

Examination of Cannabis Consumers and Patient Experiences in New Mexico

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GENERAL POPULATION SURVEY

Executive Summary

This report details the methods and results of a research study commissioned by the New Mexico Department of Health (DOH), conducted in June 2023. The primary goal of this study was to better understand the current state of cannabis consumer and patient experiences in New Mexico. This report contains our best efforts to obtain meaningful cross-sectional data germane to public health, along with important comparisons between the present survey's findings and results from our 2022 survey. We believe that our sample (N = 625) is truly representative of the population of New Mexico and have remained deliberate in our analysis, refraining from making overreaching conclusions about populations and trends.

When juxtaposed with the fact that New Mexico implemented adult use cannabis during the 2022 patient survey, the findings from this report suggest that medical cannabis patients in New Mexico have experienced improvements in the quality of experiences with providers and greater access to reasonably priced, high-quality, and preferred medical cannabis products. Similarly, a greater proportion of medical patients are reporting use of medical cannabis for several key qualifying and nonqualifying conditions.

Delineated below are some of our principal findings, which are more thoroughly described throughout the document.

General Population Findings

- General patterns of cannabis use (methods of use, frequency of use, etc.) in New Mexico parallel national findings from other states with similar cannabis regulations. Most (53%) of cannabis consumers reported daily use with average tetrahydrocannabinol (THC) concentrations of 25–30%; however, some (11% of the population) use extremely high-potency products (>80% THC).
- New Mexico consumers spend twice as much money on cannabis as consumers in other states with adult-use and medical cannabis laws. Relatedly, cost appears to be the only reported barrier to significantly and negatively affect access.
- The vast majority (71%) of cannabis consumers tend to use their products for both recreational and medical purposes, regardless of whether they are a registered patient or not.
- Many cannabis consumers choose specific products, such as cannabis strains or high-potency cannabis, for medicinal use.
- Using a novel dose calculation, consumers of vape and concentrate products had a greater dose per occasion of THC (mg/THC) compared to those who consumed flower and edible products. The median dose per occasion among all methods of administration was overall higher than current federal recommendations.

Registered Medical Cannabis Patients

- About 46% of medical registry patients use cannabis for both medicinal and recreational purposes.
- Over 75% of patients agree that the prices for medical cannabis in New Mexico are reasonable, that there is sufficient supply of the products patients prefer, and that the cannabis is of good quality. Given the recent implementation of adult-use cannabis laws in New Mexico, these ratings strongly support overall high levels of satisfaction with the availability, quality, and pricing of medical cannabis in New Mexico.
- Many patients on the medical registry at present may experience being charged excise tax on products, despite being exempt.

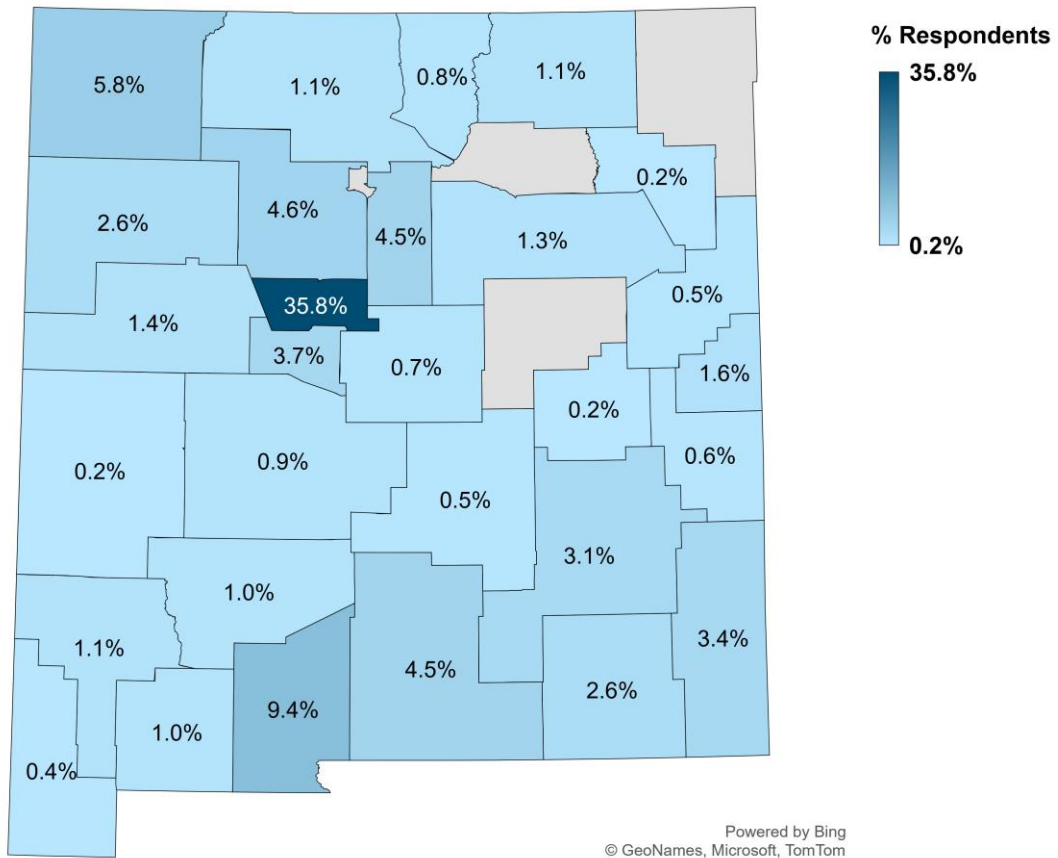
- Ultimately, patients were satisfied with their interactions with providers and found it relatively easy to enroll as a registry patient. However, finding available providers was tied for the most common cited barrier and is likely the greatest barrier, given that it occurs first in the process of enrolling.
- The majority (52%) of patients use cannabis for both qualifying and nonqualifying conditions.
 - Post-traumatic stress disorder (PTSD) and chronic pain were the most frequently reported qualifying conditions; patients seeking symptom reduction for PTSD increased since 2022.
 - Since 2022, patients increased their use of medical cannabis for support in many mental health conditions (PTSD, anxiety, depression, and problematic substance use).
 - The use of cannabis to de-escalate alcohol, tobacco, and other substance use increased, on average, from 8% to 22% from 2022 to 2023. This increase suggests that almost 1 in 4 medical patients likely use cannabis to reduce or de-escalate one or more of these substances.

Section 1. Research Design

A total of 735 participants were recruited for the quantitative survey, and after exclusionary criteria were applied, 625 participants remained. All participants included in the sample were past-year cannabis consumers.

Figure 1 shows 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 ($r = .99$), which suggests that 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 92%, as shown in Table 1. Together, these correlations strengthen our confidence that the findings shown in this report are likely to accurately reflect trends in the state of New Mexico.

Figure 1. Geographic Distribution of Survey Respondents



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Section 2. Survey Participant Characteristics

2.1 Demographic Information

Table 1. Demographic Distributions.

	Survey	New Mexico
Age (Median)	36	38
Race		
American Indian, Native American, or Alaska Native	5.3%	11.2%
Asian	1.3%	1.9%
Black or African American	6.1%	2.7%
White	70.4%	81.3%
Native Hawaiian or other Pacific Islander	5.4%	0.2%
Other	0.6%	
Multi-race	3.7%	2.7%
Gender Identity		
Male	34.3%	49.8%
Female	64.0%	50.2%
Transgender female	0.5%	
Transgender male	0.2%	
Nonbinary	0.5%	
Not included above	0.5%	
Prefer not to answer	0%	
Family Income (Median)	\$35,000	\$54,020
High School Degree or Higher	92.5%	86.8%

Key demographic characteristics of the survey respondents and the general New Mexico population reported by the U.S. Census Bureau¹ are shown together in Table 1. Most of the survey respondents were white (70.4%) and a majority were female (64%). Educational attainment and median age of the survey sample paralleled those of the actual New Mexico population. Total household income was slightly lower in our sample compared to the census.

Not listed in Table 1: 13.5% of respondents indicated that they currently reside on Native American tribal, pueblo, or sovereign land in New Mexico. Of the total respondents, 8.6% indicated that they have served in the U.S. Armed Forces, Military Reserves, or National Guard. Of individuals who indicated that they are registered medical cannabis patients, 13% reported that they are veterans.

