who have not used psilocybin within the last month, those who used psilocybin in the past month experienced significantly more depression and PTSD symptoms than their peers ($ps < 0.01$), more symptoms of AUD and cannabis use disorder ($ps < 0.001$), and greater daily pain interference ($p < 0.01$). Despite these findings, when asked about subjective evaluations of quality of life and mental and physical health satisfaction (e.g., "*How satisfied are you with your mental health*?"), those who used psilocybin in the past month reported no differences in these ratings relative to their peers.

[16] "Alcohol binge occasions" was defined as the number of occasions in the past month in which four or more drinks were consumed.

This should be explored in future research to elucidate factors which may be influencing or contributing to these contradictory findings.

10.2. Change in Psilocybin Use Patterns and Corresponding Effects

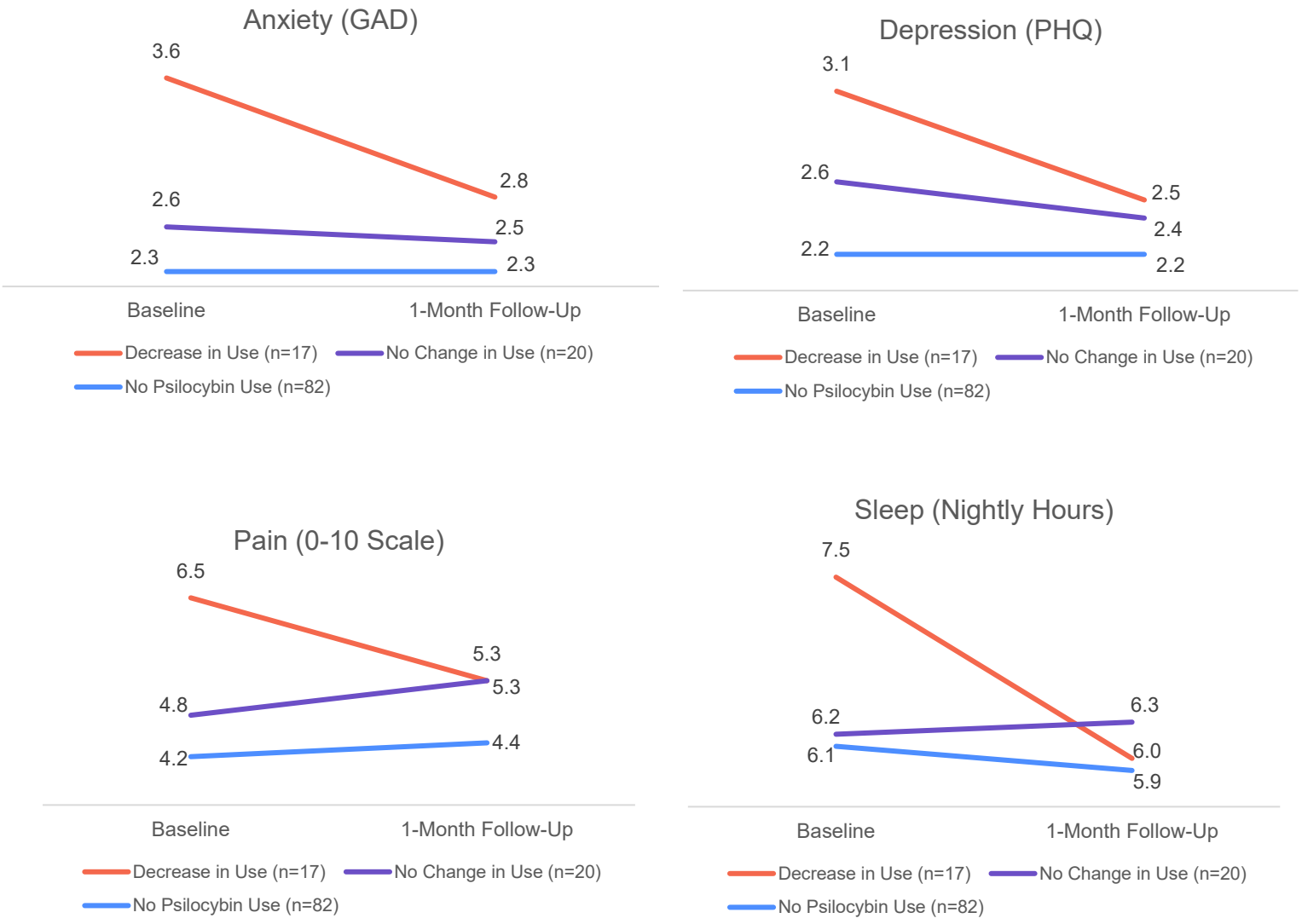
Those who *increased* their psilocybin use in the 1-month interval between baseline and follow-up were excluded from the following analyses since the sample was too small to justify statistical inferences. Although the sample of those who decreased their use was also small (n = 17), it was sufficient to detect differences in the longitudinal study.

