Number 2026-08

New York State Behavioral Risk Factor Surveillance System Brief

Cannabis Use

New York State Adults, 2024

Introduction

Cannabis sativa, commonly known as cannabis, marijuana, weed, or pot, is a plant with psychoactive properties that has been used for medicinal, recreational, industrial, and nutritional purposes for thousands of years. The cannabis plant contains hundreds of chemical compounds, including delta-9 tetrahydrocannabinol (THC), the primary psychoactive component responsible for intoxicating effects, and cannabidiol (CBD), a non-psychoactive compound.[1]

Cannabis use is prevalent in the United States, with an estimated 62 million adults reporting current use in 2024.[2] New York State established a regulated medical cannabis program in November 2016, and adult-use cannabis became legal for individuals aged 21 years and older on March 31, 2021.[3]

Cannabis can be consumed in several ways, including smoking (e.g., joints, blunts, or bongs), vaping (using electronic devices), or ingesting infused foods or beverages (edibles). A growing body of scientific evidence indicates that cannabis use is associated with a range of adverse health outcomes, including impaired brain function, mental health conditions, pregnancy-related complications, cardiovascular disease and high blood pressure, respiratory issues, and impaired driving ability.[4-7] In response, New York State Department of Health (NYSDOH) actively monitors cannabis use trends, evaluates associated health risks, and assesses the broader public health impact of cannabis use among New Yorkers.

Health Equity

Historically, cannabis-related enforcement, including arrests and convictions, has disproportionately impacted communities of color, despite similar rates of consumption across populations, with lasting effects on individuals, families, and communities.[8] In response, New York State developed a social equity framework that prioritizes licensing and economic opportunities for populations most harmed by prior cannabis prohibition. While this approach addresses documented inequities, ongoing public health monitoring remains essential to identify and respond to any disproportionate cannabis-related health impacts that may emerge across communities over time, regardless of retail access location. As the framework continues to evolve, NYSDOH remains committed to advancing health equity by reducing cannabis-related disparities, promoting harm reduction approaches, preventing underage use, and encouraging safe storage and responsible consumption practices.

Key Findings

- In New York State, 15.7% of adults aged ≥18 years report cannabis use in the past 30 days; 8.5% report using cannabis non-daily (<20 days/month) and 7.2% report using cannabis daily or near-daily (≥20 days/month).
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- Among those adults who report using cannabis, smoking is the most common preferred method of cannabis consumption (60.8%), followed by edibles (17.9%) and vaping (15.1%).
- Among those adults who use cannabis, 52.0% report using it for non-medical reasons only, 31.4% report using it for both medical and non-medical reasons, and 16.6% report using it for medical reasons only.
- Both non-daily and daily or near-daily cannabis use rates are significantly higher among males; individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning and/or intersex; those experiencing frequent mental distress; individuals who are disabled; and individuals who currently smoke cigarettes, use e-cigarettes, or engage in binge or heavy drinking.

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Figure 1. Prevalence of cannabis use among adults (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2018 – 2024