¹ U.S. Census Bureau. (n.d.). *QuickFacts New Mexico*. Retrieved July 17, 2023, from <https://www.census.gov/quickfacts/fact/dashboard/NM/PST045222>.

Section 3. General Population Findings on Cannabis Consumption

3.1. Cannabis Use and Prevalence

All respondents in this sample indicated consuming cannabis within the past year and approximately 89% of respondents indicated using cannabis at least on a monthly basis. National population prevalence (including states with both medical and adult-use laws) shows past-month cannabis consumption at approximately 49%, suggesting that cannabis consumers in New Mexico may consume cannabis at higher frequencies than individuals in other states.

Table 2 summarizes findings from those who reported consuming cannabis products at least 1 day within the past month. The use of tinctures and topical products was lower than other methods of consumption (8.6 and 9.8 days in the last month, respectively). When examining cannabis use patterns among individuals in other U.S. states with similar medical and adult-use cannabis regulations, the data from this sample was fairly equivalent to the national data. Individuals in this sample consumed flower products slightly more often and consumed vape and concentrate products slightly less often than individuals in the national sample. Among past-month consumers, participants in this sample reported that they consume an average of 1–2 grams of cannabis per day, with an average of three use occasions per day.

Figure 2. Cannabis Use Frequency Among Respondents.

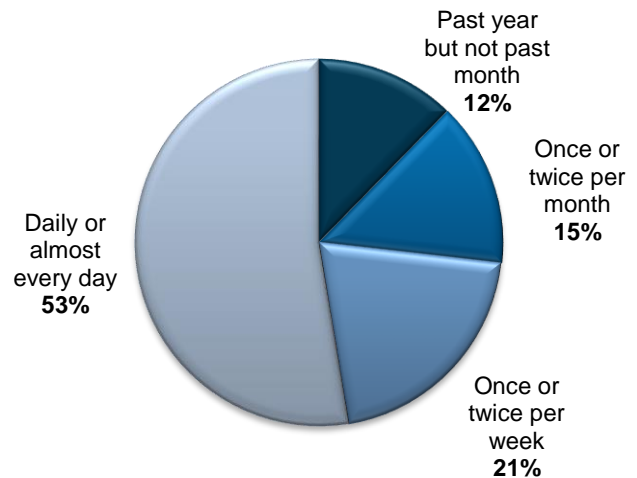


Table 2. Consumption Patterns (Days in the Last Month) Comparing New Mexico to National Data.

	Flower	Edibles	Vape	Concentrates
New Mexico	17 days	10 days	11 days	11 days
All Other Adult-Use States	16 days	11 days	13 days	12 days

Table 3. Consumption Patterns Among Past-Month Cannabis Consumers.

Average THC Potency	Average CBD Potency	Average Use Occasions Per Day	Average Grams Per Day
25-30%	20-25%	3 times	1-2 grams

The average cannabis potency participants reported consuming within the past month was 25–30% THC and 20–25% CBD

Figure 3. Typical THC Potency Among Past-Year Cannabis Consumers.

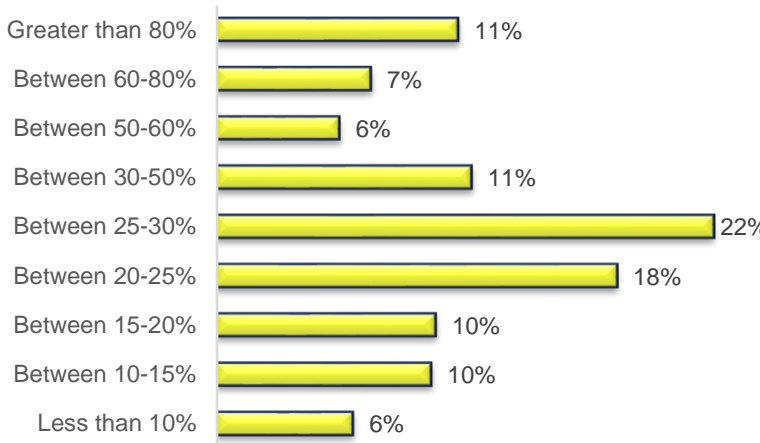
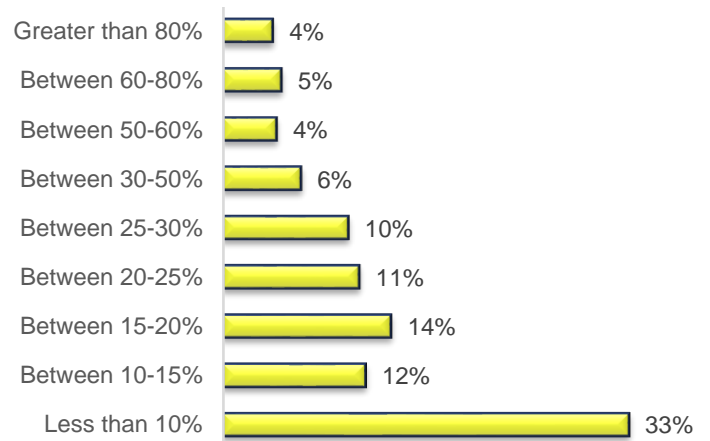
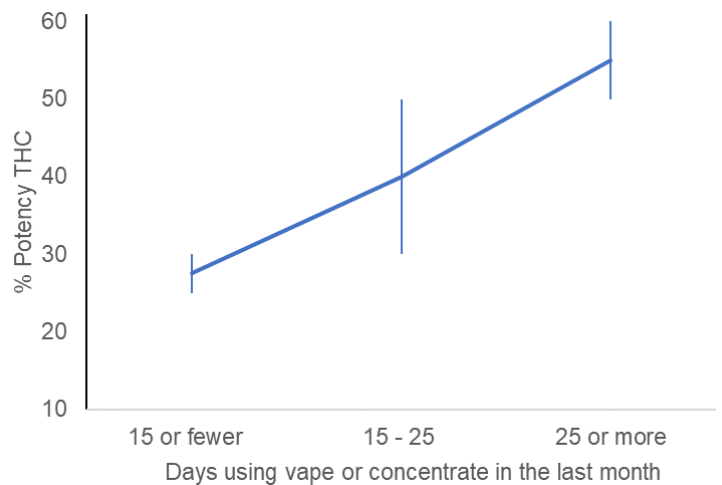


Figure 4. Typical CBD Potency Among Past-Year Cannabis Consumers.



On average, regular consumers of vape and concentrate cannabis products reported consuming higher potency products than their counterparts who preferred smoking flower or ingesting edibles. Furthermore, there was a linear trend showing that more frequent consumption of vape and concentrate products is associated with significantly higher potencies. Those who consumed concentrate or vape products on 15 or fewer days within the past month consumed an average of 25–30% THC, those who consumed concentrate or vape products between 15 and 25 days within the past month consumed an average of 30–50% THC, and those who consumed concentrate or vape products on 25 or more days within the past month consumed an average of 50–60% THC.

Figure 5. THC Potency Among More Frequent Vape and Concentrate Consumers.



Individuals who consumed vape and concentrate products more often throughout the past month (>15 days) also reported consuming cannabis more times per day (4.5 times per day, on average) compared to those who consumed these products less often (<15 days) within the past month (3 times per day, on average). Similar results were found among those who smoke flower products (4.5 times per day, on average, for those consuming flower >15 days within the past month; 2.5 times per day, on average, for those consuming flower products <15 days within the past month). This

relationship between monthly frequency and daily frequency was not observed among consumers of edibles.

3.2. Dose

Cannabis dose is a burgeoning area of interest within the scientific literature, given that the total dose consumed is a pivotal factor that contributes to both the benefits of cannabis and the potential harms. Unfortunately, no standards currently exist for calculating a dose measurement. Cannabis dose can be challenging for consumers to conceptualize, considering the diverse nature of cannabis consumption in terms of product types and potencies. Self-reports of dose can also be challenging for participants to report accurately. Because of this, we asked participants to report amount and THC potency separately per category of products within different methods of cannabis administration. Moreover, a recent scientific review of many cannabis quantification studies and approaches recently verified that asking participants about cannabis use information for each specific method or product is one of only two measurement approaches that are recommended.²

Table 4. Median Dose (mg/THC) Per Occasion by Method of Administration.

