Report of the Public Health and Safety Advisory Committee

Last Updated: December 2024

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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).

Pursuant to New Mexico Statutes section, 26-2C-4, the Department of Health (DOH) was directed to appoint a "public health and safety advisory committee" of up to 15 professionals with relevant expertise. The PH&SAC held its first meeting on December 15, 2021. This committee must provide an annual report to the NM legislature and DOH on the health effects of cannabis legalization with the first report due December 2024. The Public Health and Safety Committee formed subcommittees to consider these eight focus areas:

- Child access
- Road safety and driving while impaired
- Workplace safety
- Percentage of emergency room visits and outcomes
- Educational needs for children and adults
- Consumer and product safety
- Percentage of poison control center calls
- Impact of cannabis use on rates of alcohol, opioid, and other substance use

Priority Recommendations from the Committee:

- Establish a dedicated Cannabis Epidemiologist position within the Department of Health (DOH). This role will support research and provide recommendations on the health outcomes of cannabis users and nonusers, including those indirectly affected by cannabis use, and address critical gaps in the existing public health data infrastructure.
- Prioritize resource development and the creation of a comprehensive dashboard for monitoring public health outcomes related to cannabis consumption. This will allow for more effective tracking and response to emerging trends.
- Allocate resources to provide individuals who use cannabis with secure lockboxes for safe storage, thereby reducing childhood (and other vulnerable population) access, and preventing unintentional exposure and harms.

- Increase resources to develop, implement, and evaluate public education campaigns promoting safer cannabis storage and use. These campaigns should emphasize harm reduction and prevention strategies, with a focus on potentially high-impact populations including children, adolescents, pregnant individuals, drivers, and safety-sensitive workers.
- Ensure policy, resource development, and educational programs include Tribal consultation under the State Tribal Collaboration Act Section 3C in order to provide appropriate development and implementation of policies, agreements, and programs related to cannabis and which may affect America Indians or Alaska Natives.
- Strengthen packaging and labeling requirements to reduce the appeal of cannabis to children and adolescents.
- Ensure determinations regarding qualifying conditions for medical cannabis are based on rigorous, evidence-based research which align with best practices in public health and safety.

Section 1: Child Access

Recommendations:

- Support educational campaigns, resources, and tools such as lockboxes for safe storage to reduce child and adolescent access to cannabis. (See also Section 7)
- Establish a dedicated Cannabis Epidemiologist and develop more robust data tracking mechanisms will improve data identification, aggregation, and analysis to identify trends and help advise interventions to reduce cannabis use among minors.
- Strengthen packaging and labeling requirements to reduce the appeal to children.

Summary:

- With cannabis legalization in New Mexico, unintentional cannabis exposures in children have become a growing concern, particularly due to the appeal and accessibility of edible products like gummies and baked goods. Poison center calls in New Mexico for cannabis exposures in children aged 0-5 more than doubled between 2019 and 2023, with over half involving edibles.
- Cannabis use among adolescents in New Mexico has also historically been higher than the national average, and cannabis-related emergency visits have risen since 2019. Early cannabis use in youth is linked to long-term cognitive and psychiatric risks, highlighting the need for targeted prevention and monitoring efforts.

Background:

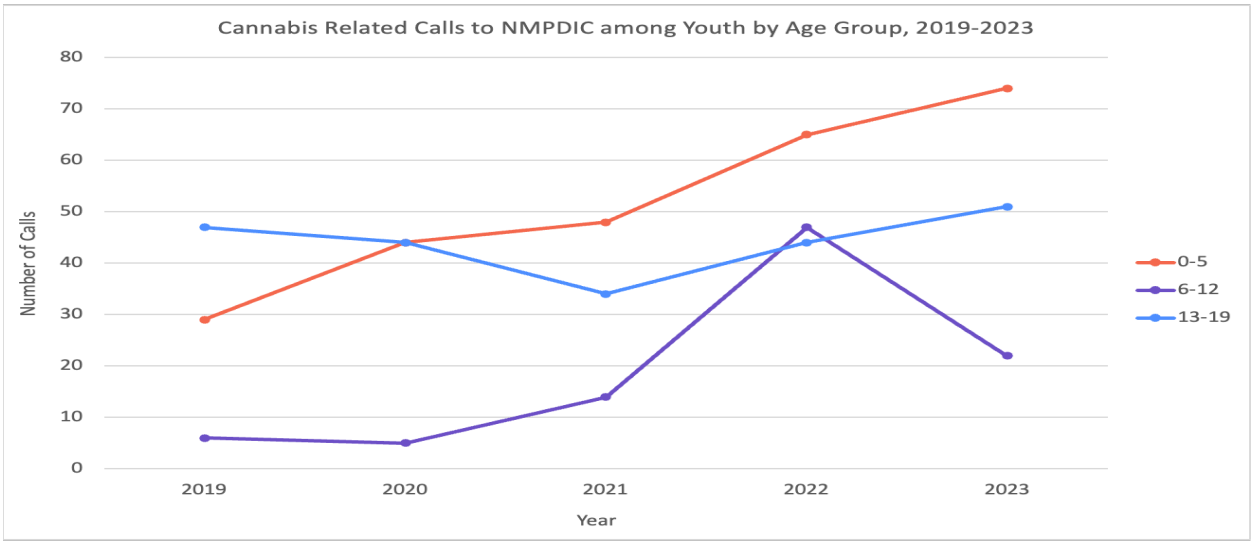
Unintentional Cannabis Exposure in Children

Since legalization of cannabis in NM, unintentional cannabis exposures in children is an area of significant interest and concern. Studies from states like Colorado show a rise in poison center calls and emergency department visits for unintentional exposures, particularly involving edibles that resemble candies or baked goods, particularly among young children at home.[1-3] Cannabis edibles are of most significant concern when considering unintentional exposures in children.[3] In young children, the most common unintentional exposure is in the child's home, and use is most often reported after consuming an edible form of cannabis.[1,2] Multiple studies show increases in unintentional pediatric ingestions of cannabis edibles after legalization.[1-3] Edible products are particularly attractive to, and easily consumed by younger children as they are often in the form of baked goods (e.g. cookies, brownies),

chocolate bars, gummies, and hard candies. Products are often in brightly colored, enticing packaging that is identical in style to how candy and snack products are marketed. These products often contain multiple doses in one package, and a child does not recognize the need to stop after a single dose.[1] The concentration of THC in edibles poses a particular risk, as children may ingest large amounts before the effects manifest (see section 6).[2,3]

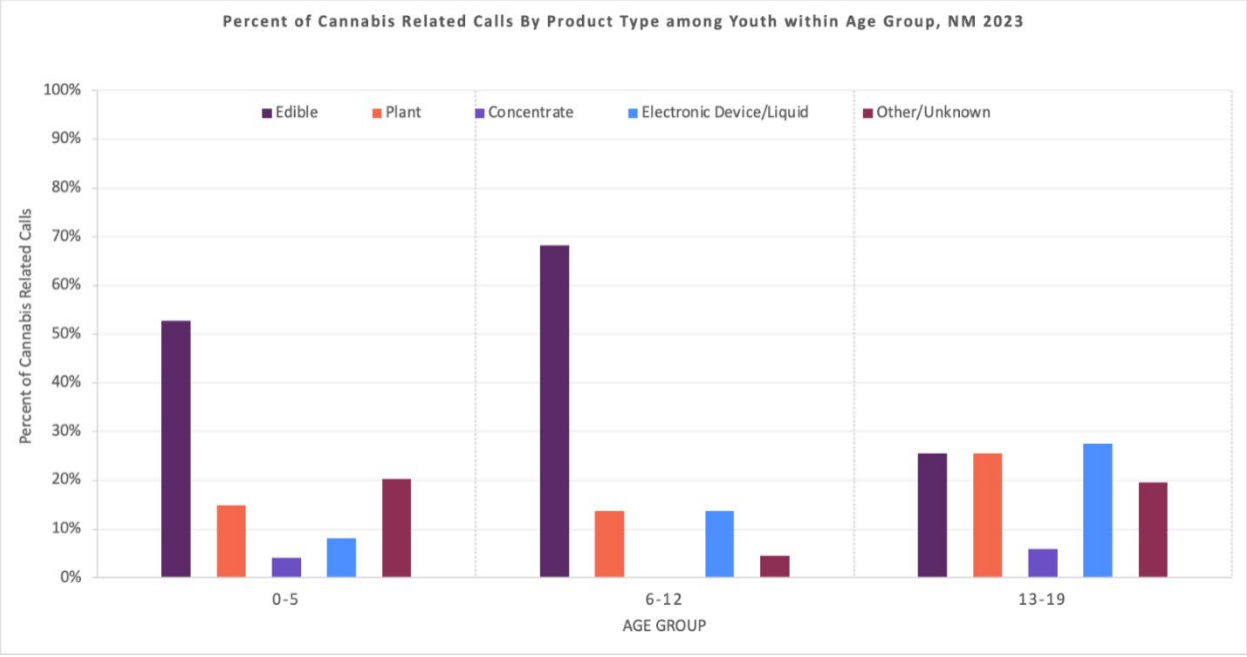
The New Mexico Poison and Drug Information Center (NMPDIC) from 2019-2023 reports a more than doubling of the number of cannabis related calls for the 0-5 age group, with over half involving edible products (Figure 2). There were also increases in calls for children ages 6-12 (Figure 1). Figure 2 shows cannabis related calls by type of product, highlighting the large volume due to edible products. Cannabis-related emergency department visits in children have also increased; rates of cannabis-related hospitalizations remain stable (Figures 3-5).

Figure 1. Cannabis related calls to the New Mexico Poison and Drug Information Center from 2019-2023



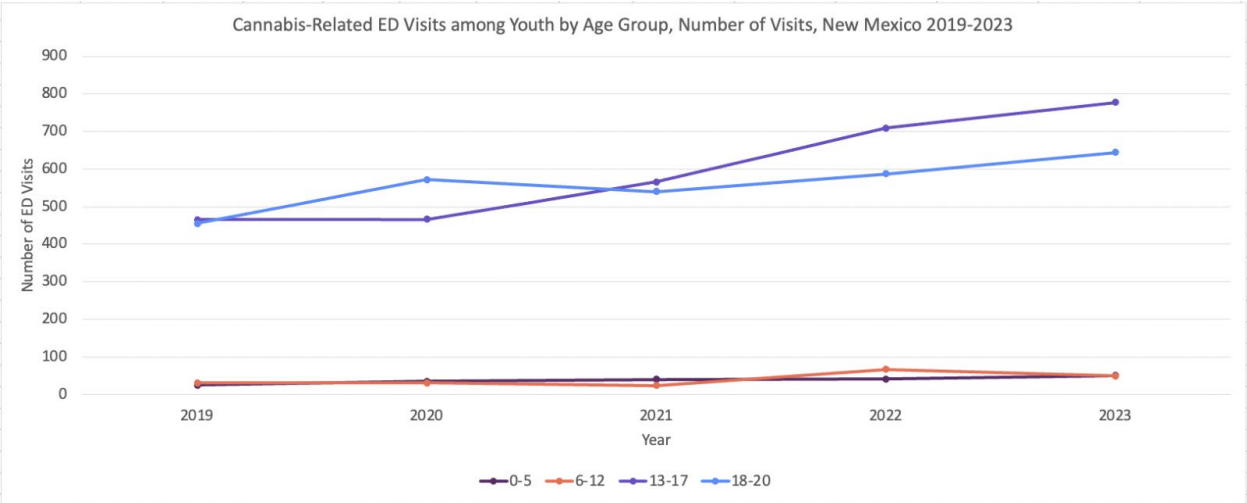
Data Source: National Poison Data System (NPDS), New Mexico Poison and Drug Information Center (NMPDIC), analyzed by NMDOH Substance Use Epidemiology Section

