

COUNTRY REPORT | February 2019



# Cannabis Regulation in Europe: Country Report Switzerland

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ideas into movement

This paper provides an overview of Switzerland's cannabis policy. It starts with an account of policy changes during the twentieth century before moving to the more recent developments, including initiatives at the local level.

## Cannabis and the Swiss narcotics law

The Swiss parliament adopted its first narcotics law in 1924 to allow the country to ratify the International Opium Convention of 1912 (Hänni 1998). Cannabis (hashish) was included the list of controlled substances in 1951, when the law underwent its first full revision (Boggio et al. 1997). It remains somewhat unclear why cannabis was put under control as the use of the substance was largely unknown in the country at that time.

Cannabis use developed among the country's youth during the second half of the 1960s. In 1969, about 500 drug-law offences were registered – mostly for cannabis use and possession – and 60kg of hashish were seized (Heller 1992). The same year the Swiss Federal Court ruled that the use of drugs, which had not hitherto been an offence, was equivalent to the possession of drugs and should be prosecuted accordingly (Boggio et al. 1997).

The number of cannabis-related offences grew rapidly at that time and this contributed – alongside the emergence of a heroin problem – to a second revision of the narcotics law lasting from 1971 to 1975. Its two main aims were to provide help to existing drug users and to fight drug trafficking. Two visions of drug policy clashed during the parliamentary debates: one wanted to criminalise drug use in order to combat drug trafficking, promote public order and reinforce prevention. The second pointed to the contradictions of a policy seeking at the same time to punish and to help drug users (Boggio et al. 1997).

The outcome of the revision process was, as in many other countries, a compromise: drug use and drug possession for personal use remained illegal but with relatively low penalties (art. 19a).<sup>1</sup> The law also mentioned circumstances under which prosecutors and judges could refrain from applying sanctions (if the offender is in treatment (art 19a al.3) and/or drug-dependent (art 19a al.4), if the case is of minor importance (art 19a al.2), and for the possession of small quantities and/or use within a group (art. 19b).

This approach of 'a hard stance with a soft hand' is still an element of today's Swiss drug policy. It gives the police the task of prosecuting all reported or observed cases of drug use or possession but allows prosecutors to decide between different types of sanctions as well as no sanctions at all. The outcome of this policy depends upon the resources available and efforts invested by the police to identify drug users and upon the strategies and opinions within justice departments and among prosecutors. The risk of arrest while using/possessing cannabis and the type of penalties vary thereby considerably within Switzerland and even within its cantons.

## A new drug policy

Cannabis has always been associated with the largest proportion of drug-related offences. It was, however, a secondary drug policy issue during the 1980s and most of the 1990s when intravenous heroin use and the transmission of HIV and AIDS became a major drug crisis in Switzerland. This crisis led to important changes in the country's drug policy (Zobel 2017b; Grob 2009; Savary et al. 2009). Some cantons and cities developed harm-reduction measures including syringe-exchange programmes, drug-consumption facilities, low-threshold substitution programmes with methadone,

and heroin prescription centres. Later, harm reduction became the fourth pillar of the national drug policy, alongside prevention, treatment and law enforcement. These changes had no direct impact on the cannabis policy but they carried a new perception of drug-related issues and introduced new approaches to respond to them. The successive defeats of both a ballot initiative<sup>2</sup> for a strictly abstinence-oriented drug policy in 1997 and of a referendum<sup>3</sup> against the medical prescription of heroin in 1999 (introduced as a trial in 1994), both at the national level, showed that this new approach was supported by a majority of the Swiss voters.

## The road to a new cannabis policy?

As elsewhere in Europe, cannabis use among young people increased during the 1990s. The Swiss cannabis market also changed from being based on imported resin to a mostly locally grown herbal market. At the policy level, cannabis use was an issue mainly in the areas of prevention and law enforcement, as there was little demand for treatment, and harm reduction – which was then strongly associated with intravenous drug use – did not develop in this area. Decriminalisation of cannabis use or its legalisation were the two main options for a policy change in this area.

