Report of the Public Health and Safety Advisory Committee

2025

Last Updated: April 9, 2026

Contents

Executive Summary

In 2021, the New Mexico state legislature passed the Cannabis Regulation Act which created a pathway for adult recreational sales of cannabis and created the Public Health and Safety Advisory Committee (PH & SAC). The committee must provide an annual report to the NM legislature and the New Mexico Department of Health, on the health effects of cannabis legalization. View the first report published in 2024.

This report continues the work of providing data and information about cannabis use in New Mexico. Please note, some updated data was not available by the time of publication. This underscores the need for coordinated statewide public health approaches and data collection. The committee hopes additional data will be available for the report in 2026.

Priority Recommendations from the Committee for 2025

- Promote public education on cannabis benefits and risks, promote protective behavioral strategies, and implement evidence-based policies to reduce substance use harms and enhance public health equity in New Mexico.
- Encourage stronger plain-packaging regulation, lockbox initiatives, and increased public education targeting adolescents and young adults.
- Promote educational programs focused on individuals who use cannabis to reduce DWI accidents and arrests.
- Encourage New Mexico Department of Workforce Solutions to collect and report data on cannabis-involved injuries or deaths at workplaces.
- Develop a comprehensive dashboard for monitoring cannabis related health outcomes to improve data collection and inform public health decisions related to cannabis.

Recommendations from last year can be found on pages 3-4 of the 2024 report.

Child Access

Recommendations:

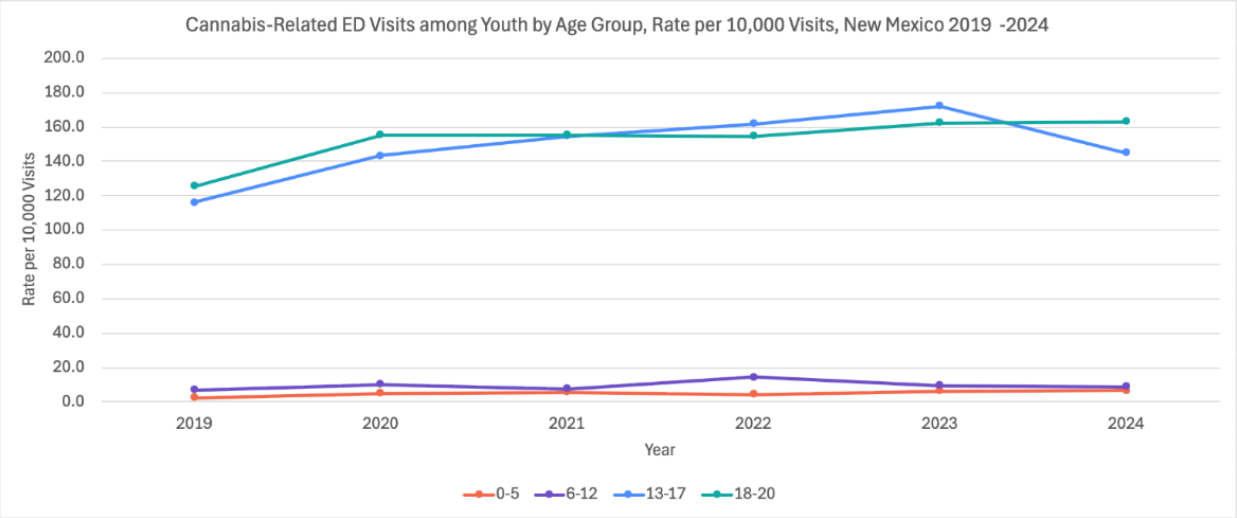
- Encourage stronger plain-packaging regulations to reduce appeal of cannabis products to children, promote lockbox initiatives, and increase public education on household risks and safe storage practices.
- Encourage stronger plain-packaging regulation, promote lockbox initiatives, and increase public education targeting adolescents about risks associated with cannabis.
- Promote increased regulation of hemp-derived products, high-potency cannabis products, and synthetic cannabinoids to increase protection of adolescents and young adults, who are at higher risk of negative health impacts related to these products.

Background

As discussed in the (Report of the Public Health and Safety Advisory Committee. New Mexico Department of Health, 2024), last year's data demonstrated poison center calls and emergency department visits regarding unintentional cannabis exposures in children were increasing with commercialization of cannabis, both in New Mexico and nationally (The toxic toddler: drugs that can kill in small doses, 2000), (Acute cannabis toxicity, 2019), (Cannabis legalization and acute harm from high potency cannabis products: a narrative review and recommendations for public health, 2020), (NPDS, 2025). The majority of these exposures are to edible products.

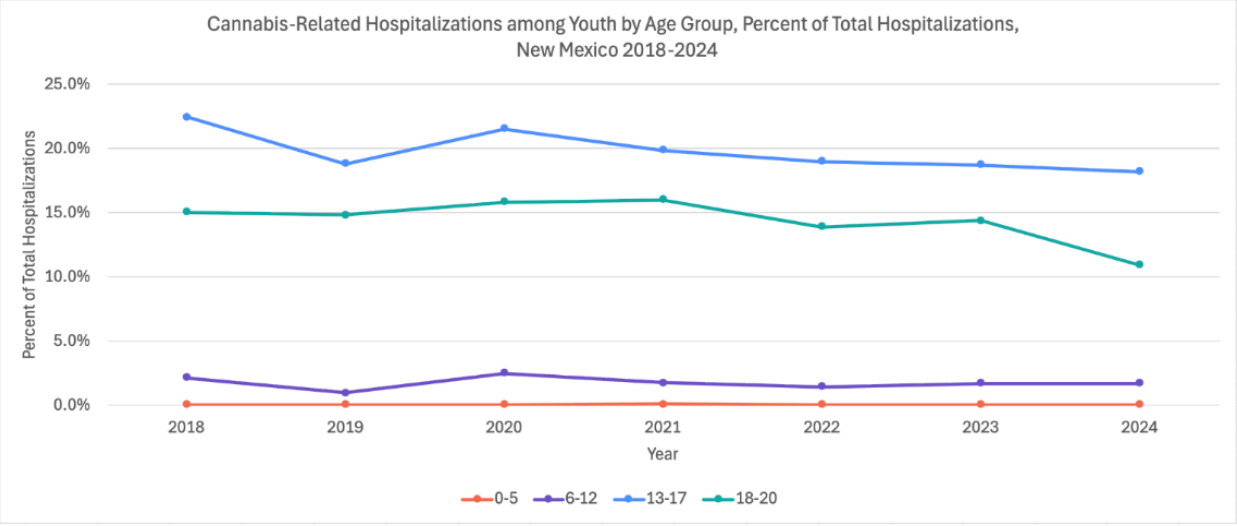
Data from 2024 shows rates of cannabis related emergency department visits in children and adolescents remained stable (0-5, 6-12, and 18-20 years of age) or decreased (13-17 years of age) (Figure 1). Similarly, rates of cannabis-related hospitalizations remained stable in children (0-5 and 6-12 years of age) and decreased in adolescents (13-17 and 18-20 years of age) (Figure 2). Updated data from the New Mexico Poison and Drug Information Center is not available for this report.