Figure 2. New Mexico Poison and Drug Information Center from 2019-2023, by Product and Age



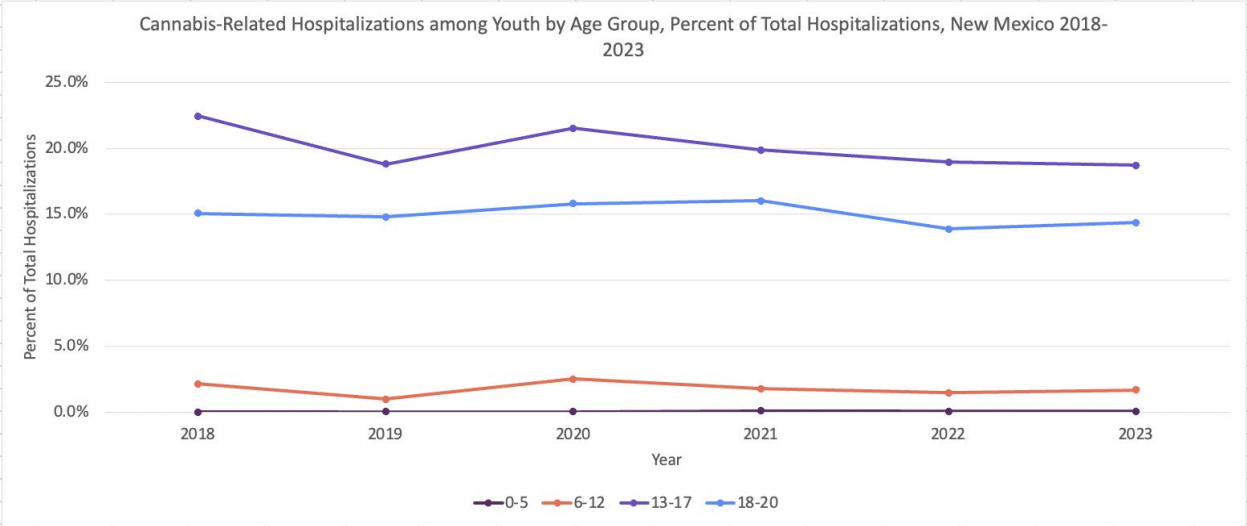
Data Source: National Poison Data System (NPDS), New Mexico Poison and Drug Information Center (NMPDIC), analyzed by NMDOH Substance Use Epidemiology Section

Figure 3. Cannabis-Related Emergency Department Visits from 2019-2023, by Age Group



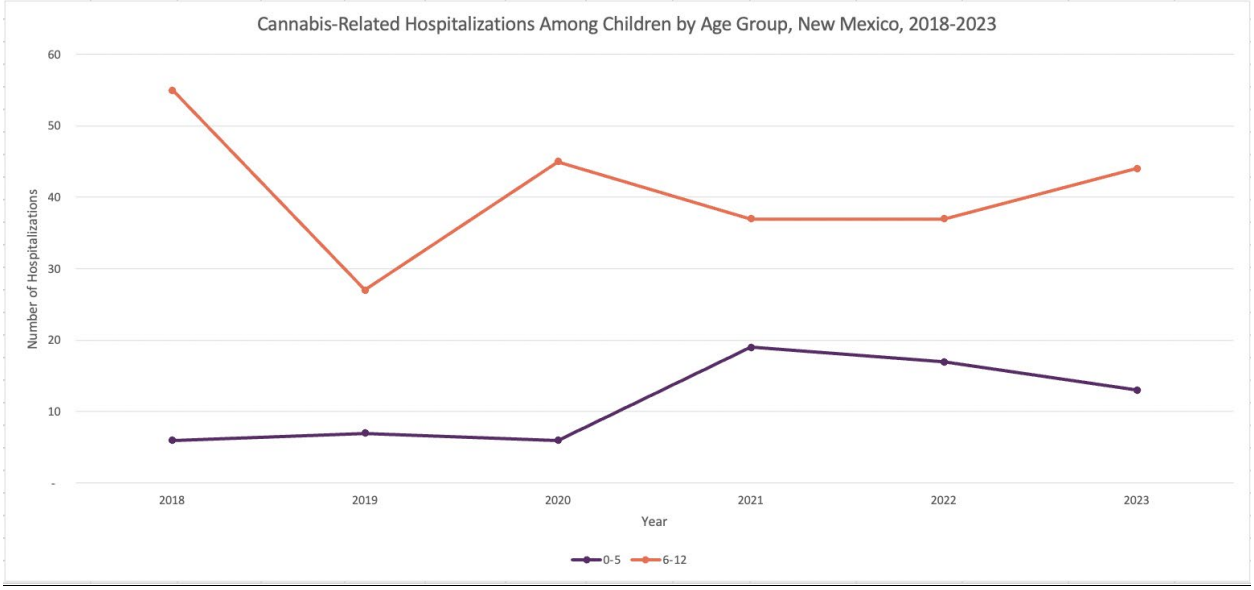
Data Source: NMDOH Syndromic Surveillance Emergency Department Files analyzed by NMDOH Substance Use Epidemiology Section

Figure 4. Cannabis-Related Hospitalizations from 2018-2023, by Age Group



Data Source: NMDOH Hospital Inpatient Discharge Dataset (HIDD) analyzed by NMDOH Substance Use Epidemiology Section

Figure 5. Cannabis-Related Hospitalizations from 2018-2023, by Age Group, Among Children



Data Source: NMDOH Hospital Inpatient Discharge Dataset (HIDD) analyzed by NMDOH Substance Use Epidemiology Section

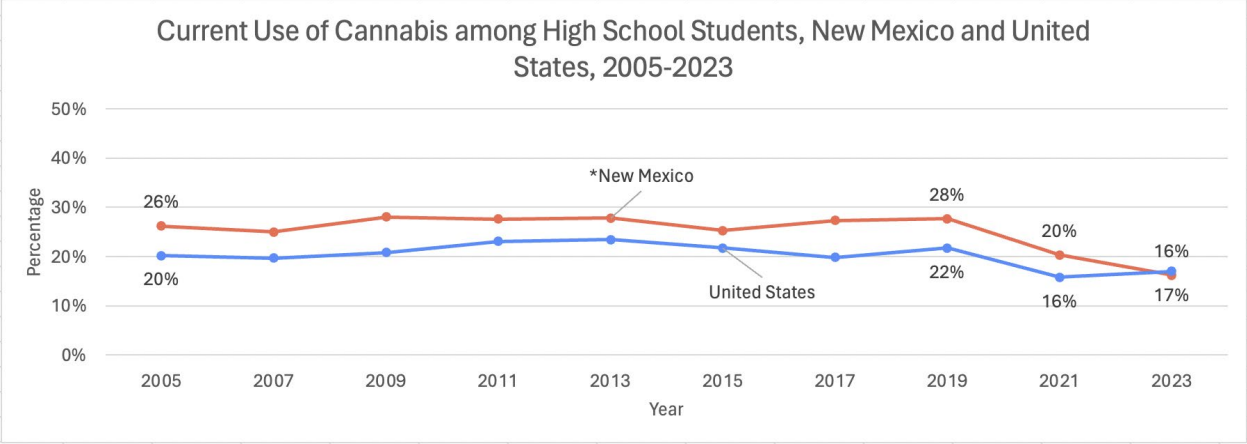
Cannabis Use in Adolescents and Young Adults

Legalization or adult use cannabis has been associated with increased cannabis use and related harms in adolescents and young adults.[2,4] Cannabis use in adolescents impacts neural development resulting in decreased neurocognitive functioning, lower IQ and executive functioning. Early cannabis use is a risk factor for academic underachievement and being less likely to graduate high school or to complete a post high school degree.[5,6] Initiation of cannabis use in adolescence is associated with greater risk of developing cannabis use disorder,[6,7] greater risk of use of illicit substances, and development of mental illness including psychotic disorders, anxiety, depression, and suicidality.[2,6,8]

In New Mexico, cannabis use among high school students has historically been higher than the national average (Figure 6). However, there has been a reduction in reported use for 2023 which brings New Mexico slightly lower than the national average. It is premature to conclude if this 2023 reduction will continue and establish as a trend.
Cannabis-related emergency department visits for youth aged 13-20 years have risen since 2019 (Figure 7). While hospitalization rates have remained stable (Figure 4), the increase in emergency visits suggests a rising frequency of cannabis-related adverse events in this population (Figure 7).

Ongoing surveillance is needed to differentiate the impact of cannabis legalization from other factors, such as the COVID-19 pandemic, which may have contributed to increased substance use and mental health issues in both children and young adults.[9,10]

Figure 6. Cannabis Use Among High School Teens



Data Source: Center for Disease Control Youth Risk Behavior Surveillance System (YRBSS), New Mexico Youth Risk and Resiliency Survey (NMYRRS), analyzed by NMDOH Substance Use Epidemiology Section

Children who were hospitalized in Colorado and had a parent participating in a smoking cessation study were tested for marijuana smoke exposure through urine samples. Approximately 46% had detectable COOH-THC and another 11% had detectable THC.[11]

Long-term effects of exposure to second-hand cannabis smoke and vaping on children are still being studied. More immediate effects may include respiratory problems through irritation of children's lungs, cognitive delays, attention and memory difficulties, and increased risk of substance use in the future. Especially at risk are children with asthma. Additional education for parents on the potential effects of second-hand cannabis smoke on children is needed.

Section 2: Road Safety and Driving While Impaired

Recommendations:

- Design, implement, and evaluate a public health media campaign to educate drivers on the harms and consequences of driving while impaired and to improve driver safety.
- Increase resources directed to training law enforcement agencies and personnel, including Indian Nation, Tribal, and Pueblo law enforcement, in drug impairment recognition through Drug Recognition Expert (DRE) protocols (see page 13), which remain the most effective approach for detecting drug-impaired driving.

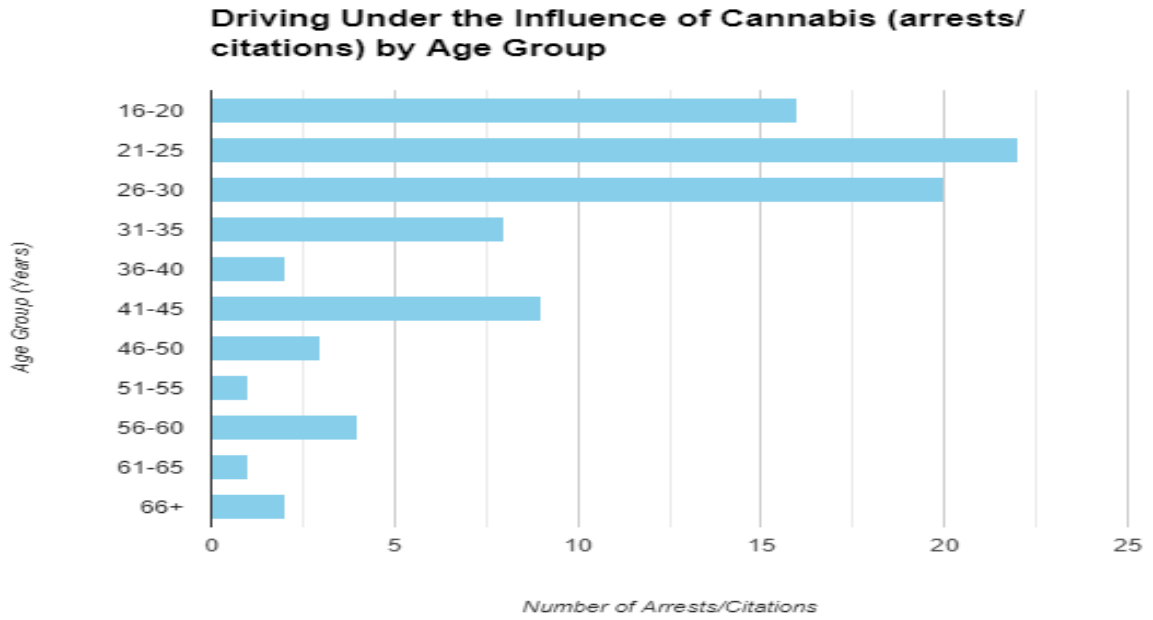
Summary:

- Addressing the problem of driving under the influence of cannabis requires a combination of public education, updated testing methods, and enhanced training for law enforcement.
- Individuals who use cannabis need increased education about the ways different consumption methods and dosages impact their ability to drive. More research is needed to develop reliable standards for detecting and prosecuting cannabis-impaired driving.