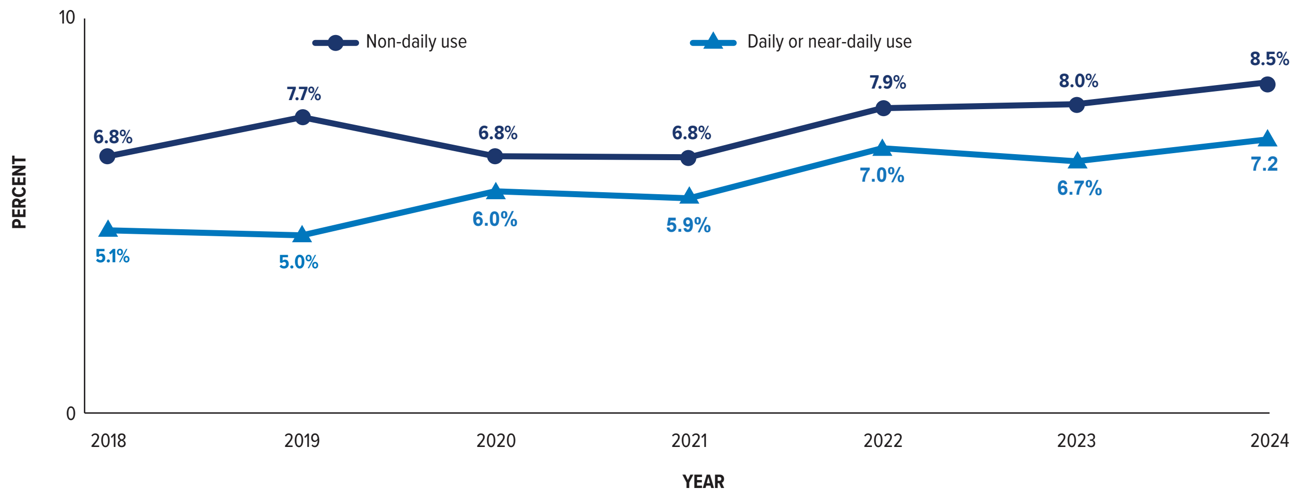
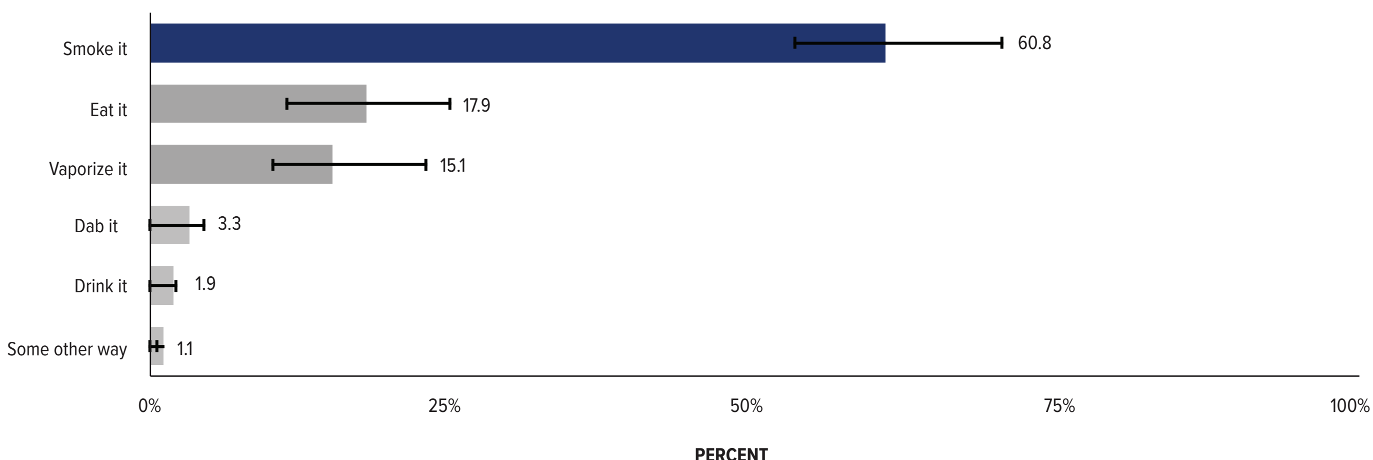


Figure 2. Mode of cannabis use among adults (18+ years) reporting cannabis use in New York, Behavioral Risk Factor Surveillance System, 2024



Note: Error bars represent 95% confidence intervals.

Figure 3. Reasons for cannabis use among adults (18+ years) reporting cannabis use in New York, Behavioral Risk Factor Surveillance System, 2018 – 2024

