Minister for Infrastructure

Government of Jersey
Union Street | St Helier | Jersey | JE2 3DN

Deputy Hilary Jeune
Chair, Environment, Housing and Infrastructure Scrutiny Panel
By Email

18 March 2026

Dear Chair

Thank you for your letter of 9th March. I hope this response assists the Panel.

The purpose of this work has never been to address the use of prohibited substances. Existing laws already provide a clear framework for dealing with illegal drugs. Instead, the underlying principle guiding the development of the Draft Road Traffic Law (Drug Driving) (Jersey) Amendment Regulations has been a risk-based approach, to reduce the number of people driving whilst impaired through THC, with the aim of reducing road risk and improving road safety for all users.

Drug driving (specifically Cannabis/THC) has been identified by the States of Jersey Police as presenting a greater operational challenge than drink driving, both in terms of frequency and the complexity of securing successful prosecutions. The absence of legally defined limits for THC in the current legislation has made it difficult to progress cases through Jersey's justice system.

To address this, a dedicated working group, led by the Police and comprising policy officers, medical experts, and road safety experts was established. The group reviewed a wide body of research and scientific evidence (included with this response) and specifically considered the use of prescribed medicinal cannabis use in Jersey. On the basis of this evidence, the group reached a consensus on appropriate proposed limits for THC within a Jersey context.

Only once these limits had been agreed was the project taken to an independent medicinal cannabis prescriber, not involved in the working group, to ensure that the approach aligned with clinical practice and guidance provided to patients who are prescribed cannabis-based products for medicinal use.

I will provide, under separate cover and on a confidential basis, the membership of the working group and details of the medical prescribers consulted.

Evidence, studies, research used by the Working Group

- Email attached – advice relating to a lower limit for higher risk vehicles or public safety. OEMAC Position Statement on the Implications of Cannabis Use for Safety-Sensitive and Decision-Critical Work
- Research the data in the US regarding some of the US States current limit which is set at 5 – Which States? Have they legalised cannabis? Do they have separate limits? Success/failures – PDF attached
- Stopping and testing powers and drug driving limits in European economic area countries – PDF attached

- The 2013 Drug Driving Expert Panel (Driving under the influence of drugs) provided the evidence base used by the Drug Limit Working Group when considering appropriate THC driving limits. For example, it reports that a THC blood concentration ≥ 5 µg/L is associated with a 2.13-fold increase in the likelihood of a road traffic collision (95% Confidence interval: 1.22–3.73), based on Laumon et al. (2005). These findings, along with other relevant studies, are summarised in the table on page 68.

Additional Documentation

I have included email PDFs and a PDF document where members of the working group provided clarification after law drafters raised some questions from the initial law drafting instructions.

Article 25 of the Freedom of Information (Jersey) Law 2011 has been applied to several records which contain personal data in relation to identifiable individuals.

Yours sincerely

Connétable Andy Jehan
Minister for Infrastructure

Research the data in the US regarding some of the US States current limit which is set at 5 – Which States? Have they legalised cannabis? Do they have separate limits? Success/failures

It is illegal to drive under the influence of drugs in all 50 States, and the District of Columbia. However, there is a great deal of variability in how States approach this issue. In some States, impairment-based statutes stipulate that prosecution must prove the driver was impaired (for example, by driving recklessly or erratically). Some States have per se laws in which it is illegal to operate a motor vehicle if there are specific detectable levels of a prohibited drug in a driver's system. Other States have "zero-tolerance" laws, which make it illegal to drive if there is any quantity of illegal substance detected.