Background:

Road safety has become increasingly complex following the legalization of recreational and medical cannabis.[12] Driving under the influence of drugs (DUID) is an emerging contributor to motor vehicle crashes, and nationwide data suggest that drug involvement in fatal accidents has increased significantly over the last decade.[13] In New Mexico, which already ranks among the states with the highest rates of alcohol-related motor vehicle deaths, the addition of cannabis complicates efforts to detect and enforce laws related to impaired driving (Figure 7).[14]

Figure 7. Driving Under the Influence of Cannabis (arrests/citations) by Age Group, New Mexico, July 2023-June 2024

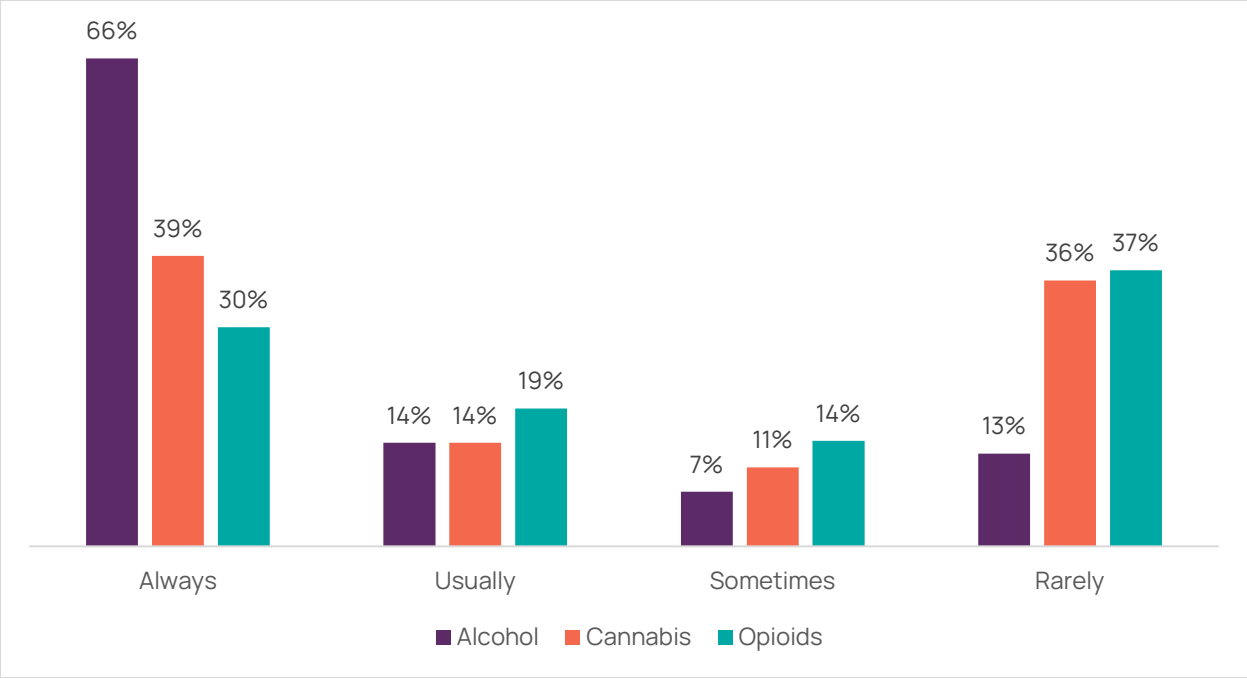


Data Source: NM Department of Safety FY24 Data analyzed by Analysis Staff Manager Investigations Bureau

A national roadside survey conducted by the National Highway Traffic Safety Administration (NHTSA) in 2013-2014 reported that while alcohol use among drivers declined, cannabis use increased.[13] In this study, 12.6% of weekend nighttime drivers tested positive for cannabis, up from 8.6% in 2007.[13] Additionally, cannabis presence doubled among fatally injured drivers between 2007 and 2016.[15] Notably, while a positive drug test indicates drug presence, it does not confirm impairment. This distinction highlights the challenges in enforcing Driving Under the Influence (DUI) laws when cannabis is involved.

A recent New Mexico survey found that recreational cannabis users reported an average of 3.5 days per month of driving within two hours of consumption, while medical users averaged 3.8 days.[16] Only 39% of recreational cannabis users consistently used a designated driver, compared to 66% of alcohol users (Figure 8).[16]

Figure 8. Adult Recreational Cannabis Users - Likelihood of Having a Designated Driver in Place When Consuming Alcohol, Cannabis, and Opioids, New Mexico 2024



Source: Cannabis Public Policy Consulting Report 2024[16]

Testing for cannabis impairment is challenging due to varying effects across individuals, lack of established standards, and cannabis's prolonged presence in the bloodstream.[17,18,19,20] Blood levels of THC, the primary psychoactive component of cannabis, do not consistently correlate with impairment.[21,22] The International Association of Chiefs of Police has advised against adopting THC per se limits, citing insufficient scientific basis.[23]

An individual who uses cannabis frequently may have elevated THC levels even when not impaired, while an infrequent user might show low levels but still be impaired.[24,25] As a result, cannabis testing often serves as an indicator of prior use rather than real-time impairment, making it an unreliable tool for assessing driving ability or an employee's fitness for duty (see Section 3 below).

Training law enforcement in Drug Recognition Expert (DRE) protocols remains the most effective approach for detecting drug-impaired driving. DRE evaluations involve a series of twelve evaluations steps including standardized tests; these tests have demonstrated high sensitivity for detecting cannabis impairment.[26] Although DRE training is resource-intensive, it can reduce the need for costly laboratory testing and provides a critical tool for combating DUID-related incidents.[26]

Section 3: Workplace Safety

Recommendations:

- Developing a better workplace data collection and analysis capability in the Department of Health with a dedicated Cannabis Epidemiologist is necessary to help determine the extent to which cannabis use is or is not affecting workplace safety in New Mexico and assist in developing future safety strategies.

Summary:

- Workplace cannabis use is a preventable risk factor for injuries, posing significant challenges for ensuring safety. While drug testing is often used to assess fitness for safety-sensitive duty, drug testing does not accurately indicate impairment, as THC levels may not correlate with real-time functionality[20,21,22,24,25].
- Workplace cannabis use, particularly when taken within several hours of being on the job, nearly doubles the risk of workplace injuries, highlighting the need for improved strategies to assess impairment and maintain safety[30]. New Mexico specific data is unavailable.

Background:

Impairment from workplace cannabis use represents a preventable risk factor for workplace injuries which can pose a substantial burden on workers, employers, and society. Employers have a responsibility to ensure a safe working environment, and employees must be fit for duty to minimize risks to themselves and others.[27] Drug testing is commonly used to assess fitness for duty although it is not a reliable test for impairment. Testing for impairment is more complex. As noted in the "Road Safety" section, the presence of THC or its metabolites in biological samples does not necessarily correlate with impairment.

Cannabis use among workers has increased, yet it remains relatively uncommon within the overall working population.[28] While use rates in the US, and specifically New Mexico, may vary from Canadian studies, the latter indicates one in four cannabis-using employees report consuming it before or during work.[29] Workplace use is linked to a nearly two-fold increase in the risk of workplace injuries, whereas off-duty use has no such association.[30]

While more studies are needed, this suggests cannabis use in close proximity to work impacts occupational safety.

Age may also influence workplace injury risk associated with cannabis use. A study using U.S. Bureau of Labor Statistics data (2006–2020) found workplace injuries among employees aged 20-34 years increased by 10% following the implementation of Recreational Marijuana Laws (RMLs).[31] In contrast, older workers experienced a decrease in injury rates, potentially due to cannabis use as a substitute for other pain medications or substances.[31] No New Mexico specific data are available.

Section 4: The Percentage of Emergency Department Visits and Outcomes

Recommendations:

- Ongoing surveillance and establishing an epidemiologist position dedicated to cannabis research would enable more detailed analysis of emerging trends and guide future public health interventions to reduce cannabis-related emergency department visits.
- Developing data ties with the Veterans Administration and Indian Health Service emergency departments would enhance data collection and analysis.

Summary:

- Public education campaigns on safe storage, risks of adolescent cannabis use, and the recognition of cannabinoid hyperemesis syndrome could help mitigate these adverse effects and adolescent emergency department visits.
- Close monitoring of ED and hospital data is essential to understand the evolving impact of cannabis legalization on public health in New Mexico. (Figure 12),[33,35,36,37,39,40]

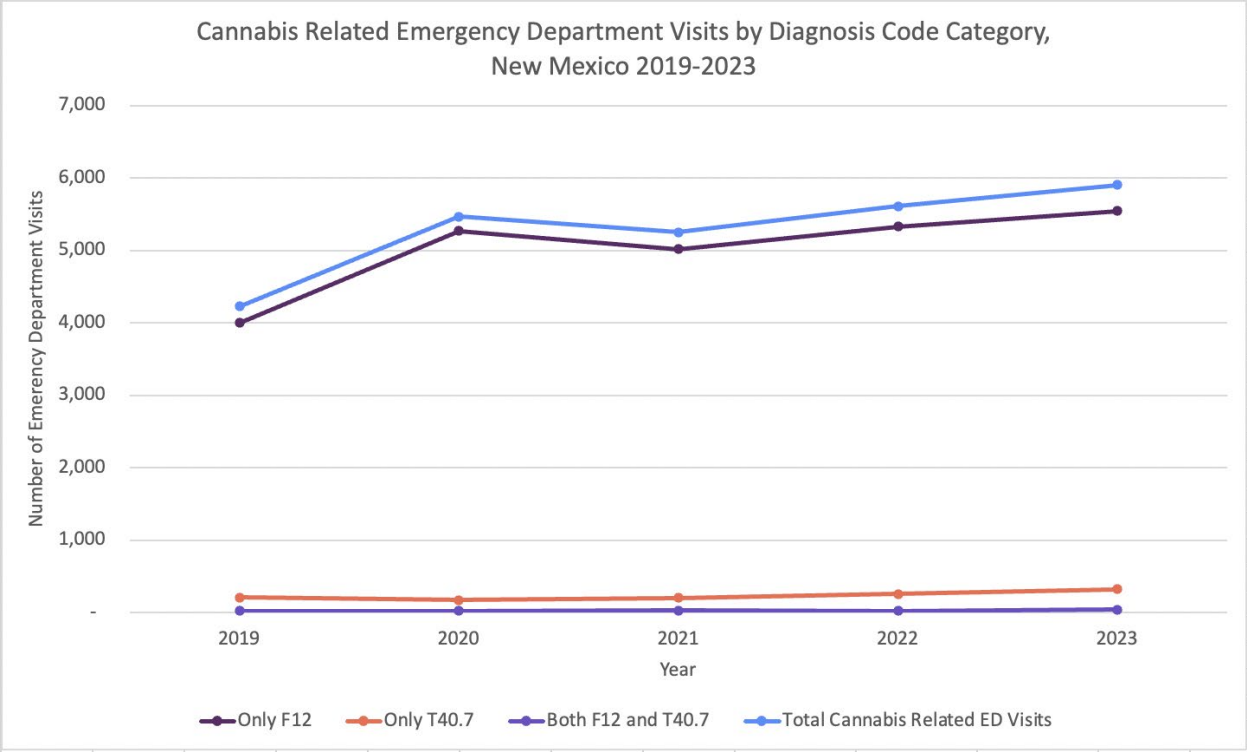
Background:

Trends in Cannabis-Related Emergency Department Visits

The legalization of cannabis has been linked to an increase in cannabis-related emergency department (ED) visits and hospitalizations across several states and countries.[32-34] The most common reasons for these visits include gastrointestinal issues, acute intoxication (often accompanied by psychosis or suicidality), and psychiatric symptoms.[33,35,36] In New Mexico, the absolute number of cannabis-related ED visits has been gradually increasing since 2019 (Figure 9); the rate - 37 per 10,000 ED visits - has remained stable, suggesting no marked increase in severity or healthcare utilization following legalization. From 2019 to 2023, most cannabis-related ED visits were attributed to cannabis use disorders (e.g., use, misuse, dependence), rather than poisoning (Figure 9). This pattern indicates that

cannabis-related disorders drive most ED visits, whereas cannabis poisoning is relatively rare.

