**Draft Road Traffic Law (Drug Limits) Regulations 202-**

**Anonymous 1**

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I am writing to express serious concern regarding the draft legislation on cannabis and driving under consideration in Jersey. I am a Chartered Accountant, and amongst other things audited the States of Jersey and Social Security for nearly 10 years, so hopefully credible!

As currently drafted, the law contains no exemption for individuals prescribed cannabis-based products for medicinal use—a significant oversight that undermines principles of fairness, public health, and equality with other jurisdictions.

1. Prejudice and Inconsistency
Unlike Jersey's proposed legislation, the UK explicitly allows patients with a valid medical cannabis prescription to drive, provided they are not impaired, under the medical defence in the Road Traffic Act 1988. Patients may still test positive for THC, but they are protected if they have their prescription and show no impairment. Similarly, Guernsey permits prescribed cannabis and has comparable licensing and patient protections in place. By contrast, Jersey's draft law applies uniformly to all cannabis users, criminalising prescribed patients regardless of impairment, which amounts to discrimination.

2. Impact on Medicinal Users and Sickness Absence
Without an exemption, patients who rely on medicinal cannabis—especially for chronic or debilitating conditions—will be effectively barred from driving. This could lead to grave impacts, including:
- Increased sickness and absence claims, as patients may be unable to commute to work or attend medical appointments.
- A concerning shift toward alternative prescribed medications, such as opiates, which often carry higher risks of dependence and are unrestricted under the new draft. This policy inadvertently pushes patients away from cannabis, undermining harm reduction goals.

3. Scientific Evidence on THC and Impairment
It is important to note that THC detection does not equal impairment. Research shows:
- THC is fat-soluble and remains in the bloodstream long after psychoactive effects have subsided, meaning blood levels are not a reliable indicator of impairment (Wurz & DeGregorio, Nature).
- A study found that over half of participants had THC levels above 5 ng/mL 12 hours after use without showing any impairment (Wurz & DeGregorio, 2023).
- Frequent users can have detectable THC for several days, even when unimpaired (Journal of Analytical Toxicology, 2022).

Unlike alcohol, where blood alcohol concentration correlates with impairment, THC's residual presence creates a false positive risk for safe drivers. A zero-tolerance or per se limit approach will criminalise many unimpaired patients.

References:
- Wurz & DeGregorio, 'Indeterminacy of cannabis impairment and blood THC levels,' Nature, 2023.
- Journal of Analytical Toxicology, 'Cannabinoid detection windows in blood,' 2022.

4. Lack of Exemptions for Other Prescribed Drugs
The draft law's lack of exemption for medical cannabis stands in stark contrast to treatment of other prescription drugs, such as morphine and opioids, which are neither subject to roadside limits nor carry specific driving prohibitions when prescribed. This inconsistency highlights an unwarranted stigma and policy incoherence.

Suggested Amendment
To address these concerns, I urge you to include a medical exemption clause for cannabis prescribed by a qualified professional, structured similarly to the UK model:
- Require proof of prescription at the time of testing.
- Include an impairment-based standard to determine fitness to drive.
- Ensure patients are not penalised solely for therapeutic use under medical supervision.

This would align Jersey with best practices, reduce discriminatory effects, and support patients in maintaining employment and independence—all while preserving road safety.