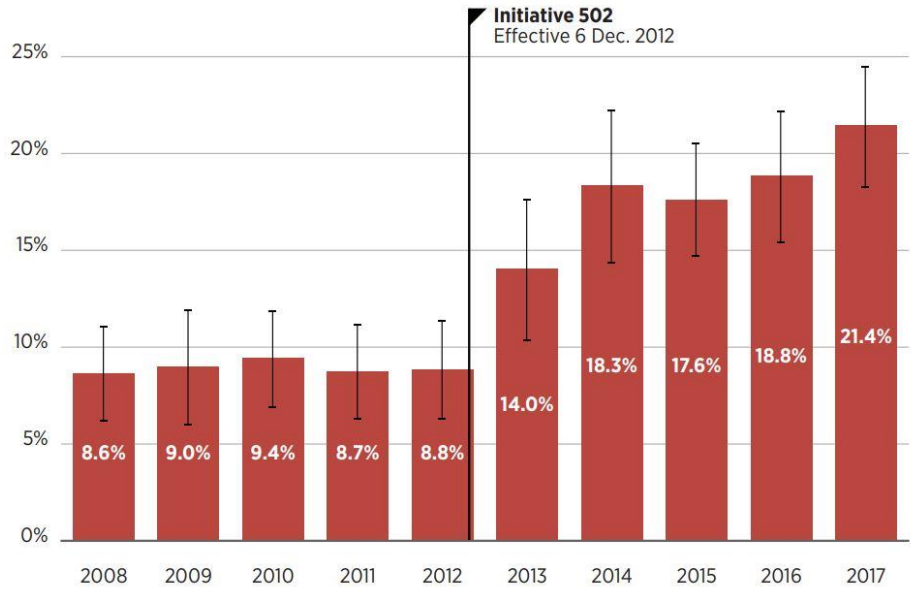
Zero tolerance law: Prohibits driving with any amount of THC and/or its metabolites in the body.	**Per se law:** Prohibits driving with a detectable amount of THC in the body that exceeds the legal limit. The limit varies between 2ng/ml to 5ng/ml for each State as shown.	**Under the influence DUID:** Requires the driver to be under the influence of or affected by THC.	**Permissible inference law:** Applies if THC is identified in a driver's blood in quantities of 5ng/ml or higher. If so, it is permissible to assume that the driver was under the influence.
Arizona **Delaware** **Georgia** **Indiana** **Iowa** **Michigan** **Oklahoma** **Pennsylvania** **Rhode Island** **South Dakota** **Utah** **Wisconsin**	**Illinois (5ng)** **Montana (5ng)** **Nevada (2ng)** **Ohio (2ng)** **Washington (5ng)** Same limits for recreational or medicinal use	**Alabama** **Alaska** **Arkansas** **California** **Connecticut** **District of Colombia** **Florida** **Hawaii** **Idaho** **Kansas** **Kentucky** **Louisiana** **Maine** **Maryland** **Massachusetts** **Minnesota** **Mississippi** **Missouri** **Nebraska** **New Hampshire** **New Jersey** **New Mexico** **New York** **North Carolina** **North Dakota** **Oregon** **South Carolina** **Texas** **Vermont** **Virginia** **West Virginia** **Wyoming**	**Colorado** Same limits for recreational or medicinal use

The 23 states highlighted in **green** permit recreational cannabis use and medicinal cannabis use.

A further 14 states highlighted in **orange** permit medicinal cannabis use only.

Research from the AAA Foundation for Traffic Safety concluded that the number of drivers in Washington who test positive for marijuana after a fatal crash has doubled—from about 9% to about 18%—since the state legalized it in 2012 and simultaneously introduced a prohibition against driving with 5 or more nanograms of delta-9-tetrahydrocannabinol (THC) per millilitre of blood, along with a zero tolerance prohibition for drivers younger than 21 years of age.

Five years after legalisation (initiative I-502), the proportion of fatal-crash-involved drivers who were THC-positive has remained approximately double the level observed before I-502. An estimated 21% of all drivers involved in fatal crashes in Washington State in 2017 were THC-positive, higher than in any other year in the 10-year period examined.



In Colorado, where recreational marijuana was also legalized in 2012, the number of fatalities in crashes in which drivers tested positive for THC rose from 18 in 2013 to 77 in 2016.