In 1996, an expert commission charged with developing a proposal for a revision of the narcotics law (Kommission Schild 1996) favoured such options. It recommended abandoning the prosecution and sanctioning of drug use, including cannabis. In 1999, the national advisory board on drugs went further in a report dedicated to cannabis (EKSF 1999). It made two proposals: the first, seen as compatible with United Nations drug treaties, was to give up the prosecution of cannabis use and to introduce limitations for the obligation to prosecute cannabis production and sales. The second, seen as being outside the boundaries of international agreements but favoured by the board, was to allow a state-regulated cannabis market.

In 2001, the government, through its Federal Office of Public Health (FOPH) – which had been at the forefront of drug policy changes since the early 1990s – provided the parliament with a proposal for an in-depth revision of the narcotics law. The proposal institutionalised harm reduction but also provided the tools to stop punishing drug use, as suggested by the advisory board, and to develop a quasi-regulated cannabis market. Technically, it allowed the federal government to set priorities for criminal prosecution, which would have allowed limiting the obligation to prosecute drug use in general and all cannabis-related offences. Cannabis supply and possession would have remained illegal but not prosecuted under circumstances defined by the government. This approach was seen as being compatible with existing United Nations conventions (Confédération Suisse 2001).

The Swiss proposal partly mirrored the Dutch approach – the only alternative model at that time – but it also included cannabis production and distribution. It remained on hold in parliament for three years. During that period, several cantons reduced law enforcement against the cannabis market, which resulted by 2002 in the presence of about 400 unregulated cannabis shops throughout the country (Leimlehner 2004).

About 40 of these shops were located in the relatively small city of Biel/Bienne. There, a group of shop owners and social workers set up a first informal regulation model for the cannabis market. It included a ban on sales to minors and foreigners, as well as on advertisement. Warnings on product labels and sales of maximum CHF 50 per person per day were other regulatory rules (Meier and Moser 2005).

During this period, Switzerland became a well-known cannabis-producing country with new plant varieties referring to their Swiss origin. The unregulated or only partially regulated market, in which

some criminal organisations also became involved, contributed, however, to the refusal of the revision of the law in 2004 when the lower house refused to discuss it by a small majority of 102 to 92.

## A ballot initiative and a referendum

The refusal of the revision resulted in the closure of cannabis shops by the police. Some of their owners and other cannabis activists started to collect signatures for a federal ballot initiative requiring the legalisation and market regulation of cannabis. Harm-reduction advocates who had called for drug policy changes in the 1990s and early 2000s joined them. The required number of signatures was collected and the vote was set for 2008.

Meanwhile, the Swiss parliament still had to revise the narcotics law because heroin-assisted treatment had only a temporary legal basis. The new revision adopted by the parliament was similar to the one submitted by the government in 2001, but without its section on cannabis. Abstinence-oriented drug policy advocates considered the reform nevertheless unacceptable and organised a referendum against the revision.

In November 2008, Swiss citizens had to vote on the same day on two drug-related laws: a ballot initiative for cannabis legalisation and market regulation, and a referendum against the institutionalisation of harm reduction, and heroin-assisted treatment in the narcotics law. The cannabis legalisation initiative was rejected by 63 per cent of voters while the revision of the narcotics law was accepted by 68 per cent (Savary et al. 2009). Harm reduction was now fully institutionalised but cannabis legalisation rejected by both the parliament and the citizens.

The fact that the initiative was approved by 37 per cent of voters came as somewhat of a surprise. Many advocates of harm reduction and drug policy reform had left the initiative's committee during the campaign because of tensions and disagreements with cannabis activists and producers. The latter did not always find the right words to reassure the Swiss population about the consequences of the legalisation and regulation of cannabis. In this context, 37 per cent approval was seen as a sign that a majority of the population could support this issue.

## Decriminalisation of cannabis use

In 2008, in the period preceding the vote on the ballot initiative, the national advisory committee on drugs published a new version of its cannabis report stating that cannabis policy was still in need of change and that its 1999 recommendations were still fully valid (EKDF 2008). The cannabis issue was also back within the federal parliament as the number of offences related to cannabis use was still growing without noticeable impact on the prevalence of use and the size of the market, but with increasing workloads for cantonal justice departments. In 2012, a parliamentary initiative led to a partial revision of the narcotics law decriminalising cannabis use. Offenders were now to get an administrative fine of CHF 100 (about EUR 90) issued directly by the police. This applies only to people aged 18 and older, carrying no more than 10 grams of cannabis and with no other simultaneous offence.