Method of Administration	Median Dose
Flower	112.5 mg/THC
Edibles	64 mg/THC
Vape	195 mg/THC
Concentrate	206 mg/THC

Past-month consumers were asked to report the number of days within the past week they consumed cannabis. Those who indicated 1 or more days of use within the past week and who also reported that this was a typical week of cannabis use for them were then asked to report the 3 most recent days they consumed cannabis within the past 7 days. Participants reported the total grams, THC potency, and number of use occasions for each day they reported consuming cannabis, for each method of administration (smoking, edibles, vaping, concentrates). To obtain a dose per occasion estimate, we used the following procedure:

- We first multiplied amount (milligrams) by potency (value between 0 and 1) for each method of administration per day to arrive at a total sum dose per method.
- We then divided this by the number of reported use occasions, to arrive at a per-occasion dose estimate for each method.

As shown in Table 4, vape and concentrates had the highest median dose per occasion (195 mg/THC and 206 mg/THC, respectively), followed by flower (112.5 mg/THC) and edibles (64 mg/THC). The differences in dose between methods of administration are sensible considering the relatively higher THC potency among most vape and concentrate products, compared to flower and edibles in particular. Currently, the scientific literature proposes a standard dose of 5 mg/THC for

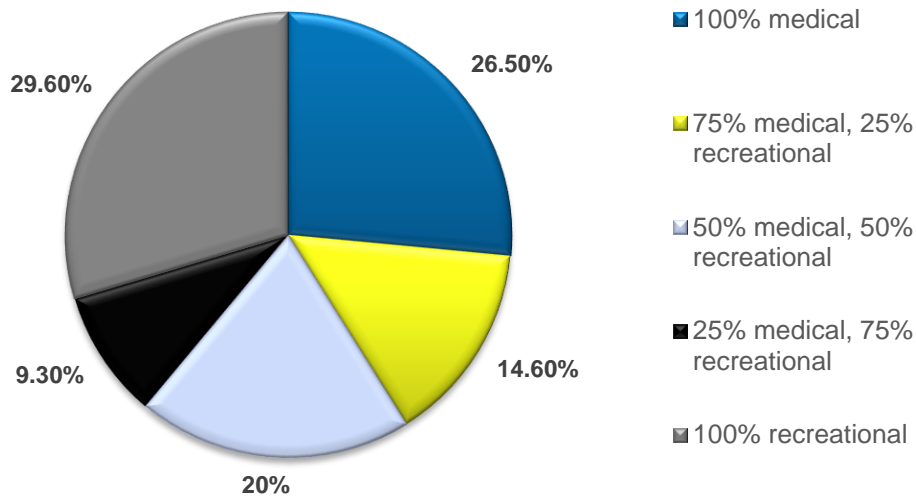
² Manthey, J., Pons-Cabrera, M. T., Rosenkranz, M., & Lopez-Pelayo, H. (2023). Measuring cannabis quantities in online surveys: a rapid review and proposals for ways forward. *International Journal of Methods in Psychiatric Research*, e1971. <https://doi.org/10.1002/mpr.1971>

safe consumption;³ ⁴ therefore, participants in this survey may be consuming higher doses of THC than is necessary. Dose findings that emerge in the scientific literature should be closely monitored to evaluate whether these doses are cause for concern.

3.3. Medical and Recreational Patterns of Use

Even those who typically consume cannabis for recreational purposes regularly utilize it for medicinal benefits. For this reason, we assessed all past-year cannabis consumers, regardless of whether they were registered medical patients. For instance, only 30% of consumers indicated that their cannabis use is *exclusively* for recreational purposes. Approximately 44% of consumers indicated that their cannabis use is for a combination of both medicinal and recreational purposes, and around 27% of consumers indicated that their cannabis use is exclusively for medical purposes. This means that the majority (71%) of respondents report using cannabis for medical benefits. Interestingly, among individuals who are *not* registered medical patients, 18% of these individuals report that 100% of their cannabis use is for medicinal purposes. This further demonstrates the prevalence of cannabis use for medicinal purposes, even among individuals who are not registered medical patients. Please refer to Table 6 for more detailed information regarding the percentages of medical and recreational cannabis consumption among all respondents (medical patients and adult-use consumers) sampled in this survey.

Figure 6. Percentage of Cannabis Consumed for Medical Versus Recreational Purposes Among Total Respondents (Medical Patients and Adult-Use Consumers).



Our findings indicate that many cannabis consumers choose specific products for medicinal use; 64% said they choose cannabis strains to treat specific medical conditions, and 58.3% said they use high-potency cannabis to treat specific medical conditions. Additionally, we found that cannabis

³ Freeman, T. P., & Lorenzetti, V. (2020). 'Standard THC units': A proposal to standardize dose across all cannabis products and methods of administration. *Addiction*, 115(7), 1207–1216. <https://doi.org/10.1111/add.14842>

⁴ Volkow, N., & Sharpless, N. E. (2021, May 10). *Establishing 5mg of THC as the standard unit for research*. Nora's Blog, National Institute on Drug Abuse. <https://nida.nih.gov/about-nida/noras-blog/2021/05/establishing-5mg-thc-standard-unit-research>

consumers who are seeking medical benefits prioritize the medical effectiveness of the cannabis products they consume, above both cost and taste/flavor. For more detailed information, please refer to Table 5.

Among individuals who reported at least some cannabis use for medicinal purposes, 22% reported that part of the reason they started using cannabis was to reduce opioid use or treat opioid cravings or withdrawal.

Table 5. Responses to the Question, “What Is Your Favorite Part of the Cannabis Product You Typically Use for Medical Reasons?”

Reasons for use	% respondents
I think it works best for my condition or symptoms	45.5%
Taste/flavor	15.4%
It is low cost	10.1%
I like the method of use	9%
I buy whatever is on sale/discounted	7.3%
Packaging looks nice	4.8%
Serving size works well for me	4.2%

Overall, there appears to be a high proportion of cannabis use for medical purposes among New Mexico respondents in this sample.

Section 3 Summary

- Patterns of cannabis use in New Mexico parallel national findings.
- The majority (53%) of cannabis consumers from our sample reported daily use.
- The majority of consumers report an average potency of 25–30% THC.
 - Some (11% of the population) use extremely high-potency products (>80% THC).
 - Those who vape and/or use concentrate products tend to use higher potencies than consumers who prefer other methods of consumption.
- 71% of cannabis consumers tend to use their products for both recreational and medical purposes.
- Many cannabis consumers choose specific products, such as cannabis strains or high-potency cannabis, for medicinal use.

Section 4. Registered Medical Cannabis Patients

4.1 Patient Characteristics

In our sample, 34% of respondents indicated that they are a registered medical cannabis patient in the state of New Mexico. For the following analyses, we focused solely on those consumers who are registered medical cannabis patients (n = 192). Of these, 23% reported being enrolled as a medical patient for more than 3 years, 33.5% have been enrolled for 1–3 years, and 43.7% enrolled within the past 12 months.

Of these cannabis registry patients, less than half (42%) reported that their cannabis use is exclusively for medical purposes. This figure is lower than our 2022 study, in which it was found that 56% of medical patients exclusively used cannabis for medicinal purposes. If this trend continues in future studies, this finding may suggest that registered patients are gravitating to more frequent recreational use as the adult-use market matures. Nearly half (46%) of registered medical patients reported consuming a combination of recreational and medicinal cannabis.

Table 6. Percentage of Cannabis Consumed for Medical Versus Recreational Purposes Among Registered Medical Patients.