Table 17. Change in Psilocybin Use Between Baseline and Follow-Up Surveys.

Longitudinal Change	n	Percentage of Total
Decrease in psilocybin use	17	13.4%
No change in use	20	15.7%
Increase in psilocybin use	5	3.9%
No psilocybin use	85	66.9%

Based upon a longitudinal evaluation, there was a significant improvement in anxiety (GAD-2) symptoms in those who decreased their psilocybin use ($p = 0.05$); this change represented a ~25% reduction in anxiety symptoms relative to very little change in the groups who either do not use psilocybin or did not change their frequency of use (figure 24). Depression scores (PHQ-2) also improved for this group, but not statistically significantly so. There was also a significant reduction in reported pain among the group who decreased their psilocybin use ($p < 0.05$), based on the question "*During the past 7 days, what number best describes how pain interfered with your general activity, on a scale from 0='does not interfere', 10='completely interferes?'"* Notably, those who decreased their use of psilocybin also reported a significantly diminished number of hours of sleep (on average, 1.5 hours less sleep per night, $p < 0.05$). The sum influence of all of the aforementioned variables resulted in a moderately powerful effect in which those who elected to decrease their psilocybin differed from the other two groups (partial-$\eta 2 = 0.25$).

Figure 24. Changes in Health and Well-Being Measures Between Baseline and Follow-Up.



The statistically significant differences in anxiety, pain, and sleep (as observed in figure 24) were all due to baseline differences (elevations) among those who decreased their psilocybin use relative to the two other groups. The statistically significant improvements in anxiety and pain in those who decreased their psilocybin use are difficult to interpret; it remains unclear whether improvements in health allowed those who use psilocybin to decrease their reliance on psilocybin as a remedy, or whether the improved health outcomes were a product of decreased psilocybin use.

There were no differences from baseline to follow-up across psilocybin-use groups regarding the consumption of alcohol, either in past-month days (frequency), number of drinks per day, or number of binging occasions (*ps* > 0.05). There were similarly no differences in tobacco use (*p* > 0.05). Differences were also not apparent for the past-month consumption of stimulants and/or opioids (*ps* > 0.05), but the numbers of participants who consumed opioids and stimulants were few (ns < 10). These data suggest past-month changes in use of nonmedical substances are not linked specifically to changes in psilocybin use. This should be explored in future research.

10.3. Psilocybin Use and Prescription Medication Adherence

Survey items from both the 2024 and 2025 surveys included the frequency of taking prescription medication, and these questions were presented as subjective reductions and increases in prescription medication use within the past months. For example:

- *"Within the past month how many **days** did you take **less than** the prescribed number of pills of your prescription medication(s)?"*
- *"Within the past month how many **days** did you take **more than** the prescribed number of pills of your prescription medication(s)?"*

Past-month psilocybin use frequency (in days) was positively correlated with both a reduction *and* increase among *all* of the prescription medications assessed in the survey. Numbers of respondents reporting a change in prescription use range from 128 (antidepressants) to 49 (prescription stimulants). The positive correlation between psilocybin use frequency and a past-month reduction *and* increase in prescription medication is difficult to interpret, but one conclusion is those who use psilocybin more frequently are accustomed to adjusting their own medications and may do so as a remedy to provide relief for mental and physical health concerns.