The law came into force in October 2013 and early implementation figures showed that cantons had very different ways of implementing the new legislation (Zobel et al. 2017). One reason for this is that the Swiss narcotics law, with its successive and sometimes contradictory revisions, allows for multiple interpretations and options for law-enforcement bodies. An example of this was also a recent decision

by the country's highest court which led many cantons to stop prosecuting cannabis possession (of 10g or less by an adult), despite the fact that this was never the intent of the legislation. An offender seen using the drug, however, still receives a fine. Such a situation is likely to trigger ever more court cases with users challenging their punishment.

## Initiatives at the local level

Following the refusal of the revision of the narcotics law by the parliament in 2004, several Swiss-German cities started to discuss the idea of experimenting with cannabis market regulation at the local level, thereby continuing to experiment with drug policy alternatives as had been done successfully during the 1990s. The city of Berne, for instance, had already called for new approaches to handle the cannabis issue in 2005 (Meier and Moser 2005) while motions about this issue were put forward in the parliaments of the city of Zürich and in some other cities and cantons. The national ballot initiative was, however, on the agenda and local initiatives were in most cases put on hold.

After the rejection of the 2008 ballot initiative, municipal and cantonal initiatives emerged again, often based on the motions submitted a few years earlier in the local parliaments. The city of Zürich was one of the first to reopen the debate with an early proposal in 2011 for a local experiment in cannabis regulation. In 2014, a group of representatives from almost all political parties from the French-speaking canton of Geneva also developed a proposal for a trial with cannabis social clubs like those in Spain and Belgium. The main goal was to reduce street drug trafficking and associated public nuisances.

A growing group of cities<sup>4</sup> and cantons met subsequently and started to work on proposals for different models of cannabis production and distribution, including in therapeutic settings (Zobel and Marthaler 2016). Legal advice suggested that the only way to develop cannabis regulation at the local level was to implement scientific trials under article 8 of the narcotics law, which had already been used 20 years earlier for introducing medical prescriptions for heroin. Two cities (Berne and Zürich) and two cantons (Basel and Geneva)<sup>5</sup> were to be the first four attempting to implement the cannabis-distribution trials. As a first step, four types of target populations were identified: 1) existing adult users; 2) underage problem cannabis users; 3) adult problem cannabis users; 4) medical cannabis users who self-medicate. The city of Berne was to implement a project mainly for the first group and the canton of Basel only for the fourth, while both the city of Zürich and the canton of Geneva initially planned to implement projects for all four groups.

During the summer of 2017, the city of Berne submitted a first proposal to the FOPH for special authorisation to conduct a scientific experiment under the narcotics law. Cannabis was to be sold through pharmacies to about 1,000 adult residents of the city who were already cannabis users and would agree to participate in a prevention/harm-reduction intervention through their smartphone. The study design allowed for a control group, which during the course of the intervention was to join the intervention group. The proposal was submitted to an ethics committee and national research funding was secured. The city of Zürich and two other cities (Luzern and Biel/Bienne) mentioned their intent to implement the same project if accepted by the FOPH.

The project of the canton of Geneva is less well known as authorities communicate little about it. The information provided some time ago to the author is that the project would set up a specific multipoint cannabis-distribution system instead of using pharmacies. Cannabis users (existing or problem cannabis users) could apply to become members of that system and access cannabis while also accessing harm-reduction and prevention guidance. Three groups of users were envisaged: 400 current cannabis users; 100 medical users who practise self-medication; and 40 (20 adults, 20 minors) problem users. As

mentioned above, the initial development of the project came from a group of politicians from different political parties. It was then transferred to the Geneva cantonal advisory committee on addiction, chaired by Ruth Dreifuss. The Department of Addiction at the University Hospital is a key player in its implementation.

The project of the canton of Basel-Stadt would target only medical cannabis users who self-medicate and be conducted by the department of psychiatry. The distribution of cannabis should be made as in Bern through pharmacies.