Purposes of Cannabis Consumption	%
100% medical use	42.2%
75% medical use, 25% recreational use	19.8%
50% medical use, 50% recreational use	18.8%
25% medical use, 75% recreational use	7.3%
100% recreational use	12%

4.2. Enrollment and Provider Perceptions

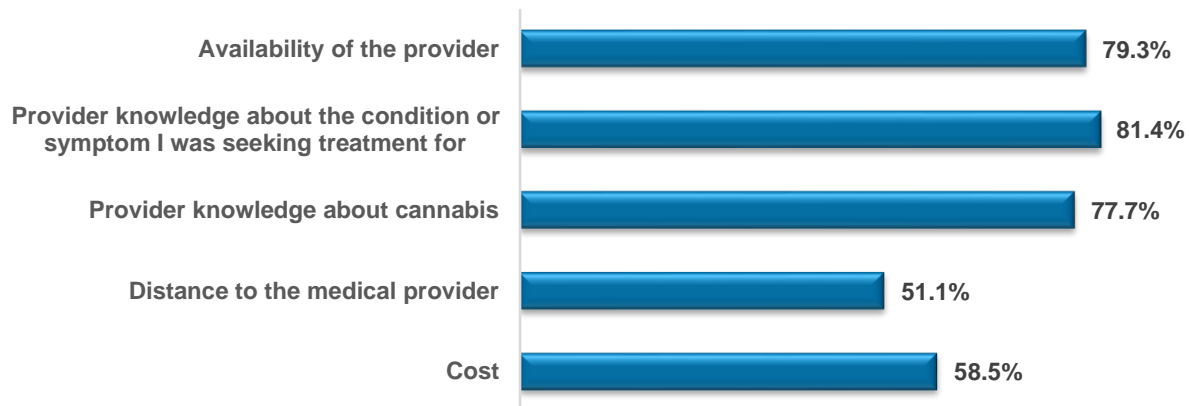
The DOH maintains an overarching goal of refining the medical cannabis program and improving patients' experiences with the program. For example, DOH is currently conducting group sessions with medical cannabis providers to foster dialogue and ultimately advance patient care. Similarly, the present study was utilized for improving the program by measuring patients' experiences with the program and medical providers. Given the dearth of scientific and evidence-based guidance currently available to medical cannabis providers,⁵ such initiatives for understanding and improving patient care, are key.

When asked how patients chose a provider to recommend cannabis to them, 35% reported that they spoke with their primary care provider, 27% reported that they met with a consultant at a dispensary, 17% reported that they received a recommendation from a friend, patient, social worker, or other,

⁵ Glickman, et al. (2020). Prescribing medical cannabis: Ethical considerations for primary care providers. *Journal of Medical Ethics*, 46(4), 227–230. <https://doi.org/10.1136/medethics-2019-105759>; Evanoff, A. B., Quan, T., Dufault, C., Awad, M., & Bierut, L. J. (2017). Physicians-in-training are not prepared to prescribe medical marijuana. *Drug and Alcohol Dependence*, 180, 151–155. <https://doi.org/10.1016/j.drugalcdep.2017.08.010>

15% reported that they spoke with a medical specialist other than their primary care provider, and 4% found a provider through an online search. When asked which factors were most important when choosing a provider to recommend medical cannabis to them, most patients (81.4%) rated provider knowledge about the condition or symptom they were seeking treatment for was the most important factor, followed closely by the availability of the provider (79.3%) and provider knowledge about cannabis (77.7%). Based on these findings, the importance of a medical provider’s knowledge outweighs other factors such as convenience (distance) and cost.

Figure 7. Factors Influencing Patients’ Decision When Choosing a Provider to Recommend Medical Cannabis.



When patients were asked to think about the medical providers that certified them in the medical cannabis program, the vast majority (74.4%) agreed or strongly agreed that their providers listened carefully; 76% agreed or strongly agreed that the provider spent enough time with them; and 83% agreed or strongly agreed that their questions and concerns were taken seriously by the provider. See Table 7.

Overall, patients found the registry enrollment process to be easy. Provided a scale of 1 (extremely easy) to 10 (extremely difficult), patients rated the process of finding a medical provider to recommend medical cannabis at 4.1 out of 10, on average, and they rated the process of enrolling as a medical patient at 3.7 out of 10, on average.

Table 7. Responses to the Question, “Think About Your Experience With the Medical Provider Who Certified You for the Medical Cannabis Program. Please Select the Option That Best Describes Your Experiences.”

They listened carefully to what I had to say:	
Strongly agree	42.8%
Agree	31.6%
Neutral	17.7%
Disagree	3.7%
Strongly disagree	4.3%
They spent enough time with me and did not rush me:	
Strongly agree	42.8%
Agree	32.7%
Neutral	15%
Disagree	4.8%
Strongly disagree	3.7%
They took my questions and concerns seriously:	
Strongly agree	46.5%
Agree	36.4%
Neutral	10.7%
Disagree	2.7%
Strongly disagree	3.7%

4.3. Qualifying and Nonqualifying Conditions

In both the 2022 and 2023 quantitative surveys, we asked patients to report the health conditions or symptoms that a medical provider recommended they use cannabis for (i.e., qualifying conditions), and the health conditions or symptoms they currently use cannabis for that a medical provider did *not* recommend (i.e., nonqualifying conditions); see frequency distributions in Tables 8 and 9.

In this sample, we found that 42% of registered medical cannabis patients reported exclusively using medical cannabis for a qualifying condition. 52% of medical patients reported using medical cannabis for both qualifying and nonqualifying conditions. This is similar to findings from the 2022 survey, in which it was found that 55% of medical cannabis patients used medical cannabis for both qualifying and nonqualifying conditions.

PTSD (62%) was the most commonly reported qualifying condition in this patient sample, followed by severe chronic pain (41%). Among use for conditions not recommended by a medical provider, sleep (69%), anxiety (68%), depression (59%), and pain (59%) were the most common.

Regression models were used to assess whether the change in percentage of each condition in the patient population from 2022 to 2023 was statistically significant, shown in Tables 8 and 9. Single asterisks indicate statistically significant changes when year and condition were modeled alone.

Double asterisks indicate statistical significance held after accounting for demographic characteristics and cannabis use frequency, which strengthens our confidence in the findings that these changes are due to a true change in frequency of the condition in the population.

Among the list of qualifying conditions (Table 8), PTSD was the only condition for which the change in percentage from 2022 to 2023 was statistically significant when accounting for demographics and cannabis use frequency. The 15% increase from 2022 suggests that over half (62%) of the patient population has obtained a medical provider's recommendation for medical cannabis treatment of PTSD. We hypothesized in our previous report that the percentage of medical cannabis recommendations for PTSD may be inflated due to its possible functioning as an umbrella condition, under which various mental health symptoms are being classified as PTSD and erroneously approved for a medical cannabis recommendation. Reports by the U.S. Department of Veterans Affairs' National Center for PTSD showing that approximately 5% of the general population⁶ and 7% of veterans⁷ will have PTSD in their lifetime may provide further support to our hypothesis of possible inflation. Importantly, accurate documentation of patients' health conditions is fundamental to providing high-quality patient care in any healthcare setting. Knowing that patients' well-being is of primary importance to DOH and the medical cannabis program, we recommend continued surveillance of medical cannabis recommendations for PTSD as well as the recently approved mental health symptoms (i.e., anxiety and insomnia) to elucidate whether PTSD is indeed acting as an umbrella condition.

⁶ U.S. Department of Veterans Affairs. (n.d.). *How Common Is PTSD in Adults?* National Center for PTSD. Retrieved July 17, 2023, from https://www.ptsd.va.gov/understand/common/common_adults.asp

⁷ U.S. Department of Veterans Affairs. (n.d.). *How Common Is PTSD in Veterans?* National Center for PTSD. Retrieved July 17, 2023, from https://www.ptsd.va.gov/understand/common/common_veterans.asp

Table 8. Percentage of Sample Reporting Obtaining a Medical Provider’s Recommendation for Qualifying Conditions: Registered Patients in 2022 and 2023.

Conditions/Symptoms	2022 Patients (%, n = 87)	2023 Patients (%, n = 192)
Post-traumatic stress disorder **	47	62
Painful peripheral neuropathy *	25	15
Severe chronic pain *	58	41
Alzheimer’s disease	4	7
Amyotrophic lateral sclerosis (ALS)	3	7
Anxiety disorder	--	79
Autism spectrum disorder	9	13
Cancer	18	12
Crohn’s disease	5	10
Damage to the nervous tissue of the spinal cord	15	22
Epilepsy/seizure disorder	14	14
Friedreich’s ataxia	3	7
Glaucoma	11	12
Hepatitis C infection currently receiving antiviral therapy	2	6
HIV/AIDS	3	8
Hospice care	12	11
Huntington’s disease	3	8
Inclusion body myositis	3	8
Inflammatory autoimmune-mediated arthritis	21	20
Insomnia	--	57
Intractable nausea/vomiting	14	19
Lewy body disease	4	5
Multiple sclerosis	8	9
Obstructive sleep apnea	16	17
Opioid use disorder	7	13
Parkinson’s disease	4	10
Severe anorexia/cachexia	9	11
Spasmodic torticollis (cervical dystonia)	5	8
Spinal muscular atrophy	6	11
Ulcerative colitis	5	9

*Statistically significant change from 2022 to 2023 in registered patient sample (p<.05)

**Statistically significant change from 2022 to 2023 in registered patient sample when accounting for frequency of past-month cannabis use, age, gender, and income (p<.05)

Among conditions for which patients reported using cannabis *without* a recommendation from a medical provider (Table 9), eight showed statistically significant increases in the last year. Four of these eight nonqualifying uses pertained to curbing substance use–related conditions. Specifically, the utilization of cannabis as a substitute for alcohol and tobacco doubled since the time of our last report. Congruently, cannabis as a substitution for other substances and the use of cannabis to alleviate the symptoms of opioid withdrawal increased fourfold in the same timeframe. These findings are paralleled by evidence in the scientific literature suggesting increasing prevalence of medical cannabis use for reducing consumption and subsequent harms of alcohol, tobacco, opioids, and other illicit substances.⁸ However, a lack of reliable evidence remains for efficacy, sustainability, dosage requirements, and many other important aspects of cannabis as a substance use intervention.⁹ Although findings from the current cross-sectional study should not be interpreted as evidence, the Department of Health should monitor emerging research and clinical trials on cannabis use for harm reduction purposes.

