



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several United States Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Cannabis Use New York State Adults, 2023



Introduction

Cannabis sativa, commonly referred to as marijuana, weed, pot, or hash, is a plant with psychoactive properties that has been used for medicinal, recreational, industrial, and food purposes for thousands of years. The cannabis plant contains hundreds of chemical compounds, including tetrahydrocannabinol (THC), the primary psychoactive component responsible for its intoxicating effects, and cannabidiol (CBD), a non-psychoactive compound.¹ Cannabis use is widespread, with an estimated 55 million of American adults reporting currently using marijuana.² The New York State Department of Health (NYSDOH) established a regulated medical cannabis program in November 2016, and on March 31, 2021, cannabis use became legal for individuals aged 21 years and older.³ Methods or modes of cannabis use include smoking (joints, blunts, or using bongs), vaping (using electronic vaporizing devices), and mixed or infused into foods or drinks (called edibles). There is abundant scientific evidence documenting the short- and long-term dangers of cannabis use, including hallucinations, delusions, poor memory, depression, and birth defects in unborn children.⁴⁻⁸ Given these concerns, NYSDOH is committed to monitoring cannabis use trends, reporting on the public health risks, and assessing the overall impact of cannabis consumption on New Yorkers' health.

Health Equity

Cannabis-related arrests, convictions, and other law enforcement practices have disproportionately targeted people of color, affecting not only individuals, but families and communities.⁹ In response, New York State legislation has implemented a robust social and economic equity program designed to support individuals disproportionately impacted by cannabis prohibition and to facilitate their participation in the legal cannabis industry. NYSDOH remains dedicated to reducing cannabis-related health disparities, promoting harm reduction strategies, preventing underage cannabis use, and encouraging safe storage and responsible consumption practices.



Key Findings

- In NYS, 14.7% of adults report using cannabis within the past 30 days. Eight percent of all adults consume cannabis on a non-daily basis (fewer than 20 days per month), while 6.7% use it daily or near daily (20 or more days per month).
- Smoking is the most commonly reported method of cannabis consumption among NYS adults aged 18 years and older who report cannabis use (61.9%), followed by edible consumption (18.1%), and vaporizing (16.5%).
- Among cannabis consumers, just over half (54.5%) report using cannabis exclusively for non-medical reasons, while 30.5% use it for both medical and non-medical reasons, and 15.0% use cannabis solely for medical reasons.
- Both non-daily cannabis use and daily or near daily cannabis use are significantly higher among individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning and/or intersex; those who experience frequent mental distress; and those who currently smoke cigarettes, use e-cigarettes, or engage in binge or heavy drinking.



Figure 1. Prevalence of cannabis consumption among adults (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2018-2023