## Rejection of the first proposal by the FOPH and a legislative change

Despite the fact that the project was designed to fulfil most of the criteria for a public health experiment, the request for a special authorisation was rejected by the FOPH on the grounds that recreational cannabis use could not fall under the medical experiments foreseen in the narcotics law and pharmacies could not provide cannabis without medical prescriptions. The FOPH mentioned, however, that the proposed trial would be very useful and that a small change in the narcotics law – namely an article allowing for non-medical public health trials – could provide the means for a positive response.

Soon afterwards, several parliamentarians from different political parties tabled parliamentary motions requesting a new article to the narcotics law allowing pilot studies of cannabis regulation at the local level. The first motion was defeated in the lower house but a second group of five identical motions was later accepted by a small majority in that house. This opened the door for a legislative change.

Even before the parliamentary motions were accepted, the federal government had opened a public consultation on a draft new article and its by law.<sup>6</sup> This was seen as a move from the executive to invite the parliament to act in the cannabis field.

The government's proposal submitted for public consultation set out a set of rules for future pilot studies. Each local project should be geographically limited, last no more than five years, include up to 5,000 participants, provide quality-controlled cannabis with not more than 20 per cent THC content, and participants should not get more than 10g of THC (not cannabis, THC) per month. The main exclusion criteria are being under 18 years of age, living outside the geographical area of the project, being pregnant or breastfeeding, and having mental health problems diagnosed by a doctor. Participants would not be allowed to use cannabis in public spaces and would be excluded from the trials if they give or sell cannabis to another person. The cannabis sellers, probably shops and/or pharmacies, would have to fulfil some additional criteria.

The public consultation elicited mostly positive feedback. Most negative comments were about the exclusion of people with mental health problems because they represent a significant part of cannabis users and an important group in terms of public health. Other negative comments were about the size (geographical, number of participants) and duration of the trials. One key issue will certainly be how the pilot projects and the accompanying studies will be financed, as most Swiss cities do not have the large budgets required for multi-annual public health trials. One simple solution would have been to collect a tax on the cannabis sold but the executive has ruled this out, preferring that the tax goes into the federal government budget.

An update of the article and its by law should be provided soon by the governments and will then be debated in parliament in 2019 or 2020. All outcomes are possible as the current parliament is still very



much divided on this issue and a new parliament will be elected in October 2019. The possible scenarios are: a rejection of the whole proposal, acceptance but with major changes in the by law which would render the pilot projects irrelevant, or acceptance of the current proposal with few changes. If the latter prevails, the first proposals could be submitted to the FOPH in 2020 or 2021.

The canton of Geneva might not wait for the new article to be adopted or rejected and may submit its own a proposal to the FOPH for authorisation under the current law. The trial would try to circumvent the reasons the city of Berne's project was rejected. There would for instance be no mention of recreational use and the distribution of cannabis would occur outside pharmacies.

## A parliamentary and a ballot initiative

In 2017, the Greens introduced a parliamentary initiative<sup>7</sup> for the legalisation of cannabis and the regulation of its market. It called on the federal government to develop a national law for the regulation of cannabis covering the production, trade, and use of cannabis, as well as youth protection and the taxation of cannabis. The lower house of the parliament rejected the initiative in September 2018 by 104 votes to 86.

Changes in cannabis policy at the international level have also triggered the first steps for a new ballot initiative for the legalisation of cannabis. The Swiss-German association "Legalize it!", which provides support for people arrested for cannabis use, has provided a short text requiring the government to legalise and regulate cannabis. It has also started collecting money and entering into contact with NGOs, youth wings of political parties and other stakeholders who might support the initiative.

After a difficult start, a new committee was setup up in early 2019, this time including the youth wings of most political parties; some NGOs as well as CBD (Cannabidiol) cannabis producers (see next section). The objective is to start collecting the 100,000 signatures in late spring or early summer 2019. The initiative aims to create a new constitutional article (105a) which legalises the use and growing of cannabis for personal use. It also requires the federal government to develop rules for the production and commercial trade of cannabis products. Sales to minors would be forbidden, except for medical purposes. A change in another article of the constitution (131) would also allows for specific taxes on cannabis products.