Figure 1. Cannabis-related ED Visits among Youth by Age Group, Rate per 10,000 visits, New Mexico 2019 – 2024



Source: New Mexico Department of Health, New Mexico Department of Health Syndromic Surveillance Ed Files Analyzed by The New Mexico Department of Health, New Mexico Department of Health Substance Use Epidemiology Section

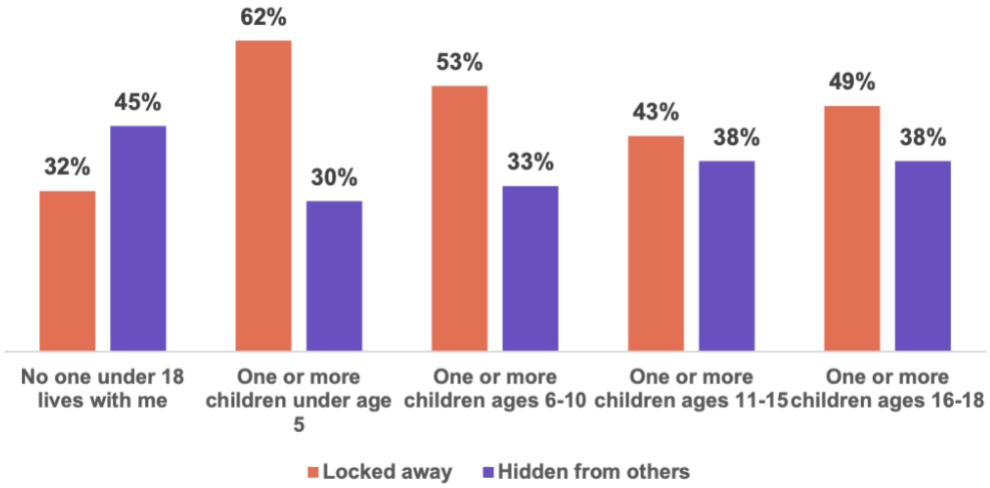
Figure 2. Cannabis-Related Hospitalizations among Youth by Age Group, Percent of Total Hospitalizations, New Mexico 2018-2024



Safe Storage Can Reduce Child Cannabis Exposure

Safe storage of cannabis products is crucial to prevent unintentional cannabis exposures in children (Association between secondhand marijuana smoke and respiratory infections in children, 2022) (ACMT position statement: addressing pediatric cannabis exposure, 2019). A minority of cannabis consumers in New Mexico report storing cannabis products in a locked location (Figure 3). Among households with children under 5 years of age, only 62% of cannabis consumers report storing cannabis in a locked location (Figure 3). Public education campaigns and distribution of lockboxes could improve safe storage practices and reduce accidental exposure in children. (Acute cannabis toxicity, 2019)

Figure 3. Cannabis Storage Practices Reported by Cannabis Consumers in New Mexico With and Without Children, Separated by Child Age



Source: Cannabis Public Policy Consulting Report 2025

More Defined Packaging and Labelling Regulations Could Reduce Child Exposure to Cannabis

Rising unintentional cannabis edible consumption by children is driven in part by cannabis product packaging that appeals to children (Cannabis and children: risk mitigation strategies for edibles, 2024), (Packaging regulations needed to mitigate THC ingestions

in children, 2025). NMAC 16.8.3 mandates child-resistant packaging, clear warning labels, and restrictions on appealing imagery. More defined plain packaging regulations (i.e., no depiction of persons, animals, characters, or entirely and uniformly white), clear "Not Safe for Kids" labelling, and single-dose packaging are safety requirements used by some other states to reduce unintentional cannabis exposures in children, and help prevent future accidental exposures, (Monitoring cannabis adverse events: lessons from edible packaging policies and child poisonings, 2024). Recall of warning labels was higher on plain-packaged products, as was perceived harm (Packaging of cannabis edibles, health warning recall, and perceptions among young adults, 2025).

Second-Hand Cannabis Smoke Exposure Has Risks

Second-hand cannabis smoke contains many of the same toxic and cancer-causing chemicals found in tobacco smoke, some at higher levels than tobacco (Cannabis and Secondhand Smoke, 2024). Multiple studies show children exposed to second-hand cannabis smoke show urine biomarkers of cannabinoids (Marijuana and tobacco coexposure in hospitalized children, 2018), (Cannabis and Secondhand Smoke, 2024). There is limited research of second-hand cannabis smoke exposure effects on children. Emerging evidence suggests second-hand cannabis smoke exposure is associated with increased respiratory problems, including viral respiratory illnesses (Association between secondhand marijuana smoke and respiratory infections in children, 2022) (Association between secondhand marijuana smoke and respiratory infections in children, 2022). Additional research on the long-term effects of childhood exposure to second-hand cannabis smoke is necessary. The 2024 New Mexico data indicated the majority of cannabis consumers surveyed with a child in the household who smoke or vape cannabis do so within their home (Zimmer, S., & Sofis, M. (2024, June 28). Examination of cannabis consumers and patient experiences in New Mexico. Cannabis Public Policy Consulting., 2024).

Adolescents are Vulnerable to Negative Health Impacts from Cannabis Use

Adolescents and young adults are vulnerable to the negative mental health impacts of cannabis, particularly high potency products (Cannabis legalization and acute harm from high potency cannabis products: a narrative review and recommendations for public health, 2020). Cannabis use among high school students in New Mexico has historically been higher than national average. A reduction in reported use was noted in 2023, bringing New Mexico to just slightly below national average (Public Health and Safety Advisory Committee., 2025).

Delta-8-Tetrahydrocannabinol (Delta-8-THC) and Other Synthetic Cannabinoids Pose a Significant Risk to Young People

Unregulated delta-8-THC and other synthetic cannabinoids pose a significant risk to all consumers, particularly to children and adolescents (Δ8-THC: legal status, widespread availability, and safety concerns, 2021). At least a third of reported accidental delta-8-THC ingestions in children lead to serious medical outcomes. Nationally, 11.4% of high school seniors report using delta-8-THC, specific data for delta-8-THC use in adolescents in New Mexico is not available.

Available evidence shows delta-8-THC use (Adolescent Δ8-THC and marijuana use in the US, 2024), and calls to Poison Centers about delta-8-THC exposures (Delta-8 tetrahydrocannabinol, delta-10 tetrahydrocannabinol, and tetrahydrocannabinol-O acetate exposures reported to America's Poison Centers, 2024), are lower in states with delta-8-THC regulation. Increased oversight of synthetic forms of THC protects New Mexicans, particularly children and adolescents. Available evidence shows delta-8-THC use (Adolescent Δ8-THC and marijuana use in the US, 2024), and calls to Poison Centers about delta-8-THC exposures (Delta-8 tetrahydrocannabinol, delta-10 tetrahydrocannabinol, and tetrahydrocannabinol-O acetate exposures reported to America's Poison Centers, 2024), are lower in states with delta-8-THC regulation. Increased oversight of synthetic forms of THC protects New Mexicans, particularly children and adolescents.

