OREGON HEALTH AUTHORITY
Public Health Division
Office of the State Public Health Director

2026

Health Effects of Cannabis

Public Health Statements

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Background and summary

Purpose

Since the Oregon Health Authority Public Health Division (PHD) last published public health statements on cannabis in 2017, the science on cannabis and health has advanced considerably. Over the same period, regulatory changes have expanded the availability of cannabis in the United States and abroad. The need for updated public health statements was noted by the Oregon Cannabis Commission, an advisory body established by the state Legislature.

PHD conducted a review of scientific literature and key reports to produce public health statements about the potential health effects of cannabis use. Evidence was assessed about both harms and benefits of cannabis use. These statements are intended for everyone, including members of the public, clinicians, public health agencies, cannabis producers and retailers, legislators, policymakers, and the media. The statements are for educational purposes and are not a substitute for medical care or consultation with a health care professional.

Important context

The following information is intended to help readers understand the current state of research about cannabis-related harms and benefits, and factors to consider when reviewing available research.

Terminology

Cannabis is the preferred term for products derived from cannabis plants. Cannabis contains tetrahydrocannabinol (THC), cannabidiol (CBD), and numerous other cannabinoids. The terms marijuana and hemp are also used and are more specific: marijuana refers to products that contain ≥0.3% total THC concentration and hemp refers to products that contain <0.3% total THC concentration by dry weight.

This distinction is important because there are major differences in effects; THC and related cannabinoids cause intoxication, whereas CBD and related cannabinoids do not. Intoxication refers to impairment of cognition, perception, or control. When it comes to safely operating a motor vehicle, THC-containing cannabis is the main concern.

Most of the cannabis used in the US today contains THC. Cannabis products that do not contain THC (i.e., hemp) have been less studied. CBD is the most commonly used and studied cannabinoid besides THC. Many of the health effects associated with cannabis are primarily due to THC and related psychoactive cannabinoids;

products that contain CBD or related non-intoxicating cannabinoids appear to lack many of the same effects, including harms, but have not been comprehensively studied, with the exception of FDA-approved drugs such as Epidiolex® (pharmaceutical CBD). Non-intoxicating cannabinoid products are not necessarily safe to use; CBD, for example, can have adverse effects and interactions with pharmaceuticals. Synthetic cannabinoids not found in the cannabis plant are also available and are less studied than the major natural cannabinoids.

Cannabis products and potency

The range of cannabis and cannabis-derived products today is larger than ever. It includes FDA-approved prescription medicines such as Epidiolex® and Marinol® (dronabinol), regulated adult-use and medical marijuana, regulated hemp products, as well as a variety of illicit, intoxicating marijuana and hemp products. Cannabis products come in many forms, including cannabis flower, edibles, oils, tinctures, concentrates, topicals, and more. Regulated cannabis products—marijuana and hemp—must meet testing, labeling, recordkeeping, total THC limits, and other requirements that are designed to promote safety and reduce risks. Illicit products, whether sold online or in-person, generally do not meet these safety standards.

The potency of cannabis products has greatly increased over the decades, and today a wide range of high-potency and high-dose cannabis products are readily available.

Many studies that have looked at potential therapeutic effects of cannabis have used pharmaceutical-grade cannabinoids and may not apply to over-the-counter products, which have less reliable dosing and purity. Some CBD-only products have been found to contain THC. Depending on how they are grown, produced, or processed, some cannabis products may be contaminated by pesticides, mold, or bacteria.

This review mainly focuses on the types of cannabis available in regulated retail stores. Unless otherwise specified, this report summarizes evidence about cannabis and cannabinoid products that are sold in retail cannabis stores in Oregon, most of which are products containing delta-9-THC, the predominant natural form of THC. Sometimes evidence is related specifically to CBD (for example, evidence supporting CBD pharmaceuticals for treating certain seizure disorders). This report does not attempt to assess evidence from hemp-derived synthetic cannabinoids (such as delta-8-THC), which can be sold outside the legal retail marketplace.

How cannabis is consumed

Smoking is the most harmful way to consume cannabis, due to inhalation of toxins and particulate matter that are produced when it is burned. Historically, many studies of cannabis use focused on smoking because it was the dominant method of use, so determining which harms may be associated with other methods of use is often difficult. For example, established respiratory harms of cannabis use center on smoking, and respiratory effects of vaping cannabis are not fully known yet. It will take years for larger and longer-term studies to determine the harms of vaping cannabis specifically.