Figure 9. Cannabis-Related Emergency Department Visits by Diagnosis Code Category, New Mexico, 2019-2023

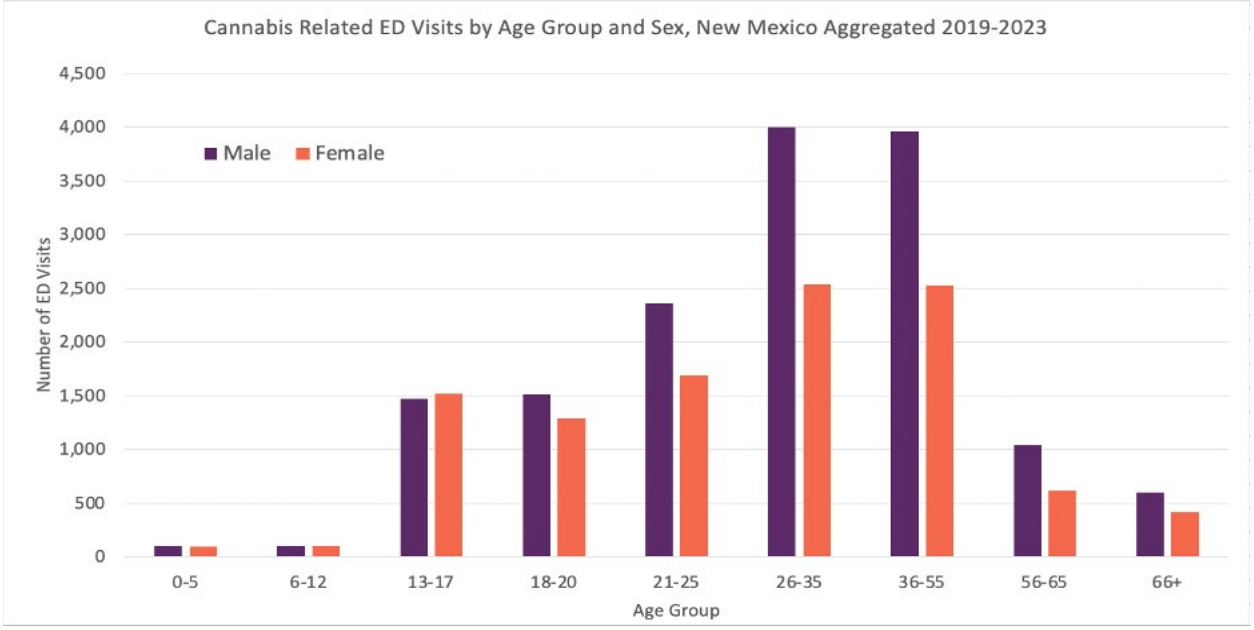


F10 - cannabis disorders including use, misuse, and dependence
T40.7 - cannabis poisoning
Data Source: NMDOH Syndromic Surveillance ED Files analyzed by NMDOH Substance Use Epidemiology Section. Syndromic Surveillance in New Mexico has maintained a minimum of 80% of non-federal facilities reporting since 2019. Syndromic Surveillance data do not include federal facilities e.g. Veterans Hospital or Indian Health Service (IHS) facilities.

Demographics of Cannabis-Related ED Visits

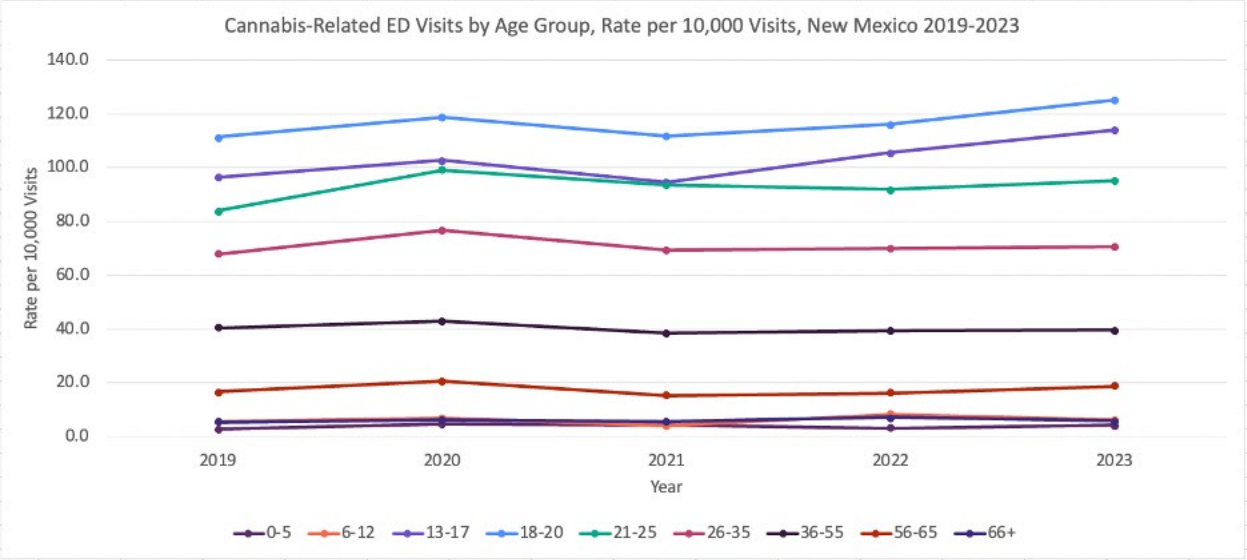
Data from 2019–2023 indicate that adult males represent the majority of cannabis-related ED visits (Figure 10). However, the highest *rates* per 10,000 visits were observed in adolescents (ages 13-17) and young adults (ages 18-20), and these rates indicate there is an increasing trend (Figure 11). This trend demonstrates the need for targeted interventions and education aimed at preventing cannabis-related harms among youth. While cannabis-related ED visits remain rare among children, these numbers have been increasing since 2019, which is consistent with trends observed in other states following legalization (Figures 3 and 9).[37,38]

Figure 10. Cannabis-Related Emergency Department Visits by Age Group and Sex, New Mexico, 2019-2023



Data Source: NMDOH Syndromic Surveillance ED Files analyzed by NMDOH Substance Use Epidemiology Section

Figure 11. Cannabis-Related Emergency Department Visit Rate by Age Group, New Mexico, 2019-2023



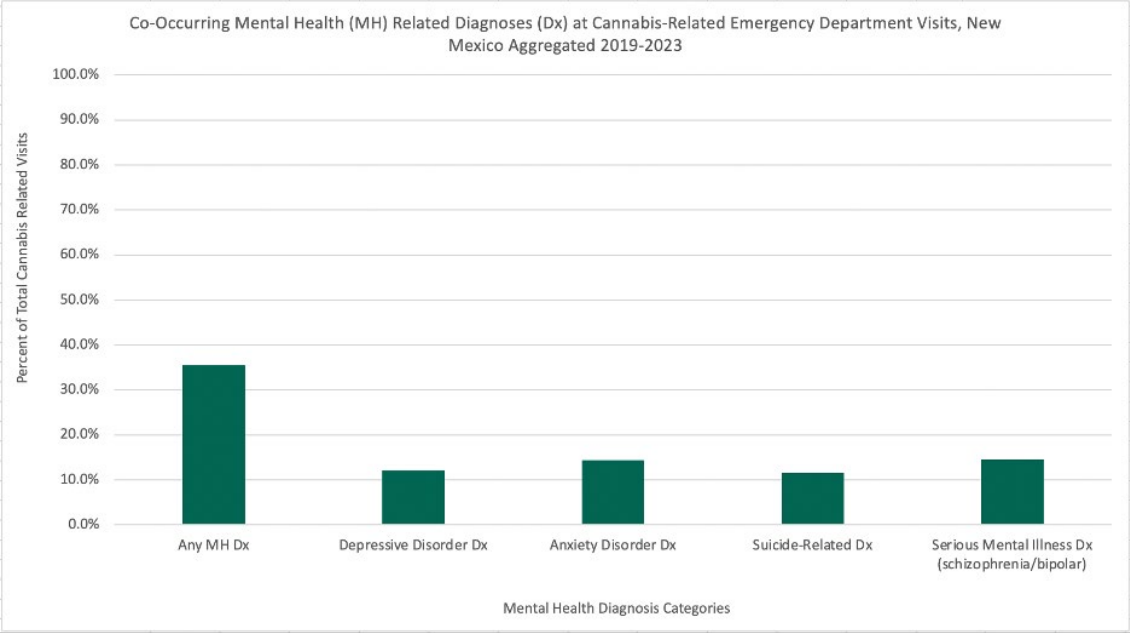
Data Source: NMDOH Syndromic Surveillance ED Files analyzed by NMDOH Substance Use Epidemiology Section

Cannabis-Related ED Visits and Co-Occurring Mental Health Diagnoses

States that have legalized cannabis have reported increases in cannabis-related ED visits with co-occurring mental health concerns.[33,36] There is a complex relationship between cannabis use and mental health; and, cannabis use has been linked to an increased risk of psychosis and other psychiatric conditions, particularly with frequent or high-potency use.[33,37,39,40]

In New Mexico, over 1/3 of cannabis-related ED visits from 2019 to 2023 involved a co-occurring mental health diagnosis, such as depressive or anxiety disorders, schizophrenia, or suicidal ideation (Figure 12).