Road Safety and Driving While Impaired

Recommendations:

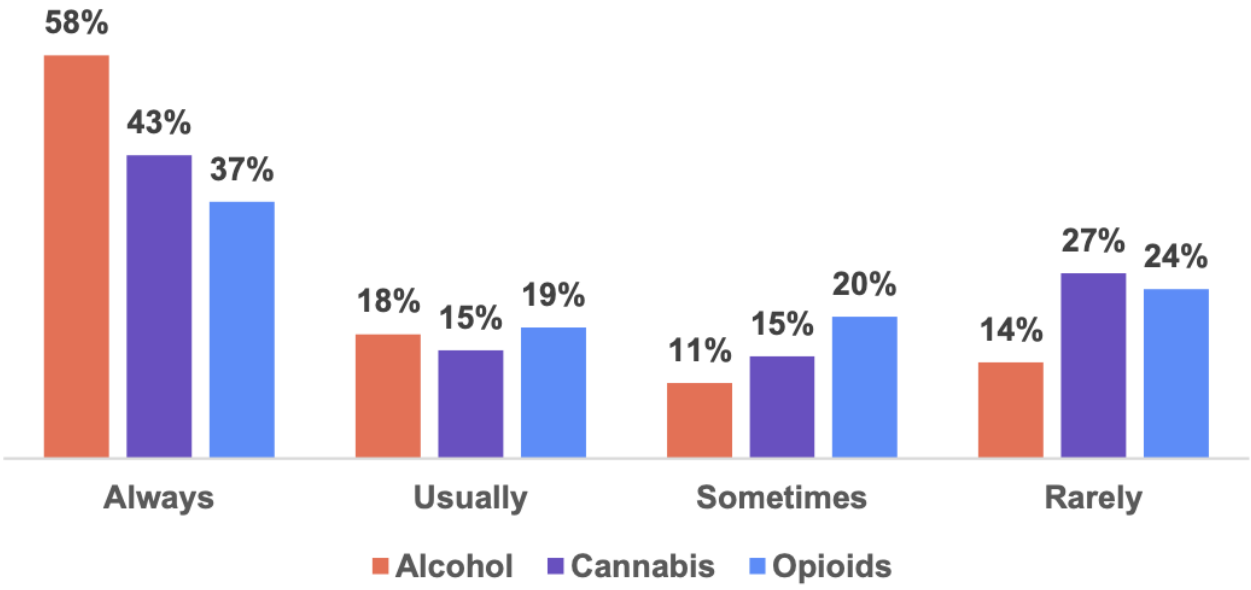
- Continue advocating for research on better impairment detection methods.
- Increase resources to train law enforcement agencies, including Tribal law enforcement, in utilizing Drug Recognition Expert (DRE) protocols.
- Encourage the NM Department of Public Safety to collect and report data from cannabis-involved injuries or deaths while driving.
- Promote educational programs, focused on individuals who use cannabis, to reduce DWI accidents and arrests.
- Provide resources to develop, implement, and assess school- and community-based education programs on negative effects of cannabis use while driving.

Background

Recent legislation allows law enforcement to obtain a search warrant for a blood test in misdemeanor DWI cases. Training law enforcement in Drug Recognition Expert (DRE) protocols remains the most effective approach for detecting drug-impaired driving. DRE protocols have demonstrated high sensitivity for detecting cannabis impairment (Declues, 2016).

FY25 data from the New Mexico Department of Public Safety shows a similar number of arrests for driving under the influence of cannabis with 86 arrests in FY24 and 89 arrests in FY25 (DPS, 2025). A survey of New Mexico recreational cannabis users reported 57% drive without a designated driver (see Figure 4). (Examination of New Mexico residents who consume cannabis: A replication study, 2025)

Figure 4. Likelihood of Having a Designated Driver in Place when Consuming Alcohol, Cannabis, and Opioids.



Source: Cannabis Public Policy Consulting, 2025

One study found "over 40% of [246] drivers who died in motor vehicle collisions tested positive for active delta-9-tetrahydrocannabinol (THC) in their system, with average blood levels far exceeding those considered to cause impairment" (American College of Surgeons, 2025). Another finding from this study was "The high rate of THC positivity remained consistent over six years and was unaffected by the state's legalization of recreational cannabis during the study period" (American College of Surgeons, 2025).

Workplace Safety

Recommendations:

- Encourage Occupational Health Surveillance Program to add "cannabis involved (or suspected) use" to the list of Notifiable Conditions Reporting for health care practitioners and workplaces.
- Encourage New Mexico Department of Workforce Solutions to collect and report data on cannabis-involved injuries or deaths at workplaces.

Background

Currently, there are no New Mexico-specific data on the use of cannabis in the workplace. The 2024 report (Report of the Public Health and Safety Advisory Committee. New Mexico Department of Health, 2024) noted difficulties associated with assessing the impact of cannabis use in the general population due to insufficient surveillance, monitoring, and implementation of policies focused on worker health and risk mitigation. It is critical to understand the magnitude of the use and impact of cannabis on the workforce in New Mexico. This requires data gathering and analysis by epidemiologists.

An updated report by the American College of Occupational and Environmental Medicine (ACOEM) notes “Safety-critical work concerns include motor vehicle crashes, slower reaction times, lane weaving, decreased coordination, reduced balance, cognitive issues, memory difficulties, and difficulty reaction to signals and sounds on the road [and at the worksite]” (ACOEM, 2025).

The time an employee should wait to attend to safety-critical work after using cannabis, is not well-defined. A September 2024 position statement from the National Safety Council-Alcohol, Drugs and Impairment Division stated scientific evidence is lacking to support people working in safety-sensitive positions within 24 hours after last use of cannabis and/or related products. (NATIONAL SAFETY COUNCIL, 2024).

ACOEM notes studies have shown “78% greater [work absences] among those using marijuana compared with those not using (7.1% vs. 4.0%).”

Cannabis use at the workplace associated with occupational injury or death should be added as a “reportable condition” of the NM Health Occupational Health Surveillance Program.

Emergency Department Visits and Outcomes

Recommendations:

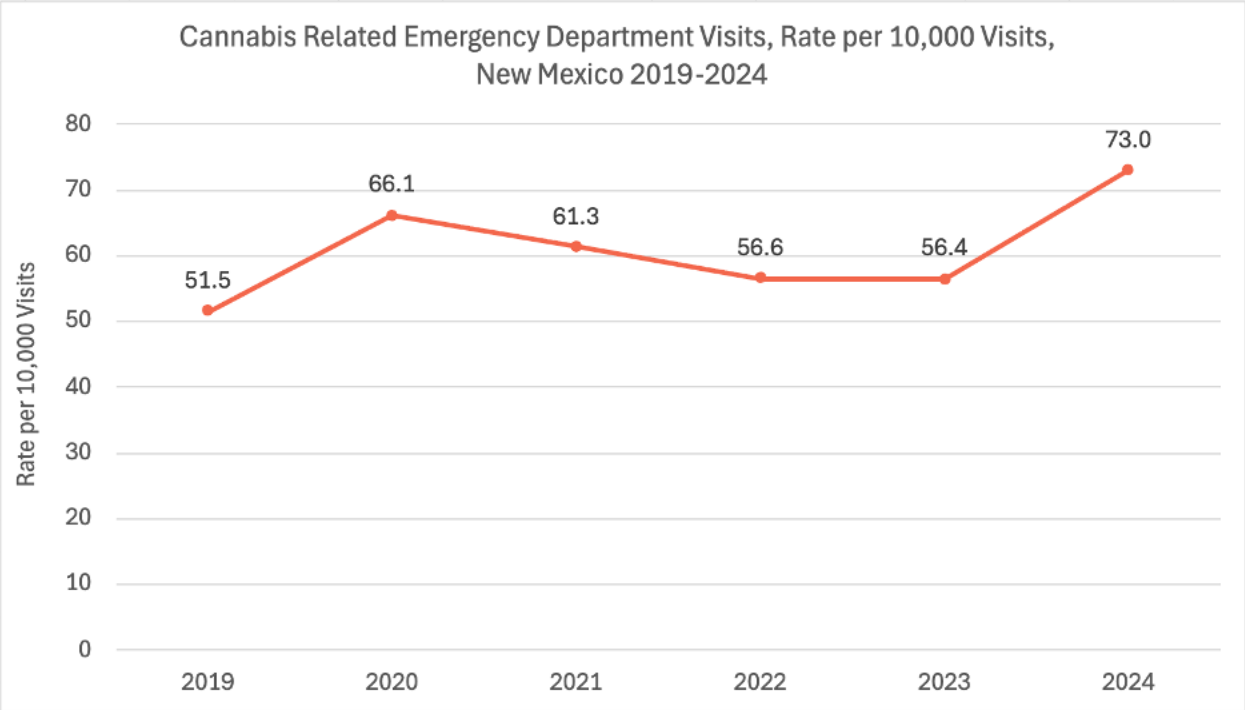
- Develop a comprehensive dashboard for monitoring cannabis related health outcomes to improve data collection and inform public health decisions related to cannabis.
- Strengthen packaging and labelling requirements of cannabis products sold in New Mexico to reduce the appeal of products to children and adolescents.

