

DRUGS, INTERNATIONAL CHALLENGES

REFORM THROUGH EXPERIMENTATION: SWITZERLAND AND CANNABIS

Abstract

This issue of *Drugs, international challenges* focuses on the experimental approach to cannabis reform developed in Switzerland. It was written by a researcher directly involved in the development and implementation of this approach, through the conduct of a pilot trial of cannabis sales as well as other related research and expertise. The text sets out the political processes that made pilot trials of cannabis sales possible, and the political and administrative rules

governing them. It then introduces the seven current trials and discusses the differences between them. One of these trials, in which the author is involved, is presented in more detail to illustrate the knowledge that such experimentation can produce. Finally, a bill on cannabis drawn up by the Swiss Parliament is briefly presented. This act would make Switzerland the first country in Europe to introduce a regulated cannabis market.

The adoption and implementation of policies modifying the prohibition on the production, distribution and use of cannabis for non-medical purposes have until recently seemed impossible due to the legal constraints exerted by the 1961 United Nations Single Convention on Narcotic Drugs, political environments and public opinion unfavourable to such reform. However, between 2012 and 2024, almost half of the fifty states making up the United States of America, as well as two countries, Uruguay and Canada, adopted legislation regulating the non-medical use of cannabis, as well as its production and distribution.

The regulatory models for non-medical cannabis in the USA and Canada are generally similar to those for alcohol in those countries. In the United States and some Canadian provinces, they open up legal markets in which private companies aim to make a profit by producing, processing and selling various cannabis products. More than for alcohol and tobacco, legislators have added various regulatory provisions aimed at controlling these markets and reducing some of the health and safety problems they may cause. This includes, for example, licensing systems, close monitoring of production and products, maximum quantities for purchase and possession, restrictions on advertising and promotion, packaging prescriptions or exceptional taxation (Obradovic and Taiclet, 2024; Philibert and Zobel, 2019). The implementation of these predominantly commercial regulatory models has generally been associated with a reduction in arrests related to cannabis use and a gradual

replacement of the black market by the legal market, but also with a rapid diversification of products (edibles, concentrates, etc.), a multiplication of points of sale, an increase in the active ingredient content of products and a fall in their prices, as well as an increase in regular cannabis use among adults (Mekonen Yimer *et al.*, 2025).

Some jurisdictions have adopted regulatory approaches that differ significantly from the dominant commercial model. In Uruguay, cannabis is produced under state control, and the government sets the prices and quantities that can be grown or purchased. Anyone wishing to obtain cannabis legally has to register and choose whether they want to grow it themselves or in an association, or buy it from a pharmacy. This model, undoubtedly the least liberal of all, has been slow to be rolled out and seems to cover only part of the demand for cannabis in this country (Schmidhauser and Zobel, 2021).

Québec, for its part, has adopted a not-for-profit sales model, with a more restrictive framework for products than elsewhere in Canada. A state-owned company, the Société québécoise du cannabis (SQDC), has a monopoly on sales, and its profits are to be used for support measures such as prevention and research. The data available so far suggest that this model is roughly on a par with the more commercial regulatory models in terms of replacing the black market, but that it performs better in terms of changes in use and other social and health indicators (Gagnon and Kamwa Ngne, 2024).

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What about Europe?

While the main drug-related policy reforms of recent decades (harm reduction measures, decriminalisation of drug use and possession) have taken place more in Europe than in the Americas, reforms linked to changes in the legal status of non-medical cannabis have so far had little impact on Europe. Although Malta, Luxembourg and Germany have recently authorised the use and self-supply (individually or in associations) of cannabis, they have not set up a state-regulated cannabis production and sales system like those in the Americas. Local political contexts and the dynamics within the European Union, itself a signatory to the United Nations conventions on drugs, are undoubtedly behind these more limited reforms compared to those on the other side of the Atlantic.

Another original approach to cannabis policy reform is also emerging in Europe: experimentation. In the Netherlands, for example, as part of a study of limited duration (Knottnerus *et al.*, 2023), some of the coffee shops resulting from the Dutch tolerance model were allowed to obtain their supplies from legal sources rather than having to do so on the black market¹. The country is experimenting with and scientifically evaluating a complete chain from production to sale, which could eventually lead to the legalisation of cannabis incorporating the experience gained through the coffee shop model (Hoorens, 2025).