Figure 12. Co-Occurring Mental Health Related Diagnoses at Cannabis-Related ED Visits, New Mexico 2019-2023



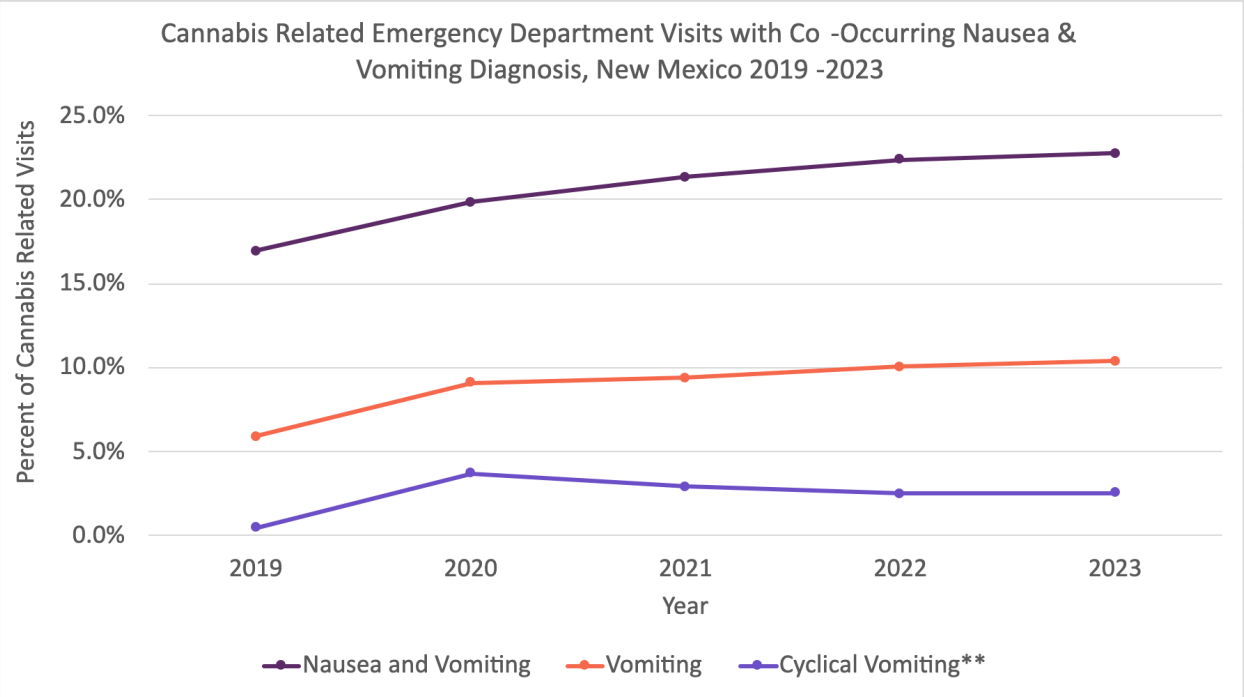
Data Source: NMDOH Syndromic Surveillance ED Files analyzed by NMDOH Substance Use Epidemiology Section

Cannabinoid Hyperemesis Syndrome

Cannabinoid hyperemesis syndrome (CHS) is characterized by cyclic vomiting associated with regular cannabis use.[41] Patients with CHS often experience severe nausea, vomiting, and abdominal pain, typically alleviated by hot bathing.[41] Data tracking is challenging; New

Mexico data show an increase in cannabis-related ED visits involving nausea and vomiting, suggesting a rise in CHS, consistent with findings from other states post-legalization[37,42] (Figure 13).

Figure 13. Cannabis-Related ED Visits with Co-Occurring Nausea and Vomiting Diagnosis, New Mexico 2019-2023



**Cyclical vomiting did not have a separate diagnostic code until October 2019

Data Source: NMDOH Syndromic Surveillance ED Files analyzed by NMDOH Substance Use Epidemiology Section

Section 5: Educational Needs for Children and Adults

Recommendations:

- Provide resources to support the creation, implementation, and assessment of public education campaigns aimed at promoting safer practices for cannabis storage and use. These initiatives should prioritize harm reduction and prevention strategies, particularly among children, adolescents, pregnant individuals, older adults, and members of Indian nations, tribes, and pueblos.
- Provide additional resources to develop, implement, and assess school-based education programs on the dangers of cannabis use and driving.
- Ensure policy, resource development, and educational programs include Tribal Consultation under the State Tribal Collaboration Act Section 3C in order to provide appropriate development and implementation of policies, agreements, and programs related to cannabis and which may affect America Indians or Alaska Natives.

Summary:

- Prevention and education are critical to reducing harms related to cannabis use, and there are evidence-based approaches which can be implemented directly or adapted to address the unique characteristics and needs of New Mexicans[44,45].

Background:

The misconception that cannabis is "harmless" is becoming increasingly prevalent among the public.[43] Prevention and education efforts are essential to mitigate cannabis-related harms, and evidence-based approaches can be tailored to meet the needs of New Mexicans.

Education for Children

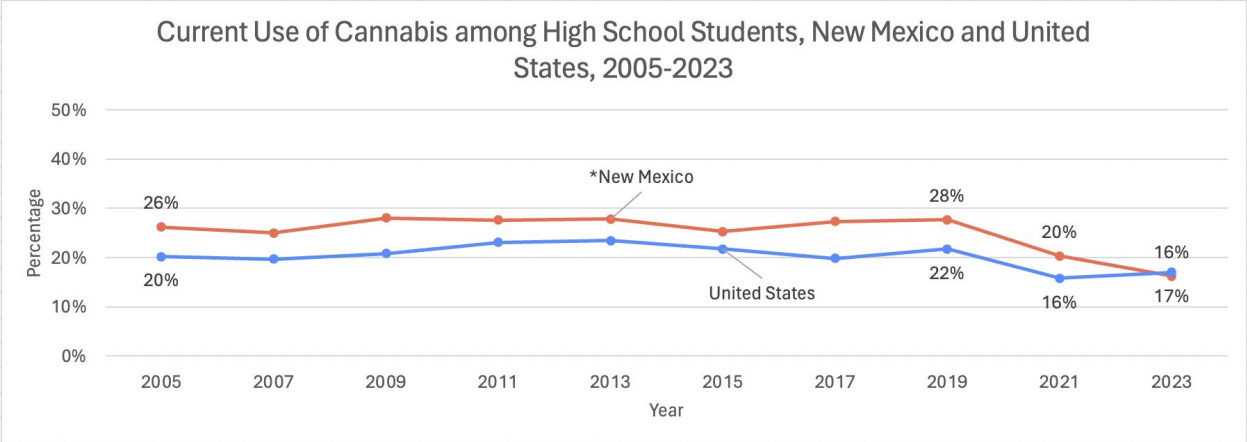
Raising awareness and providing education on cannabis use is critical for children. Prevention efforts that delay first use can significantly reduce risks related to cannabis use later in life. Currently, there is no standardized statewide education program on cannabis use for school officials in New Mexico. The Stanford Cannabis Awareness & Prevention Toolkit (CAPT) is a valuable resource, designed to prevent onset of cannabis use and encourage those already using to reduce their use of cannabis.[44] Similarly, the National

Hispanic and Latino Prevention Technology Transfer Center has created a toolkit specifically tailored to Hispanic/Latino youth with videos and fact sheets in multiple languages.[45] A pilot evaluation of such toolkits could be undertaken in New Mexico.

Education for Adolescents and Young Adults

Most adolescents in the US do not view regular cannabis use as harmful; perceived risk of weekly cannabis use has decreased by nearly half over the past decade.[46,47] In 2022, 30.7% of 12th graders nationally reported using cannabis in the past year, and 6.3% reported daily use.[48] The 2019 NM Youth Risk and Resiliency Survey revealed that 14.1% of New Mexican high school students had tried cannabis before age 13. These survey results are potentially concerning, as adolescent cannabis use can alter the endocannabinoid system, increase the risk of developing Cannabis Use Disorder, and an increased correlation of an individual to use other substances like tobacco or alcohol.[49-53] In New Mexico, these trends are specifically concerning due to the higher (20%) rates of cannabis use in high school students compared to the national average (Figure 14).

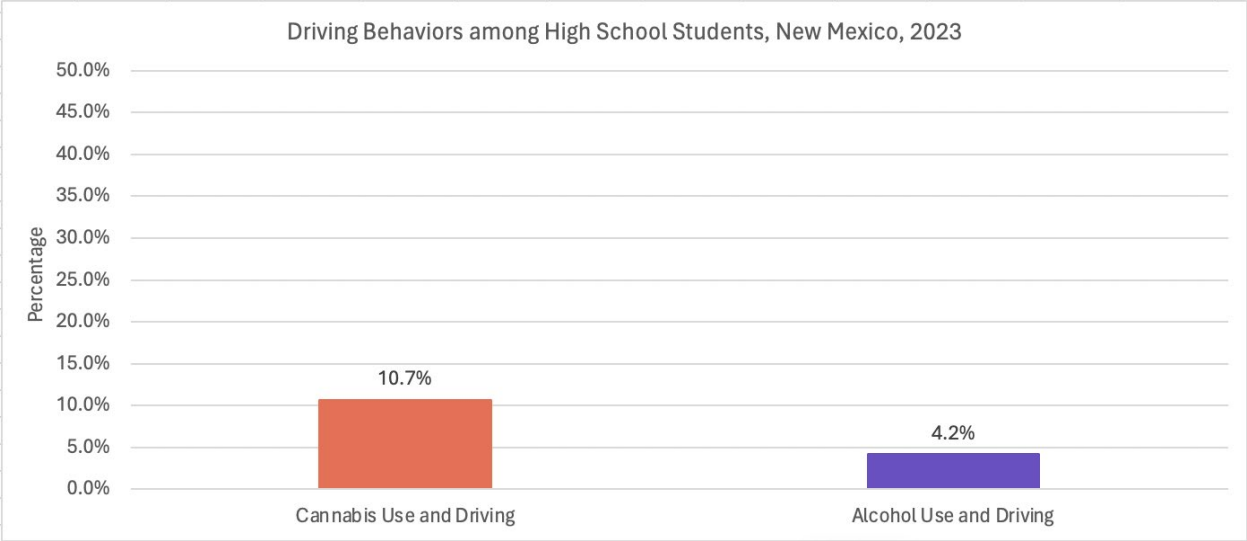
Figure 14. Current Use of Cannabis Among High School Students, New Mexico and United States, 2005-2023



Data Source: Center for Disease Control Youth Risk Behavior Surveillance System (YRBSS), New Mexico Youth Risk and Resiliency Survey (NMYRRS), analyzed by NMDOH Substance Use Epidemiology Section

Use of cannabis while driving and probable impairment is also a concern for this age (Figure 15); public health and school-based education about impaired driving needs broader exposure.

Figure 15. 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 NMDOH Substance Use Epidemiology Section (https://youthrisk.org/)

Prevention programs like the Smart Talk Cannabis Prevention and Awareness Curriculum and the My Healthy Futures program, which use motivational interviewing and cognitive behavioral techniques, could help educate and support adolescents and young adults interested in reducing their use. A pilot evaluation of such programs could be undertaken in New Mexico.

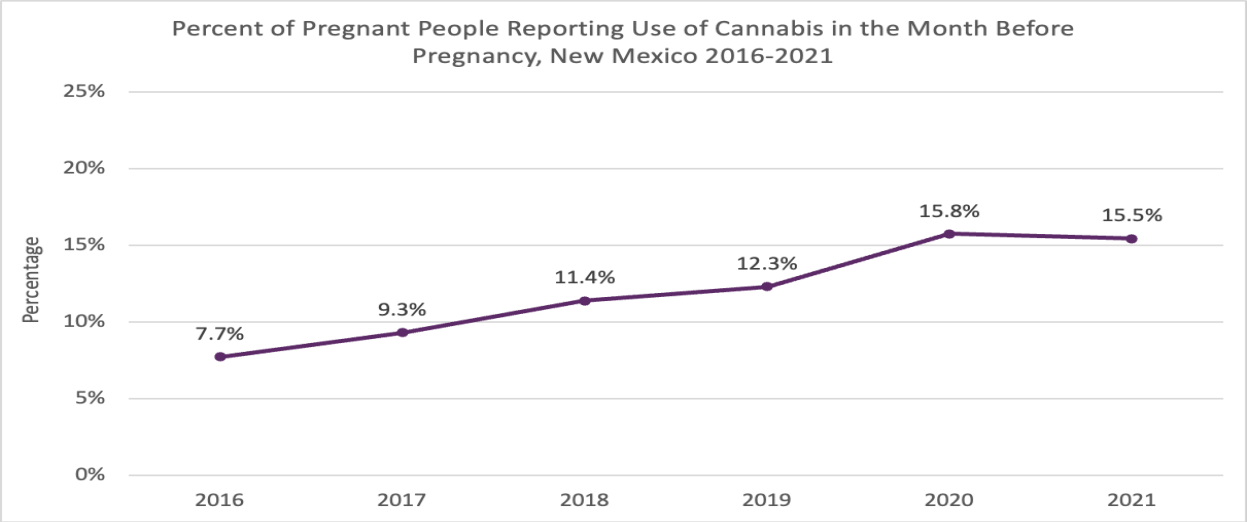
Education for Pregnant and Postpartum Individuals

The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend against cannabis use during pregnancy and lactation due to emerging evidence of harm to the developing fetus and infant.[54,55] Cannabis use during pregnancy is associated with adverse outcomes including fetal growth restriction, preterm birth, stillbirth, and increased risk of psychiatric and substance use disorders later in life.[56,57,58,59] Although some pregnant individuals report using cannabis to alleviate nausea, pain, and psychiatric conditions,[60] and dispensary employees without medical training recommend cannabis products to pregnant people there is no evidence to support its efficacy or safety for these indications.[61]

Currently no data are available on rates of cannabis use *during* pregnancy in New Mexico.