Cannabis-Related Emergency Department Visits Have Increased

The legalization of cannabis has been linked to an increase in cannabis-related emergency department (ED) visits and hospitalizations across several states and countries (Wang 2017, Matheson 2020, Yeung 2020). The data from the 2024 "Report of the Public Health Safety and Advisory Committee" (PHSAC 2024) showed overall the rate of cannabis-related emergency department visits in New Mexico remained steady between 2019 and 2023. The 2024 data indicated cannabis-related disorders drive most ED cannabis visits in New Mexico, whereas cannabis poisoning is relatively rare (PHSAC 2024).

Updated data including 2024 shows a 35% increase in the number of cannabis related ED visits from 2023 to 2024 (Figure 5). Of note, the methodology for analyzing ED visits has been updated and now better reflects acute emergency visits related to cannabis use.

Figure 5. Cannabis Related Emergency Department Visits, Rate per 10,000 Visits, New Mexico 2019-2024

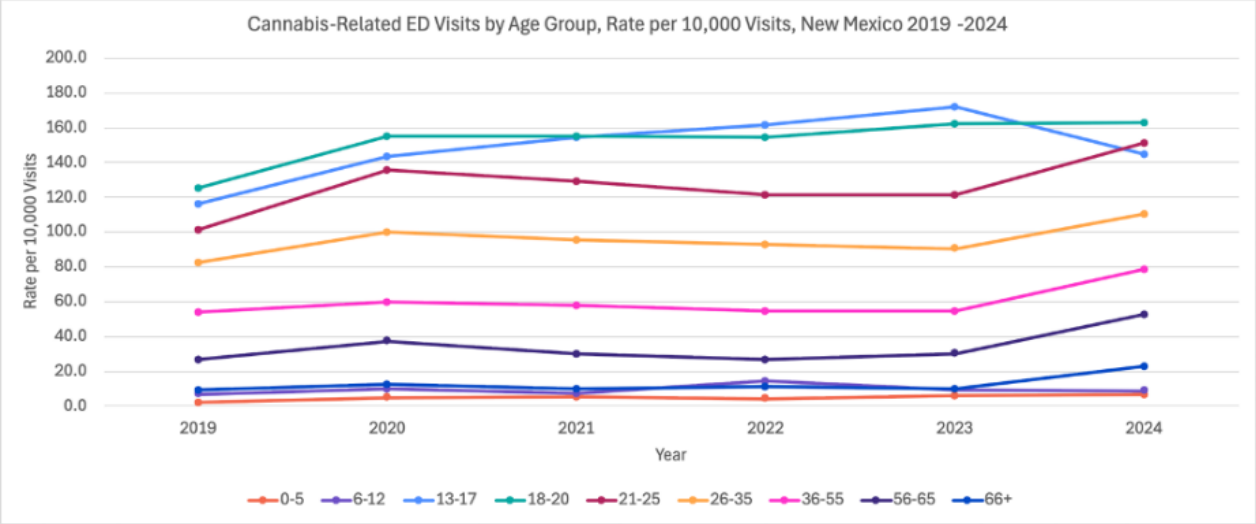


Source: New Mexico Department of Health, New Mexico Department of Health Syndromic Surveillance Ed Files Analyzed by New Mexico Department of Health, New Mexico Department of Health Substance Use Epidemiology Section

The Recent Increase in Cannabis-Related ED Visits is Driven by Adult Users

The 2024 "Report of the Public Health and Safety Advisory Committee" (PHSAC 2024) showed the highest rates of cannabis-related ED visits in New Mexico were observed in adolescents (ages 13-17) and young adults (ages 18-20). Updated 2025 data reflects stable (0-5, 6-12, and 18-20 years of age) or decreasing (13-17 years of age) rates of cannabis-related ED visits in children and adolescents (Figure 1 in *Child Access* section). The recent increase in total cannabis related ED visits is driven by adult (legal buying age) groups (Figure 6).

Figure 6. Cannabis-Related ED Visits by Age Group, Rate per 10,000 visits, New Mexico 2019-2024



Source: New Mexico Department of Health, New Mexico Department of Health Syndromic Surveillance Ed Files Analyzed by New Mexico Department of Health New Mexico Department of Health Substance Use Epidemiology Section

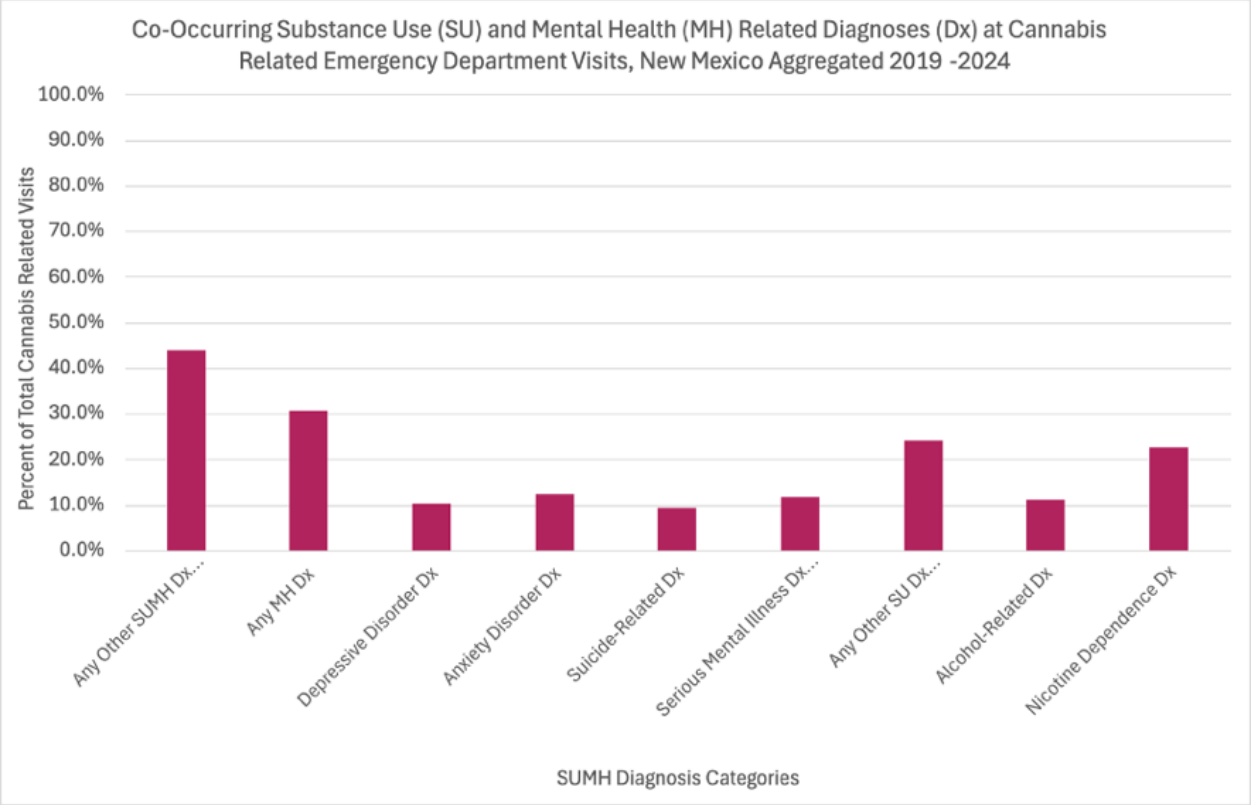
Cannabis Use May Increase Negative Mental Health Outcomes

States with legalized commercial cannabis have reported increases in cannabis-related ED visits with co-occurring mental health concerns (Matheson 2020, Shelton 2020). There is a complex relationship between cannabis use and mental health. However, frequent or high-potency cannabis use has been linked to an increased risk of psychosis and other psychiatric conditions (Matheson 2020, Roberts 2019, Blanco 2016, NASEM 2017).