A 2019 study led by Dr Jeff Brubacher, an associate professor in the department of emergency medicine at the University of British Columbia, found that THC concentrations below 5 nanograms per millilitre did not appear to increase the risk of car accidents. Levels above 5 nanograms per millilitre, however, were associated with an increased risk.

In Canada, where recreational marijuana was legalized in October 2018, the cutoff for THC is 2 nanograms per millilitre. In new research published in 2022 Dr Brubacher and colleagues found that since marijuana was legalized in Canada, the number of drivers involved in accidents with THC levels above the legal limit increased. The number of drivers moderately injured in car accidents who were above the legal limit for THC more than doubled, from less than 4 percent of drivers to 8.6 percent. The percentage of injured drivers above the legal limit for alcohol didn't change.

Studies in U.S. states, including Washington, where marijuana was legalized in late 2012, have documented similar trends.

The new study also found that the number of moderately injured drivers with concentrations of THC above 5 nanograms per millilitre rose from 1.1 percent before cannabis was legalized to 3 percent after legalization. "Which isn't insignificant," Brubacher said. "But it's still far less than what we're seeing for drivers with alcohol above the legal limit. The collision risk for alcohol above 0.08 is sky-high, at around a 500 percent increased risk. With THC, it's a much smaller risk. It's not nothing, there is risk, but it's smaller than with alcohol."

Australian Data and their stance

All Australian States have a zero-tolerance approach to drug driving. An offence is committed if drivers are detected by the traffic police with any trace of illicit drug in a body fluid. No direct behavioural evidence of impairment is required because the presence of the drug is taken to be indicative of impairment.

Roadside Drug Testing Procedures and Penalties

Table 1: State and territory roadside drug testing (RDT) procedures

State	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Zero tolerance threshold	✓	✓	✓	✓	✓	✓	✓	✓
Drugs tested for								
Cannabis	✓	✓	✓	✓	✓	✓	✓	✓
Meth/amphetamine	✓	✓	✓	✓	✓	✓	✓	✓
Ecstasy	✓	✓	✓	✓	✓	✓	✓	✓
Cocaine	✓	✓	✓	✓	✓	✓	✓	✓
Other		✓ (illicit morphine)	✓ (e.g. MDA, heroin)			✓ (e.g. MDA, heroin)		
Testing procedures								
Two-step oral fluid (confirmed by lab)	✓	✓		✓	✓	✓	✓	✓
Oral plus blood			✓					

Table 2: State and territory roadside drug testing (RDT) offence penalties for first and repeat offenders.

Penalty	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Maximum Fine ($AUD)								
1st offence	1600	572*	400*	1868	1300	1570	496*	500
2nd offence	4000	2200	400*	2438	1600	3140	1983	1000
3rd offence	4000	3300	400*	3413	2200	3140	19826	1000
Minimum License Cancellation Period (months)								
1st offence	6	3*	n/a	n/a	3	3	6*	n/a
2nd offence	12	6	3	9	6	6	6	6
3rd offence	12	12	6	12	12	6	12	6
Maximum Prison Sentence (months)								
1st offence	n/s	n/s*	3	3	n/s	3	n/s*	n/s
2nd offence	3	n/s	6	6	n/s	6	n/s	n/s
3rd offence	3	n/s	6	9	n/s	6	n/s	n/s

£1 = $1.93 (26 January 24)

Key: AUD = Australian Dollar, n/s = not specified in the legislation

* The first offence in Vic, NSW and the NT can be dealt with as an “infringement” as opposed to a criminal offence and via payment of ”traffic infringement” (Vic or NT) or ”penalty notice” (NSW). The infringement in Vic and NSW involves license “suspension” instead of licence “cancellation.”

Driving Under Influence and Driving While Impaired Laws

All states and territories also have DUI laws. Two states (WA and Vic) also have DWI laws. These laws are based on police recognition of driver impairment i.e. erratic driving. The DWI laws are identical to the DUI laws (except for the legal sanctions in Vic) but are specific only to drug impaired driving. DUI laws require

noticeable signs of impaired driving for police to pull the driver over – although what "impairment" means is not spelt out in the law.