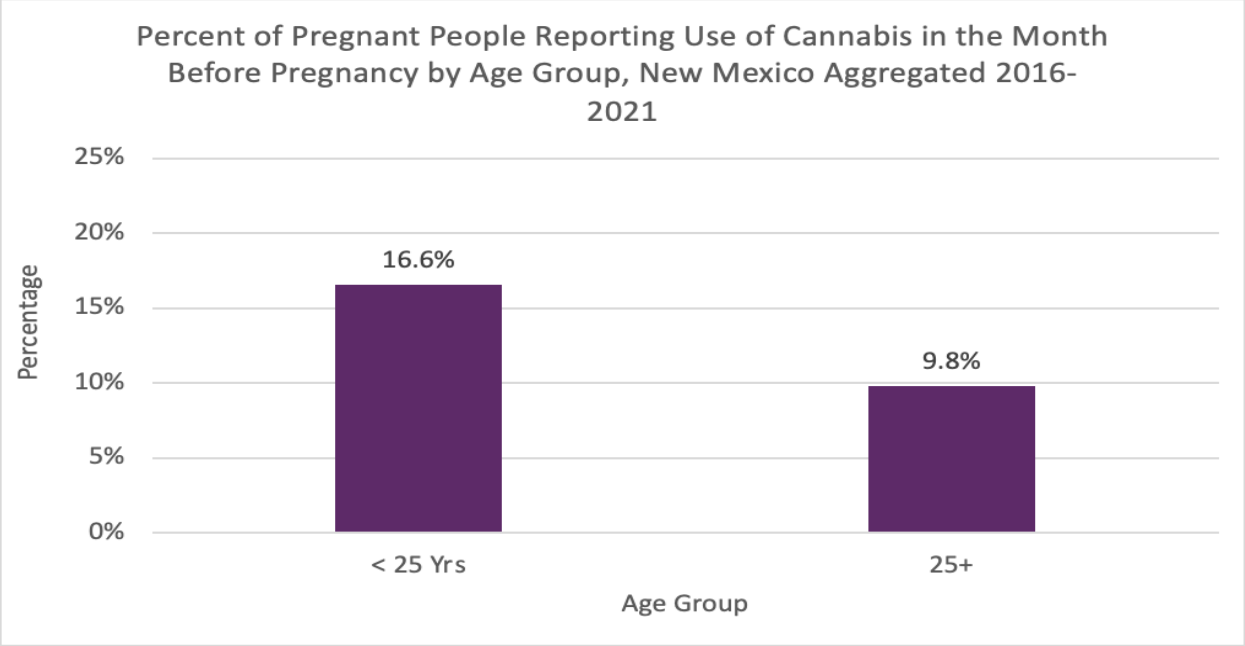
Data from New Mexico show a doubling in the percent of people using cannabis *preconception* - in the month prior to pregnancy – between 2016 and 2020 (note: this is prior to the implementation of the Cannabis Regulation Act and legalized adult use in New Mexico). This percentage then holds steady between 2020 and 2021 (Figure 16). Cannabis use in the month prior to pregnancy appears more prevalent in people < 25 years old (almost 17%) versus those over 25 (10%), and those living in rural areas (18%) versus (11-12%) for more suburban or urban dwellers (Figures 17 and 18, respectively).

Figure 16. Percent of Pregnant People Reporting Use of Cannabis in the Month Before Pregnancy, New Mexico, 2016-2021



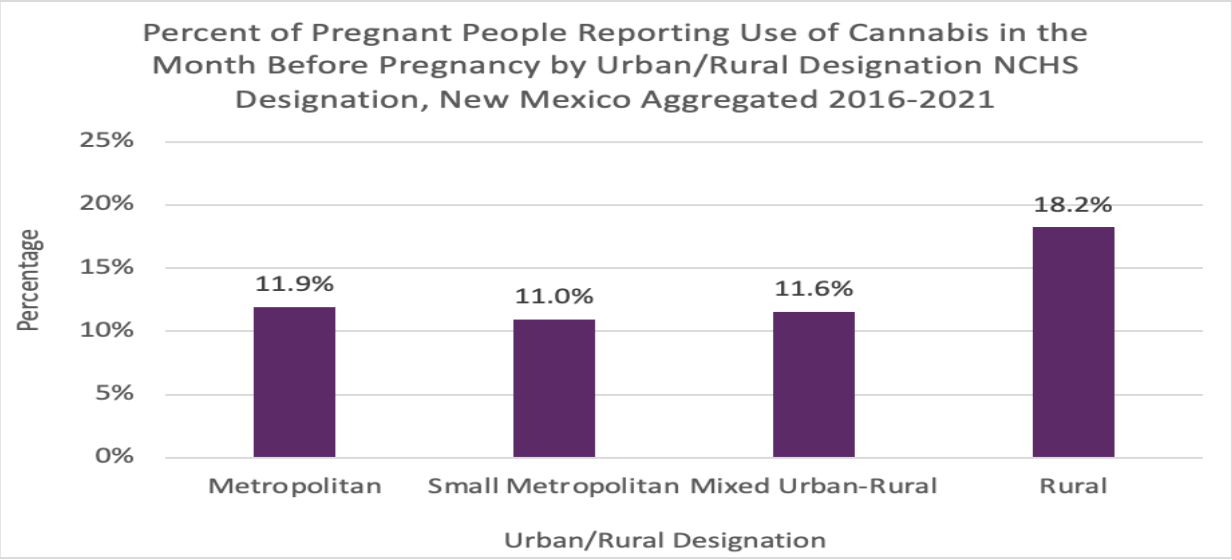
Data Source: New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Child Health Epidemiology - Family Health Bureau. NM PRAMS is a survey among all New Mexican resident births to people with a live birth occurring in each year.

Figure 17. Percent of Pregnant People Reporting Use of Cannabis in the Month Before Pregnancy by Age Group, New Mexico, 2016-2021



Data Source: New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Child Health Epidemiology - Family Health Bureau. NM PRAMS is a survey among all New Mexican resident births to people with a live birth occurring in each year.

Figure 18. Percent of Pregnant People Reporting Use of Cannabis in the Month Before Pregnancy by Urban/Rural Designation, New Mexico, 2016-2021



Data Source: New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Child Health Epidemiology - Family Health Bureau. NM PRAMS is a survey among all New Mexican resident births to people with a live birth occurring in each year. Urban/Rural Designations are based on the 2013 National Center for Health Statistics (NCHS) Classification Scheme

Education for Adults

Adult cannabis use has increased in New Mexico: adult self-reported cannabis use "during the past 30 days" has increased from 15.3% in 2020 to 19.9% in 2023. Use by men and women are similar (~20%) - a 6% increase of use by *females* in one year. The highest use rates in 2023 were by those aged 25-34 (32%), followed by 35-44 (29%), and 18-24 (27%). Adults can benefit from harm reduction education and information on protective behavioral strategies, as well as information about the risk of developing cannabis use disorder. Those with children should be encouraged to store cannabis securely to prevent unintentional poisoning. Lock boxes have proven to be both feasible and effective for safe storage.

Education for Older Adults

Older adults face unique challenges related to cannabis use due to polypharmacy and altered drug metabolism. Decreased liver and kidney function can lead to prolonged effects, and these bodily changes make dosing cannabis difficult and can lead to impairment at lower doses. Education on safe use, potency, and potential interactions with other medications is critical for this population to prevent adverse outcomes.

Section 6: Consumer Product and Safety Overview

Recommendations:

- Prioritize the development of a comprehensive dashboard for monitoring cannabis-related health outcomes, including tracking consumer product and safety considerations.
- Increase the number of dispensary and product inspectors to improve regulatory compliance.
- Considering plain packaging requirements, as is used in other states, could reduce appeal to children.

Summary:

- Maintaining rigorous testing standards, strengthening packaging and labeling requirements, promoting safe storage, and addressing the risks of high-potency products and novel cannabinoids are all key measures to ensure public safety as the cannabis market evolves in New Mexico[61,62,63,75,76].

Background:

Contaminants

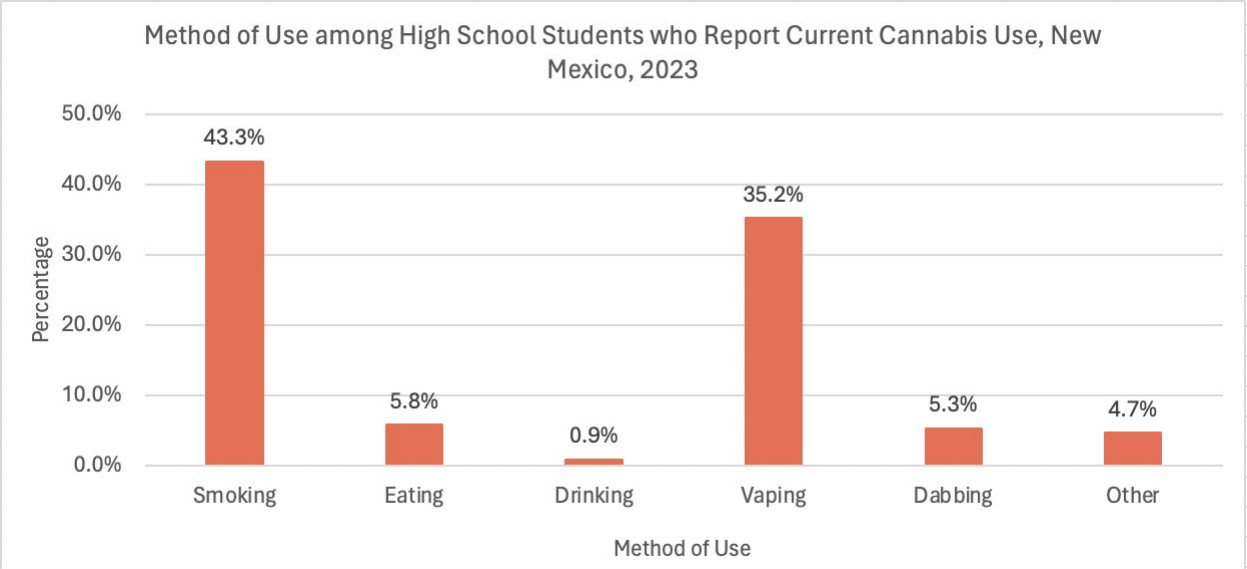
Cannabis products can be contaminated with microbes, heavy metals, pesticides, and solvents. Most microbial contamination results from improper storage and handling, while heavy metal contamination can occur due to the plant's ability to absorb these substances from the soil.[61-63] Pesticides used in cultivation and residual solvents from processing can pose significant health risks, such as respiratory, reproductive, and neurological disorders.[61,62] In New Mexico under NMAC 16.8.7, cannabis products must pass tests for contaminants before sale. BioTrack testing ensures products are safe, and failed batches may be remediated or retested.[64,65]

Potency

Cannabis potency is defined by its delta-9-tetrahydrocannabinol (THC) content, which has risen sharply over the past few decades.[66,67] While older cannabis strains had around 1-2% THC, current products can contain over 20%.[66] High-potency extracts such as wax and hash oil may contain 60-90% THC.[68] Studies indicate that higher potency increases the risk of negative mental health outcomes, particularly in adolescents and young adults.[66,68,69,70]

New Mexico limits the THC dose to 10 mg per serving in recreational edibles and 50 mg in medical edibles (NMAC 16.8.3.12). Most New Mexico cannabis consumers report using significantly more cannabis than the recommended 5 mg dose and 9% of New Mexico cannabis consumers report using extremely high-potency products (>80% THC).[16,71,72] A significant number of adolescent cannabis consumers in New Mexico report current cannabis use through vaping or dabbing, which risks exposure to high potency cannabis concentrate products (Figure 19).