A significant portion of New Mexico cannabis-related ED visits have a co-occurring substance use and/or mental health diagnosis (Figure 7). There was an overall decrease in cannabis-related ED visits with a co-occurring substance use/mental health diagnosis compared to last year's report. The reason for the decrease remains unclear. It is possible more ED providers are screening more frequently for cannabis use overall

(which might also account for overall increased rates of cannabis-related ED visits in adults), but without more detailed analysis, it is difficult to reach conclusions.

Figure 7. Co-occurring Substance Use (SU) and Mental Health (MH) Related Diagnoses (Dx) at Cannabis Related Emergency Department Visits, New Mexico Aggregated 2019-2024



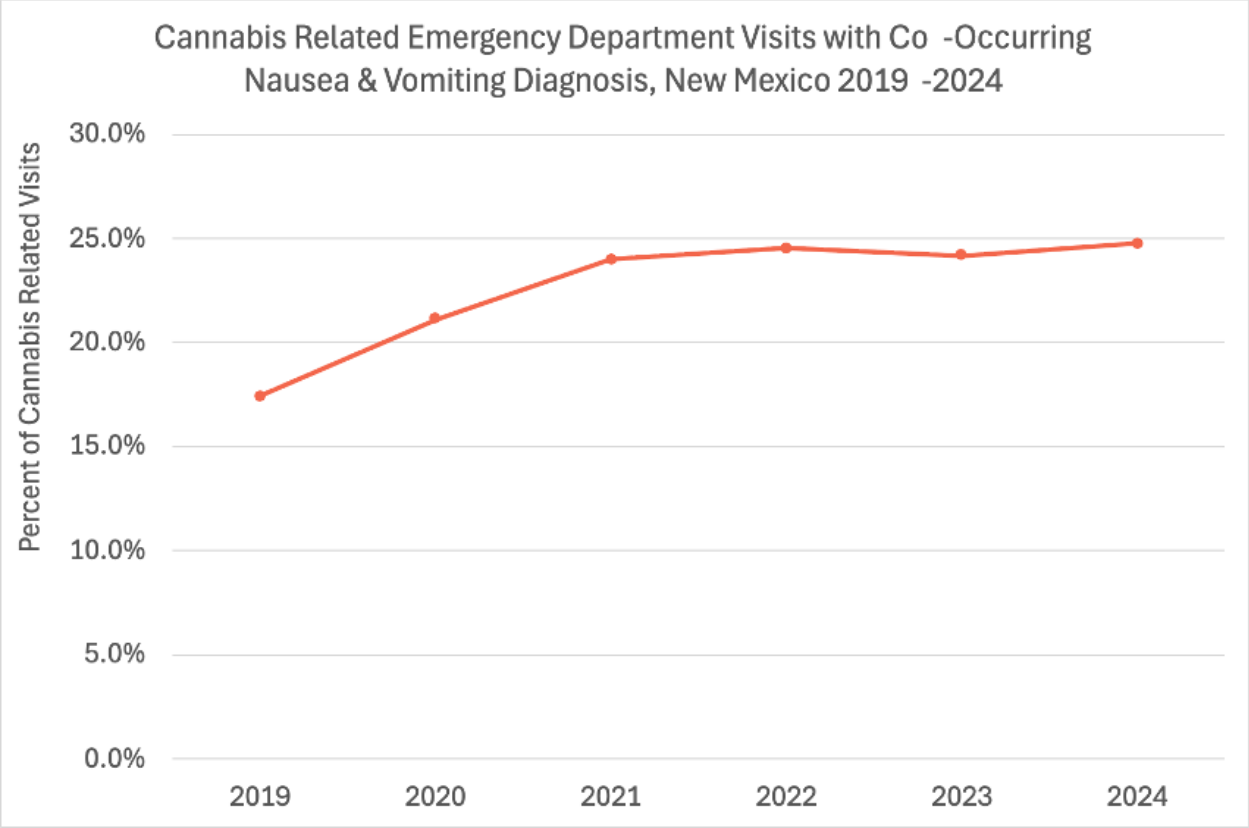
Source: New Mexico Department of Health New Mexico Department of Health Syndromic Surveillance Ed Files Analyzed by New Mexico Department of Health New Mexico Department of Health Substance Use Epidemiology Section

Increases in Cannabis-Related ED Visits Involving Nausea and Vomiting

The most recent data from New Mexico show a continued increase in both cannabis-related ED visits involving nausea and vomiting (Figure 8) and cannabis-related

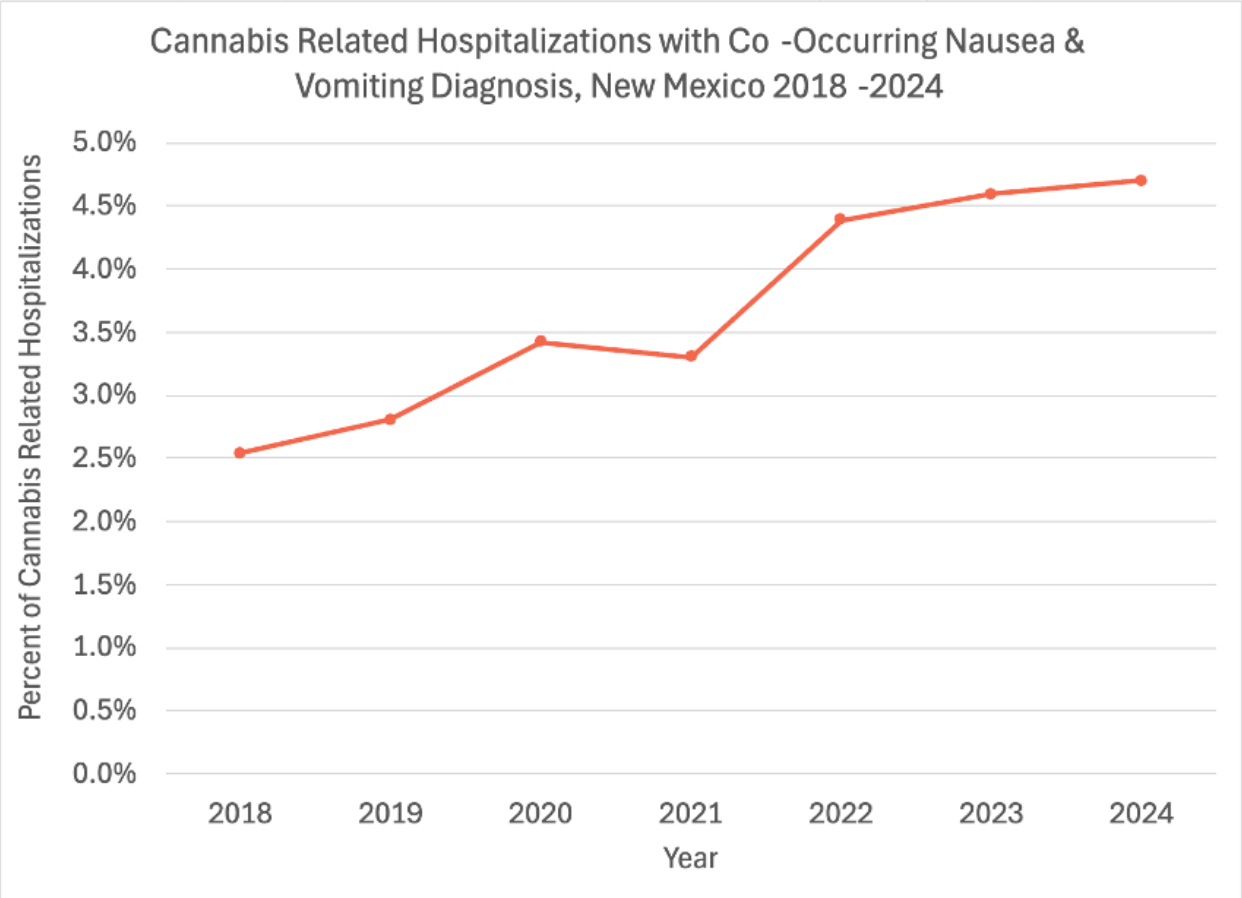
hospitalizations involving nausea and vomiting (Figure 9). This is consistent with findings from other states post-legalization (Legalized cannabis in Colorado emergency departments: a cautionary review of negative health and safety effects, 2019)