Table 3: State and territory driving under the influence (DUI) offence penalties for first and repeat offenders.

Penalty	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Maximum Fine ($AUD)								
1st offence	4800	3300	1570	3737	1600	1884	4130	2500
2nd offence	4800	5500	3140	7314	2900	9420	19826	3500
3rd offence	4800	5500	3140	7314	2900	9420	29740	5000
Minimum License Cancellation Period (months)								
1st offence	6	36	6	6	12	12	24	10
2nd offence	12	60	12	24	36	24	48	30
3rd offence	12	60	12	24	36	24	48	Life
Maximum Prison Sentence (months)								
1st offence	6	18	12	9	3	12	3	n/s
2nd offence	12	24	12	18	6	24	12	9
3rd offence	12	24	12	18	6	24	18	18

Combination Offences

Combination offences (covering driving with both alcohol and other drugs in the system) exist in Victoria and New South Wales (and possibly in other States). As can be seen in both tables 4 and 5, the types of sanctions available are diverse – including not only fines, license disqualification and prison sentence, but also alcohol interlocks and vehicle impoundment.

Table 4: Victoria's combination (drug and alcohol) driving penalties for first and repeat offences.

Penalty	Blood Alcohol Concentration 0.05— >0.1 + drugs			Blood Alcohol Concentration 0.1— >0.15 + drugs			Blood Alcohol Concentration >=0.15 + drugs		
	1st offence	2nd offence	3rd offence	1st offence	2nd offence	3rd offence	1st offence	2nd offence	3rd offence
Maximum fine ($AUD)	4664	13991	27983	4664	13991	27983	4664	27983	41794
Minimum license disqualification (months)	12	24-30	24-30	16-20	32-40	32-40	21-30	42-60	42-60
Maximum prison sentence (months)	n/a	6	12	n/a	6	12	n/a	12	18
Minimum alcohol interlock (months)	6	12	48	6	12	48	6	48	48
Vehicle impoundment (days	0	30	30	30	30	30	30	30	30
Minimum requirement for zero BAC (months)	36	36	48	36	36	48	36	36	48
Complete Drink and Drug Driver Behaviour Change Program	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 5. New South Wales Combined drug and alcohol penalties.

Combined offence – low, novice or special range Prescribed Concentration of Alcohol (PCA) with prescribed illicit drug presence This offence only applies when you're detected with a low, special, or novice range PCA and you also have illicit drugs present in your system, and you were convicted of a combined offence in the previous 5 years.	
Penalties	**Second or subsequent offence**
Maximum court-imposed fine	$5500
Maximum prison term	18 months
Minimum disqualification	18 months
Maximum disqualification	Unlimited
Automatic disqualification (disqualification period that applies in the absence of a specific court order)	2 years
Immediate licence suspension	Yes
Subject to an alcohol interlock order	Yes

Combined offence – mid range PCA with prescribed illicit drug presence		
Penalties	**First Offence**	**Second or subsequent offence**
Maximum court-imposed fine	$3300	$6600
Maximum prison term	18 months	2 years
Minimum disqualification	12 months	2 years
Maximum disqualification	Unlimited	Unlimited
Automatic disqualification (disqualification period that applies in the absence of a specific court order)	2 years	4 years
Immediate licence suspension	Yes	Yes
Subject to an alcohol interlock order	Yes	Yes

Combined offence – high range PCA with prescribed illicit drug presence		
Penalties	**First Offence**	**Second or subsequent offence**
Maximum court-imposed fine	$5500	$11000
Maximum prison term	2 years	2 years
Minimum disqualification	18 months	3 years
Maximum disqualification	Unlimited	Unlimited
Automatic disqualification (disqualification period that applies in the absence of a specific court order)	4 years	6 years
Immediate licence suspension	Yes	Yes
Subject to an alcohol interlock order	Yes	Yes

Royal Austrlaian College of General Practitioners – Cannabis and Crash Risk – Evidence from Epidemiological Studies (2021)

Epidemiological studies aim to quantify the impact substances have on road safety by estimating relative crash risk. This is an odds ratio describing the likelihood of a driver who tests positive for a drug or alcohol being involved in a crash relative to a sober driver.