Figure 19. Method of Use Among High School Students Who Report Current Cannabis Use, 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 NMDOH Substance Use Epidemiology Section (https://youthrisk.org/)

Measures taken in other states with legal commercial cannabis include: higher taxes on more concentrated THC products, purchase limits for THC content, adding high THC specific mandatory health warnings, limiting serving size in all products, and requiring point of sale

education about high THC product risk, labels, and dosing.[68] Other proposed measures include prohibiting marketing and advertising of high THC products, raising the legal age for purchase of high THC products to 25 years old, and implementing social media campaigns and public service announcements targeting people at elevated risk for experiencing high THC products' negative effects.[68]

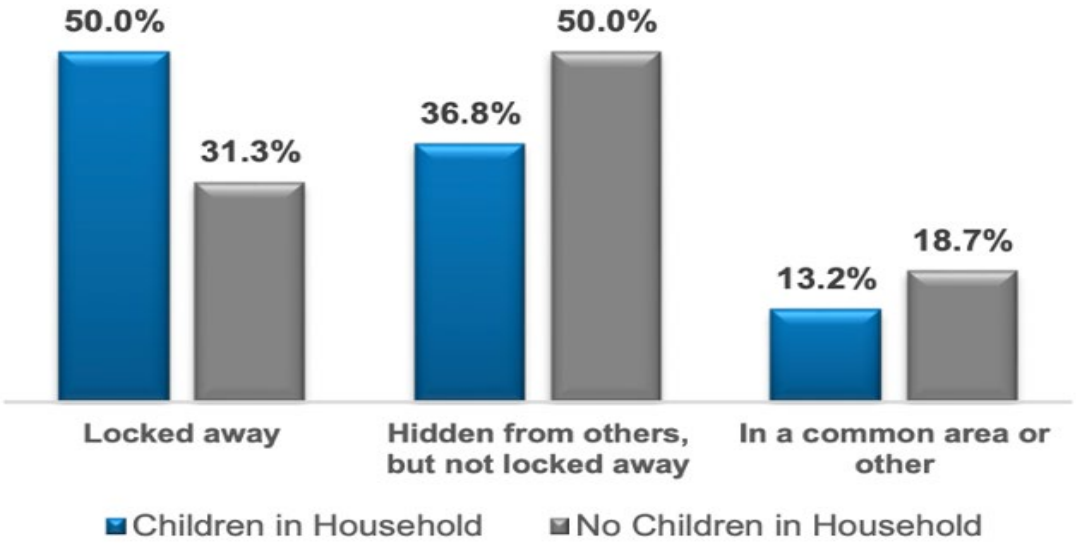
Packaging and Labeling

Proper packaging and labeling are essential for preventing accidental consumption, particularly by children. Other states with legalized cannabis have observed a rise in consumption of edible cannabis products by children, which has been attributed in part to packaging that appeals to children.[73] NMAC 16.8.3 mandates child-resistant packaging, clear warning labels, and restrictions on appealing imagery. Despite high compliance, ambiguity remains regarding what appeals to children.[73] Some states use plain packaging regulations (i.e., no depiction of persons, animals, characters, or entirely and uniformly white) to reduce appeal, and other states have "Not Safe for Kids" labeling.[74] Some of these safety requirements are not required in New Mexico and should be considered for prevention of future unintentional acts.

Storage

Safe storage is crucial to prevent unintentional exposures in children.[75,76] Less than half of New Mexican cannabis consumers report storing products in a locked location (Figure 20). One quarter of New Mexico consumers with at least one child in the home reported they never smoked or vaped cannabis inside their home (Figure 20). Public education campaigns and distribution of lockboxes could improve safe storage practices and help reduce the risk of accidental exposure.

Figure 20. Cannabis Storage Practices Among Participants With and Without Children Under 18 Residing in the Household in New Mexico in 2024.



Data Source: Cannabis Public Policy Consulting Report 2024

Illicit Cannabis Products

Illicit cannabis products pose additional risks due to the lack of contaminant testing and child-resistant packaging. There currently is no data on the extent to which illicit product is available in licensed dispensaries.

Novel Cannabinoids

Delta-8-THC has similar psychoactive properties to delta-9-THC, and naturally occurs in the cannabis plant in small quantities but can be readily chemically synthesized from cannabidiol (CBD) and added to edible and inhaled products in high concentrations.[77] The resulting products are largely unregulated and widely available in gas stations, convenience stores, online, and in other marketplaces and marketed as legal hemp products.[77] They have no required warning labels, packaging protections, or laboratory analysis for potency or contaminants.[77] They are increasingly being used by children nationwide. These products fall outside of the regulatory authority of RLD.[65]

Section 7: The Percentage of Poison Control Center Calls

Recommendations:

- Establish a Cannabis Epidemiologist position to focus on research, address data gaps, and develop a public health dashboard that tracks cannabis-related poison control calls and outcomes.
- Designate resources to supply individuals who use cannabis with secure storage lockboxes, promoting safe storage practices to minimize access by children and other vulnerable groups, thereby preventing accidental exposure and associated risks.

Summary:

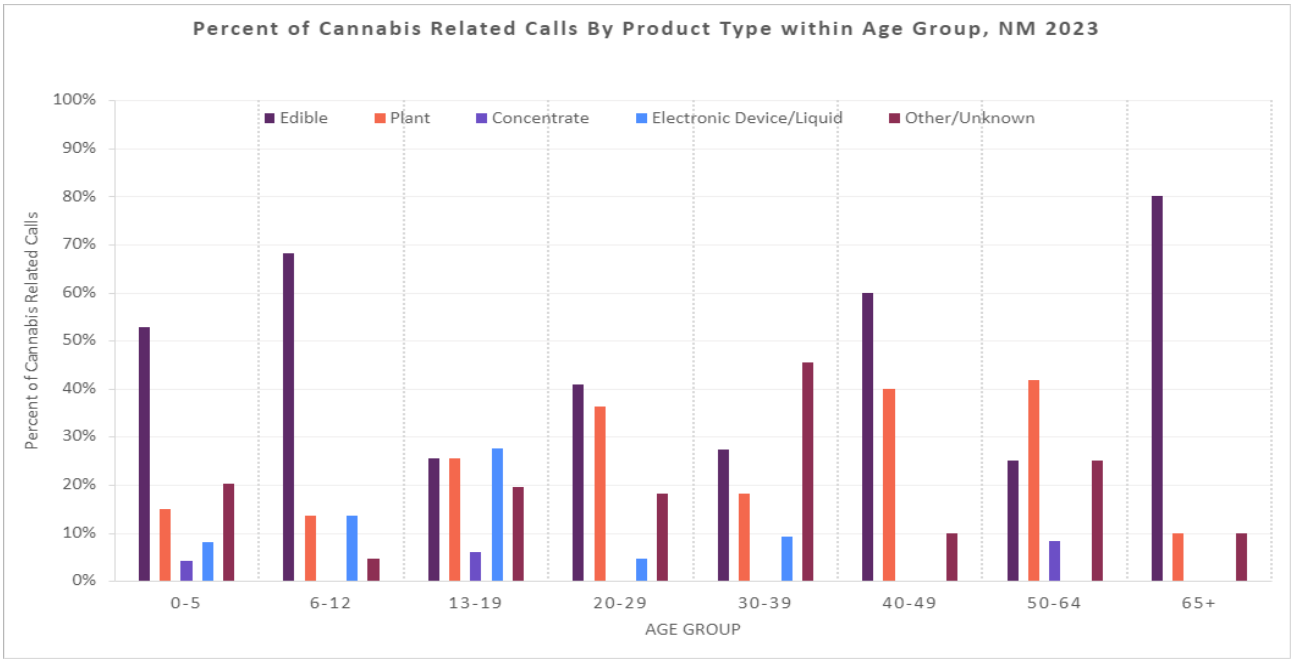
- Unintentional cannabis exposures among young children are rising (Figure 1). Prevention strategies such as changing product packaging, regulating maximum allowable doses, distributing lock boxes, and increasing public education on household risks are critical to reduce these exposures[78,79,80].

Background

Figure 1 in Section 1 showed the significant increase in cannabis-related calls to the New Mexico Poison and Drug Information Center (NMPDIC) from 2019-2023, with a sharp rise in 2022. These data reflect human exposure cases reported by patients, caregivers, or healthcare providers. Calls about animal exposures, pharmaceutical preparations, CBD products, and minor cannabinoids are not included.

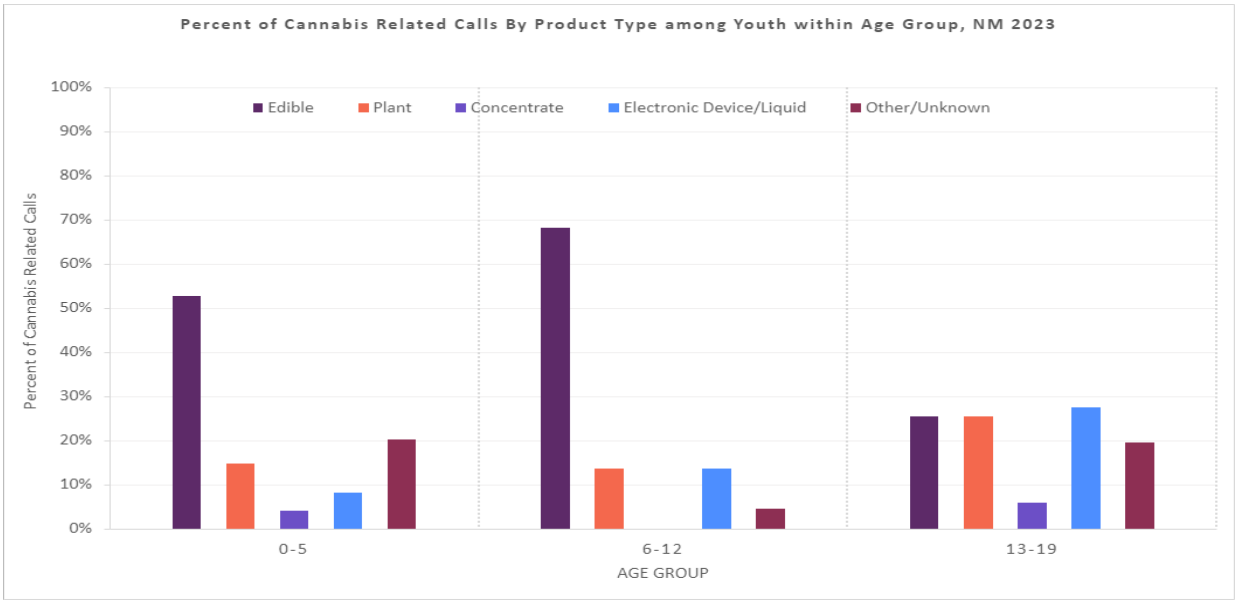
Data from NMPDIC indicate that most calls for children under age 13 (Figure 1 in Section 1), adults aged 40-49, and those over 65 involve exposure via edible products, which may result from unintentional ingestion or adverse reactions (Figures 21-22). Edibles have a higher poisoning risk due to delayed intoxication onset.[40] Prevention targets include child-resistant packaging and labeling that reduces the appeal of cannabis products to children. Education campaigns should highlight cannabis potency and absorption differences across products, focusing on information rather than moral messaging to reduce poisoning risks.[78]

Figure 21. Percent of Cannabis Related (NMDIC) Calls By Product Type Within Age Group, New Mexico 2023



Data Source: National Poison Data System (NPDS), New Mexico Poison and Drug Information Center (NMPDIC), analyzed by NMDOH Substance Use Epidemiology Section

Figure 22. Percent of Cannabis Related (NMDIC) Calls By Product Type Among Youth Within Age Group, New Mexico 2023



Data Source: National Poison Data System (NPDS), New Mexico Poison and Drug Information Center (NMPDIC), analyzed by NMDOH Substance Use Epidemiology Section

Prevention of Cannabis Poisoning

Caregivers are often unaware of medication lockboxes. However, lockbox education and provision are feasible and well-accepted, with 90% of caregivers who use them report high satisfaction (92%).[79] Child-resistant packaging and reduced product appeal are effective strategies. Places like Canada and Colorado have implemented restrictions to mitigate child exposure.[73]

Education campaigns should emphasize tangible information on product potency and absorption rates, using neutral, non-judgmental messaging to resonate with young and older adults.[78,80] Maintaining a Poison Control Dashboard and adding a Cannabis Epidemiologist would further aid monitoring and prevention efforts in New Mexico.