Figure 8. Cannabis Related Emergency Department Visits with Co-Occurring Nausea and Vomiting Diagnosis, New Mexico 2019-2024



Source: New Mexico Department of Health New Mexico Department of Health Syndromic Surveillance Ed Files Analyzed by New Mexico Department of Health New Mexico Department of Health Substance Use Epidemiology Section

Figure 9. Cannabis Related Hospitalizations with Co-Occurring Nausea and Vomiting Diagnosis, New Mexico 2018-2024



Source: New Mexico Department of Health New Mexico Department of Health Syndromic Surveillance Ed Files Analyzed by the New Mexico Department of Health Substance Use Epidemiology Section

Educational Needs for Children and Adults

Recommendations:

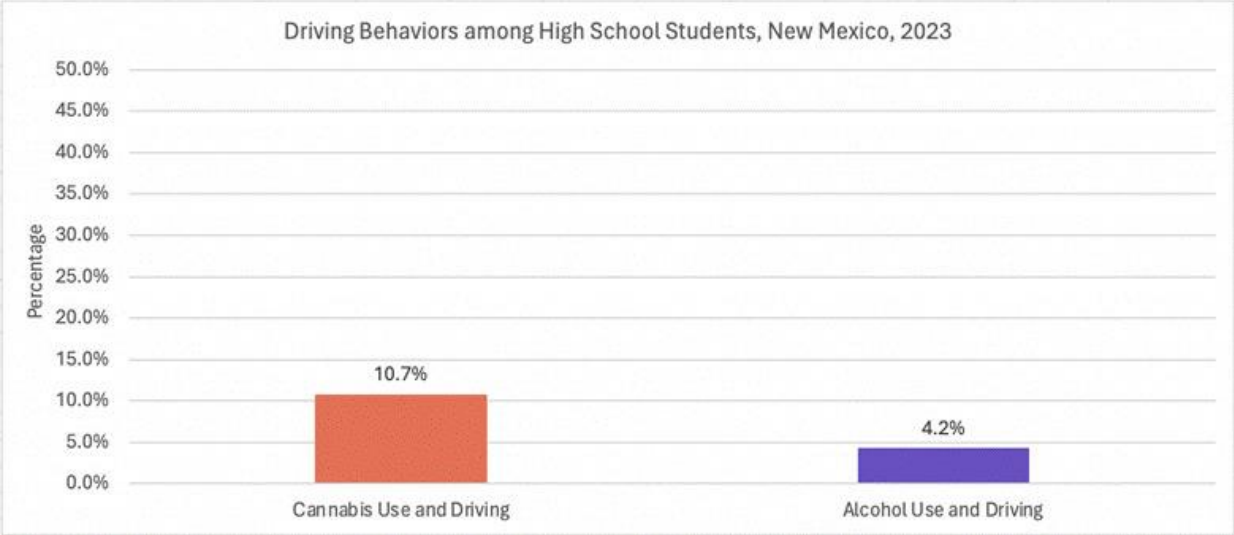
- Provide resources to support the creation, implementation, and assessment of public education campaigns to promote safer practices for cannabis storage and use.
- Provide resources to develop, implement, and assess school- and community-based education programs on negative effects of cannabis use during pregnancy and breastfeeding.
- Educational initiatives should prioritize harm reduction and prevention strategies, particularly among children, adolescents, pregnant individuals, people who are lactating, older adults, and people at increased risk for negative effects from cannabis use.

Background

Cannabis legalization has created distinct educational needs for children, adolescents, and adults, requiring tailored, age-specific approaches to prevention, harm reduction, and health literacy. For children and adolescents, research highlights the need for early, interactive, and evidence-informed education focusing on the risks of cannabis to neurodevelopment, mental health, and academic outcomes. Harm-reduction messaging is integrated into school curricula, minimizes stigma, and is relevant to lived experiences. Education should address product potency, modes of use, real-world consequences, and be delivered in a way supporting autonomy and informed decision-making. (Bishop LD, Drakes DH, Donnan JR, Rowe EC, Najafizada M., 2025) The adolescent brain is particularly vulnerable to high-potency cannabis, with risks for psychosis, depression, and cognitive impairment, which further emphasizes the urgency of targeted education and early intervention strategies (YL, 2025) (Ross JA, Levy S., 2023) (Dellazizzo L, Potvin S, Giguère S, Dumais A., 2022).

School-based prevention programs are methods for increasing knowledge and reducing first-time use among younger adolescents, though effects on older adolescents are less robust (Isensee, 2024). Pilot evaluations of existing educational toolkits should be undertaken in New Mexico (Prevention Technology Transfer Center, 2025; Network, Stanford Medicine, 2023). Cannabis use while driving, and the risk of impairment, remains a concern for this age group (Figure 10). Public health and school-based education on impaired driving need broader reach.

Figure 10. Driving Behaviors Among High School Students, New Mexico, 2023



Data Source: Center For Disease Control Youth Risk Behavior Surveillance System (YRBSS), New Mexico Youth Risk and Resiliency Survey (NMYRRS), Analyzed by New Mexico Department of Health Substance Use Epidemiology Section

Web-based and mobile app-based interventions for young adults have also demonstrated a reduction in cannabis use, but optimal duration and frequency of interventions are not yet known. Further research is needed to confirm long-term outcomes (Côté, 2024).

For adults, educational needs include accurate information about product potency, dosing, risks of dependence, impaired driving, evidence for medicinal uses, risks during pregnancy and breastfeeding, and safe storage. Older adults potentially face unique risks from cannabis use due to multiple medications, altered drug metabolism, and higher rates

of medical conditions, making education essential to prevent adverse outcomes (Wolfe , et al., 2023) (Pravosud V, Lum E, Vali M, et al., 2025). Adult education needs to be accessible, understandable, and tailored to age, life-stage, and preferred media channels; for example, older adults are more likely to respond to traditional media. (Huỳnh C, Roy S, Beaulieu-Thibodeau A, Brière-Charest K, Milot DM, 2025) (Hall W, Stjepanović D, Caulkins J, Lynskey M, Leung J, Campbell G, Degenhardt L., 2019) (Wolfe , et al., 2023) (Young-Wolff KC, Adams SR, Alexeeff SE, et al, 2024).

