

Inquiry into the impact of the regulatory framework for cannabis in New South Wales

Hearing – 2/04/2025

NSW Health Responses - Questions on Notice

QUESTION 1 – Page 3

The Hon. SUSAN CARTER: Are there any studies which have demonstrated any causal links between cannabis legalisation and increased rates of mental health disorders such as psychosis or schizophrenia?

JENNIFER MARTIN: I think I'll take that on notice. There are certainly a lot of anecdotal reports from practitioners in the area that they feel they've seen more of this – that there have been more ED presentations. Another college, the College of Psychiatrists, have actually been in the media talking about the increased psychosis from the recent increase in availability of cannabis products. But in terms of the actual details, I would have to get back to you on notice.

The Hon. SUSAN CARTER: If you could take that on notice, I'd be very grateful.

ANSWER

NSW Health notes the following studies (this list is not exhaustive).

The RANZCP submission refers to a large cohort study that found no statistically significant difference in the rates of psychosis-related diagnoses or prescribed antipsychotics in states with medical or recreational cannabis policies compared to states without such policies.

An early psychosis service in Australia has noted increasing referrals where medicinal cannabis use has been contemporaneous with the onset of psychosis. There were particular concerns around continuation of prescription of high THC products after the onset of psychosis while using medicinal cannabis and, in the case of some patients, prescription of a high THC product after psychosis onset. This group noted the need for enhanced public awareness about the risks and benefits of medicinal cannabis for young people as well as people experiencing mental illness in general. (Lupke K et al, Australas Psychiatry 2024 Apr;32(2):164)

A study from Ontario examined emergency department presentations between 2014 and 2019 and noted that persons using medicinal cannabis were significantly more likely to present with psychotic disorders than those who did not. (Dubois C et al 2024, Schizophrenia research 264;534-542)

QUESTION 2 – Page 6

The Hon. SUSAN CARTER: In terms of the time taken to clear the drug from the body, I am thinking about THC impairment. We have got a rough understanding of how long you should wait after you've been drinking before you should drive without risk of being an impaired driver on the road. Do we have that data for THC?

JENNIFER MARTIN: We do have that data for the general population having a certain amount at a certain time. The problem we've got is that we don't really know how much will be in the body for some of the TGO 93 approved products. They're not standardised products. Again, as I said earlier, you might be taking a different amount of the drug by the time you're getting to the end of your bottle of the drug. I think it's that complexity that makes this drug very, very difficult to use clinically and why, as practitioners, we prefer to use the ARTG product. We know how that drug responds. We know the relationship between the dose and the effect on the body and how long it takes to clear that drug from the body.

The CHAIR: Professor, you just said you do have the data in that regard?

JENNIFER MARTIN: For those ARTG products?

The CHAIR: No, you were saying, society-wide, we do know how long it does take for your body to clear the drug?

JENNIFER MARTIN: That's correct — for a population, but not for an individual. That would depend on what other drugs they have been taking, whether they are taking other drugs that might prevent the breakdown of the products and whether there have been additives added to some of the TGO products that patients are taking. That is where the complexity is, not with the ARTG products. We know how to use those very well.

The CHAIR: Yes, but in terms of the data with the non-ARTG, could you provide that on notice?

JENNIFER MARTIN: Sure.

ANSWER

Information for patients and clinicians on medicinal cannabis is available on the Therapeutic Goods Administration's Medicinal Cannabis Hub at www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub.

QUESTION 3 – Page 7-8

The CHAIR: Professor, you said that there's anecdotal evidence that people are presenting at EDs with psychosis or negative interactions with other drugs. How come we're not collecting that data, and what sort of numbers are we talking about here? Is it massive? Medicinal cannabis prescriptions have increased across New South Wales into the hundreds of thousands of patients. What sort of numbers are we looking at?

JENNIFER MARTIN: I can't give you an exact answer on the numbers. Certainly, through some work done by the ABC, psychiatrists have been very public about the number of presentations with psychosis, but I can get that that number to you. I think for many, particularly in the public health system, it's a matter of dealing with the patient who's unwell in front of you and dealing with those issues. There certainly have been concerns in the emergency department over people presenting with something called hyperemesis, which is vomiting that can't be stopped, and that's from the high-potency THC. These are often young people that sit in the emergency department, often for up to 24 hours, taking a bed because they need to be there, because they're sick and they can't take any fluids down.