Before using cannabis

Individuals considering cannabis use should have a conversation with a physician or healthcare professional before using cannabis products—or any drug—to treat a health condition. Medical authorities recommend against cannabis use, with the few exceptions primarily being FDA-approved pharmaceutical cannabinoid products.

Side effects are common with cannabis use; serious side effects can also occur. Interactions with prescription drugs and other drugs are also common.

Finally, when using cannabis, make sure to do so safely and in ways that do not harm other people. Store cannabis products—especially edibles—securely, so that children and others do not accidentally consume them. Additionally, avoid exposing others to “secondhand” cannabis smoke, as the potential harms of doing so are not currently well understood.

Interpreting the public health statements

Some health outcomes are described as “linked to” cannabis use or exposure. This means studies have found an association between cannabis use or exposure and that health outcome, but readers should know that this may not necessarily be a causal relationship. In other words, it is possible some associations are observed because of shared factors that were not fully accounted for in a study. For example, people who smoke cannabis might be more likely to smoke cigarettes and to have respiratory health problems, but their respiratory conditions could be driven by cigarette smoking, rather than cannabis smoking. In this review we considered the quality of studies, and whether they had accounted for potential other explanations, such as “confounding” or bias; however, even high-quality studies may not be able to completely account for all such factors. Only after a body of evidence accumulates from multiple high-quality studies can a cause-and-effect relationship be reliably determined.

For our assessment of the strength of evidence for each finding, we used five categories: moderate or strong evidence of benefit, limited evidence of benefit, insufficient or conflicting evidence, limited evidence of harm, and moderate or strong evidence of harm.

Moderate or strong evidence indicates that there is at least moderate certainty that the finding is true, based on substantial evidence from multiple high-quality studies.

Limited evidence means there is low certainty that the finding is true; more evidence is needed, and future studies could find different or even opposite results.

Insufficient or conflicting evidence means there are currently not enough studies or various studies have found different results about cannabis use and a particular health outcome. This does not mean there is no association; it means it is inappropriate to conclude either that cannabis is or is not associated with that outcome.

Importantly, ratings of the strength of evidence of benefit or harm do not indicate the magnitude of the benefit or harm. For example, depending on the topic, a "moderate or strong evidence" rating can be applied to cannabis-associated benefits or harms ranging from slight to major.

The state of the science and the findings in part reflect what topics have been studied the most and how rigorous the studies are. This is an important distinction regarding topics for which we rated the evidence insufficient. In some cases, the evidence was not sufficient to conclude that there are harms or benefits because the topic hasn't been studied. In other cases, the topic has been studied but most or all the studies are of lower quality. Quality in this sense is not a judgment of the competence of the study's authors; instead, it refers to the strength of a study based on its design, size, duration, methods to control or adjust for confounding, methods to reduce risk of bias, and other factors that affect reliability and validity. In many cases, a study may have been well designed, but resource limitations prevented it from being a high-quality study for the purposes of evidence assessment.

We have made every effort to ensure these statements are accurate, clear, and representative of the body of evidence as of 2026. However, new research findings are published frequently and thus the body of evidence is always changing. The level of evidence of harm or benefit is likely to change for many specific health effects of cannabis use. See the "Other resources" section for statements and guidance from other reliable health authorities.

Summary of major findings

Below are the specific health outcomes with the strongest evidence supporting links to cannabis use. These, as well as findings with weaker evidence, are compiled in the revised public health statements on pages 10–18.