According to a 2025 survey, fewer New Mexicans utilize a designated driver after consuming cannabis compared to alcohol, emphasizing the need for greater awareness and understanding of the impairments associated with cannabis use. The same survey showed many users reported improper storage of cannabis (Prevention Technology Transfer Center (PTTC) Network, 2023).

Consumer Product and Safety Overview

Recommendations:

- Recommend increasing the number of compliance officers to improve regulatory compliance for dispensaries and products.
- Recommend yearly monitoring of available in-state and nationally available data and publications for signs of developing safety or toxicity concerns.
- Encourage regulation of novel cannabinoids with highest priority placed on synthetic cannabinoids such as delta-8 THC.
- Consider specific health warnings and purchase limits for high potency THC products when sold in the adult use or commercial market.

Background

There is a growing body of literature detailing potential side effects and toxicities of cannabis. These risks should be weighed against the typically greater harms of legal substances like alcohol and tobacco. A study of 400,000 adults found that among never-tobacco smokers, daily cannabis use was associated with a 29% increased risk of myocardial infarction and a 20% increased risk of stroke, with higher use linked to greater risk (Jeffers AM, Glantz S, Byers AL, Keyhani S, 2024). In a study of 13.5 million people found cannabis use disorder may play a larger role in schizophrenia than previously thought. The proportion of schizophrenia cases linked to cannabis use disorder tripled to 10%, and rates of psychosis increased by 83%, to 55 cases per 100,000 people (Myran DT, Pugliese M, et al, 2025)

Contaminants Pose Health Risks to Consumers

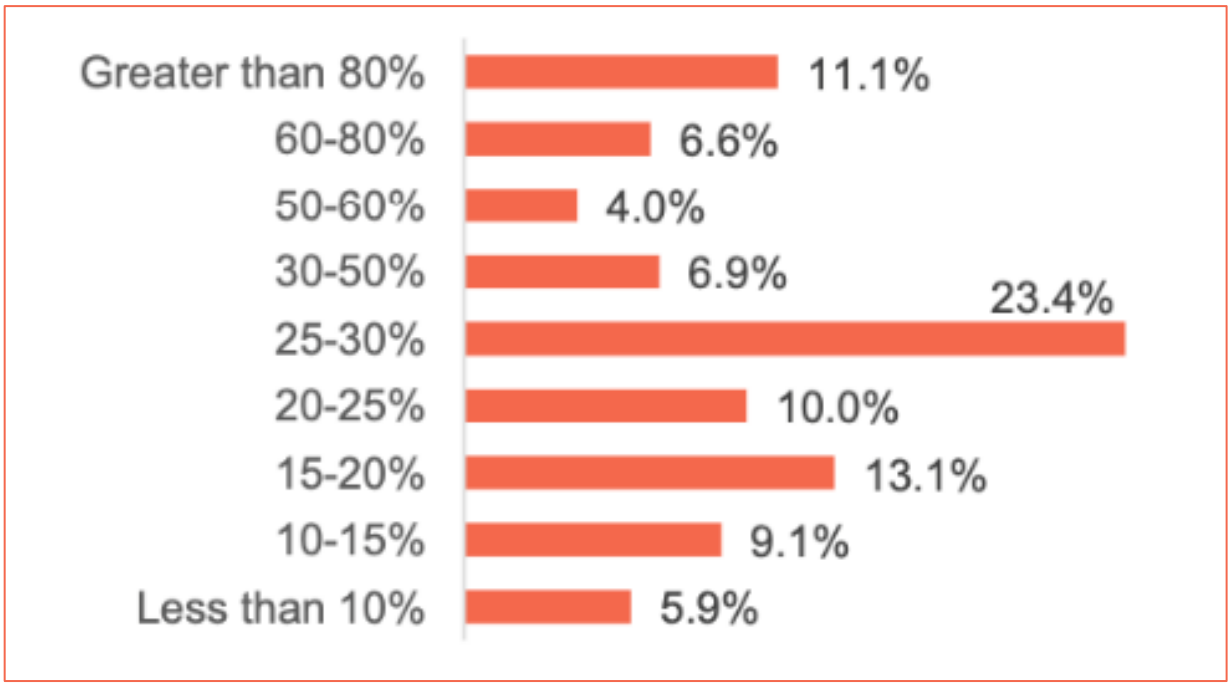
NMAC 16.7 requires cannabis products to pass tests for contaminants, including microbes, heavy metals, pesticides, and solvents. These contaminants pose significant health risks, including respiratory, reproductive, and neurological disorders (Dryburgh, Bolan, et al, 2018) (Viviers, HJ, Petz, A, Gordon, R., 2022) (Russo, 2016) .

Risks Vary with Potency of Products

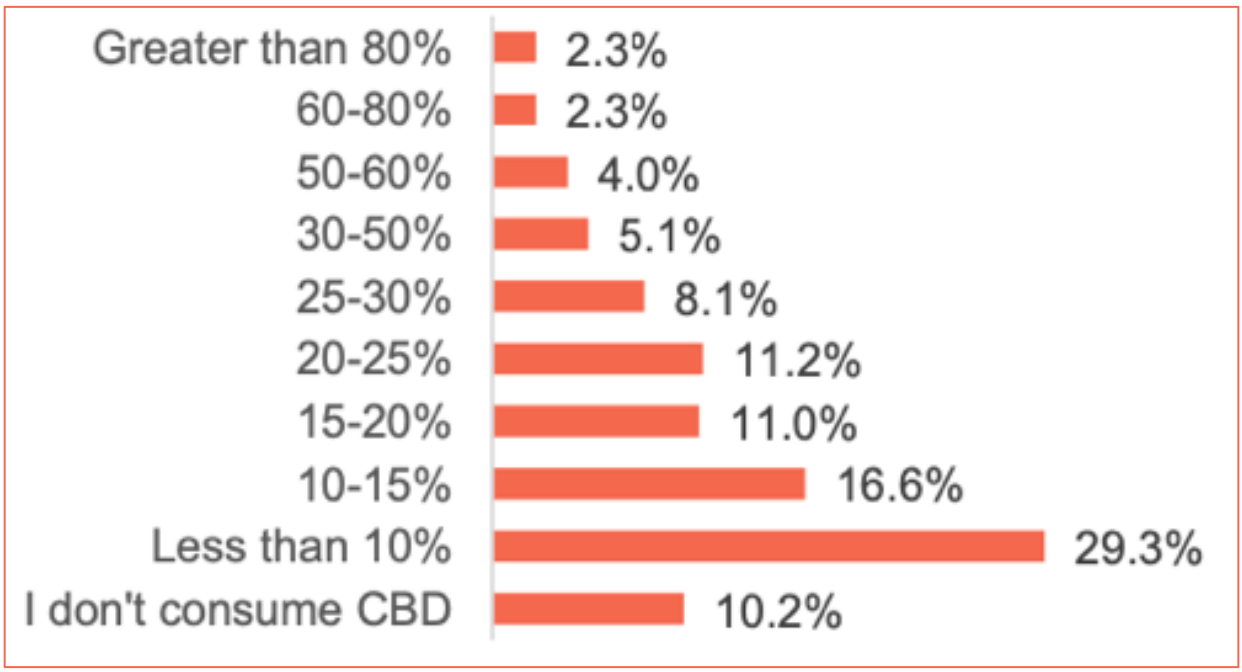
Cannabis potency is defined by its delta-9-THC content. NMAC 16.8.3.12 limits THC to 10mg in recreational edibles and 50mg in medical edibles. Studies indicate higher potency increases the risk of negative mental health outcomes, particularly in adolescents and young adults (Petrilli, K, Ofori S, et al, 2022) (Hines, LA, Freeman, TP, Gage, SH, et al, 2020)In 2024 most New Mexicans report using more than the recommended dose.

