Submission – Draft Road Traffic Law (Drug Limits) Regulations 202- Anonymous 5 – 15th February 2026

I am a Jersey resident and a prescribed medical cannabis patient. I am writing to ask the Panel to call in the Draft Road Traffic Law (Drug Driving) (Jersey) Amendment Regulations 202– for Scrutiny, specifically in relation to its impact on medicinal cannabis patients and the absence of a statutory medical defence.

Based on the information currently available, the draft legislation:

- Proposes a **2 microgram per litre (2 µg/L) THC limit for PSV and Group 2 drivers** (medium/heavy goods vehicles, minibuses, buses/coaches, and public service vehicles).
- Proposes a **5 microgram per litre (5 µg/L) THC limit for other drivers**.
- **Does not include a medical defence** for prescribed medicinal cannabis patients.

By contrast, in **UK law** the 2 µg/L limit is explicitly framed as a **"zero tolerance / accidental exposure"** level. A moderate cannabis user may test above this limit for several days after last use. UK and Guernsey law both include a **statutory medical defence**, allowing patients to be over the prescribed limit as long as they are following prescription guidance and are not impaired.

Key factual issues arising from the current Jersey proposal are:

1. **No medical defence for Group 2 / PSV medicinal cannabis patients**
    - A medicinal cannabis patient who holds a Group 2 or PSV licence is likely to test above **2 µg/L THC** at various points, even when taking their medication as prescribed and not feeling impaired.
    - Without a medical defence, such patients would in practice be unable to use their prescribed medication and continue to drive professionally, as they would need to remain below 2 µg/L at all times.
2. **Risk to other medicinal cannabis patients at the 5 µg/L limit**
    - For drivers of other vehicles, a **5 µg/L** THC limit is proposed.
    - THC is fat-soluble and can remain in the body for several weeks post-consumption. Heavy or frequent medicinal users can test above 5 µg/L for a considerable period after last use, even when they do not feel intoxicated.
    - The absence of any medical defence therefore also affects other medicinal cannabis patients who drive, not only Group 2/PSV drivers.
3. **Per se limits for cannabis are inherently arbitrary**
    - There is currently **no validated roadside method** that can directly and accurately measure real-time cannabis impairment.
    - THC levels in blood or saliva do **not correlate in a simple, linear way** with impairment, especially in chronic medical users who may develop tolerance.

- There is **no practical way for a patient** to know their own blood THC concentration without laboratory testing. A patient can therefore comply with their prescription and feel fully fit to drive, yet unknowingly exceed a per se threshold.

4. **Inconsistency with existing UK and Guernsey approach**
    - UK and Guernsey law recognise this problem by including a **statutory medical defence** for prescribed medicines, including cannabis-based products.
    - The Jersey proposal adopts similar numerical limits but omits the key safeguard that protects compliant, unimpaired patients elsewhere.

On this factual basis, the draft law as currently framed would:

- Effectively bar Group 2 and PSV medicinal cannabis patients from using their prescribed medication while retaining their licence.
- Place other medicinal cannabis patients at ongoing risk of prosecution, even when unimpaired and following medical guidance.
- Treat prescribed and non-prescribed cannabis use identically, despite the legal status and clinical oversight of prescribed treatment.

I respectfully ask the Panel to:

1. **Call in the Draft Road Traffic Law (Drug Driving) Regulations for Scrutiny**, with specific reference to medicinal cannabis patients.
2. **Recommend the inclusion of a clear statutory medical defence** for patients who:
    - hold a valid prescription for a cannabis-based medicine,
    - are taking it in accordance with medical guidance, and
    - are not demonstrably impaired at the time of driving.
3. Consider whether any further guidance or safeguards are needed for Group 2 and PSV licence holders who are prescribed medicinal cannabis, so that road safety is protected without automatically excluding compliant patients from their livelihoods.

I support robust action against genuinely impaired driving. My concern is that, without these amendments, the proposed regime will primarily penalise law-abiding patients for the detectable presence of a prescribed medicine, rather than for unsafe driving behaviour.