The most recent and authoritative meta-analyses in this field suggest that cannabis-positive drivers are approximately 1.1–1.4 times more likely to be involved in a crash than sober drivers and are also more likely to be culpable for a crash. Notably, however, there have also been major recent studies in which no increases in crash or culpability risk were detected, particularly when drivers had low blood THC concentrations (<5 ng/mL). Overall, the increase in crash risk associated with THC is like that associated with a low-range blood alcohol concentration (BAC; 0.01–0.05 g/L), although some analyses suggest that crash risk and culpability with cannabis may be greater with higher blood THC concentrations. Table 1 shows relative crash risk and culpability estimates for cannabis, alcohol, and other drug classes.

Table 1. Crash risk and crash culpability estimates for different drug classes.

Drug class	Crash risk estimate	Crash culpability estimate
Alcohol (BAC = 0.02)	1.03–1.19	1.36
Alcohol (BAC = 0.05)	1.38–1.75	2.19
Alcohol (BAC = 0.08)	2.69–2.92	3.63
Cannabis	1.11–1.42	1.20–1.42
Antidepressants	1.35–1.40	N/A
Antihistamines	1.12	N/A
Benzodiazepines and Z-hypnotics	1.17–2.30	1.41
Opiates	1.68–2.29	1.47
BAC, blood alcohol concentration; N/A, not available		

[redacted]

From: [redacted]
Sent: 17 October 2023 12:27
To: [redacted]
Subject: RE: Drug Limits
Attachments: Driving-under-the-influence-of-drugs-report-from-the-expert-panel-on-drug-driving (1).pdf

Dear all,

Please find attached the paper I referred to in the meeting **"Driving under the influence of drugs" Report from the expert panel on drug driving.**

There are two things I'd like to highlight:

1. One of the recommendations, which is frequently overlooked, is that blood sampling should occur as quickly as possible after the incident.

   Page 65 says *"…THC has a rapid metabolism, and if the time between the stop or accident and the blood sampling is delayed, the blood concentration may have decreased markedly (based on a half-life for THC of 1.5 hours). For instance, 5 µg/L of THC will be expected to decrease to 1.25 µg/L after 3 hours. It is therefore recommended that blood sampling occur as quickly as possible after the road traffic incident for prosecution to occur."*

2. As I mentioned at the meeting, the methods for analysis will require accreditation, and the sooner this is undertaken the better. [redacted], you suggested there might be a possible funding source for this; perhaps we could get together to discuss this further.

Best wishes

[redacted]

From: [redacted]
Sent: Monday, October 9, 2023 10:57 AM
To: [redacted]

[redacted]
Subject: RE: Drug Limits

Some interesting background to our discussions. The attached is a JEP editorial on the issue from last November following an interview with [redacted] on the subject.

From: [redacted]
Sent: Friday, October 6, 2023 9:59 AM
To: [redacted]
Subject: RE: Drug Limits

Hi All,

Excellent meeting and I'm really pleased with the progress we have made already. A few points [redacted]:

Points 4&5 – I think the limit probably needs some more analysis, but essentially these are the categories where cannabis should not be used at all, whatever the circumstances. So we just need to be sure of setting a sensible limit as close to zero as possible but to take into account passive exposure and the legal challenges that would be faced with a limit of zero. I recall we suggested aligning with the UK for this, where the limit used is 2 (although as [redacted] raised this was set a number of years ago in part due to the limit of detection of the analysers at the time). I would probably still favour alignment with the UK legislation for clarity of communications (i.e. a limit of 2).

Re point 4, I think we need to acknowledge the political sensitivity of essentially prohibiting off-island prescribing via a road safety law. I don't disagree with it as an approach, but I think there will be significant pushback.