We found moderate or strong evidence for links between cannabis use and many health harms:

Respiratory health

- Respiratory diseases and symptoms related to particulate matter in smoke
- Chronic bronchitis from heavy smoking
- E-cigarette or vaping product use-related lung injury (EVALI)

Cardiovascular and metabolic health

- Heart attack and stroke

Cancer

- Pre-cancerous changes in the lungs, related to cancer-causing chemicals present in cannabis smoke (both firsthand and secondhand smoke)
- Testicular cancer

Injuries

- Motor vehicle crashes when driving after cannabis use
- Severe burns and injuries from vaporizing device failures and home butane extraction of hash oil
- Toxicity and poisoning, sometimes requiring emergency department visits or hospitalization (see specific statement about children)

Neurological health

- Impairments in memory, attention, decision making, and learning; up to a month after use for frequent cannabis use

Mental health and substance use

- Suicide
- Psychosis, including schizophrenia, especially in people with long-term use, adolescents, and people using high-THC products
- Cannabis use disorder from frequent cannabis use and use of high-THC products
- Worsening of bipolar disorder

Reproductive health and early development

- Fetal health effects from maternal use during pregnancy, including infants being born small for gestational age or with low birthweight
- Attention problems, reduced cognitive function, and decreased academic ability and IQ scores in children after maternal use during pregnancy

Cannabis use in childhood and young adulthood

- Low academic achievement, such as not graduating from high school
- Developing cannabis use dependence or disorder as an adult
- High-risk use of alcohol, tobacco, and other drugs as an adult
- Mental health symptoms and disorders from using high-THC products
- Increased psychotic symptoms and disorders such as schizophrenia in adulthood from regular use
- Depression, suicidal thoughts, and suicide attempts
- Poisoning of children consuming cannabis edibles, causing severe health effects that may require hospitalization

Other health topics

- Gastrointestinal effects, including nausea, vomiting, diarrhea; and cannabis hyperemesis disorder from long-term use

We found moderate or strong evidence for links between cannabis use and several health benefits:

Respiratory health

- Short-term improvement of airflow in the lungs

Cancer

- Treatment for chemotherapy-induced nausea and vomiting with pharmaceutical THC (dronabinol)

Neurological health

- Treatment for specific types of seizure disorders or epilepsy (Dravet syndrome, Lennox-Gastaut syndrome, and tuberous sclerosis complex) with pharmaceutical CBD (Epidiolex®)
- Treatment for multiple sclerosis (MS) spasticity symptoms with pharmaceutical nabiximols
- Improvements in chronic pain in adults, especially with oral or sublingual cannabinoids (nabiximols, nabilone, dronabinol)

Cannabis public health statements

Topic categories

1. Respiratory health
2. Cardiovascular and metabolic health
3. Cancer
4. Injuries
5. Neurological health
6. Mental health and substance use
7. Reproductive health and early development
8. Childhood and young adulthood
9. Other health topics

Key for evidence ratings

Color	Level of evidence	Meaning
Dark green	Moderate or strong evidence of benefit	Substantial evidence from multiple high-quality studies supports a relationship between cannabis use and particular health benefit(s) or improvement of particular health conditions(s). Often there are similar strong statements made by health authorities.
Light green	Limited evidence of benefit	Some evidence of benefit exists, but there are few or no high-quality studies, so there is low certainty about a relationship between cannabis use and particular health benefit(s) or improvement of particular health conditions(s).
Gray	Insufficient or conflicting evidence	There are too few high-quality studies to draw conclusions, or multiple studies that draw different conclusions.
Light purple	Limited evidence of harm	Some evidence of harm exists, but there are few or no high-quality studies, so there is low certainty about a relationship between cannabis use and particular health harm(s) or worsening of particular health conditions(s).
Dark purple	Moderate or strong evidence of harm	Substantial evidence from multiple high-quality studies supports a relationship between cannabis use and particular health harm(s) or worsening of particular health conditions(s). Often there are similar strong statements made by health authorities.

Public health statements by topic category

1. Respiratory health

Outcome	Statement	Level of evidence
1.1 Airflow improvement	Smoking cannabis can cause short-term improvement of airflow (acute bronchodilation) in the lungs. This acute effect does not offset the long-term risks of chronic bronchitis and impaired lung function noted in statements 1.2 and 1.4.	Moderate or strong evidence of benefit
1.2 Particulate matter	Cannabis smoke irritates the throat and lungs, damaging cells lining the airways, deposits harmful levels of particulate matter in the lungs, and is linked to lung diseases. Quitting cannabis smoking is associated with improvements in respiratory symptoms.	Moderate or strong evidence of harm
1.3 Chronic obstructive pulmonary disease (COPD) and emphysema	Evidence is insufficient for links between cannabis smoking or vaping and chronic obstructive pulmonary disease (COPD) or emphysema.	Insufficient or conflicting evidence
1.4 Chronic bronchitis	Heavy cannabis smoking is linked to chronic bronchitis, including chronic cough, sputum production and wheezing. These symptoms generally improve when cannabis smokers quit.	Moderate or strong evidence of harm
1.5 Vaping-related lung injury	Cannabis vaping has been linked to severe lung injury (e-cigarette or vaping product use-related lung injury or “EVALI”), related to vaping product additives.	Moderate or strong evidence of harm
1.6 Respiratory symptoms from vaping	Limited evidence indicates that cannabis vaping may be linked to respiratory symptoms. Long-term risks are not known.	Limited evidence of harm