Table 18. Correlations Between Prescription Medication Adherence and Past-Month Psilocybin Use Frequency.

Past-Month Psilocybin Use Frequency	Less Rx Use	More Rx Use	n
Prescription pain medication	.31**	.74**	80
Antidepressants	.27**	.65**	128
Anxiolytics	.40**	.60**	90
Prescription stimulants	.36*	.85**	49
Prescription sleep medication	.49**	.75**	77
Antipsychotics	.64**	.86**	62

* indicates statistically significant correlation at $p < .05$

** indicates statistically significant correlation at $p < .001$

Another way to make sense of the findings regarding the positive correlation between the frequency of psilocybin use and the increase (i.e., in table 18, "More Rx Use") in prescription medications, in particular, is to question whether those who use psilocybin are prone to using other substances in problematic ways (i.e., alcohol). The subjective reporting of taking more pain, sleep, anxiety, and stimulant medications was summed to create one variable of these commonly misused prescription medications. A linear regression determined both alcohol ASSIST-Lite (scale of AUD) and the frequency of psilocybin use captured a significant amount of variance ($p < 0.05$) in taking more of the commonly misused medications in the past month. Therefore, we conclude that the positive correlations in the second column of numbers in table 18 represent a general pattern of using substances in nonprescribed ways, including for prescription medications and psilocybin.

10.4. Psilocybin Use as a Replacement Substance

In the baseline and follow-up surveys in 2025, survey items inquired about the use of psilocybin as an explicit replacement for many prescription medications and nonmedical drugs. For instance, *"During the past month (30 days) have you used psilocybin to replace, reduce or stop use of antidepressant medication (e.g., Fluoxetine, Citalopram, etc.)?"* In the 2025 baseline study, 37 of the 87 respondents (42.5%) who reported using psilocybin also reported using it as an explicit, intended replacement for another substance. The sample size was limited because the 2024 study did not include the survey item about explicit replacement; therefore, data

presented in this section only includes respondents from the 2025 study who reported psilocybin use as a replacement for another substance (unless otherwise specified).

An important question concerning the use of psilocybin as an explicit replacement for other substances is whether it gets used differently when it is used a substitute for other drugs versus when it is used for other (nonreplacement) purposes. The distribution of days used in the past month demonstrates those who use it as a substitute use it more frequently relative to those who use it for other purposes; for instance, 52% of respondents report using it on fewer than five occasions per month when they use it for nonreplacement purposes (figure 25). For those who use it as a replacement substance, 65% report using it more than 10 days in the past month.

Figure 25. Days of Psilocybin Use, Separated by Purpose for Use as a Replacement Substance, Among Participants in the 2025 Survey.

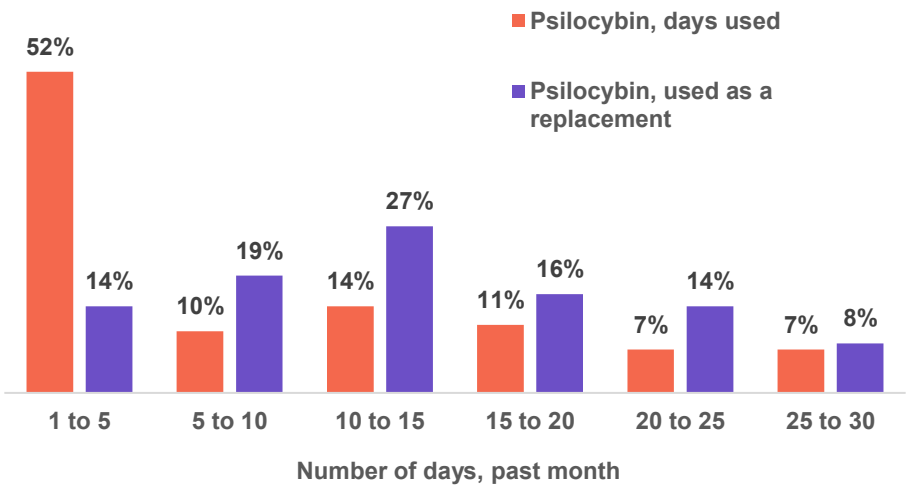


Table 19. Prevalence of Psilocybin Use and Use of Psilocybin as a Replacement for Other Substances, Among Participants in the 2025 Baseline Survey.

