

# spectra

# 139



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## Cannabis policy – what's next?

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### 3 Cannabis pilot trials: designed to gain insights for future regulation

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# The cannabis policy in Switzerland needs to be realigned

The current ban on cannabis for non-medical use has not resulted in either a reduction in consumption or improved health protection. The Federal Council is in favour of an evidence-based evolution of the cannabis policy. It recommends imposing strict conditions on legal distribution because this must not lead to the commercialisation and promotion of consumption.

The current situation regarding the way cannabis is handled in Switzerland is frequently described as unsatisfactory. Stakeholders in a number of fields – the scientific community, the health authorities, those working in the judicial system and addiction experts – share this opinion. As does the Federal Council.

The situation is unsatisfactory on many levels. Although cannabis containing one per cent (or more) of THC continues to be banned in Switzerland, consumption is stagnant at a high level. Consumption is particularly widespread among adolescents and young adults. This age group is especially at risk, yet can easily obtain cannabis on the black market. At the same time, the ban also criminalises low-risk adults who consume cannabis.

The black market is associated with health risks for consumers. Confiscated samples show, for example, that cannabis may be contaminated with heavy metals, mould or extenders.

Illegal sales of cannabis generate significant untaxed sales in excess of half a billion Swiss francs annually, while society foots the bill for consumption. And criminal prosecution ties up police and judicial resources.

## Legal situation not always comprehensible

Another unsatisfactory aspect is that the current legal situation regarding cannabis sometimes results in differing interpretations and is in some instances incomprehensible. For example, some cantons have long punished only consumption with a fine of CHF 100, while until recently others also imposed a fine on possession of small quantities. The Federal Court clarified the situation in a 2017 ruling, establishing that mere possession of up to ten grams of cannabis for personal consumption is not a punishable offence and cannot therefore be subject to a fine.

Hemp products with a THC content below one per cent are legal in Switzerland. This includes cannabidiol (CBD), which has been marketed as “cannabis light” by resourceful producers since 2016.

CBD hemp can be used as a smoked tobacco substitute, but CBD drops, which are more popular and potentially less harmful, require authorisation as a novel food product or a therapeutic product if they are intended for consumption. In order to circumvent the high barriers to authorisations of this type, some manufacturers have brought their CBD products onto the market as scented oil or raw material without an intended purpose – even though the products are then frequently consumed. The cantons take action against false promotion of hemp products with varying degrees of rigour.