The remaining significant changes in percentage of cannabis use for conditions without a recommendation were for sleep, anxiety, depression, and appetite/weight management, which increased by 17%, 31%, 22%, and 18%, respectively. Notably, insomnia and anxiety disorder were added to the list of qualifying conditions by the State of New Mexico in 2023. Patients and providers alike may benefit from greater emphasis on these additions to the qualifying conditions list so that patients can obtain a recommendation and additional guidance from their medical providers on using cannabis for these conditions. Continued multi-timepoint surveillance on the trends of cannabis use for nonqualifying conditions would help the DOH to meet the evolving needs of the patient population.

⁸ 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, Article 9. <https://doi.org/10.1186/s12954-019-0278-6>

⁹ Okusanya, B. O., Asaolu, I. O., Ehiri, J. E., Jepakoch Kimaru, L., Okechukwu, A., & Rosales, C. (2020). Medical cannabis for the reduction of opioid dosage in the treatment of non-cancer chronic pain: A systematic review. *Systematic Reviews*, 9(1), Article 167. <https://doi.org/10.1186/s13643-020-01425-3>

Table 9. Percentage of Sample Reporting Cannabis Use for Conditions *Without* a Medical Provider’s Recommendation: 2023 and 2022 Surveys

Conditions	2022	2023	
	Patients (%, n = 87)	Patients (%, n = 192)	Nonpatients [^] (%, n=156)
Reducing alcohol use**	11	25	18
Reducing tobacco use**	9	24	17
Reducing other drug use**	5	21	17
Preventing/alleviating opioid withdrawal**	3	13	11
Sleep**	52	69	74
Anxiety**	37	68	74
Depression**	37	59	67
Appetite/weight**	16	34	38
Opioid use disorder treatment*	4	13	12
Pain	48	59	70
Inflammation	34	32	38
Nausea	27	30	34
Spasms	25	20	24
Headaches or eye pain	29	37	42
Skin issues	9	8	9
Opioid withdrawal symptoms	4	10	13
Reducing prescription antidepressants	20	23	24
Another type of substance use disorder	3	9	9
Other	5	4	4

*Statistically significant change from 2022 to 2023 in registered patient sample (p<.05).

**Statistically significant change from 2022 to 2023 in registered patient sample when accounting for frequency of past-month cannabis use, age, gender, and income (p<.05).

[^]Nonpatients in the 2023 sample that indicated using cannabis for medical purposes were asked to report the medical conditions for which they use cannabis.

4.4. Medical Cannabis Experiences

The DOH had received conflicting anecdotal reports from patients regarding the quality of cannabis they typically purchase after the adult-use cannabis market was implemented. For a broader understanding of the impact of adult-use regulation, we explored patients’ perceptions about the quality of medical cannabis available to them in the qualitative and quantitative portions of the study. Table 10 shows the questions and response distributions from the quantitative survey, where a majority (87.7%) of respondents agreed that the medical cannabis they typically purchase is good quality, and 80.1% agreed that the price they pay for their medical cannabis is reasonable considering the quality they receive.

Table 10. Responses to the Question, “Think About the Medical Cannabis You Purchase from Dispensaries. Please Select the Option That Best Matches Your Level of Agreement to Each Statement.”

The medical cannabis I purchase is good quality:	
Strongly agree	44.6%
Moderately agree	32.3%
Agree a little bit	10.8%
Disagree a little bit	7%
Moderately disagree	2.7%
Strongly disagree	2.7%
The price I pay for the medical cannabis is reasonable considering the quality I receive:	
Strongly agree	31.7%
Moderately agree	28%
Agree a little bit	20.4%
Disagree a little bit	8.1%
Moderately disagree	4.3%
Strongly disagree	7.5%
There is plenty of supply or stock of medical cannabis products I like:	
Strongly agree	40.3%
Moderately agree	23.7%
Agree a little bit	15.6%
Disagree a little bit	9.7%
Moderately disagree	5.4%
Strongly disagree	5.4%

Perceptions of unsatisfactory quality (12.3%) and unsatisfactory prices for the quality received (19.9%) were both associated with reports of unsatisfactory experiences with the provider that recommended medical cannabis ($r_s = .24$ to $.49$; $p_s < .001$). These findings may reflect a general dissatisfaction among a small proportion of patients. Qualitative interviewees suggested that quality may vary by dispensary, grower, or product type, while others compared local products to better products available from out-of-state cannabis markets. Interestingly, price dissatisfaction was associated with certain nonqualifying conditions; in particular, price dissatisfaction was associated with using medical cannabis to reduce tobacco consumption, mitigate opioid withdrawal symptoms, and reduce other substance use ($r_s = .15$ to $.16$; $p_s < .05$). Although we can only speculate, this finding may represent a super-sensitivity to price and product quality among polysubstance consumers. Further research on the perceptions of poor quality is warranted to identify salient themes.

4.5. Taxation

In New Mexico, the purchase of medical cannabis is not subject to excise tax, as is required for the purchase of cannabis for adult use. Prior to the implementation of this study, the DOH expressed concerns that this tax exemption was not being honored at dispensaries, and/or that medical cannabis patients were unaware of this tax exemption. Patients in this survey were prompted with a

question asking whether or not they recall if they have been charged tax when purchasing medical cannabis. Of those respondents, 38% reported that they have been charged tax when purchasing medical cannabis, 22% reported that they did not know whether they have been charged tax, and 40% reported that they have not been charged tax. Although it is optimistic that nearly half of participants reported that they have not been charged tax, there remains a sizeable number of participants who either have been charged tax or do not know whether they have been charged tax. Interestingly, in the qualitative survey, nearly 100% of participants knew they were not supposed to be charged tax on medical cannabis, and very few reported instances of being charged tax.

Section 4 Summary

- Nearly half (46%) of medical registry patients use cannabis for both medicinal and recreational purposes.
- Patients report the availability of expertise of providers were important factors in selecting a provider. Ultimately, patients were satisfied with their interactions with providers and found it relatively easy to enroll as a registry patient.
- The majority (52%) of patients use cannabis for both qualifying and nonqualifying conditions.
- PTSD and chronic pain were the most frequently reported qualifying conditions; patients seeking symptom reduction for PTSD increased since 2022.
- Since 2022, patients increased their use of medical cannabis for support in many mental health conditions (PTSD, anxiety, depression, and problematic substance use).
- Insomnia and anxiety disorder were added to the list of qualifying conditions by the State of New Mexico in 2023. Patients and providers alike may benefit from greater emphasis on these additions to the qualifying conditions list so that patients can obtain recommendation and additional guidance from their medical providers.
- The use of cannabis to de-escalate alcohol, tobacco, and other substance use seems to be an increasing phenomenon.
- The majority of respondents believe that they can purchase good-quality products at a reasonable price in medical dispensaries.
- Many patients on the medical registry may be charged excise tax despite being exempt.

Section 5. Cannabis Access

5.1. Access and Transportation

Among the total sample, a majority of participants (76%) indicated that they utilize a car to get to and from a dispensary, 11% indicated that they walk, and 5% indicated that they use public transportation. Most participants reported that it takes them 20 minutes or less each way to travel to purchase cannabis, with 36% reporting travel time of 5–10 minutes and 21% reporting 11–20 minutes.