Psilocybin use, 2025 Study	n	Percent
Any Lifetime Use	209	28%
Any Past-Month Use	87	12%
Replacement for Other Substances	37	5%

Nonmedical drug substitution: The 2025 survey results showed psilocybin was most commonly reported being used to replace tobacco (65%), but it was also reported as a replacement for alcohol and cannabis (both ~49%). For those consuming psilocybin as an explicit replacement, most reported consuming it as a drink or in tea (62%), but 40% also in whole mushroom form, and 40% as a processed edible (e.g., chocolate bar). Nearly 20% reported swallowing it as a formulated capsule.

Prescription substitution: Survey respondents reported using psilocybin as an explicit replacement for their antidepressants, anxiolytics, sleep medication, and stimulants; roughly 50% of respondents reported using it as a replacement for each medication. It was less frequently reported as a replacement for opioids or antipsychotics (35% and 11%, respectively). The explicit use of psilocybin as a replacement was correlated with the reduction in the prescription use of sleep medication, but the sample size was small ($p < 0.05$, n = 13). The explicit replacement of psilocybin was *not* associated with a reduction in anxiolytics (n = 17), antidepressants (n = 20), antipsychotics (n = 14), stimulants (n = 13), nor with pain medication (n = 19); but again, the sample sizes were small. Our interpretation of these results, juxtaposed against the medication reductions listed in table 18, is that survey responders were actively titrating their use of prescription medications, but these adjustments in prescriptions were unrelated to the explicit use of psilocybin as a substitute.

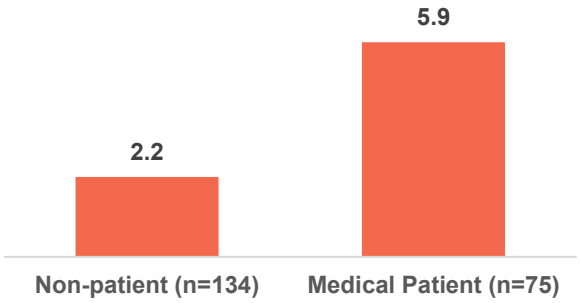
Those who use psilocybin as a substitute for medications or other substances may be unique from their peers; but table 20 demonstrates there were few, if any, demographic differences. Those reporting the use of psilocybin as a replacement were more educated and had more income. A larger percentage of the population who uses psilocybin as a replacement for other substances were American Indian, Native American, or Alaska Native.

Table 20. Demographic Characteristic Comparisons Between the Full Survey Sample, Those Who Have Used Psilocybin in the Past Month, and Those Who Use Psilocybin as a Substitute for Other Substances.

	Overall Survey Sample (2025; n = 748)	Any Past-Month Psilocybin Use (2025 Baseline Survey; n = 209)	Past-Month Use Psilocybin, As a Substitute (2025 Baseline Survey; n = 37)
Age (Median)	39	38	37
Race			
American Indian, Native American or Alaska Native	10.6%	11.8%	14.3%
Asian	0.8%	1.3%	--
Black or African American	5.3%	8.5%	--
White	78.9%	82.2%	85.7%
Native Hawaiian or other Pacific Islander	0.4%	5.3%	--
Multi-race	4.0%	0.7%	--
Ethnicity			
Hispanic		40.1%	28.6%
Gender Identity			
Male	39.0%	57.2%	42.9%
Female	58.7%	40.8%	57.1%
Transgender man/trans man/ female-to-male (FTM)	0.4%	0.7%	--
Transgender woman/trans woman/male-to-female (MTF)	0.5%	0.7%	--
Nonbinary	1.0%	0.7%	--
Family Income (Median)	$35,000	$57,000	$68,000
High School Degree or Higher	93.3%	53.3%	100.0%