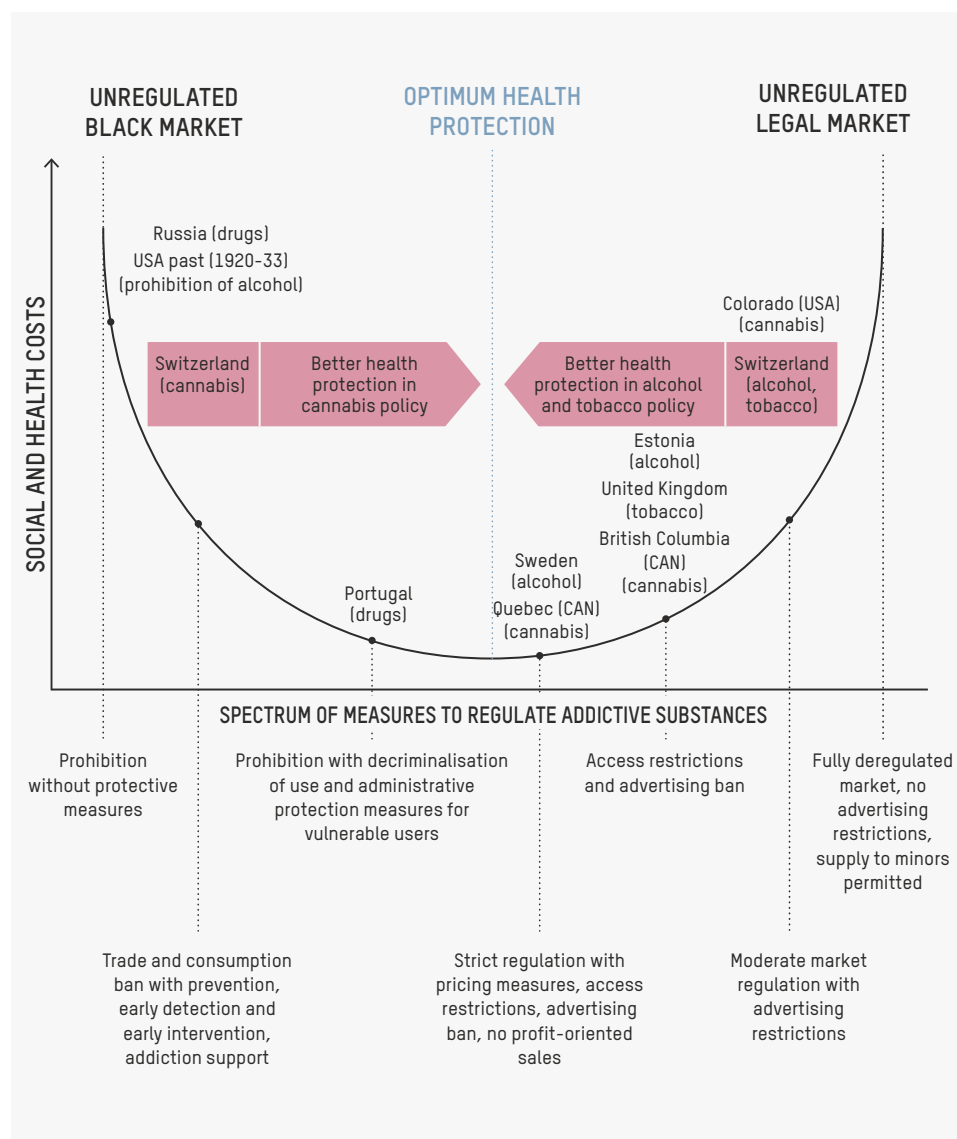
## Parliament recognises the need for action

The partially unclear legal situation and heterogeneous enforcement in the cantons led Thomas Minder, a member of the Council of States, to propose a postulate on “Legal certainty in the production, trading and use of hemp and cannabis products” that was submitted to the Federal Council. The corresponding report was adopted by the Federal Council in November 2023. It concludes that a comprehensive hemp law covering all possible uses would not be sensible since the use of hemp extracts is already regulated in existing legislation. The report identifies legal certainty in dealing with hemp as less of a challenge than the absence of a product category for purely “recreational purposes”.

The Swiss Parliament has also recognised the need for action, and in September 2020 it approved a legal basis for the implementation of pilot trials with cannabis for recreational purposes. These short-term studies can help to develop a way of regulating cannabis that is appropriate for Switzerland.

## New regulation as an opportunity

In the context of efforts by Parliament to regulate a legal cannabis market, the Federal Council identified a possible way of implementing this idea in its report. It based its thoughts on international experience of regulating addictive



The spectrum of measures to regulate addictive substances ranges from a ban with no measures to protect health to an unregulated legal market. The social and health costs are highest at the two extremes with an unregulated market. (Source: report on the Minder postulate)

substances. The spectrum ranges from strict prohibition with an uncontrolled black market to a largely liberalised market without firm measures to protect health (see illustration).

On the basis of these findings, the Federal Council came out in favour of new, evidence-based regulation of cannabis. It expressed its concern that cannabis must not be trivialised. The health risks of infrequent cannabis use are fairly low compared with other psychoactive substances, but the likelihood of mental disorders developing increases with intensive, long-term consumption. Adolescents are particularly at risk. Against this background, the Federal Council also sees a central role for youth protection. Moreover, cannabis should be neither promoted nor excessively commercialised.