## An unexpected legal cannabis market

In 2011, while updating its legal framework, Switzerland increased the level of THC to separate industrial hemp from illegal cannabis in a By law. The new level of 1 per cent THC was, among other matters, to reduce the number of false positive cases in industrial hemp that had naturally occurring THC level above the former limit of 0.2 per cent. The threshold of 1 per cent had no real scientific basis and was adopted because many other areas of Swiss legislation used it. Nobody at that time thought that cannabis with a level of THC of less than 1 per cent would be of any interest to users as the average level found in cannabis seizures was above 10 per cent. Changes at the international level, however, changed the situation. The burgeoning US cannabis market introduced, among others, low-THC and high-CBD varieties which, particularly in the medical/medicinal cannabis sector, found a new customer base.

In spring 2016, two young cannabis entrepreneurs and their lawyer wrote to the FOPH asking if their product – cannabis flowers with less than 1 per cent of THC and high levels of CBD – could be registered and sold as a tobacco substitute with the same warnings and taxes as cigarettes. The answer was

positive and in early summer the product was put on the market and branded as 'legal cannabis'. It was rapidly sold out and triggered the development of a new industry with more than 500 requests for registration at the FOPH for selling cannabis with low THC as a tobacco substitute.

The new market also brought new more health-oriented/medicinal shops selling CBD oils, lotions and other products. A shop chain initially called 'cannabis pharmacies' (*Hanfapotheker*) and later, because of complaints from the association of Swiss pharmacies, 'Cannabis desks' (*Hanftheke*) opened its first shop in November 2016, with 29 by the following summer. The branding of the products included strong marketing of their Swiss origin. The same happened with cigarettes containing both CBD cannabis and tobacco called 'Heimat' (Home) which were put on the market in 2017. Two of Switzerland's largest supermarket chains (Denner and Coop) as well as one of the largest chains of tobacco and newspaper shops started selling the CBD products to smoke as 'legal cannabis'.

These developments triggered a situation of uncertainty among law-enforcement bodies as legal and illegal cannabis could not be distinguished without sending them to the laboratory for expensive analysis. Some regions started to test all cannabis samples but this proved to be too complicated and expensive. New guidelines for street-level police officers, including some that are barely legal (such as seizing the product, issuing a fine and expecting the user to challenge this decision if it was really CBD cannabis), were introduced. In late 2017, a rapid test was made available and should help to reduce the uncertainty for police officers and potentially inappropriate application of the law.

At the time of writing, the Swiss CBD market seems to be on a downward trend with a level of supply, including imported cannabis, and a number of shops that is probably greater than the demand, especially as the initial curiosity about 'legal cannabis' is fading away. The most likely outcome is a reduction in the market in the coming months and years. The CBD market has, however, shown that, beyond the typical young cannabis users who smoke the plant, there are also other customer groups including among the elderly.

In 2017, tobacco taxes on smokable CBD cannabis (Marijuana) generated about CHF 13 million. As the tax is 25 per cent, the size of the market was of about 50 million which probably represents about five tonnes of sales. This can be compared to the current 'guesstimates' of the size of the illicit cannabis market at 40–80 tonnes.

In early 2019, the present author published a new study on CBD cannabis users (Zobel et al. 2019). It included an analysis of the products available through 90 websites selling CBD cannabis in Switzerland and on a survey with about 1500 CBD users recruited via Facebook (~1200) and shops (~300). The study suggests that CBD Marijuana remains by far the main product on the market but that there are also many other products on offer, as is the case in the legal markets in the US: oils, tinctures, edibles, crystals, hashish, e-liquids, etc. Among the non-representative sample of users, a large majority were also illicit cannabis users and tobacco smokers. About 30 per cent of the sample reported a disease diagnosed by a doctor, mostly one associated with pain or with mental health problems (e.g. depression). The two main reasons for taking CBD cannabis were to combine it with the use of illicit cannabis, for legal reasons or to reduce the amounts of THC taken, and for medical and wellbeing reasons. Very few users reported negative effects associated with their use of CBD. The use of CBD for reducing anxiety, improving sleep disorders, reducing pain and inflammation, was rated very positively by the users while other effects sometimes attributed to CBD were either rated less positively or simply absent according to the sample.

Five types of users could be distinguished. Three include mostly young illicit cannabis users who mix their use with CBD for various reasons. The two other groups include a high proportion of people who report a



disease. One group includes older people, among them many women, who have never used illicit cannabis and use CBD oils for health issues. The other group is on average younger, and uses illicit cannabis and CBD mostly for medical reasons. They are also those who spend most money on CBD products.