2. Cardiovascular and metabolic health

Outcome	Statement	Level of evidence
2.1 Heart attack and stroke	Cannabis use is linked to increased risk of heart attack (myocardial infarction) and stroke.	Moderate or strong evidence of harm

Outcome	Statement	Level of evidence
2.2 Heart arrhythmias	Limited evidence indicates that cannabis use may be linked to increased risk of heart arrhythmias.	Limited evidence of harm
2.3 Type 2 diabetes	Limited evidence indicates that cannabis use may be linked to a lower risk of developing type 2 diabetes.	Limited evidence of benefit

3. Cancer

Outcome	Statement	Level of evidence
3.1 Carcinogens in smoke	Cannabis smoke, both firsthand and secondhand, contains many of the same cancer-causing chemicals as tobacco smoke.	Moderate or strong evidence of harm
3.2 Precancerous changes in lungs	Heavy cannabis smoking is linked to precancerous changes in the lungs.	Moderate or strong evidence of harm
3.3 Lung, head, and neck cancers	Evidence is insufficient for a link between cannabis smoking and lung cancer or head and neck cancers.	Insufficient or conflicting evidence
3.4 Cancer symptom management	Limited evidence indicates that cannabis and cannabinoids may help symptom management in adults and children with cancer, including pain, insomnia, and anxiety. However, conflicting evidence exists and adverse effects may outweigh positive benefits.	Limited evidence of benefit
3.5 Cancer treatment-associated nausea and vomiting	Dronabinol, a form of THC, is FDA-approved and effective for treating chemotherapy-induced nausea and vomiting (CINV); evidence is limited for benefits from other forms of cannabis and cannabinoids. Current guidelines indicate that cannabinoids are not preferred first-line drugs for CINV but may be used along with other antiemetic drugs.	Moderate or strong evidence of benefit
3.6 Testicular cancer	Cannabis use among men is linked to an increased risk of nonseminoma testicular cancer.	Moderate or strong evidence of harm

4. Injuries

Outcome	Statement	Level of evidence
4.1 Motor vehicle crashes, driving impairment	Driving after using cannabis increases the risk of motor vehicle crashes. Cannabis use impairs related factors such as reaction time and attention. *See also statement 9.6 Eye function.*	Moderate or strong evidence of harm
4.2 Burns	Vaporizing device failures and home butane extraction of hash oil can cause severe burns and injuries.	Moderate or strong evidence of harm
4.3 Acute toxicity	Cannabis can cause toxicity and poisoning, sometimes requiring emergency department visits or hospitalizations. *See also statement 8.9 Child poisoning.*	Moderate or strong evidence of harm

5. Neurological health

Outcome	Statement	Level of evidence
5.1 Cognitive function	Cannabis use is linked to small-to-moderate acute impairments in memory, attention, decision making, and learning. Frequent cannabis use may be associated with impaired memory, persisting up to a month after last use. *See also statement 8.1 Cognitive development (Childhood and young adulthood).*	Moderate or strong evidence of harm
5.2 Seizure disorders: benefit	Cannabidiol (CBD) is effective in reducing seizure activity in patients with certain seizure disorders. The effectiveness of CBD for seizure disorders is most well-established in Dravet syndrome, Lennox-Gastaut syndrome, and tuberous sclerosis complex. Evidence is insufficient for effectiveness of CBD for adult focal epilepsy. Pharmaceutical CBD may be used in combination with other anti-seizure medications and must be given under the care of a health care professional.	Moderate or strong evidence of benefit
5.3 Seizures: harm	Limited evidence indicates that cannabis, especially products with THC or synthetic cannabinoids, may be linked to increased risk of seizures.	Limited evidence of harm
5.4 Multiple sclerosis (MS) spasticity symptoms	Oral cannabinoids, in particular pharmaceutical nabiximols, improve patient-reported multiple sclerosis spasticity symptoms. Evidence is limited or insufficient for benefits for other symptoms in MS, including overactive bladder, neuropathic pain, and tremor.	Moderate or strong evidence of benefit