Switzerland has also adopted an experimental approach, setting up local pilot projects for the sale of cannabis for scientific purposes. This type of experimentation is not unusual in this country, where the aim is to understand the impact of a reform while at the same time exploring its political acceptability. In particular, this approach was behind landmark changes in Swiss drug policy in the 1980s-1990s, which led to the introduction of such controversial measures as supervised drug consumption rooms, medical prescription of heroin or drug checking (Bänziger *et al.*, 2024).

In addition to these two countries, which are applying this experimental approach, a number of local authorities in other European countries have also announced their intention to carry out trials of cannabis sales on their territory. This is the case in Germany, with the city of Frankfurt² and the local councils of the Friedrichshain-Kreuzberg and Neukölln districts in Berlin³, and in France, with the cities of Bègles and Strasbourg⁴. However, to date it has not been possible to put these local political intentions into practice.

Local authorities in search of a legal framework⁵

Switzerland is perhaps the only country in the world where both Parliament and the electorate have formally rejected plans to legalise cannabis. In 2001, a draft revision of the Narcotics Act

presented by the government proposed legalising cannabis use and opening the door to a regulated market for the substance. The conservative majority in Parliament rejected it three years later, citing among other reasons a “wrong message” to young people in Switzerland. In 2008, a popular initiative⁶ to regulate cannabis along the lines of alcohol regulation was put to the vote. This time, the proposal was clearly rejected by two-thirds of voters.

In Switzerland, a political proposal that has been successively rejected by the elected representatives and by the people is generally considered off-limits for a fairly long period. However, in 2010, Zürich's City Council asked the municipal executive to investigate the possibility of conducting a pilot trial of local cannabis sales. The initiative was justified, in the words of its instigators, by the absence of any federal response other than inaction and penalties against users⁷, and the problems associated with cannabis use and trafficking to which local public authorities were regularly exposed.

The idea of conducting local experimentation was quickly taken up by the city of Bern and the urban cantons of Basel-Stadt and Geneva, and then, at the end of the decade, by the city of Lausanne, the last of the country's five major cities. These local authorities then came together to form an inter-municipal working group. The first stage in their collaboration was to explore the legal possibilities for carrying out such projects. The only realistic option identified was to use Article 8 para. 5 of the Federal Act on Narcotics, which allows scientific trials to be carried out on controlled substances⁸. This article had already been used for the pilot trials of medically prescribed heroin, a treatment now institutionalised in Switzerland.

In 2017, the city of Bern was the first to submit a pilot project for the sale of cannabis for approval by the federal authorities. It provided for the sale of cannabis to a thousand residents through a limited number of pharmacies and included various prevention and harm reduction measures. Its content had been validated by an ethics committee and the Swiss National Science Foundation had undertaken to finance the scientific study. All the conditions for obtaining authorisation appeared to have been met.

However, authorisation to carry out the trial was refused by the federal authorities, as was the case a few years later for a similar project submitted by the canton of Geneva. The main argument put forward by the federal lawyers was that, although the narcotics act allowed trials to be carried out for medical purposes, it was not conceivable to allow experimentation for “non-medical” purposes. This interpretation of the act could have put a definitive end to the local governments' projects. However, the federal authorities did not wish to issue a definitive refusal to a request from the country's major cities, particularly as the majority of experts within the federal administration were in favour of this type of project. The government was therefore

1. <https://www.rand.org/randeeurope/research/projects/2023/coffeeshop-cannabis-experiment.html>

2. <https://frankfurt.de/service-und-rathaus/verwaltung/aemter-und-institutionen/drogenreferat/aktuell/cannabis-modellprojekt>

3. https://www.berlin.de/en/news/9348000-5559700-pilot-project-cannabis-to-be-sold-in-two_en.html

4. <https://www.midilibre.fr/2024/03/30/legalisation-du-cannabis-quelles-sont-les-deux-villes-francaises-favorables-a-une-experimentation-locale-11859853.php>

5. The content of this chapter is based on Part IV of Bänziger *et al.*, 2024.

6. The Swiss political system is a direct democracy: citizens can propose constitutional changes (“popular initiative” supported by 100 000 signatures) which must then be put to a popular vote. To be accepted, they must obtain a double majority: that of all voters and that of the voters in a majority of the 26 cantons that make up the country.