CBD products cannot be advertised as therapeutic products (the reason for which they are often bought) as this would put them under the law on therapeutic products and make them illegal without proof of efficacy. And, even if they are sold as usual or food products, they might not be fully legal because of the way they are produced. A crackdown on non-smokable products is therefore a possibility for the future but this might differ from canton to canton.

## Increasing requests for medical cannabis

Switzerland has allowed for medical cannabis since 2011. People with multiple sclerosis can be prescribed the medication Sativex® directly by their doctor in order to reduce spasms linked with the disease. For all other diagnosis and symptoms, a special request needs to be submitted to the FOPH and regularly renewed. The doctor has to complete a special form and, among other questions, indicate all other treatments already tried and the type of cannabis medication to be administered.<sup>8</sup> In most cases the request is accepted by the FOPH, although this does not mean that the medication, which is often very expensive, will be reimbursed by health insurance. This will require another special request form from the doctor to the patient's insurance company and the rate of acceptance in this case is much lower, except for multiple sclerosis.

Despite the administrative burden for doctors, the limited number of medications, and their high costs, and despite the limited evidence regarding the effectiveness of cannabinoids for the treatment of different diseases, the number of requests is continuously rising with now more than 3,000 per year. It can be foreseen that the system will have to be simplified in the future. A request for such simplification has already been made in parliament and was accepted by the parliamentary commission in May 2018. An external evaluation of the application of the current law by the FOPH has been made and new scenarios to reduce the burden to access cannabinoids for medical reasons while at the same time developing studies on their effects is on the way and has large support in parliament.

## Summary and what next?

Switzerland's current cannabis policy is experiencing multiple challenges: an unsatisfactory implementation of the narcotics law against cannabis users, a very visible and legal CBD cannabis market, attempts of cantons and cities to develop cannabis-distribution trials, possibly a ballot initiative, and a growing demand for medical cannabis. These multiple challenges should indicate that Switzerland could change its policy in the not too distant future.

Some cities and cantons play an important role in the current situation as their request for a change in cannabis policy is difficult for the federal authorities to ignore. The decision to target the only legal opportunity provided by the federal law (scientific trials) has somewhat reduced the scope of their action, with projects that are often small-scale public health-oriented scientific trials. Individual rights, public nuisance and so-called black markets were often only secondary aspects of the projects. This could, however, change if the new legal article for pilot studies and its by law are adopted by the parliament. The trials will still be relatively small but will provide the opportunity to explore broader questions than the sole impact on the use of participants.

These trials, if they take place, may well be door openers for further changes with cannabis policy developments in the Americas and the burgeoning CBD market in Switzerland. Their main strength is that they force the federal authorities, including parliament, to address the issue and to debate possible regulatory models.

The CBD market is certainly another driver of change and a natural experiment in cannabis market regulation. For now, national and local authorities have made little use of their powers to regulate that market, except in the field of smokable products where the tobacco legislation is applied. One might expect that, with a decline of that market, local authorities will get more involved in product surveillance and business regulations. This might provide an interesting situation with cantons applying different approaches, some more restrictive and some more liberal, resulting in different market configurations and possibly even some 'cannabis tourism' within Switzerland.

At the national level, the change of the narcotics law allowing for non-medical trials with cannabis is at this point the most likely and rapid change to be expected. It remains, however, unclear if such a proposal can get the support of a majority of parliamentarians. Currently, there are two sides with the socialists and the greens in favour of cannabis regulation and the conservatives and the centrist Catholic party against it. In between are the liberals (right-wing) where a majority still opposes changes. However, within this party, several groups and a member of the federal government have stated their wish to see cannabis regulated. If this dynamic gains traction, a majority in favour of the cannabis trials, and even broader changes, could be obtained.

The ballot initiative is still in its very early stages. If the launch and the collection of 100,000 signatures are achieved, it will require Swiss voters to decide again if they do or do not want to legalise and regulate cannabis. A recent survey showed that a majority of the population could be in favour of such a change<sup>9</sup> but it remains unclear if this would still be the case after a harsh political campaign. The vote on the initiative is unlikely to happen before three or four years at the earliest.