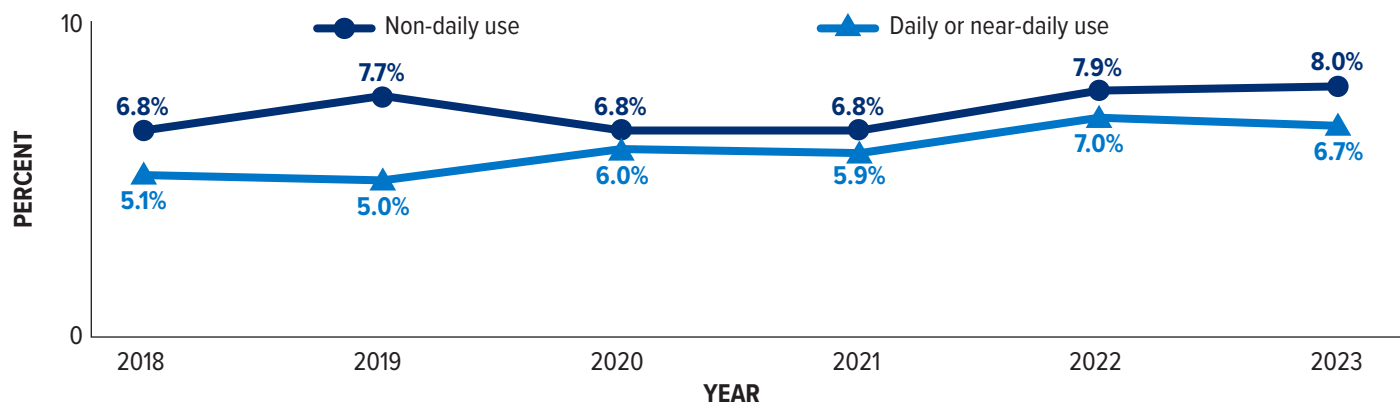
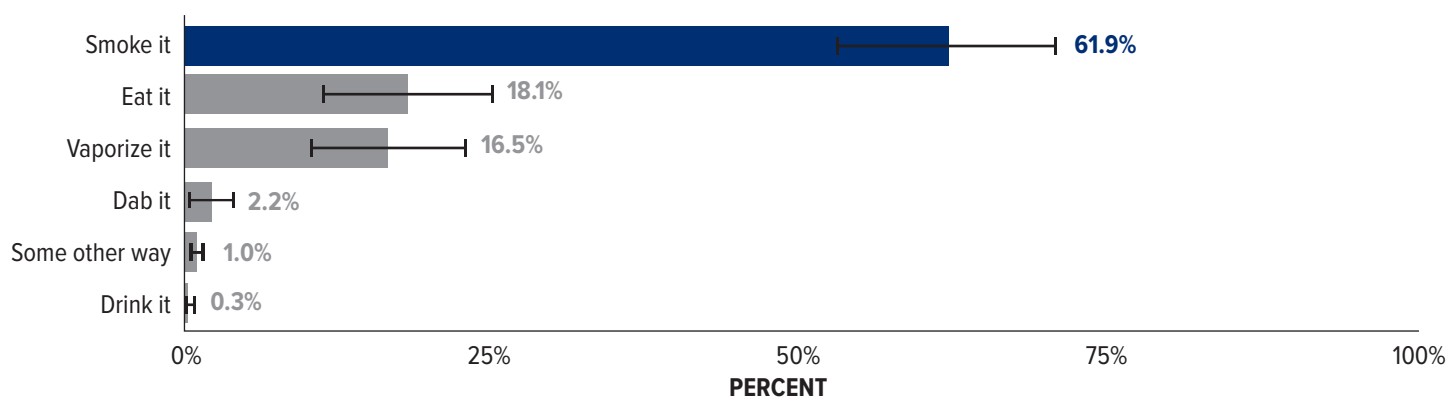


Figure 2. Mode of cannabis consumption among adults (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2023



Note: Error bars represent 95% confidence intervals

Figure 3. Reasons for cannabis consumption among adults (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2023

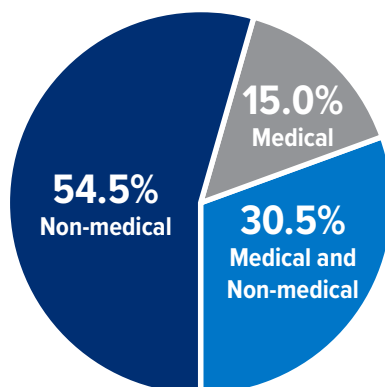


Table 1. Cannabis consumption among adults^a (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2023

