

## CANNABIS — RESEARCH

### *Statement*

**HON DR BRIAN WALKER (East Metropolitan)** [6.38 pm]: Members will perhaps remember the earlier contribution I made regarding the science of cannabidiol and fish.

A government member: How could we forget?

**Hon Dr BRIAN WALKER:** How could you forget?

Part of my move just now is to bring more science into the debate, because I am a man of science, I am a medical practitioner, and I am very concerned that what I am putting across has, as the Germans say, hand and foot—it actually exists. One of the problems that people constantly mention to me as a doctor is that cannabis can cause psychosis. It is a very real concern because if a doctor recommends something that might make a patient sick, it is not a good idea. It is not a good look for a doctor to recommend giving bad things, like, for example, opiates for pain, which can kill people of course, but that is normal!

A member interjected.

**Hon Dr BRIAN WALKER:** Is it not strange? I was very, very pleased to get some actual science on the relative risks of cannabis. This is a paper, which I will seek leave to table when I have finished speaking, that looks at comparative harms. I have always said that people can misuse cannabis. That is a very important thing to state. Given that I plan to go into the bar this evening and maybe have a glass of wine or a gin and tonic, the question is: how much harm will that do? It is quite normalised for us. But then we look at cannabis and think, “Oh, this is dangerous.” Are we actually looking at facts or prejudices? If we are looking at prejudices, we are not doing ourselves any favours at all. We need to be factually based.

A lovely paper came out titled *Comparative harms assessments for cannabis, alcohol, and tobacco: Risk for psychosis, cognitive impairment, and traffic accident*. I will segue into my time as a psychiatrist, when 95 per cent of the residents of the wards in that hospital were heavy smokers and, indeed, heavy consumers of coffee. For me, coffee is an essential ingredient to life, although I am a passionate anti-smoker. Studies later showed that when someone with psychosis reduces or stops smoking cigarettes, the need for medication for their psychosis goes down and there is a much better response to the medication. This is interesting. This paper shows that the relative risk of developing psychosis for moderate cannabis users is six times greater than for non-users. But it also shows that if someone smokes, say, 10 cigarettes a day, the relative risk is 6.1. We could debate that. Are we really looking at a danger or are we looking at a predisposition that people are managing with cannabis or tobacco? We could discuss that and settle the matter with a drink, but the relative risk of alcohol for developing psychosis is 6.5! These are the facts that I am looking at from a very good long-term study. I am asking members to consider whether we are really dealing with facts or with the misperception of facts, or propaganda. I bring this to members’ attention because if our party is to put forward a request in the future that cannabis be legalised, as our party’s name would suggest, we all need to be aware of the facts. If we are going to do things that are factually wrong, incorrect and bad for someone’s health, I would be the first to say that we should not be here.

I seek leave to table the paper.

[Leave granted. See paper [1473](#).]