Past-year cannabis consumers in this sample reported spending a median of \$150 on cannabis within the past month. This is double the median amount spent per month among other states with similar adult-use and medical cannabis laws (\$75/month), and higher than the median reported by consumers in the qualitative survey (\$100/month). As demonstrated in Table 11, over half (61.2%)

of participants reported that expensive prices for cannabis products have caused issues or barriers for them when accessing cannabis, and this finding is echoed as a common theme in our qualitative interviews. Optimistically, however, when considering other barriers that consumers may face when accessing cannabis, most (>70%) of respondents reported that other potential barriers (including a lack of dispensaries, long lines at dispensaries, lack of supply, etc.) were not issues for them when accessing cannabis.

Table 11. Reported Barriers and Issues Respondents Have Faced When Accessing Cannabis.

	Yes	No
Expensive prices for cannabis products	61.2%	38.9%
A lack of dispensaries near me	19.1%	80.9%
Crowded dispensaries and/or long lines at dispensaries	22.1%	77.9%
Lack of supply or stock of cannabis	28.8%	71.2%
Stigma associated with cannabis use	26.8%	73.2%
A lack of transportation options to get to & from a dispensary	29.9%	70%

5.2. Retail

A series of questions related to patients' experiences with cannabis package labeling were included in the study. Positively, nearly 75% of participants reported that the cannabis products they purchase always have labels. Participants were then prompted with a question asking them to report information that they specifically look for on cannabis package labeling (please refer to Table 12 for detailed information). Cannabinoids, strain, amount (e.g., grams), and potency were each reported by over 80% of the sample. A common anecdote among individuals in the qualitative survey was an expressed importance regarding purchasing and consuming organic cannabis. Findings from this survey support this theme, since over 40% of participants report that they look for whether the cannabis products they purchase are organic on the package labeling. Considering that there are no organic cannabis certifications in New Mexico, it may be important to further investigate these findings in future research, to better understand how cannabis products may be labeled or presented as organic to consumers.

Table 12. Responses to the Question, “When Purchasing a Cannabis Product, Do You Specifically Look for the Following Information on the Package Labeling?”

	Yes	No
Cannabinoids (i.e., THC or CBD)	85.8%	14.2%
Strain	84.4%	15.6%
Grams and/or amount of the product	83.8%	16.2%
Concentration and/or potency	80.8%	19.2%
Flavor	78.6%	21.4%
Ingredients and/or nutritional information	50.2%	49.8%
Producer and/or manufacturing information	46%	54%
Testing information	43.4%	56.6%
Whether the product is organic	41.6%	58.4%
Terpenes	39.2%	60.8%

Section 5 Summary

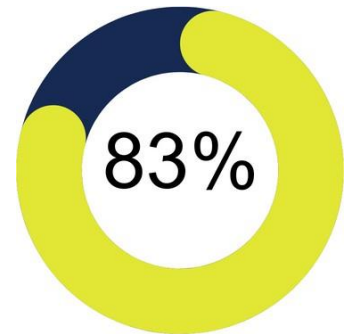
- New Mexico consumers are spending twice as much money on their cannabis relative to other states with similar adult-use and medical cannabis laws. Cost appears to be the only reported barrier to significantly affect access.
- More than half of respondents stated that they can purchase cannabis within a 20-minute radius from home.
- 40% of participants look for whether the cannabis products they purchase are organic on the package labeling.

Section 6. Healthcare Provider Experiences and Perceptions of Use

6.1. Medical Care

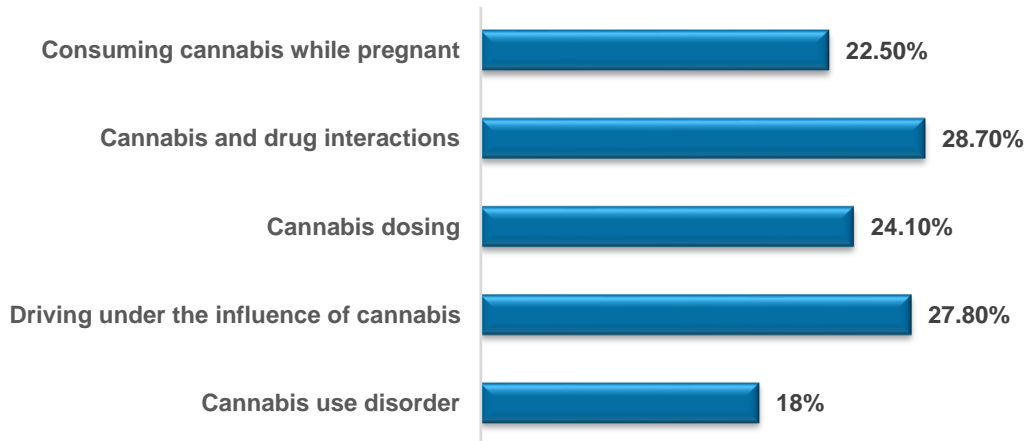
The patient-provider relationship is critical for positive healthcare experiences and overall well-being. Particularly in the context of cannabis, in which some may feel stigma associated with their consumption, it is important that individuals feel comfortable discussing their use of cannabis with their medical provider to reduce potential risks of harms. Participants in this sample were prompted with a question asking them to rate their comfort level in telling a healthcare provider that they use cannabis (1 being not comfortable at all and 10 being very comfortable); the median response among all participants was 9. This is a very positive finding, as this indicates that most cannabis consumers in New Mexico are very comfortable discussing their cannabis use with a healthcare provider. Additionally, these ratings were nearly identical between individuals who are registered medical patients and those who are not, suggesting that comfort in speaking to a medical provider about cannabis consumption does not vary depending upon general reasons for use (medical versus recreational).

Although participants in this sample reported overall positive experiences with medical providers, most reported that medical providers have never spoken with them about a variety of important topics related to cannabis use, including driving under the influence of cannabis (DUIC), cannabis dosing, cannabis drug interactions, and cannabis use disorder (CUD). Please refer to Figure 8 for more detailed information. Considering the importance of these topics to minimize risks of harm associated with cannabis consumption, it is imperative that these topics be discussed by medical providers.



% of participants reporting that their use of cannabis has never caused issues when receiving medical care or services.

Figure 8. Percentage of Participants Who Indicated “Yes” That a Medical Provider Had Spoken to Them About the Following.



Section 6 Summary

- Cannabis consumers in New Mexico, including patients and nonpatients, reported feeling very comfortable discussing their cannabis use with a healthcare provider.
- Relatively low percentages of patients indicated that their medical provider had spoken to them about potential risks of cannabis use, such as CUD, DUIC, dosing, drug interactions, and cannabis use while pregnant (18 to 29%).

Section 7. Experiences and Perceptions of Use

Of the responding participants, 49% rated weekly cannabis use as very beneficial for their mental health and 40% rated weekly cannabis use as very beneficial for their physical health. On average, most participants rated that weekly cannabis use is moderately beneficial for both their mental and physical health. Registered medical cannabis patients rated weekly cannabis use as being very beneficial for their mental and physical health slightly more than nonpatients. Although medical patients and nonpatients had equivalent ratings for quality of life and mental health, medical patients rated that they are slightly more satisfied with their physical health compared to nonpatients.

Participants were asked a series of questions about their experiences following cannabis consumption. Generally, many participants indicated that they have *not* experienced a worsening of symptoms or experiences; however, the most commonly reported side effects were changes in memory or concentration (25.6%), weight (22.6%), and anxiety (20.3%). Please refer to Table 13 for more detailed information. 53% of respondents reported experiencing at least one of these symptoms. Additional research is necessary to better understand the factors that may contribute to a worsening of symptoms among certain cannabis consumers. We recommend that anyone experiencing a worsening of physical and mental health symptoms after cannabis consumption should contact a medical professional.

Table 13. Responses to the Question, “Has Cannabis Worsened Any of the Following Symptoms or Experiences?”

	Yes	No
Memory or concentration	25.7%	74.3%
Weight	22.6%	77.4%
Anxiety	20.3%	79.7%
Paranoia	17.6%	82.4%
Headaches	15.7%	84.3%
Sleep/insomnia	12.8%	87.2%
Dizziness	11.8%	88.2%
Nausea	11.6%	88.4%
Post-traumatic stress disorder	11.6%	88.4%
Blood pressure	8.3%	91.7%
Epilepsy	6.2%	93.8%

Of responding participants, 40.1% qualified for Cannabis Use Disorder. Despite this, most (65.6%) participants reported that they have not felt like they used too much cannabis in a given setting and slightly over half of participants (56%) indicated that they have never felt like they have used too much cannabis in the last 3 months. 84% of participants indicated that they have never reached out to emergency services after feeling like they’ve used too much cannabis in the last 3 months. 86% of participants indicated that they have never had to reach out to emergency services after feeling like they used too much cannabis in their lifetime. These findings suggest a low proportion of severe negative effects following cannabis consumption among respondents in this sample.