Figure 11. Average Percentages Among Those Who Consumed Cannabis in the Past Year

THC Potency



CBD Potency



Source: Public Cannabis Policy Consulting, 2025.

Figure 12. 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

Source: Cannabis Public Policy Consulting, 2025

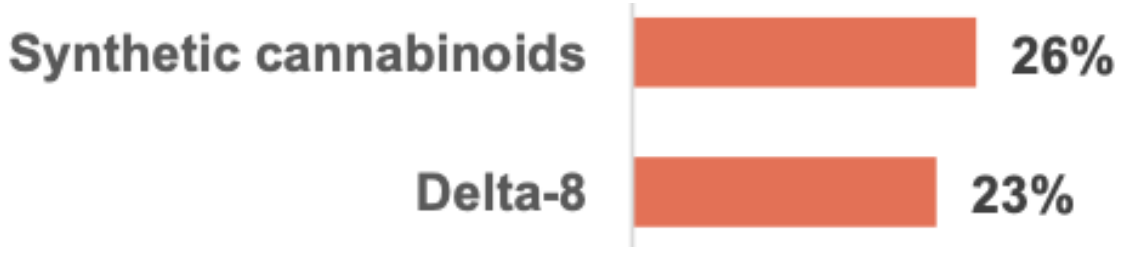
On average, participants report consuming cannabis with a potency of 25–30% THC (Figure 11 and Figure 12). However, 11% of New Mexicans report using extremely high potency products (>80% THC).

Measures taken in other states to mitigate negative effects include higher taxes on more concentrated THC products, purchase limits for THC content, adding specific mandatory health warning, limiting serving size, and requiring point of sale education about high THC product risk, labels, and dosing. Other states have had measures proposed include prohibiting marking and advertising of high THC products and raising the legal age for purchase of high potency products to 25 years old (Hines, LA, Freeman, TP, Gage, SH, et al, 2020) (Stewart K, Francis V, Wightman RS., 2023) (Xing J, Shi Y., 2025).

Novel cannabinoids pose particular risks

Delta-8-THC products are unregulated. There are no testing, regulatory, or labeling requirements (Babalonis S, Raup-Konsavage WM et al, 2021) There are no federal age restrictions on purchases or possession. It is often marketed in ways appealing to children (LoParco CR, Rossheim ME, et al, 2023). They are available at gas stations, online, and other marketplaces. They pose psychiatric and other health risks. Additionally, e-cigarette and vaping use has been associated with lung injury (Geci M, Scialdone M, Tishler J, 2023) (Ralston MJ, Osman A., 2025). The 2025 CPPC Report found 23% of New Mexico's 748 survey participants used Delta-8 THC (Figure 13). This raises a safety concern for New Mexicans using an unregulated psychoactive product.

Figure 13. Percentage of Participants Using Each Substance Within the Past Month (abridged table)



Source: Cannabis Public Policy Consulting, 2025

Poison Control Center Calls

Recommendations:

- Encourage stronger plain-packaging regulations to reduce appeal of cannabis products to children, promote lockbox initiatives, and increase public education on household risks and safe storage practices.
- Create a comprehensive dashboard for monitoring cannabis-related poison center calls and health outcomes related to cannabis consumption in New Mexico.

Background

As discussed in the 2024 "Report of the Public Health Safety and Advisory Committee" (Public Health and Safety Advisory Committee., 2025) data from the New Mexico Poison and Drug Information Center (NMPDIC) showed a significant increase in cannabis-related calls (human exposure cases reported by patients, caregivers, or healthcare providers) from 2019-2023, with a sharp rise in 2022. This data indicated most calls for children under 13 or adults over 65 were related to edibles. The most recent data from the NMPDIC is not available for this year's report.

As included in the *Child Access* section, the unintentional exposure of children to edibles is a significant source of concern with the commercialization of cannabis (NPDS, 2025) (Wong & Baum, 2019) (Matheson & Le Foll, 2020) (NPDS, 2025). This could be mitigated through the strengthening of plain packaging regulations

Cannabis edibles may pose a significant risk to older adults (65+). The NMPDIC data (Public Health and Safety Advisory Committee, 2024) and the most recent cannabis-related ED visit data in New Mexico (Figure 5 in the Emergency Department Visits and Outcomes section) commercialization of cannabis has been associated with a significant increase in cannabis-related emergency department visits in older adults (Stall, et al., 2024). Older adults may be particularly vulnerable to cannabis edibles due age-related physiological changes, multiple medication use, drug interactions, and other health

problems (Stall, et al., 2024). Clear and plain packaging and safer storage information would help prevent unintentional exposures in older adults (Richtel, 2024). Senior-specific dosing information and public education campaigns would be beneficial (Richtel, 2024).

The Impact of Cannabis Use on Rates of Alcohol, Opioid, and Other Substance Use

Recommendations:

- Expand access to evidence-based treatments for opioid, alcohol, nicotine, stimulant, and cannabis use disorders, ensuring cannabis remains a supplementary harm reduction tool.
- Develop public education on cannabis benefits and risks, promote protective behavioral strategies, and implement evidence-based policies to reduce substance use harms and enhance public health equity in New Mexico.

Background

Frequent cannabis use may increase the potential risk for developing or worsening other substance use disorders. This includes alcohol, opioids, tobacco, methamphetamines, and greater potential for developing cannabis use disorder. Some individuals in New Mexico use cannabis as a harm reduction strategy, particularly to reduce alcohol, opioid, or stimulant use (CPPC, 2025) Substituting cannabis for other substances may reduce harm when compared with the continued use of those substances, although additional research is needed to determine effectiveness. Access to evidence-based substance use treatment therapy should be prioritized.

Figure 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%

Source: Cannabis Public Policy Consulting, 2025

Evidence-based treatments for substance use disorders include behavioral health care, FDA-approved medications where available, and contingency management for stimulant use disorders.

For alcohol, evidence-based treatments such as behavioral health care and medication for addiction treatment can be effective. Recreational cannabis use may increase alcohol–cannabis co-use among adolescents and adults. Limiting retail hours, advertising, and outlet density may help reduce youth availability (Paschall MJ, 2022) (Gonçalves PD, 2023). For opioids, cannabis's harm-reduction role remains unclear with inconsistent evidence on opioid prescribing and overdose mortality (Hsu G, 2021); (Cerdá M, 2025); (Nguyen HV); (Martins SS, 2025). Cannabis should not replace proven treatments such as buprenorphine or methadone, and longstanding access barriers to

these medications should be addressed (Pham, Haigh, & al, 2021); (Gutfrucht, 2021); (Horn, 2022). For tobacco, cannabis use may hinder cessation attempts (Rogers AH, 2020), and using combustible cannabis with combustible nicotine increases health risks beyond either alone (Rooke SE, 2013). For methamphetamines, cannabis use may increase risk for substance-related complications, though some individuals report using cannabis to mitigate cravings (Millar SR, 2021); (Reddon H, 2024). Stronger evidence using cannabis for harm reduction is needed. Meanwhile, contingency management, the most effective treatment known, should be prioritized. Cannabis use disorder has increased with legalization (Lapham GT), and while no consensus medications exist, behavioral therapies can be effective (Karli K. Kondo, 2020); (Gorelick, 2023).

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