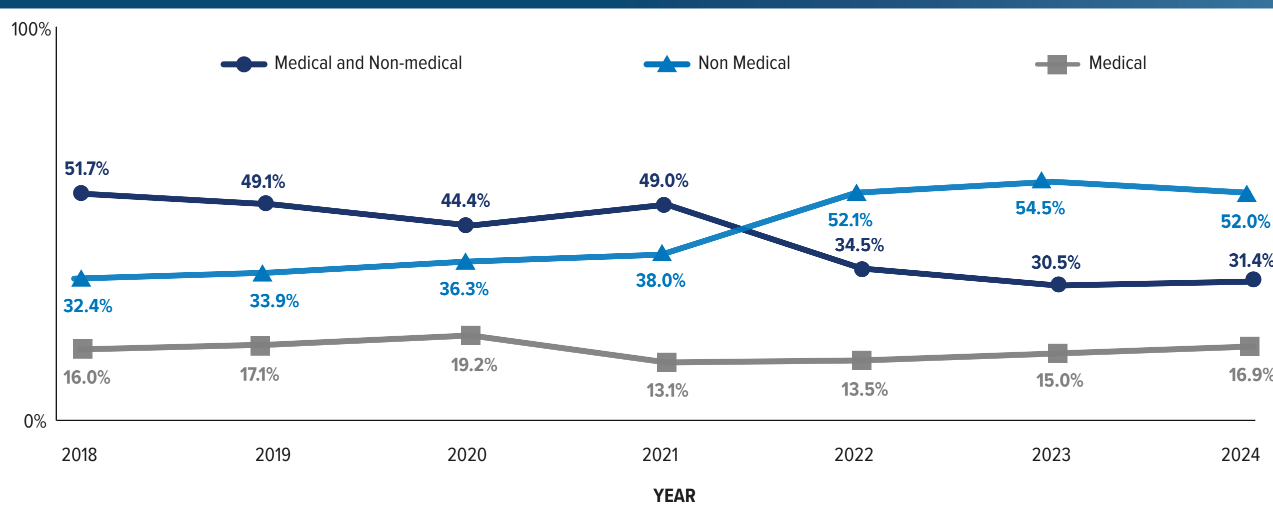


Table 1. Cannabis Use Among Adults[a] (18+ years) in New York, Behavioral Risk Factor Surveillance System, 2024						
	Any Use in past 30 days		Non Daily Use (1–19 days past month)		Daily or Near Daily Use (20+ days past month)	
	%[b]	95% CI[b]	%[b]	95% CI	%	95% CI
NYS Statewide [n=14,449]	**15.7**	**14.9–16.7**	**8.5**	**7.8–9.2**	**7.2**	**6.6–7.9**
Sex						
Male	18.9	17.4–20.3	10.3	9.2–11.4	8.5	7.5–9.5
Female[c]	12.8	11.6–13.9	6.8	6.0–7.7	6.0	5.1–6.8
Sexual Orientation and Gender Identity						
Lesbian, gay, bisexual, other sexual orientation (LGBO) or transgender	33.2	29.0–37.4	20.7	16.9–24.5	12.5	10.0–15.0
Heterosexual/straight and cisgender[d]	15.0	14.1–16.0	7.8	7.1–8.6	7.2	6.5–7.9
Age						
18–20	20.7	14.6–26.8	14.2	9.0–19.4	6.5	2.9–10.1
21–24	25.2	20.3–30.1	11.4	8.0–14.7	13.9	9.8–18.0
25–34	25.1	22.2–28.0	14.0	11.7–16.4	11.1	9.1–13.1
35–44	20.5	18.1–22.8	10.3	8.6–12.1	10.1	8.5–11.8
45–54	15.4	13.3–17.4	8.1	6.6–9.6	7.3	5.8–8.7
55–64	12.0	10.0–14.0	6.4	4.8–7.9	5.6	4.3–7.0
65+	5.9	4.9–6.8	3.7	2.9–4.4	2.2	1.5–2.8
Race/Ethnicity						
Asian, non-Hispanic	9.0	5.7–12.3	6.5	3.6–9.3	2.5	0.7–4.3
Black, non-Hispanic	16.9	14.0–19.8	9.7	7.3–12.0	7.2	5.3–9.1
Hispanic	10.9	9.0–12.7	5.9	4.5–7.3	5	3.8–6.2
Multiracial, non-Hispanic	28.7	20.6–36.8	17.5	10.1–24.8	11.2	6.4–16.0
White, non-Hispanic	18.4	17.2–19.7	9.7	8.7–10.6	8.8	7.8–9.7
All other race groups combined, non-Hispanic[e]	13.4	7.1–19.6	4.0	1.0–6.9	9.4	3.8–15.0
Annual Household Income						
<$25,000	11.4	9.5–13.2	5.0	3.7–6.3	6.4	5.0–7.7
$25,000–$49,999	16.2	14.1–18.2	7.4	6.0–8.8	8.7	7.2–10.3
$50,000 and greater	18.6	17.2–20.0	10.7	9.6–11.7	7.9	6.9–8.9
Missing[f]	11.7	9.6–13.8	7.0	5.3–8.7	4.7	3.3–6.0
Educational Attainment						
Less than high school (HS)	11.0	8.0–14.0	4.4	2.5–6.3	6.6	4.1–9.0
High school or GED	17.3	15.4–19.2	7.8	6.5–9.3	9.4	8.0–10.8
Some post-HS	17.3	15.4–19.2	8.9	7.5–10.4	8.4	7.0–9.7
College graduate	15.4	14.1–16.8	10.1	9.0–11.3	5.3	4.5–6.1
Disability[g]						
Yes	18.1	16.3–19.9	8.5	7.1–9.9	9.6	8.4–10.8
No	14.9	13.9–16.0	8.6	7.9–9.4	6.3	5.6–7.1
Urban–Rural						
Urban	15.6	14.7–16.7	8.6	7.9–9.3	7.1	6.4–7.7
Rural	20.8	15.7–25.8	7.2	5.5–8.8	13.6	8.4–18.8
Region						
New York City (NYC)	13.2	11.6–14.8	8.0	6.7–9.2	5.3	4.2–6.3
NYS exclusive of NYC	17.2	16.1–18.3	8.9	8.1–9.7	8.4	7.6–9.2