Outcome	Statement	Level of evidence
5.5 Chronic pain	Cannabis or cannabinoids are effective for the treatment of chronic pain in adults, though improvements in pain are generally small and conflicting evidence exists. Most studies that indicated benefit used oral or sublingual cannabinoids (nabiximols, nabilone, dronabinol). Adverse events, including dizziness, nausea, and sedation, are common, and appear more likely with higher-THC products.	Moderate or strong evidence of benefit
5.6 Neuropathic pain	Evidence is insufficient for effectiveness of cannabinoids for treatment of neuropathic pain, including spinal cord injury-related pain.	Insufficient or conflicting evidence
5.7 ADHD	Evidence is insufficient for effectiveness of cannabis for improving symptoms of attention deficit hyperactivity disorder (ADHD).	Insufficient or conflicting evidence
5.8 Autism among children	Evidence is insufficient for effectiveness of cannabis for treatment of neuropsychiatric and neurodevelopmental disorders (such as autism spectrum disorder symptoms) among children.	Insufficient or conflicting evidence

6. Mental health and substance use

Outcome	Statement	Level of evidence
6.1 Depression and anxiety: harm	Limited evidence indicates that regular use of cannabis may be linked to symptoms of depression and anxiety.	Limited evidence of harm
6.2 Depression and anxiety: benefit	Evidence is insufficient for effectiveness of cannabinoids for depression or anxiety. *See also statement 8.8 Anxiety (Childhood and young adulthood).*	Insufficient or conflicting evidence
6.3 Suicide	Cannabis use is linked to increased risk of suicide. *See also statement 8.7 Depression and suicide (Childhood and young adulthood).*	Moderate or strong evidence of harm
6.4 Acute psychotic symptoms	Limited evidence indicates that THC, a component of cannabis (marijuana), may be linked to acute psychotic symptoms during intoxication. Higher doses of THC increase the risk and severity of symptoms.	Limited evidence of harm

Outcome	Statement	Level of evidence
6.5 Psychosis, schizophrenia	Cannabis use increases the risk of developing psychosis, including schizophrenia. Some people who use cannabis may have an increased risk of psychosis, including adolescents, people with long-term use, and people using high-THC products. *See also statement 8.6 Psychosis (Childhood and young adulthood).*	Moderate or strong evidence of harm
6.6 Cannabis use disorder and dependence	Frequent cannabis use or use of high-THC products increases the risk of developing cannabis use disorder. Frequent cannabis users may experience withdrawal symptoms when abstaining from cannabis use. *See also statement 8.3 Cannabis dependence (Childhood and young adulthood).*	Moderate or strong evidence of harm
6.7 Bipolar disorder	Cannabis use is linked to worse symptoms of existing bipolar disorder, and more limited evidence indicates it may increase the risk of developing bipolar disorder.	Moderate or strong evidence of harm
6.8 Post-traumatic stress disorder (PTSD): harm	Limited evidence indicates that cannabis use may make PTSD symptoms worse in people with cannabis use disorder.	Limited evidence of harm
6.9 Post-traumatic stress disorder (PTSD): benefit	Evidence is insufficient for effectiveness of cannabis for improving PTSD symptoms.	Insufficient or conflicting evidence
6.10 Substance use disorder: harm	Limited evidence indicates that cannabis use may be linked to increased risk of other substance use and substance use disorders.	Limited evidence of harm
6.11 Substance use disorder: benefit	Evidence is insufficient for effectiveness of cannabis use for reducing other substance use and substance use disorders (SUDs), including alcohol, tobacco, and illicit drugs.	Insufficient or conflicting evidence