Section 7 Summary

- Although many participants did not report problematic symptoms from cannabis use, at least half experienced some side effects. Among those who did report experiencing side effects, the most commonly reported responses included changes in memory or concentration, weight, and anxiety.

Section 8. Alternative Cannabinoids

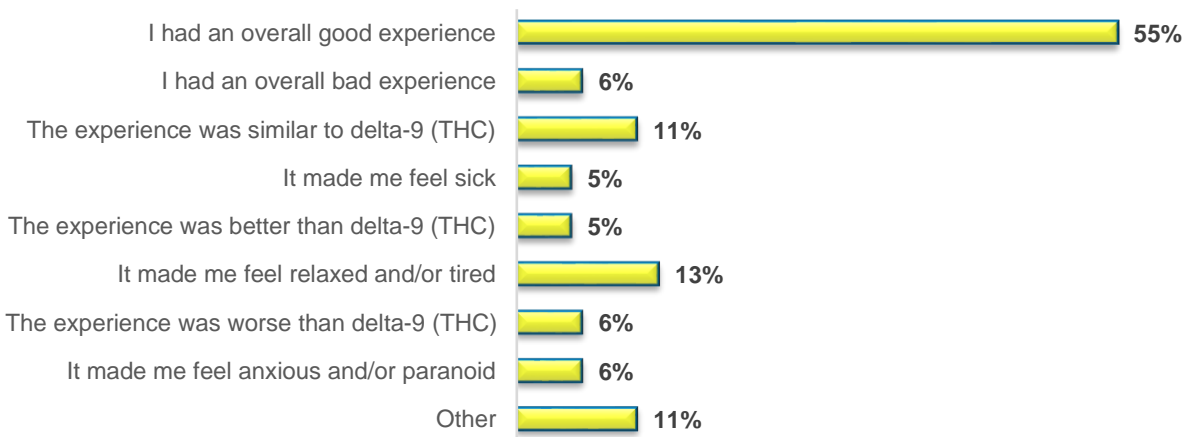
Germane to the analysis of product pricing is the assessment of alternative cannabinoid use; consumers may compensate for the high costs of delta-9 THC by purchasing alternative cannabinoid products. Frequency of various alternative cannabinoid product use is listed in Table 14. While many of those listed are included and featured in many regulated cannabis products, participants were asked to report use of products that contained a majority of cannabinoids other than Delta-9 THC, which are typically sold in convenience stores, online, and in tobacco shops. The catalogue of alternative cannabinoids is extensive and continuously evolving; although this is not an exhaustive list, it represents the most commonly used products in our most recent surveys. In many cases, over 40% of those surveyed indicated use of these alternatives in the past, and nearly a quarter have used these in the past month. Important to note is that CBD is not known to produce intoxicating effects, and others (e.g., CBN) are considered “mild intoxicants.”

Table 14. Frequency of Alternative Cannabinoid Consumption Among Respondents.

Alternative cannabinoid product	I used this in the past month	I used this before, but not in the past month	I've never used this	I don't know if I've ever used this
Delta-8 THC	15%	21%	40%	24%
Delta-8 THCO	9%	15%	48%	28%
Delta-10 THC	10%	14%	48%	28%
THCP	9%	13%	48%	31%
THCV	11%	13%	47%	29%
CBD	32%	34%	21%	13%
CBN	9%	13%	44%	34%
HHC	7%	12%	45%	37%

Of respondents who reported consuming an alternative cannabinoid at some point in the past, 30% indicated that they would be *very likely* to use an alternative cannabinoid again, 34.5% indicated that they would be *somewhat likely* to use an alternative cannabinoid again, 17.9% indicated that they would be *somewhat unlikely* to use an alternative cannabinoid again, and 17.6% indicated that they would be *very unlikely* to use an alternative cannabinoid again. Among those who chose the “other” response, most reported that they experienced little to no effect from the alternative cannabinoid, or that they did not remember their experience.

Figure 9. Reported Experiences After Using Alternative Cannabinoids.



Section 8 Summary

- The use of alternative (non—delta-9) cannabinoids is commonplace, but a most favored alternative cannot yet be identified.
- Most consumers report having pleasurable outcomes with these other substances despite being able to reliably discern the psychoactive effects from delta-9 THC; these alternatives may not be a suitable substitute.

MEDICAL PATIENT INTERVIEWS

Section 9. Qualitative Interviews

Overview and Important Themes

The following section of this report details findings from a series of qualitative research interviews, conducted in spring 2023. The qualitative research interviews occurred separately from the general population survey and included only those who were certified medical cannabis patients in New Mexico. These interviews were conducted with a goal of better understanding the medical cannabis patient experience in New Mexico, including experiences with medical providers and the medical cannabis program as a whole.

Data from a total of 49 participant interviews were utilized to inform the following section of this report. Results are reported in terms of the number of participants who provided a response to each respective question. Main findings from these interviews are presented in the remainder of this report; however, several consistent themes arose across participant interviews that are important to note:

- Many participants indicated a desire to include a quick-response (QR) code on cannabis package labeling to obtain more information about the product, such as safety information, testing information, and/or effects of the product.
- Although participants generally indicated that they feel like they know what they are getting based on cannabis package labeling, many mentioned that the text on the cannabis package labeling is too small to read. Some mentioned that because of this, they rely on budtenders to read the labeling information to them.
- Many participants utilize and prioritize promotional deals/sales to save money on medical cannabis.
- Participants often reported that they specifically choose to purchase organic cannabis or only purchase from organic dispensaries.
- Procedures to check medical card and ID appear to vary by dispensary. Some participants reported that they present their medical card and ID only when they first enter a dispensary, others present this information only while checking out, whereas others are required to present this information at both points.

9.1 Programmatic Experiences and Cannabis Access

- Over half of participants have utilized the New Mexico Department of Health website to find information relating to becoming a medical cannabis patient, understanding participating as a medical cannabis patient, and finding educational materials related to cannabis use.

Table 15. Responses to the Question, “Have You Used the New Mexico Department of Health Website to Find Information Related To?”

	n	%
Becoming a medical cannabis patient	35	71%
Better understanding participating as a medical cannabis patient	28	57%
Finding educational materials related to cannabis use	25	51%

- 53% (26) of participants reported that they have not faced barriers or issues when accessing cannabis.
 - For those who did report barriers or issues, the most common responses were distance to travel to a dispensary (9), lack of supply/stock of medical cannabis products (8), financial constraints/expensive prices (7), less assistance for medical patients at dispensaries (3), long wait times and/or limited hours at dispensaries (3), and stigma associated with obtaining cannabis (2).
- 94% (46) of participants said that they utilize a personal vehicle to access cannabis. Other responses included public transportation and walking.
- Participants were asked how the legalization of adult-use/recreational cannabis has affected their access to cannabis, the supply/stock of cannabis, and the price of cannabis. Detailed findings for each of these questions can be found in Table 16.

Table 16. Responses to the Question, “How Has the Legalization of Adult-Use/Recreational Cannabis Affected Your Access to Cannabis, the Supply/Stock of Cannabis, and the Price of Cannabis?”