Re point 5, I would suggest including C1 (i.e. medium goods, 3.5T+) and higher, with the addition of PSV. We also need to be specific that it is the vehicle being driven rather than the license category held (i.e. if you are driving a car, but happen to hold a HGV license then the limit applied would be the standard limit for car drivers). Also need to decide how it would apply to trailers (i.e. '+E' licenses).

Finally, we need to make sure we are aligned with ongoing work in GOJ regarding cannabis policy more generally, including the licensing of cultivators and possible regulation of prescribers.

As part of an ongoing MSc I am completing, I plan to review the literature on cannabis control and limits within safety critical industries, and will happily feed and findings into the group too.

Looking forward to the next meeting.

Best

[redacted]

From: [redacted]
Sent: Thursday, October 5, 2023 4:17 PM
To: [redacted]
Subject: Re: Drug Limits

100% agree with the sentiment. Rarely do you attend meetings where in 1 hour big changes can be brought about easily and sensibly. Good work [redacted]

Nit picking:
1. A *limit* of 5mcg/l or *below*… prescribed by a *local* medical cannabis doctor registered with the Jersey Medical Register.
2. A *limit* of 2mcg/l and *below* with poly pharmacy
etc

Then point 5. I thought we were going with Cat C and above, including PSV - simply cannot have cannabis Delta 9 THC in their blood, akin to Airline pilots. This is because there exists greater risk - which is how the insurance companies will also see it.

Finally, can I approach the medical cannabis doctors of Jersey for some opinions? I want to start the ball rolling on prescribing change to a more uniform accepted practice, because not all of them adhere to this and if there is some legislation in place then they too will need to focus on removing the poly pharmacy risk that exists (currently there is no driver in place to encourage such prescribing behaviours).
I can keep the limits quiet to avoid too many cooks spoiling the broth or I can tell them - but I want a majority opinion on this. *Happy to hold off for now*.

[redacted]

On 5 Oct 2023, at 15:11, [redacted] wrote:

Dear all,

I just wanted to say thank you for yesterday. A productive meeting for just the hour we had.

I write this for confirmation or due amendment if I have noted them down incorrectly however, I believe we agreed the following.

1. A limit of 5 and over for any locally prescribed user of medicinal cannabis
2. A limit of 2 and over for any poly drug use whereby THC is detected along with any other controlled substance.
3. A limit of 2 and over and a limit of 20mg/100ml and over anyone with a combination of THC and Alcohol
4. A limit of 2 and over for any recreational user or any person who has obtained medicinal cannabis from an off-island prescription.
5. A limit of 2 and over for any person with a PSV licence or categories – D, E, F

Actions –

- [redacted]
  - Invite [redacted] to the next meeting.
    - I will engage [redacted] to simply update them to where we are.
    - I have an action to invite the Cannabis Prescribers however I may do this separately.

- [redacted]
    - Will research the data in the US regarding some of the US States current limit which is set at 5 – Which States? Have they legalised cannabis? Do they have separate limits? Success/failures
    - Australian Data and their stance

Please amend and edit as you see fit.

I will arrange the next meeting in the coming days.

[redacted]
Web www.jersey.police.uk
<image001.jpg> www.facebook.com/StatesofJerseyPolice
<image002.jpg> www.twitter.com/JerseyPolice
<image003.gif>

[redacted]

From: [redacted]
To: [redacted]
Subject: RE: For Action: Drug Limits in Legislation - Questions from Law Drafting

August 2025 18:22

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi [redacted],

Yes, it was proposed to recommend a lower/zero limit for vehicles requiring a Group 2 licence – i.e. "prescribed category of vehicle" as per Article 9 of the updated Motor Vehicles (Driving Licences) (Jersey) Order 2003 as well as PSVs (whether zero was actually manageable was an ongoing debate, hence the possibility or recommending a lower non-zero limit for practical purposes).

There was to be no difference proposed between prescribed and recreational use.