7. Reproductive health and early development

Outcome	Statement	Level of evidence
7.1 General fetal health and maternal exposure during pregnancy	There is no known safe level of cannabis use during pregnancy. Cannabis use during pregnancy may have negative effects on the fetus, regardless of when it is used during pregnancy.	Moderate or strong evidence of harm
7.2 THC transfer to fetus from maternal use	Tetrahydrocannabinol (THC) can pass through the placenta and expose the fetus to THC. Evidence is strong for exposure; evidence of harmful health effects from this exposure is limited.	Limited evidence of harm
7.3 Cognitive and behavioral effects	Maternal use of cannabis during pregnancy is linked to harmful effects on the developing child, including attention problems, reduced cognitive function, and decreased academic ability and IQ scores. More limited evidence indicates maternal use may be linked to behavior problems and depression symptoms in the developing child. These effects may not appear until adolescence.	Moderate or strong evidence of harm
7.4 Pregnancy complications and birth outcomes	Limited evidence indicates that cannabis use during pregnancy may be linked to increased risk of complications and adverse outcomes such as preterm birth, stillbirth, and admission to neonatal intensive care.	Limited evidence of harm
7.5 Infants born small for gestational age	Cannabis use during pregnancy is linked to infants being born small for gestational age (birth weight <10th percentile at gestational age).	Moderate or strong evidence of harm
7.6 Birth defects	Evidence is insufficient as to whether cannabis use during pregnancy poses an increased risk of birth defects in exposed offspring.	Insufficient or conflicting evidence
7.7 Exposure through breastfeeding	Tetrahydrocannabinol (THC) can pass from breastmilk to infant and expose the infant to THC. Evidence is strong for exposure; evidence of harmful health effects from this exposure is limited.	Limited evidence of harm
7.8 Fertility	Limited evidence indicates that cannabis use may be linked to reduced male and female fertility.	Limited evidence of harm
7.9 Sudden infant death syndrome (SIDS)	Evidence is insufficient for a link between cannabis use during or after pregnancy and sudden infant death syndrome (SIDS).	Insufficient or conflicting evidence

8. Childhood and young adulthood

Outcome	Statement	Level of evidence
8.1 Cognitive development	Limited evidence indicates that cannabis use during adolescence may be linked to impairments in cognitive development. *See also statement 5.1 Cognitive function.*	Limited evidence of harm
8.2 Academic achievement	Regular cannabis use by adolescents is linked to low academic achievement, such as not graduating from high school.	Moderate or strong evidence of harm
8.3 Cannabis use disorder and dependence	Starting cannabis use during adolescence or young adulthood is linked to cannabis use disorder as an adult. Adolescents and young adults who use cannabis with higher THC concentration (>10% THC) are more likely than non-high concentrate users to continue use. *See also statement 6.6 Problem cannabis use.*	Moderate or strong evidence of harm
8.4 Other drug use	Cannabis use by adolescents and young adults is linked to high-risk use of alcohol, tobacco, and other drugs in adulthood.	Moderate or strong evidence of harm
8.5 Mental health symptoms or disorders	Adolescents and young adults who use cannabis with higher THC concentration (>10% THC) are more likely than non-users to develop future mental health symptoms and/or disorders.	Moderate or strong evidence of harm
8.6 Psychosis	Regular cannabis use by adolescents and young adults is linked to an increased rate of psychotic symptoms and disorders such as schizophrenia in adulthood. This risk is increased among those who start using cannabis at a younger age and those with more frequent use. *See also statement 6.5 Psychosis, schizophrenia.*	Moderate or strong evidence of harm
8.7 Depression and suicide	Cannabis use by adolescents and young adults is linked to depression, suicidal thoughts and suicide attempts. *See also statement 6.3 Suicide.*	Moderate or strong evidence of harm
8.8 Anxiety	Evidence is inconsistent for a link between cannabis use by adolescents and young adults and anxiety. *See also statements 6.1 and 6.2 Depression and anxiety.*	Insufficient or conflicting evidence
8.9 Child poisoning	Cannabis edibles can poison children and cause severe health effects requiring hospitalization. *See also statement 4.3 Acute toxicity.*	Moderate or strong evidence of harm
8.10 Physical dating violence	Limited evidence indicates that cannabis use may be linked to physical dating violence in adolescents and young adults.	Limited evidence of harm