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- Links:
- Information from the FOPH about cannabis:  
<https://tinyurl.com/3cynr8ut>
  - Information about the Minder postulate (in German):  
<https://tinyurl.com/29kvhe7y>

# Cannabis pilot trials: designed to gain insights for future regulation

A number of cannabis pilot trials have been started since early 2023 with the aim of creating a scientific basis for future legal regulation. The pilot trials are being planned and performed on the initiative of various stakeholders, among them cities and municipalities, and require approval from the FOPH.



The products sold in the pilot trials contain detailed package information, so consumers know what they are getting.

Selling and consuming cannabis products with a THC content of at least one per cent is prohibited in Switzerland. Consumption is nonetheless widespread. Users' safety in terms of product quality cannot be guaranteed because cannabis products are sold on the black market.

In September 2020, Parliament therefore passed an amendment to the Narcotics Act (NarcA) creating a legal basis for conducting scientific pilot trials that are limited to five years and to one or several municipalities. The aim of the pilot trials is to provide scientific findings on controlled sales of cannabis products, thus creating a basis for decisions relating to possible future regulation.

## Strict requirements

Unlike cannabis dispensed for medical uses, the pilot trials involve sales of cannabis for recreational purposes. Stringent requirements seek to ensure prevention and health protection, including a strict ban on advertising for cannabis products. The pilot trials will also make provision for the protection of children and adolescents, for example by using child-resistant packaging featuring warnings. Trained staff at points of sale will also make participants aware of the risks associated with consumption. The amount of cannabis that can be purchased on each occasion and per month is limited, and reselling and consumption in public places are prohibited. The products offered must also meet strict quali-

ty requirements, come from organically cultivated plants and be of Swiss origin.

Adults who are demonstrably already using cannabis, at least 18 years of age and capable of judgement and have not been diagnosed with any diseases that could worsen as a result of consuming cannabis are eligible to participate in the trials. The health of participants will be monitored throughout the trials.

## Six pilot trials approved

Currently (in November 2023) six pilot trials have been approved:

- WeedCare (Basel)
- Züri Can – Cannabis with responsibility (Zurich)
- Cann-L (Lausanne)
- La Cannabinothèque (Geneva)
- SCRIPT (Bern, Biel, Lucerne)
- Grashaus Projects BL (Allschwil, Liestal)

The first pilot trial, the "WeedCare" project, started selling cannabis products at the end of January 2023. The 374 participants are between 18 and 76 years old, with an average age of 36. "Sales of the six available products in the nine pharmacies taking part in the trial have gone smoothly so far," reports Regine Steinauer. She is head of the Addiction Department in the Basel-Stadt Public Health Office, which is carrying out the "WeedCare" project in conjunction with the University Psychiatric Clinics (UPK) Basel, the University of Basel and Aargau Psychiatric Services. Steinauer says that it's not yet possible to say whether the partic-

ipants are happy with the setting: "Participants' satisfaction is checked regularly using questionnaires, and the evaluation won't be available until a year has passed. But so far there have been very few dropouts."

## Different sales settings

While the "WeedCare" study involves sales only in pharmacies, the cannabis products in the "Züri Can" pilot trial have been distributed through pharmacies, a drug information centre and so-called social clubs since August 2023. The last of these are places where cannabis products can not only be purchased but also consumed in the company of other users. Non-profit-oriented association models are also being tested (e.g. the La Cannabinothèque pilot trial in Geneva).

## Gather information

The objective of all the pilot trials is to gather information about the advantages and disadvantages of controlled access to cannabis. In addition to the impact on physical and mental health and consumption habits, these also include socio-economic aspects such as effects on ability to work and social interactions. Effects on the local black market, youth protection or public safety may also be studied.