Access to cannabis	# of responses	%
Improved/easier access	18	37%
No change/no opinion	14	29%
Less availability of products and/or less service for medical patients	7	14%
Prices have increased	6	12%
Dispensaries are more crowded/longer lines	6	12%
Prices have decreased	3	6%
Supply/stock of cannabis		
No change/no opinion	24	50%
Less supply and/or difficulty finding products	17	35%
Increased supply and/or easier access to products	5	10%
Supply/stock issues at the beginning, but not anymore	3	6%
Price of cannabis		
No change/no opinion	22	45%
Prices have increased	16	33%
Prices have decreased	11	22%

9.2 Medical Provider Experiences

- Although most (46) participants said they have a main healthcare provider/primary care provider (PCP), most (34) participants said the provider who certifies them for the medical cannabis program is *different* than their main healthcare provider/PCP.
 - 14 participants reported that they asked their PCP to certify them for the medical cannabis program but were denied due to a lack of knowledge about cannabis, concerns related to cannabis use, or because cannabis is not federally legal and/or the provider was not certified to recommend cannabis.
 - 2 participants specified that their PCP is associated with a federally regulated healthcare system (i.e., Department of Veterans Affairs) and therefore could not certify. Many other participants did not elaborate as to why their provider was not certified to recommend medical cannabis (i.e., whether they were associated with a federally regulated healthcare system or whether their provider had not completed the necessary paperwork to certify).
 - 4 participants indicated that they *did not know* they could have asked their PCP to certify them for the medical cannabis program.
 - 5 participants specified that their PCP and/or the hospital they are associated with has a known bias against cannabis use and therefore they did not feel comfortable asking their PCP to certify them for the medical cannabis program and/or were denied by their PCP for these reasons.
- When asked how participants chose a provider to recommend them for the medical cannabis program, the most common responses were convenience and/or proximity to provider, quality of care/physician knowledge, cost, or by referral/online search.
- 94% of participants said that their use of medical cannabis does not cause issues with receiving medical care or services.
 - For those who said that their use of medical cannabis does cause issues with receiving medical care or services, the reasons were related to perceived physician bias against cannabis use.
- 85% of participants reported that the medical provider who certified them for the medical cannabis program *verbally* presented information about cannabis use disorder, driving under the influence of cannabis, dosing, or drug interactions; 66% of participants reported that this information was provided to them via websites or other written materials.
- Although most participants (45) said that they feel comfortable asking the medical provider who certified them for the medical cannabis program questions about cannabis, many participants also expressed that they feel like they know more about cannabis than their medical providers and/or would choose to research their questions independently.
- The qualifying health conditions or symptoms that participants most commonly reported using cannabis for that a medical provider *did recommend* are severe chronic pain, PTSD, and anxiety disorder.
- The nonqualifying health conditions or symptoms that participants most commonly reported using cannabis for that they said a medical provider *did recommend* are depression, gastrointestinal (GI) disturbances, and insomnia.
- The health conditions or symptoms that participants most commonly reported using cannabis for that a provider *did not recommend* are insomnia, anxiety/depression/mood, and pain and/or headaches.
 - Most participants who reported using cannabis to treat pain (*not recommended* by a medical provider) did not provide additional information regarding the type of pain they experience. One participant specified that they experience pain from deteriorating joints and another specified that their pain occurred while recovering from surgery.

- Please refer to Tables 17 and 18 for more detailed information.

Table 17. Health Conditions or Symptoms Recommended by a Medical Provider, Separated by Qualifying and Nonqualifying Conditions.

What health conditions or symptoms has a medical provider recommended that you use cannabis for? ¹⁰		
Qualifying Conditions	n	%
Severe chronic pain	24	49%
Post-traumatic stress disorder	20	41%
Anxiety disorder	11	22%
Inflammatory autoimmune-mediated arthritis	6	12%
Cancer	5	10%
Painful peripheral neuropathy	3	6%
Multiple sclerosis	2	4%
Crohn's disease	2	4%
Seizure disorder	1	2%
Severe anorexia	1	2%
Nonqualifying Conditions		
Depression and/or unspecified "mental health" concerns	4	8%
GI disturbances and/or loss of appetite	4	8%
Insomnia	4	8%
Migraines	2	4%
ADHD	1	2%
Diabetes	1	2%
Restless leg syndrome	1	2%
Traumatic brain injury	1	2%

Table 18. Health Conditions or Symptoms Not Recommended by a Medical Provider.

What health conditions or symptoms have you used cannabis for that a medical provider did NOT recommend?		
Conditions or Symptoms	n	%
Insomnia/sleep problems	19	39%
None	18	37%
Anxiety, depression, and/or mood	10	20%
Pain and/or headaches	10	20%
Loss of appetite and/or nausea	4	8%
ADHD	2	4%
Addison's disease	1	2%
Fibromyalgia	1	2%
Hypothyroidism	1	2%
PTSD	1	2%
Seizures	1	2%
Side effects from chemotherapy	1	2%
Transition away from opioids	1	2%
Traumatic brain injury	1	2%

¹⁰ This list is based on the qualifying conditions at the time of data collection, prior to the addition of insomnia as a qualifying condition as of June 1, 2023. For more information on current qualifying conditions, please visit <https://www.nmhealth.org/about/mcp/svcs/hpp/>

9.3 Price, Quality, and Contaminants

- The median amount spent per gram on cannabis flower products in the past 30 days was \$10/gram.
- The median amount spent by those reporting purchasing cannabis in the past week was \$45.
- The median amount spent by those reporting purchasing cannabis in the past month was \$100.
 - Importantly, there was a wide range of responses to this question (\$25–\$1,000).
- Participants reported that they consider a fair price per gram of medium quality flower product to be \$7.
- 96% (47) of participants said they **do know** that they are not supposed to be charged tax when purchasing medical cannabis, and many expressed gratitude for this.
 - 2 participants specified that they recall being charged tax on their medical cannabis at some point, but they could not remember details as to when this occurred.
- 82% (40) of participants reported that the quality of the medical cannabis products they purchase from dispensaries is good quality and/or report no issues with quality.
- 35% (17) of participants **do not** think the price they pay for medical cannabis is reasonable considering the quality they receive.
 - The most frequently reported reasons were 1) prices are too expensive in general, 2) prices are less expensive in other states, 3) prices and products vary too much by dispensary.
- Most (82%) of participants reported that they think about the fact that cannabis can contain contaminants.
 - 8 participants specified that they choose to purchase organic cannabis due to concerns about contaminants.
 - Although many participants said that they would pay more money for increased cannabis testing, some specified that they would only do so if the price increase is reasonable and/or the testing resulted in higher quality products.
 - 2 participants indicated that they would prefer mandatory organic regulations for cannabis and/or would choose to purchase organic cannabis rather than paying more money for increased testing for contaminants.

Table 19. Responses to the Question, “Do You Think About the Fact That Cannabis Can Contain Contaminants?” and Follow-Up Responses.

Do you think about the fact that cannabis can contain contaminants?	# of responses	%
Yes	40	82%
No	6	12%
I don't know	3	6%
Level of concern:		
I am not concerned about contaminants	21	43%
I am concerned about contaminants	16	33%
I purchase organic cannabis for this reason	8	16%
Not too concerned, there are contaminants in any food we consume	7	14%
Would you be willing to pay more for increased testing?		
I would pay more money for increased testing	19	44%
I would not pay more money for increased testing	11	26%
Only pay more if increased testing resulted in higher quality products	7	16%
Only pay more if the price increase was reasonable	6	14%
Would prefer purchasing and/or mandating organic medical cannabis	2	5%

9.4 Labeling

- **75%** of participants reported that the labeling on medical cannabis products is **easy** to understand.
 - Of those who reported that the labeling is **hard** to understand, the most common reasons were, 1) the print/font is too small to read, 2) dose/serving information is difficult to understand, 3) limited/confusing information about terpenes, cannabinoids, and/or effects of the product.
- Participants reported that they most commonly look for THC/CBD concentration and/or potency, strain, grams/amount/number of servings, and testing information on the product labels of medical cannabis. Detailed information can be found in Table 20.

Table 20. Responses to the Question, “When Deciding to Purchase a Medical Cannabis Product, What Kind of Information Do You Specifically Look for on the Product Label(s)?”

	# of responses	%
THC/CBD concentration and/or potency	38	79%
Strain	27	56%
Grams/amount/number of servings	13	27%
Testing information	9	19%
Producer and/or manufacturing information	8	17%
Terpenes	5	10%
Ingredients, nutritional information, and/or whether it is organic	4	8%
Effects and/or flavor	4	8%
Other cannabinoids	3	6%

- When asked to identify other information that would be helpful to include on the labels, the most common responses were strain information (7), effects of the product (6), QR codes with additional information about the product and/or safety information (6), additional testing information (6), manufacturer/cultivator information (5), terpene information (5), and bigger font/text (3).
- **49%** of participants said that the labeling of the medical cannabis products they purchase **would not** appeal or be of interest to children.
 - Of those who indicated that the labeling of medical cannabis products **may** appeal or be of interest to children (**37%**), the most common reasons were due to bright and colorful labeling or that the labeling closely resembles candy and/or shows pictures of candy or chocolate.
 - Most participants specified that the cannabis products that would most likely appeal or be of interest to children are **edible** cannabis products, compared to flower or concentrate products.