7. A reform introduced in 2014 penalises cannabis use with administrative fines rather than criminal prosecution. This ill-conceived provision was applied heterogeneously across the country (Zobel *et al.*, 2017) before being called into question by successive Federal Court rulings (Bänziger *et al.*, 2024; Herzig *et al.*, 2019). As with the introduction of criminal fixed fines in France, this reform reflected the difficulty politicians had in considering drug regulation outside a framework of penalties.

8. If there is no international agreement to the contrary, the Federal Office of Public Health (FOPH) may grant exceptional authorisations for the cultivation, import, manufacture and marketing of narcotics: a. (...) if the narcotics are used for scientific research, the development of drugs or a limited medical application; b. (...) if the narcotics are used for scientific research.

careful to point out that its decision was in itself regrettable because, in its view, such experimentation was in the interests of society as a whole. It simply lacked the legal basis to authorise them.

The political opportunity thus opened up was seized by members of the federal parliament from the towns and cantons involved in this issue. A group of them, from different political parties, submitted a proposal for a new article to be added to the Federal Act on Narcotics to allow the trials to be carried out. After a bitter battle in Parliament, including various attempts to make the initiative unworkable⁹, Switzerland adopted an “experimental article”¹⁰ in 2021, which allows scientific pilot trials for the sale of cannabis at the local level for a limited period of ten years. It assigns the federal authorities the task of regulating these trials, evaluating them and, if necessary, proposing legislative changes regarding cannabis.

Many rules, but also some flexibility

The new article was supplemented by an implementing ordinance (Conseil fédéral suisse, 2021) precisely defining the framework and rules for the trials. This politico-technical text was negotiated between the federal administration and Parliament, and lays down the binding rules summarised below.

A Swiss pilot trial for the sale of cannabis involves at least three parties: a sponsor - a local authority, association or company - that wants to carry out the project and organises and supervises the sale of cannabis; a cannabis producer that grows, processes and packages the substances that will be sold; and a research institute that conducts the scientific study. Such a trial can only begin once its research protocol has been validated by an ethics committee and the Federal Office of Public Health (FOPH) has granted two authorisations, one for the practical and scientific project, and the other for cannabis production. Each pilot trial must therefore submit a protocol specifying a series of measures to protect the health and safety of participants and the general public: presence of a designated physician, training of sales staff, security measures, strategies for the protection of young people

and cannabis-related harm reduction, etc. For the producer(s) involved in the trial, the aim is to demonstrate their ability to grow organic cannabis and process it in compliance with the high safety and quality standards set by the authorities.

The ordinance stipulates that only adults who already use cannabis regularly and who live in the town or canton concerned may take part in the pilot trials. The maximum number of participants is set at 5 000 per trial, with certain exclusion criteria (pregnant or breast-feeding women, people who could be put at risk). Participants must provide their identity to the project's scientific managers for verification of eligibility and must agree to fill in regularly questionnaires on their cannabis use and health status. They must also undertake not to pass on or sell the cannabis purchased as part of the trial and not to consume it in public. These provisions are, of course, not always observed, but may constitute grounds for exclusion.

The legislator has also defined the nature of the substances and the quantities that can be sold. There are no restrictions on the type of cannabis products (herbal cannabis, resin, oils, edibles, e-liquids, etc.), but they must be organically grown in Switzerland, meet quality criteria close to or equivalent to those for medical cannabis, and contain no more than 20% THC. Each participant is entitled to buy up to ten grams of cannabis per purchase and a maximum of the equivalent of ten grams of THC per month, which corresponds to fifty grams of flower/resin with 20% THC or one hundred grams with 10% THC. The price of the substances should be close to those on the black market, with a slight gradation according to THC levels or quantities.

The detailed rules that guide the Swiss pilot trials mean that they inevitably tend to resemble each other. However, there are certain aspects where the legislator has left room for manoeuvre that allows for differentiation. This includes the legal and economic model, the point of sale chosen and the activities carried out there, the types and characteristics of the products offered and their packaging, and accompanying measures such as staff training and harm reduction measures. Research questions and methods may also differ.

Main rules governing pilot trials

Authorisations	An ethics committee must approve the project, and the Federal Office of Public Health must issue a special authorisation for the project and another for cannabis production.
Duration of the trial	Up to 5 years (possibly +2 years).
Size and participation	Maximum 5 000 people per trial, only adult residents who use cannabis regularly and have no medical contraindications.
Substances	Swiss origin, organic, labelled, max 20% THC.
Quantities	10g of THC per month, 10g of cannabis per purchase.
Points of sale	Qualified staff, adequate storage, no advertising or promotion.
Other conditions	Prevention, health promotion and youth protection measures.