The individuals responsible for the pilot trials decide which specific research questions will be elaborated and studied. They are required to report their progress to the FOPH annually and to present the results in a research report. The FOPH will evaluate all the trials in a meta-study and will summarise the findings in a report for the Federal Council. Since Parliament has already started working on a new regulation for cannabis (see lead article on page 2), the trials will be evaluated on an ongoing basis so that the experience gained can be fed into the political process.

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## Links:

- Pilot trials with cannabis (FOPH): <https://tinyurl.com/wapcnrv>
- Overview of authorised pilot trials: <https://tinyurl.com/3rbk65ae>

## At first hand



Anne Lévy,  
Director, Federal Office of Public Health

## It's all about health protection

Around 56 tonnes of cannabis are consumed illegally in Switzerland every year, showing that bans do not prevent consumption entirely. Moreover, there are disadvantages associated with bans. Cannabis traded on the black market cannot be tested for the presence of harmful contaminants such as extenders or pesticides, nor can its THC content be determined. This means that you never know what you are consuming. Or could you imagine drinking beer without knowing whether its alcohol content is 4 or 14% ABV?

It is a fact that cannabis is consumed. The psychoactive substance is by no means harmless. Consumed intensively over a long period, it can lead to mental, social and physical problems. This is why it is worth considering how the consumption of cannabis can be made less risky and how we can mitigate the negative consequences for society as far as possible.

Cannabis is being legalised in a growing number of countries. Switzerland is also asking itself how it can best manage the controlled use of cannabis. How much regulation do we need? How can controlled access to safe products be ensured without stimulating consumption? What level of THC and what form of consumption should be deemed acceptable? What lessons can be derived from the regulation of alcohol and tobacco? What alternatives to commercial sales of cannabis are viable?

The pilot projects that have been launched in Zurich, Basel, Lausanne, Geneva, Liestal, Bern, Biel and Lucerne are intended to provide answers to precisely these questions. They will show what impact controlled access to cannabis has on consumption, purchasing habits and users' health and which measures find acceptance. In this way they will contribute substantially to making discussion of the right steps towards legalisation more objective and provide scientific backing for possible cannabis legislation of the kind called for by a parliamentary initiative. This is a unique opportunity. Let's seize it!

# “The main health risk associated with occasional cannabis use is the tobacco smoke”

Unlike tobacco, cannabis as such does not cause cancer. This is why Reto Auer’s main interest, as a general practitioner, is in getting people to stop smoking tobacco. His interest in getting them to limit their consumption of cannabis is only secondary, says Auer, who is leading the pilot study of controlled cannabis sales in Bern, Biel and Lucerne.

## Mr Auer, why are you carrying out a study of regulated sales of cannabis?

In Switzerland some 300,000 people consume cannabis. But because production and consumption are banned, no quality control is carried out on the products circulating on the illegal market. This means that cannabis users are exposed to a greater risk of coming into contact with harmful substances and dangerous synthetic cannabinoids. In our study we want to see whether a combined intervention – in other words, regulated sales combined with the availability of pharmacy-based advice on giving up smoking – can improve the health of cannabis users and public safety.

## Pharmacies seem to play an important role in your study.

Our study is based on a model involving pharmacies that is used in Uruguay. Moreover, the decision to sell cannabis in pharmacies is the result of a political consensus reached by the cities participating in the study. We also derive a number of advantages from working closely with pharmacies. Firstly, because pharmacists already have years of experience in handling narcotic substances, and secondly, because our study is investigating the impact not only of selling can-

nabis products but also of the counselling that is being offered. Our hypothesis is that if an individual knows more about what they are consuming, and if they feel less stigmatised and better understood in the process, they will be more willing to take up the offer of counselling. This study will be the first time that pharmacies will also be paid for providing advice on giving up smoking. In this respect we will be moving into uncharted territory, and it also marks a ground-breaking shift in thinking around collaboration in primary care. What pharmacies earn should not depend solely on how many medicines they sell but also on the services they provide.