Section 8: The Impact of Cannabis Use on Rates of Alcohol, Opioid, and Other Substance Use

Recommendations:

- Expand access to evidence-based treatments for opioid, alcohol, and nicotine disorders, ensuring cannabis remains a supplementary harm reduction tool until or unless medical consensus recommends otherwise - including in the recommendations for medical cannabis.
- Develop public education on cannabis risks, promote protective behavioral strategies, and implement evidence-based policies to reduce substance use harms and enhance public health equity in New Mexico.

Summary:

- Expanding access to evidence-based treatments for opioid, alcohol, and nicotine disorders is essential. Cannabis has a role in harm reduction, especially when used in tandem with other treatments, it is not the primary strategy[86,87,88,89].
- Evidence-based policies such as increased alcohol taxes, limiting the numbers of alcohol retail outlets, expanding access to medications for substance use disorder treatment, and targeted prevention campaigns can also reduce substance use harms.
- Promoting protective behavioral strategies and providing education on cannabis risks will be key for public health equity in New Mexico.

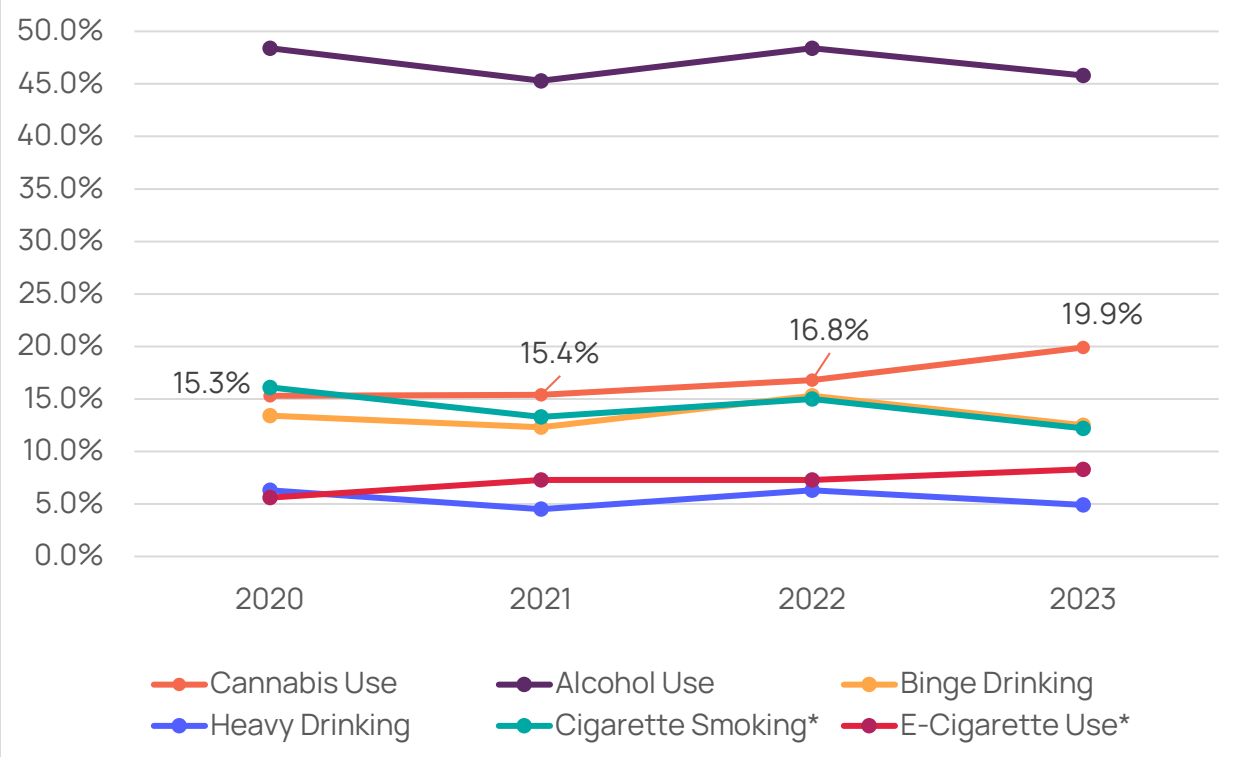
Background:

Cannabis use is associated with potential risks for other substance use disorders. For alcohol, cannabis may serve as a Harm Reduction strategy and be used as a substitute substance by some individuals. Evidence-based treatments for alcohol use disorder (AUD) should be prioritized over self-management (e.g., behavioral health care complemented by medications for AUD such as naltrexone or acamprosate). There is evidence that recreational cannabis laws may increase the risk of alcohol and cannabis co-use among adolescents[81] and adults over 21[82]; restrictions on the hours of operation, advertising, and

numbers of alcohol and cannabis retail outlets may reduce availability of these substances to adolescents. In New Mexico, a lack of access to AUD treatment often leads individuals to use cannabis to manage alcohol consumption, which is not recommended and could increase harm.[16]

Figure 23 illustrates changes in substance uses since 2020. While cannabis use increased, total alcohol use decreased slightly (about 3%), while smoking also decreased from 15% to 12.2%.

Figure 23. Current Use of Cannabis, Alcohol, and Nicotine Products Among Adults in New Mexico, 2020-2023



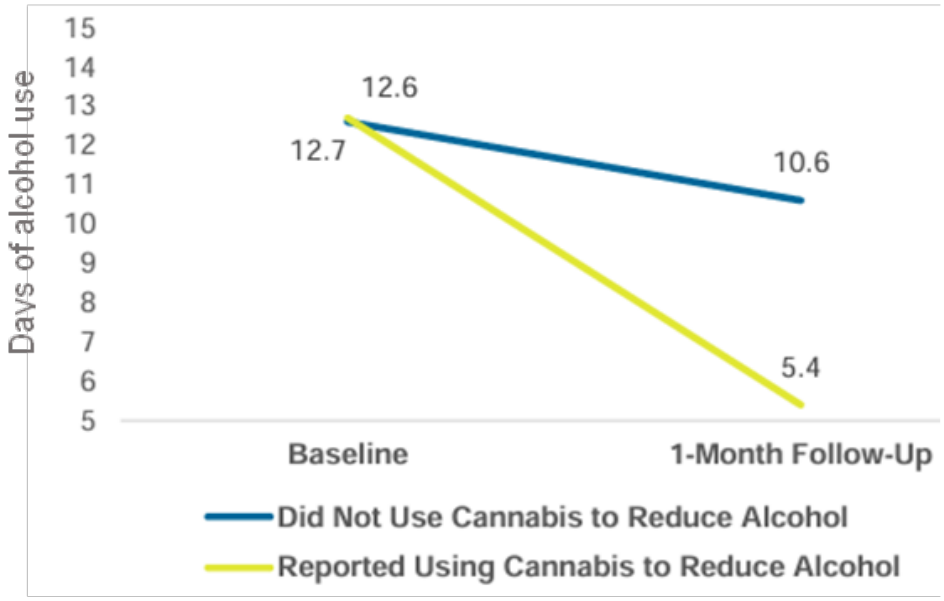
Data Source: New Mexico Behavioral Risk Factor Surveillance System (BRFSS) (https://www.nmhealth.org/about/erd/ibeb/brfss/)

Survey data from New Mexico residents showed 44% of respondents screened positive for risky alcohol use, and 52% used cannabis to reduce alcohol consumption (Figure 24). However, heavy drinkers who used cannabis often increased cannabis use on days they reduced alcohol intake (Figure 25). Cannabis use can also complicate recovery from alcohol use disorder, particularly among women.[83]

For opioids, the role of cannabis in harm reduction remains debated. While some studies suggest a potential reduction in opioid prescription rates following cannabis legalization, evidence is inconsistent, and the relationship between cannabis use and opioid overdose mortality is unclear.[84,85] Cannabis should not replace proven treatments for opioid use disorder such as buprenorphine and methadone, and efforts should be made to reduce barriers to New Mexicans accessing these life-saving medications.[86, 87, 88]

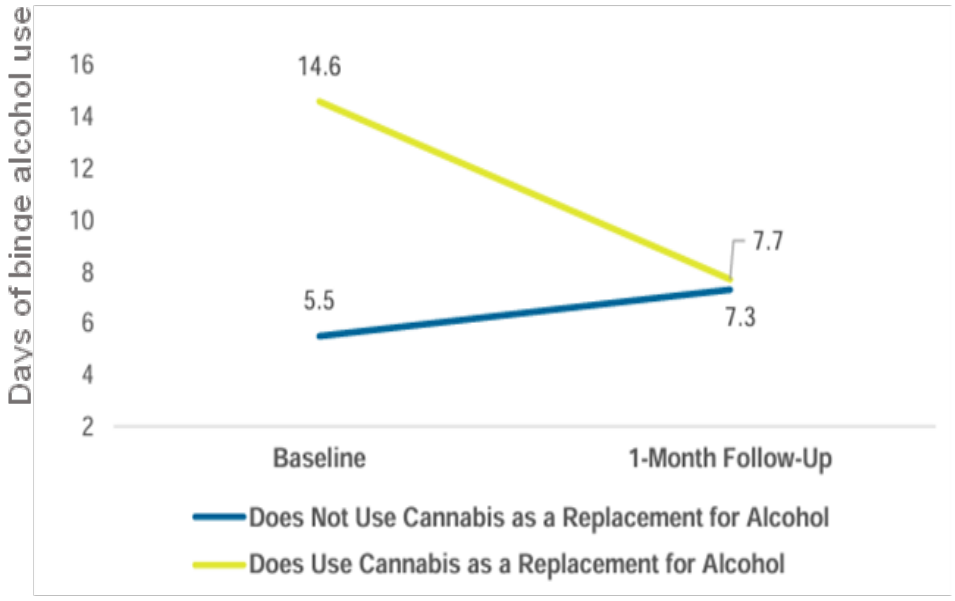
Cannabis use may also affect tobacco cessation efforts, with some individuals increasing their use of both substances when trying to quit.[89] Evidence-based treatments for nicotine use disorder should be recommended over cannabis use to ensure safer and more effective cessation outcomes.[89]

Figure 24. Change in Past-Month Alcohol Use Days Between Those Who Do And Do Not Use Cannabis to Reduce/Stop Alcohol Use, New Mexico 2024



Data Source: Cannabis Public Policy Consulting Report 2024[16]

Figure 25. Change in Number of Past-Month Binge Drinking Occasions Between Those Who Do And Do Not Use Cannabis to Reduce/Stop Alcohol Use (Among Those Who Met Criteria for Risky Alcohol Use at Baseline), New Mexico 2024



Data Source: Cannabis Public Policy Consulting Report 2024[16]

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