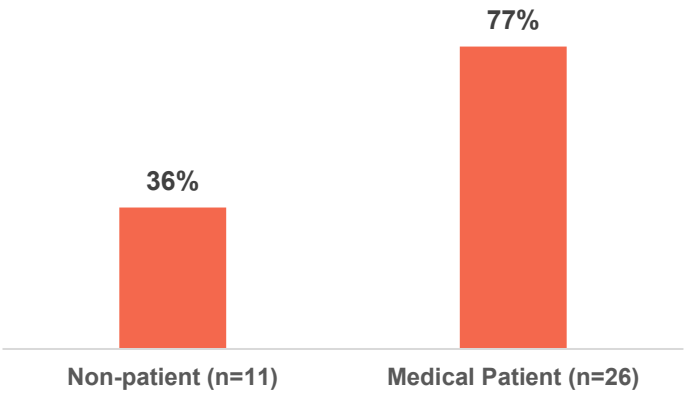
These data were further separated by medical cannabis patient status. Whether it be as a replacement, or for any purpose, those who were registered patients in the Medical Cannabis Program used psilocybin more frequently (*ps* < 0.001) in the past month than their peers who were not enrolled in the program (see figure 26).

Figure 26. Past-Month Psilocybin Use Days, Separated by Medical Cannabis Patient Status; 2025 Baseline Survey Sample.



Participants using psilocybin for the purpose of reducing, replacing, or stopping the use of another substance were also asked whether they have spoken with their medical provider about their use of psilocybin (2025 survey participants). Nearly 65% of those in the 2025 study who use psilocybin reported speaking to their medical provider about using psilocybin as a replacement for other substances. When investigating these data by patient status, medical cannabis patients were more than twice as likely than nonpatients to speak to a provider about their use of psilocybin for this purpose (36% among nonpatients and 77% among medical patients); see figure 27. Although we do not know the exact professions of the providers participants are speaking to, it is positive that medical cannabis patients appear to benefit from increased interactions with medical providers, for both cannabis and psilocybin. Future research should explore the specific provider types participants are speaking to (e.g., primary care provider, certifying provider for the Medical Cannabis Program, emergency room physician), as well as comfort level and perceptions of stigma surrounding conversations about psilocybin use.

Figure 27. Percentage Who Have Spoken to a Medical Provider About Their Psilocybin Use as a Replacement, Separated by Medical Cannabis Patient Status; 2025 Baseline Survey Sample.



Section 10 Summary

- Regardless of purpose for use (i.e., as a replacement for another substance or otherwise), those who were registered patients in the Medical Cannabis Program used psilocybin more frequently than those not enrolled in the program.
- In the 2025 study, 37 of the 87 respondents (or 42.5%) who reported using psilocybin also reported using it as an explicit, intended replacement for another substance, most commonly as a replacement for alcohol, tobacco, cannabis, antianxiety medication, antidepressants, stimulants, and sleep medication.
- Individuals who use psilocybin as a replacement for another substance used more frequently in the past month compared to those who do not use psilocybin for this specific purpose.
- Nearly 65% of those who use psilocybin have spoken to their medical provider about using psilocybin as a replacement for other substances.
- Participants who reduced their psilocybin use frequency between baseline and follow-up exhibited significant reductions in their anxiety symptoms, pain levels, and hours of sleep per night, which ultimately aligned these symptoms with their peers who do not use psilocybin.
- Greater use of psilocybin was correlated with a past-month reduction in the use of a variety of prescription medications (e.g., antidepressants, anxiolytics, etc.). This finding provides initial evidence that psilocybin may address mental health conditions for a subset of the population. However, reported intended replacement of these medications with psilocybin was statistically unrelated to the decreased reliance on most prescription medications.