9. Other health topics

Outcome	Statement	Level of evidence
9.1 Sleep	Evidence for effectiveness of cannabis use to improve sleep is limited and mixed. Short-term cannabis exposure is linked to improved sleep outcomes in people with insomnia or sleep disturbances, especially in people with chronic pain, but chronic cannabis use is linked to poorer sleep quality.	Insufficient or conflicting evidence
9.2 Appetite	Limited evidence indicates that cannabis may improve appetite. Dronabinol (pharmaceutical THC) is FDA approved to treat HIV/AIDS-induced anorexia.	Limited evidence of benefit
9.3 Gastrointestinal effects, severe vomiting	Cannabis use can have gastrointestinal effects including nausea, vomiting, and diarrhea; long-term use is linked to cannabis hyperemesis syndrome (severe recurrent vomiting).	Moderate or strong evidence of harm
9.4 Inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS)	Evidence is insufficient for effectiveness of cannabis for treating gastrointestinal conditions such as inflammatory bowel disease (Crohn's disease and ulcerative colitis) and irritable bowel syndrome.	Insufficient or conflicting evidence
9.5 Liver function	Limited evidence indicates that cannabidiol (CBD) may elevate liver enzymes and cause liver toxicity at high doses.	Limited evidence of harm
9.6 Eye function	Limited evidence indicates that cannabis use may impair eye function in ways that affect driving. *See also statement 4.1 Motor vehicle crashes, driving impairment.*	Limited evidence of harm
9.7 Drug interactions	Cannabis, including both THC and CBD, may interact with some medications, including benzodiazepines, hydrocortisone, phenytoin, anti-epileptic drugs, tricyclic antidepressants, and warfarin. This means it may affect how the other drugs work or cause toxicity or side effects.	Limited evidence of harm

Technical notes

Methods

Beginning in 2024, evidence was reviewed from high-quality published sources of synthesized evidence, including the National Academies of Sciences, Engineering, and Medicine (NASEM), Health Canada, the State of Colorado Department of Public Health & Environment, and the US Department of Veterans Affairs and Oregon Health & Science University "Systematically Testing the Evidence on Marijuana" (STEM) project. To capture more recent evidence, we also incorporated systematic review articles on specific health outcomes that had been published in the peer-reviewed literature up to May 2025.

Three different teams of staff identified evidence statements from the resources listed above, including by reading abstracts from peer-reviewed literature. Sources of evidence were mapped to the different health topic areas and to specific health outcomes. Key findings and the quality of evidence (for peer-reviewed literature) were summarized by a subset of the original teams. Previous public health statements that were published by OHA's Public Health Division in 2017 were assessed and modified as needed based on the updated evidence; many new topics and statements were added. Finally, as a validation check, we cross-referenced public health statements available in summer 2026 from Health Canada, the State of Colorado, and the STEM project, and queried an AI scientific research program about evidence per health outcome, to identify any potentially major differences in interpretation.

Limitations

Our review was conducted by a small team and limited resources. By necessity, our approach was not as in depth as a very large review, such as reviews by the Cochrane Collaboration or the National Academies of Sciences, Engineering, and Medicine. Although we aimed to produce a comprehensive review, these findings should not be taken to be exhaustive and representative of the entire body of cannabis health effects research, which is constantly expanding.

In most cases, we did not create statements about health topics if there was insufficient information (few resources or articles of good quality) available to make clear statements about health risks or benefits. A few health statements are listed that have insufficient evidence because they were included in other major reviews or prior Oregon health statements.

Due to the evolution of cannabis products, and lack of clarity in the research, actual risks could vary by product type (for example, smoked, edible, or vaporized), and by the amount of THC, CBD, and other ingredients or additives in products. When information was available, statements reflect specific products and contents (for example, CBD pharmaceutical products are shown to be beneficial for treating some specific pediatric exposures; cannabis edibles have been linked to child poisoning).

Other resources

Other sources of information about potential effects of cannabis use:

- US Department of Veterans Affairs and Oregon Health & Science University. Systematically Testing the Evidence on Marijuana (STEM). https://www.cannabisevidence.org/
- Colorado Department of Public Health and Environment. Cannabis evidence statements and public health statements. https://cannabishealthreport.colorado.gov/Literature-review
- Health Canada. Cannabis use, effects and risks. https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects.html
- National Academies of Sciences, Engineering, and Medicine. National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. https://doi.org/10.17226/24625

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