Submission email – Daniel Baugh – 23rd February 2026

I am writing to you as one of your constituents to express my profound concern regarding the proposed changes to the Road Traffic Law and the introduction of a 5µg/L legal limit for THC.

I am a 38-year-old self-employed maintenance gardener. My work is physically demanding and essential to my livelihood. I also live with Crohn's disease. For years, medicinal cannabis has been the only thing that has allowed me to remain in remission. Without it, I suffer from debilitating perianal fistulas that lead to infection, hospitalisation, and potentially life-altering surgeries.

I am a responsible, safe driver. I never drive while impaired; I use my medication only in the evening once my work is done. However, because I am a daily medical user, my "steady-state" THC levels mean I would likely test over the proposed 5µg/L limit even days after my last use.

This law, as currently drafted, presents me with an impossible choice:

Stop my medication: This would lead to a flare-up of my Crohn's, likely leaving me unable to work and forced onto a long-term incapacity claim within a month.

Continue my medication: This would leave me at constant risk of a prosecution and a 12-month driving ban, despite being stone-cold sober while behind the wheel.

I agree that our roads must be safe and that regulation is needed—particularly around some prescribing practices. (The whole medical thing would go if we just made it legal, with safeguards against cannabis tourism).

However, setting a "limit" for THC based on alcohol models is scientifically flawed. THC is fat-soluble; its presence in the blood does not equal impairment in the same way alcohol does (or many prescription drugs), especially for those with high tolerance who use it for chronic illness.

Unlike the UK and Guernsey, this proposal currently lacks a robust medical defence for those following a legal prescription. If this law passes without such protections, it will effectively criminalise law-abiding, tax-paying citizens who are simply trying to manage a disability without costing the state.

I urge you to reconsider the current wording of this proposition. We need a system that tests for actual impairment, not just the presence of a substance that remains in the system of medical patients long after its effects have worn off.