Submission email – Dr Mark Wilbourn – 21st March 2026

Many apologies for this 11th hour information. I am a doctor with cannabis prescribing experience and can state with confidence that THC concentration in blood is an inadequate proxy for impairment. I advise bringing back roadside sobriety testing rather than a chemical test.

A fixed THC blood concentration doesn't correlate directly with impairment because THC metabolism is complex. THC is highly lipophilic, so it accumulates in fatty tissues and is gradually released back into the bloodstream over time, even when the person is no longer impaired. Chronic users may have persistent baseline levels of THC despite being fully sober. Conversely, recent use of THC can cause acute impairment even if the blood concentration is below 5ng/ml. Additionally, individual tolerance, genetics, and route of consumption (inhalation vs. oral vs. transdermal) influence impairment in ways that a single blood threshold cannot capture. Concomitant CBD and/or terpenes modulate the CB1 receptor response to THC. Ultimately, impairment is more complex than a static number.

In the UK, the legal limit for THC in blood while driving is set at 2 micrograms per litre. This proposal sets the limit at 2.5x that level. Even so, this is the equivalent of a dessert spoonful of sugar in a 25m swimming pool (see Cannabis. Seeing through the smoke by Prof Nutt). If somebody had never used cannabis previously, they could be well below the proposed threshold, but extremely impaired and consequently unsafe to drive. On the other hand a medical recipient following directions could be completely unimpaired, but well over the limit. There are plenty of other medically prescribed drugs, like Fentanyl, anti epileptics or zopiclone, which impair driving, but aren't restricted. If this proposal is ratified, a full review of every medication should be undertaken to ensure equitable treatment of patients and prevention of prejudice, based on old mistakes in statute.

If somebody vapes before bed, 3-4 hours later, they will be unimpaired and 8 hours later, driving to work will be very safe. If somebody suffers from insomnia and hasn't slept for a few days, their driving is likely to be far more impaired than someone who has taken cannabis the nights before and consequently got proper restful sleeps. I recognise that syncing the data from your sleep tracker before your engine would start would be unpopular, but it would likely improve road safety more than this proposal.

In the UK, there is a statutory medical defense for driving with THC above the legal limit if the driver can demonstrate that the drug was prescribed or supplied for medical reasons, and that it was taken in accordance with the healthcare professional's directions. The UK medical defence is not reciprocated in Jersey law and it is invalid if the patient is demonstrably impaired. Far better than an arbitrary limit would be a roadside sobriety test like the one which used to be used before the alcohol breathalyser was introduced. This would catch anybody who was unfit to drive regardless of cause.