Employment Status						
Employed	18.5	17.3–19.8	10.2	9.2–11.2	8.3	7.4–9.3
Unemployed	21.5	16.9–26.0	9.8	6.3–13.3	11.7	8.3–15.1
Not in labor force	10.7	9.4–11.9	5.8	4.9–6.8	4.8	4.0–5.7
Health Care Coverage Type						
Private	18.4	17.0–19.9	11	9.8–12.2	7.4	6.4–8.4
Medicare[h]	8.6	7.3–8.9	4.3	3.5–5.1	4.3	3.3–5.3
Medicaid	19.7	17.0–22.5	9.4	7.3–11.6	10.3	8.2–12.3
Other insurance[i]	17.7	14.6–20.9	7.4	5.2–9.6	10.3	7.9–12.8
No coverage	14.5	10.8–18.2	7.8	4.9–10.7	6.8	4.3–9.3
Frequent Mental Distress[j]						
Yes	28.8	25.8–31.8	12.8	10.5–15.0	16.0	13.7–18.4
No	13.7	12.7–14.6	7.9	7.2–8.6	5.8	5.1–6.4
Current Tobacco Smoking[k]						
Yes	35.0	31.5–38.8	13.7	11.2–16.1	21.4	18.5–24.4
No	13.6	12.7–14.5	7.9	7.2–8.6	5.6	5.0–6.3
Current E-cigarette Use						
Every day or some days	50.7	45.5–56.0	19.3	15.4–23.3	31.4	26.4–36.3
Not at all or never	13.6	12.6–14.4	7.9	7.1–8.5	5.7	5.1–6.3
Binge or Heavy Drinking[l]						
Yes	33.8	30.8–36.7	19.4	17.0–21.7	14.4	12.2–16.6
No	12.0	11.1–12.9	6.3	5.6–7.0	5.7	5.1–6.3

a Estimates 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.

c Based 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.

d Heterosexual 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.

e All other race groups combined, non-Hispanic includes: American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and other race.

f Missing category included because more than 10% of the sample did not report income.

g All respondents who reported at least one type of disability (cognitive, mobility, vision, selfcare, independent living or deafness).

h Medicare includes Medigap.

i Other includes Children's Health Insurance Program (CHIP),TRICARE, VA/Military, and Indian Health Services, State sponsored health plan, and other government programs.

j All respondents who report problems with stress, depression, or emotions on at least 14 of the previous 30 days.

k All respondents who have smoked at least 100 cigarettes in their lifetime and currently smoke on at least some days.

l Binge 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.

The Behavioral Risk Factor Surveillance System (BRFSS) 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 US Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State (NYS) Department of Health (DOH) 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.

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Behavioral Risk Factor Surveillance System Survey Questions

Subtitle

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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