It's worth reading this recent Canadian article which is the most up to date review from an occupational perspective, which agrees that use is incompatible with safety critical working (which would include driving Group 2/PSV vehicles) https://link.springer.com/epdf/10.1007/s42399-025-01873-9?sharing_token=YLtYdsI0L2USvgziH1X2ofe4RwlQNchNByi7wbcMAY7lBUX-nPCv_WhMPlo5ENVTSzkyuS6wlIY8qovHsmgflOJKTAy05db_Oq4LzbWLsX8D8XlerN7Y9M8UUvmud54njsMsS5nOGr_6iUw5CZWtLcdqXl4fsJUtCSaXJMzKR2g%3D

Hope that makes sense – let me know if not.

Thanks

[redacted]

From: [redacted]
Sent: 18 August 2025 14:08
To: [redacted]
Subject: RE: For Action: Drug Limits in Legislation - Questions from Law Drafting

[redacted]

Hi [redacted]

Hope you are well. Quick question to pick at your memory if I can regarding the conversation we had at the end of last year relating to the decision regarding P30/PSV licence holders and “normal” licence drivers.

The Minister has been keen to get this back into drafting, which we have done, and we are working with a drafter with updated instructions based on the last group decisions that were made from the observations of the original drafters questions. I believe you raised the discussion around the PSV/P30 vs normal drivers. Can I just confirm that it was agreed that a lower limit would apply to PSV/P30 drivers and the higher limit apply to the regular driver, with no differential in limit as to whether it was recreational or prescribed cannabis?

Thanks

[redacted]

From: [redacted]
Sent: 04 October 2024 14:40
To: [redacted]
Subject: RE: For Action: Drug Limits in Legislation - Questions from Law Drafting

You don't often get email from [redacted] Learn why this is important

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi All,

Not sure what’s happening with this, and obviously I was only involved as an external advisor and hadn’t expected it to get as far as law drafting yet as there were a number of questions outstanding (reflected in the response). [redacted] – is it worth reconvening the group?

Thanks

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: 30 September 2024 14:53
Cc: [redacted]
Subject: For Action: Drug Limits in Legislation - Questions from Law Drafting
Importance: High

Hi All

Earlier this summer we submitted law drafting instructions to the law drafters to start work on the legislative change needed for enabling drug limits to be legislated. The law drafter has come back with a detailed set of questions / observations / discussion points.

I have attached the questions as a word document to this email. Can each of you as contributors to the original working group please look at her questions and provide any feedback you may have and send back to me. I will then collate as necessary and send back to her. It seems more efficient to do it this way, rather than try and find a time for us all to sit round a table and go through each one (that's not to say this won't happen in the future if any further clarification etc is required!).

If there are any questions, please just give me a shout, but if we could get your responses by COP 14th October that would be much appreciated.

Many thanks

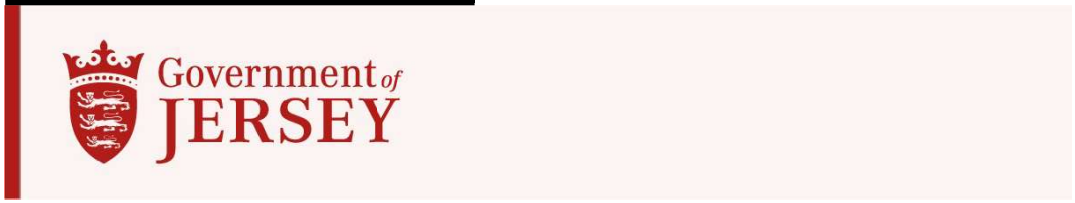
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]



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other enactment, including the Data Protection (Jersey) Law 2018. We collect and process personal information about you under the Data Protection (Jersey) Law 2018. For more information on how we use your data please go to our privacy statement pages on www.gov.je.