There is currently very strong support in parliament for relaxing the rules for medical cannabis. This will be an area where change (simplification of the procedures, increase of available medical products) should take place in the coming years. One of the issues that might be interesting is how 'medical cannabis' and more 'medicinal cannabis', as available in CBD stores, will co-exist.

The Swiss advisory board on addiction is set to publish a new version of its cannabis report in 2019. The report will cover international developments and new scientific knowledge. It will include recommendations to the government on the future of its cannabis policy.

A possible scenario is that several issues with the cannabis policy (problems with the implementation of the current law, regulation of the CBD market, growing numbers of requests for medical cannabis, etc) trigger individual partial revision of the narcotics law. Instead of going for the big change, this would fix the issues one by one. This scenario is not currently being discussed but it remains the model by default.

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## Endnotes

1. A fine and no criminal record.
2. At least 100,000 citizens who sign a petition within a period of 18 months can call for a change in the country's constitution. If the signatures are valid, and if the text is in conformity with existing legal norms, citizens will be called to vote on it. The parliament can come up with a counter-proposal.
3. When at least 50,000 citizens sign a petition against a law adopted by parliament, within 100 days after its publication, there will be a national vote on that law. It will enter into force only if the majority of the voters approve it.
4. Zürich (city), Berne (city), Geneva (canton), Basel-Stadt (canton), Thun (city), Winterthur (city), Biel/Bienne (city), Luzern/Lucerne (city), Lausanne (city).
5. Both Basel-Stadt and Geneva are so-called city-cantons comprising a main city (Basel and Geneva) and its immediate surroundings. Other cantons, such as Berne and Zürich, have much larger territories and dozens or hundreds municipalities of different sizes.
6. <https://www.bag.admin.ch/bag/de/home/gesund-leben/sucht-und-gesundheit/cannabis/vernehmlassungsvorlage.html>
7. A parliamentary initiative is a proposal submitted to the parliament by one of its members. It needs first to be examined by the relevant commission which decides if there are enough reasons to proceed. If the response is positive, it becomes a proposed law and needs to go through the ordinary legislative process.
8. The available cannabis medicines include mainly Sativex® (CBD/THC 1/1), Dronabinol® (THC) as well two preparations of a cannabis oil (Sativaoil; CBD/THC 0.3/1) and a cannabis tincture (CBD/THC 1/2) prepared and sold by only two pharmacies in the country.
9. <https://fachverbandsucht.ch/de/politik-medien/medienmitteilungen/mehrheit-der-schweizerinnen-und-schweizer-fur-aufhebung-des-cannabisverbots>

## NEW APPROACHES ON HARM REDUCTION POLICIES AND PRACTICES

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The NAHRPP project (New Approaches in Harm Reduction Policies and Practices) is a joint project of the Transnational Institute (TNI), based in the Netherlands, ICEERS (Spain), Forum Droghe (Italy) and Diogenis (Greece), supported by the European Union. The project addresses recent drug policy developments in Europe.

One section of this project, led by TNI, is focused on the role of local authorities in cannabis regulation. Local and regional authorities across Europe are confronted with the negative consequences of a persisting illicit cannabis market. Increasingly, local and regional authorities, non-governmental pressure groups and grassroots movements are advocating for regulation of the recreational cannabis market, rather than prohibition. This project analyses the possibility of cannabis market regulation models, alongside political, policy, and legal steps under exploration by local authorities in Belgium, Spain, Switzerland, Germany, Denmark and the Netherlands. It is hoped that the information collected through this initiative will help to improve the understanding of regulating drug markets as a means to reduce the negative consequences of illicit drug markets on individuals and society.

In order to better understand the situation around, and possibilities for, local and regional cannabis regulation, a series of six country reports were developed, providing background for an overarching analytical report. The country reports provide detailed information about the state of cannabis policy, and the possibilities for change, within each country. This report addresses the past, present, and future of cannabis policy in Switzerland.

## PUBLICATION DETAILS

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The Transnational Institute (TNI) is an international research and advocacy institute committed to building a just, democratic and sustainable world. For more than 40 years, TNI has served as a unique nexus between social movements, engaged scholars and policy makers.

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