	Any Consumption in past 30 days		Non Daily Consumption (1-19 days past month)		Daily or Near Daily Consumption (20+ days past month)	
	% ^b	95% CI ^b	%	95% CI	%	95% CI
New York State [n=5,625]	14.7	13.2-16.1	8.0	6.9-9.1	6.7	5.7-7.7
Sex						
Female ^c	12.1	10.2-14.0	6.5	5.1-7.9	5.6	4.3-7.0
Male	17.4	15.2-19.6	9.7	7.9-11.4	7.8	6.3-9.3
Sexual Orientation and Gender Identity						
Lesbian, gay, bisexual, transgender, queer/questioning and/or intersex	35.6	29.3-41.9	19.6	14.0-25.3	15.9	11.3-20.5
Heterosexual/straight and cisgender ^d	13.2	11.7-14.6	7.0	5.9-8.1	6.2	5.1-7.2
Age (Years)						
18-20	24.0	14.3-33.7	15.9	7.1-24.6	8.1	3.0-13.2
21-24	31.7	23.0-40.4	19.6	11.8-27.4	12.1	6.5-17.8
25-34	22.3	18.2-26.4	11.2	8.1-14.4	11.1	8.1-14.1
35-44	18.7	14.9-22.5	7.9	5.6-10.1	10.8	7.6-14.1
45-54	13.2	9.6-16.7	7.1	4.5-9.7	6.1	3.5-8.7
55-64	8.0	5.8-10.3	4.8	3.1-6.5	3.3	1.8-4.7
65+	5.1	3.8-6.4	3.6	2.5-4.6	1.5	0.9-2.2
Race/Ethnicity						
Asian, non-Hispanic	10.2	4.6-15.7	7.2	2.1-12.3	3.0	0.5-5.5
Black, non-Hispanic	16.2	11.7-20.7	6.0	3.1-8.9	10.2	6.5-14.0
Hispanic	11.0	8.3-13.7	5.8	3.7-7.9	5.2	3.4-7.1
Multiracial, non-Hispanic	37.1	22.7-51.4	12.7	4.8-20.5	24.4	10.9-37.9
White, non-Hispanic	16.1	14.1-18.0	9.5	8.0-11.1	6.5	5.2-7.9
All other race groups combined, non-Hispanic ^e	10.8	3.9-17.8	6.0	0.9-11.2	4.8	0.0-9.6
Annual Household Income						
Less than \$25,000	11.6	8.4-14.8	4.3	2.8-5.9	7.3	4.4-10.1
\$25,000-\$49,999	13.7	11.3-16.0	6.2	4.3-8.0	7.5	5.2-9.9
\$50,000 and greater	17.8	15.4-20.1	10.8	8.9-12.8	6.9	5.4-8.4
Missing ^f	9.9	7.3-12.5	5.2	3.3-7.0	4.7	2.8-6.7
Education Attainment						
Less than high school	9.9	5.6-14.2	3.8	1.0-6.7	6.1	2.7-9.5
High school or GED	15.0	11.9-18.1	6.5	4.2-8.7	8.5	6.3-10.8
Some post-high school	16.9	13.6-20.2	8.9	6.4-11.5	7.9	5.7-10.2
College graduate	14.5	12.6-16.4	9.8	8.2-11.5	4.7	3.6-5.8
Disability^g						
Yes	16.6	13.8-19.5	7.3	5.5-9.1	9.3	7.0-11.7
No	14.0	12.3-15.7	8.3	6.9-9.7	5.7	4.6-6.8
Urban-Rural						
Urban	14.6	13.2-16.1	7.9	6.8-9.1	6.7	5.7-7.7
Rural	15.6	7.4-23.7	10.2	3.1-17.3	5.4	1.1-9.7
Region						
New York City (NYC)	14.5	12.2-16.8	8.7	6.8-10.6	5.9	4.4-7.3
New York State exclusive of NYC	14.7	12.9-16.6	7.6	6.2-8.9	7.1	5.8-8.5
Employment status						
Employed	17.1	15.1-19.1	8.9	7.4-10.4	8.2	6.7-9.7
Unemployed	15.6	9.9-21.2	6.4	2.8-9.9	9.2	4.6-13.8
Not in labor force	11.2	8.9-13.5	7.1	5.2-9.0	4.1	2.8-5.5

Table 1. Cannabis consumption among adults^a (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2023