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[redacted]

From: [redacted]
Sent: 10 March 2026 08:49
To: [redacted]
Cc:
Subject: Re: Drug limits

Hi [redacted],

Yes I'm happy to be included and named. No need to keep it secret, it was a very fruitful chat.
Genuinely provided a clear steer for where the legislation was going and it's aims
[redacted]

From: [redacted]
Sent: 09 March 2026 12:03
To: [redacted]
Subject: RE: Drug limits

Morning [redacted]

I hope you are well. You may have seen last week that the [redacted] was at his quarterly hearing discussion the drug legislation that is currently due for debate in the States Assembly on the 24th March.

Since his hearing, the [redacted] has written him a letter requesting evidence relating to the work. One of the things they are asking for are "names of all prescribers" we have spoken to about this legislation alongside a "detailed summary of advice received from each prescriber, including any concerns raised or recommendations made".

They plan on publishing the Minister's response to their letter but have also stated that if any information is sensitive or confidential to clearly mark it and they are willing to receive in confidence and will be treated accordingly.

I wanted to give you the heads up on this, and to confirm whether you want your name and a summary of our discussion which needs to be included in the response to be kept confidential?

Many thanks

[redacted]

From: [redacted]
Sent: 07 January 2026 13:31
To: [redacted]
Subject: Re: Drug limits

Thanks [redacted], lovely to meet you…will do x x x x

From: [redacted]
Sent: 07 January 2026 13:03
To: [redacted]
Cc: [redacted]
Subject: Drug limits

[redacted]

Lovely to meet you today and it's great to hear you are supportive of what we are doing. I'll be sure to keep you informed of our progress with this as it goes through the process.

If as a result of the email you mentioned you were going to send out you have any questions you would like our input in answering please don't hesitate to get in touch.

Many thanks

[redacted]

Sent from Outlook for iOS

STOPPING AND TESTING POWERS, AND DRUG DRIVING LIMITS (WHERE APPROPRIATE), BY COUNTRY - EUROPEAN ECONOMIC AREA.

Some countries in Europe have predicted limits for drugs, some do not. All countries permit roadside drug testing.

The table below details stopping and testing powers of constituent countries of the European Union, and England and Wales, plus where relevant, legal limits of four principal types of drug tested for amongst drivers.

Country	Stopping	Testing	THC	Amphetamine	Cocaine	Morphine
Austria	At random	With suspicion	n/s	n/s	n/s	n/s
Belgium	At random	At random	1	25	25	10
Croatia	At random	At random	n/s	n/s	n/s	n/s
Cyprus	At random	At random	n/s	n/s	n/s	n/s
Czech Republic	At random	At random	2	25	25	10
Denmark	At random	At random	1	20	20	10
Estonia	With suspicion	At random	n/s	n/s	n/s	n/s
Germany	At random	At random	1	25	10	10
Finland	At random	With suspicion	n/s	n/s	n/s	n/s
France	At random	With suspicion	n/s	n/s	n/s	n/s
Hungary	At random	With suspicion	n/s	n/s	n/s	n/s
Ireland	At random	With suspicion	1	n/s	10	5
Italy	At random	With suspicion	n/s	n/s	n/s	n/s
Latvia	At random	With suspicion	n/s	n/s	n/s	n/s
Lithuania	At random	With suspicion	n/s	n/s	n/s	n/s
Luxembourg	At random	With suspicion	1	25	25	10
Malta	At random	With suspicion	n/s	n/s	n/s	n/s
Netherlands	At random	At random	n/s	n/s	n/s	n/s
Norway	At random	At random				
Poland	With suspicion	At random	n/s	n/s	n/s	n/s
Portugal	At random	With suspicion	n/s	n/s	n/s	n/s
Romania	At random	At random	n/s	n/s	n/s	n/s
Slovenia	At random	With suspicion	n/s	n/s	n/s	n/s
Slovakia	At random	With suspicion	n/s	n/s	n/s	n/s
Spain	At random	With suspicion	Zero	Zero	Zero	Zero
Sweden	At random	With suspicion	n/s	n/s	n/s	n/s
England and Wales	With suspicion	With suspicion	2	10	10	80

18 countries do not specify limits which is indicative of any presence of these drugs being an offence.
8 countries do with a predominantly uniform approach to limits for each particular drug.