## What do you hope the advice on giving up smoking will achieve?

We know that roughly half of the people who consume cannabis in Switzerland also smoke cigarettes on a daily basis. And that about 80 per cent smoke tobacco mixed with cannabis. We’d like to see if people’s health improves if they stop smoking and instead eat cannabis or heat it in vaporisers or e-joints. The main health risk to which cannabis consumers are exposed comes from the tobacco they are smoking. That’s why my main interest, as a general practitioner, is

in getting people to stop smoking tobacco. My interest in getting them to limit their consumption of cannabis is only secondary.

## Because cannabis does less damage to health than tobacco?

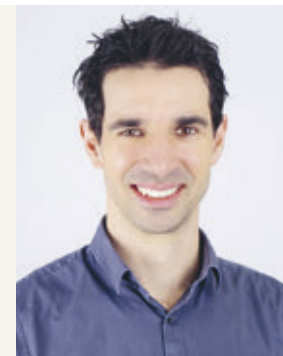
Yes, because tobacco causes cancer anyway, even if it is not smoked but, for example, placed behind the lips in the form of a snus pouch. There are pretty good data for cannabis, on the other hand, showing that its use does not cause lung cancer. In addition, in the past 15 years there has been a great deal of research – mainly in the USA – into how dangerous cannabis actually is. The data show very clearly that individuals who consume only cannabis, and not tobacco, do not suffer the kidney damage or narrowing of the coronary arteries typically found in smokers. Cannabis consumers also do better in lung function tests. These major differences are probably also due to the fact that many cannabis users smoke maybe one or two joints per week, or in other words much less than the 10 to 20 cigarettes consumed by a typical smoker daily. This means that cannabis users are far less exposed to all the toxic substances contained in smoke. Nonetheless, the aim of the study is to encourage people not to smoke. Where tobacco is concerned, we know that it’s the smoke, and not the nicotine, that kills people. So it’s not unreasonable to assume that it’s the same with cannabis. This is something we’d also like to look at in the near future in a follow-up study.

## So the point of your study is not to control the illegal market?

Our study is not designed to investigate the impact on the black market. This is because we are only enrolling about 1,000 people in the study and are leaving it up to the participants to decide whether they want to buy their cannabis from pharmacies or continue sourcing it on the black market. An additional aspect is that, compared with other drugs such as MDMA or heroin, it’s really easy to produce cannabis. Not for nothing is cannabis referred to as “weed” or “grass”: it grows anywhere.

## Prof. Reto Auer

Reto Auer studied human medicine at the universities in Neuchâtel and Lausanne and at the Humboldt University of Berlin. Since 2016 he has worked as a general practitioner in a group practice in Bern and has headed the Substance Consumption section at the Institute of Primary Health Care in Bern (BIHAM). Working with researchers at the universities in Bern and Lucerne, Auer is the primary investigator in the SCRIPT (Safer Cannabis – Research In Pharmacies randomized controlled Trial) study.



## What do you see as the advantages and disadvantages of regulating sales of cannabis?

The problems that are currently arising as a result of the ban and the black market can fundamentally only be tackled by regulating sales of cannabis. Seen from this perspective, the advantages of regulation are self-evident. This study will unfortunately not enable us to draw any conclusions about several of the possible disadvantages. There are concerns, for example, that regulation sends the wrong message to adolescents, possibly leading them to interpret the lifting of the ban as a sign that cannabis can’t be that dangerous. Another – and in my eyes warranted – concern derives from the fact that to date Switzerland has performed underwhelmingly in the regulation of tobacco and alcohol. Why should it be any different with cannabis – and can we as a society resist market forces? This is why we want to look at the impact of very strict regulation in our study. Will this offer be taken up by consumers? And how will it modify consumers’ behaviour?

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Pharmacists have many years of experience in dealing with narcotics, and the study setting in pharmacies can also be used to examine the counselling services offered.