	Any Consumption in past 30 days		Non Daily Consumption (1-19 days past month)		Daily or Near Daily Consumption (20+ days past month)	
	% ^b	95% CI ^b	%	95% CI	%	95% CI
New York State [n=5,625]	14.7	13.2-16.1	8.0	6.9-9.1	6.7	5.7-7.7
Health Care Coverage Type						
Private	17.5	15.0-20.0	10.7	8.7-12.9	6.7	5.2-8.3
Medicare ^h	8.5	6.2-10.7	4.5	3.1-5.9	4.0	2.2-5.8
Medicaid	17.8	13.7-21.9	7.0	4.7-9.3	10.8	7.3-14.3
Other insurance ⁱ	14.9	10.5-19.4	6.9	3.9-10.0	8.0	4.5-11.4
No coverage	13.6	8.5-18.7	6.0	2.6-9.4	7.6	3.8-11.4
Frequent mental distress^j						
Yes	27.7	22.9-32.5	10.6	7.4-13.8	17.0	12.9-21.1
No	12.7	11.2-14.2	7.6	6.4-8.9	5.0	4.1-6.0
Current tobacco smoking^k						
Yes	25.4	12.2-15.1	11.0	6.2-15.7	14.5	9.7-19.2
No	13.6	19.2-31.6	7.7	6.6-8.8	5.9	4.9-6.9
Current E-cigarette use						
Every day or some days	54.5	45.8-63.3	23.9	15.7-32.2	30.6	22.7-38.6
Not at all or never	12.2	10.8-13.5	7.0	5.9-8.0	5.2	4.3-6.1
Binge or heavy drinking^l						
Yes	37.8	32.4-43.0	23.6	18.5-28.6	14.2	10.5-17.8
No	10.8	9.5-12.1	5.4	4.6-6.3	5.4	4.3-6.4

Notes: ^aEstimates are suppressed when there are less than 50 observations in the denominator or less than six observations in the numerator; estimates that have a confidence interval with a half-width of greater than 10, or when the relative standard error (RSE) is greater than 30% are unstable and should be used with caution. ^b% = weighted percentage; CI = confidence interval; When comparing estimates, the 95% confidence interval (95% CI) provides the statistical range containing the true population percentage with a 95% probability. Although a 95% confidence interval is not a test of statistical significance, categories whose 95% confidence intervals do not overlap can be considered significantly different. ^cBased on the respondent's sex at birth. If sex at birth is missing, then the respondent's sex is based on gender identity at time of the interview. ^dHeterosexual or straight are people who are sexually oriented toward people of the opposite, usually binary, gender; Cisgender is a person whose current gender corresponds to the sex they were assigned at birth. ^eAll other race groups combined, non-Hispanic includes: American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and other race. ^fMissing category included because more than 10% of the sample did not report income. ^gAll respondents who reported at least one type of disability (cognitive, mobility, vision, selfcare, independent living or deafness). ^hMedicare includes Medigap. ⁱOther includes Children's Health Insurance Program (CHIP), TRICARE, VA/Military, and Indian Health Services, State sponsored health plan, and other government programs. ^jAll respondents who report problems with stress, depression, or emotions on at least 14 of the previous 30 days. ^kAll respondents who have smoked at least 100 cigarettes in their lifetime and currently smoke on at least some days. ^lBinge drinking is defined as consuming four or more drinks for women and five or more drinks for men on a single occasion in the past month; heavy drinking is defined as eight or more drinks per week for women and fifteen or more drinks per week for men.



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Behavioral Risk Factor Surveillance System Questions



1. During the past 30 days, on how many days did you use marijuana or cannabis?
2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...
 - a. Smoke it (for example, in a joint, bong, pipe, or blunt)
 - b. Eat it (for example, in brownies, cakes, cookies, or candy)
 - c. Drink it (for example, in tea, cola, or alcohol)
 - d. Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
 - e. Dab it (for example, using a dabbing rig, knife, or dab pen), or
 - f. Use it some other way
 - g. Don't know/Not sure
3. When you used marijuana or cannabis during the past 30 days, was it usually:
 - a. For medical reasons
 - b. For non-medical reasons
 - c. For both medical and non-medical reasons

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Program Contributions



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