A number of medications, including off-label medications, we may have to use to actually control that vomiting. As a pharmacologist, I do get called about some of those — for example, even the use of a derivative of a capsicum called capsaicin to actually rub on the abdomen to stop people vomiting. These are things that we might have seen irregularly in the past from people that had an addiction issue with cannabis, but we're now certainly anecdotally seeing across the board, not just young people presenting with such — I mean, these are really high-potency products, the TGO 93; some of them are greater than 98 per cent THC. It's quite different to some of the recreational use that might have been seen 20 years ago. I think we're seeing high-potency products, and we're seeing presentations with psychosis and hyperemesis —

The CHAIR: What do you mean when you said "across the board"?

JENNIFER MARTIN: In multiple different specialities. I guess I'm speaking as a physician, not a surgeon or a psychiatrist. A lot of these problems are from medicines that used to come into just general medicine or geriatrics, but now these other practitioners in the ED and in mental health are seeing additional presentations with safety concerns around the use of some of these therapies. In particular, from a pharmacology perspective, I know that these are very high-potency medicines. Perhaps my colleague Bruce might like to speak on that fact of the potency, but it's quite different to, say, 10 or 15 years ago when, as a practitioner, you would see people that did smoke recreationally a few joints or cones, and they would come in with a particular presentation. This is on another level. These are people that we cannot control their vomiting because of high-potency THC.

The CHAIR: How many people are we talking about? There are hundreds of thousands. Are we talking about this being dozens and dozens of people a day? What sort of numbers?

JENNIFER MARTIN: I can't give you those numbers, but I will take that on notice. Certainly there has been an increase, and practitioners are talking about this. There are people that have written manuscripts about this issue, and certainly it was enough for the psychiatrists to talk to the media about the concerns they had with managing these products in the hospital setting.

ANSWER

There is no central database that reports presentations to emergency departments relating to prescribed cannabis and illicit cannabis use.

The NSW Poisons Information Centre has published information on the increase in calls relating to cannabis poisoning between 2014-24, noting that this includes both prescribed and illicit cannabis and cannabis products (such as edibles). (Cairns R et al MJA 2025; 222(3); 155-157)

An early psychosis service has published its findings on prescribed THC and psychosis. (Lupke K et al, Australas Psychiatry 2024 Apr;32(2):164)

Between 2015 and 2021, one Victorian hospital had 142 presentations (67 unique patients) for cannabis hyperemesis syndrome (the source of cannabis was not described). (Rotella J et al, Emerg Med Australas. 2022 Aug;34(4):578-583)

QUESTION 4 – Page 11

The Hon. STEPHEN LAWRENCE: For sure. Obviously it's a very serious issue in respect of motor vehicle accidents, and this interaction between alcohol and THC seems to come up a lot. To what extent does the criminalisation of cannabis interfere with public health messaging, with messaging in schools and different places? Are we actually not educating our young people enough about these matters because it remains a crime?

JENNIFER MARTIN: I can't answer that one, but I can certainly take that on notice. I'm not sure if anyone else on the panel can speak to that. Certainly from a health model we don't talk about the police aspect of it. We just talk about keeping healthy and understanding medications and making sure you're getting proper help for an addiction issue, particularly for young people who've had an addiction issue, whether it's cannabis or alcohol or many others, that's affecting their mental health or their ability to hold down a job. We do know that cannabis does have that effect on the brain. It does reduce your motivation. It also makes it difficult if you're in a job where you have to drive or operate machinery. These things do have an effect on young people and we really encourage people to get that help. But you've touched on another area which I also can't really comment on, which is access for young people to get help from an addiction expert, or from a mental health facility.

ANSWER

NSW Health takes a harm reduction approach to drug and alcohol public health messaging. The Your Room website (yourroom.health.nsw.gov.au) provides information about drugs for young people. The section on cannabis provides information about physical effects, psychological effects, the dangers of mixing drugs, and risks of driving under the influence.