9. Opponents' tactics included proposing additions to the conditions of the pilot trials that would have made them difficult to accept for participants, such as mandatory notification of employers or places of study, or the surrender of a driving licence for the duration of the trial.

10. Federal Act on Narcotics and Psychotropic Substances (Narcotics Act, NarcA), RS 812.121, Art. 8a. (1951). Inserted by the Federal Act of 25 September 2020, in force from 15 May 2021 to 14 May 2031. As at 1 September 2023. https://www.fedlex.admin.ch/eli/cc/1952/241_241_245/fr#art_8_a

From the pharmacy to a cannabis shop: seven pilot trials, three approaches

Carrying out a pilot trial for the sale of cannabis in Switzerland requires several years of work to complete the various stages of the project: drawing up the research protocol, selecting a producer, finding or developing sales outlets, securing funding for the research and, finally, obtaining the necessary authorisations. This is why the first pilot trial, the smallest of all in terms of participation, did not begin until February 2023, and why many other projects have been abandoned along the way or rejected by the federal authorities for not complying with the rules.

By December 2025, there were seven pilot trials underway across the country, involving around 13 000 people who can now buy their cannabis legally. Five trials were initiated by cities and cantons seeking this type of experiment, while the other two are the work of private stakeholders. Although each trial is different, they can be grouped into three broad categories which partly overlap: trials with a predominantly medical focus, those with a predominantly community/public health focus and, finally, those with a commercial focus.

The three trials conducted by public authorities in the German-speaking regions of Switzerland are those with the strongest medical focus. This is reflected in the sale of cannabis in pharmacies and the conduct of scientific research by medical and university institutes, which take a particular interest in the mental and physical health of participants. All three trials also used Switzerland's largest cannabis supply company. However, the SCRIPT¹¹ (cities of Bern, Lucerne and Biel), Weedcare¹² (canton of Basel-Stadt) and Züri Can¹³ (city of Zurich) projects differ in size: fewer than 400 people for Weedcare, 1 200 for SCRIPT, and 3 000 for Züri Can. The Züri Can project also offers two other ways of purchasing cannabis (consumer associations and a social service) and uses a second cannabis producer. The SCRIPT project studies actively promoting cannabis use by vaping (e-joints).

The two trials involving public authorities in the French-speaking regions are those in which the community/public health paradigm is most strongly asserted. Both have adopted a not-for-profit sales model and each has set up an association and a specific point of sale to implement it. They also jointly selected a local cannabis producer for their supply rather than turning to the major existing companies. The ChanGE¹⁴ (canton of Geneva) and Cann-L¹⁵ (city of Lausanne) projects are also similar in size (around 1 500 participants¹⁶). What distinguishes them is their approach. ChanGE takes a more community-focused perspective, and relies on a company specialised in selling CBD cannabis to manage the outlet, with research conducted by university institutions. Cann-L, in contrast, has a more public health-oriented approach, engaging and training non-specialised sales staff and conducting scientific research through an NGO (see below).

The third group consists of trials carried out by private stakeholders who have seized the legal opportunity provided by public authorities to develop their projects, in which the commercial approach plays a decisive role. One private stakeholder is a German medical cannabis company whose shareholders include tobacco and alcohol companies. For its project (Grasshaus¹⁷), it

joined forces with a private Institute for Public Health Research and set up in the canton of Basel-Landschaft. It opened two specialised points of sale there, which it manages directly. The other private project is run by a Zurich-based business lawyer, entitled "Swiss Cannabis Research¹⁸", funded personally and through cannabis sales. It collaborates on scientific research with two university institutes of economics. The project operates in about thirty municipalities across Switzerland's largest canton. Participants can buy cannabis at two specialist points of sale and numerous pharmacies.

Private trials differ from public trials in terms of strategies and behaviours (Amos and Labhart, 2024). Compared with public trials, they systematically aim to involve a maximum of 5 000 people and take place over a longer duration. One of the private sponsors is also trying to establish projects in different regions of Switzerland, clearly seeking to position itself for a hypothetical future legal cannabis market.

The two private initiative projects, which have had difficulty recruiting the number of people they want to reach, feature active recruitment campaigns with communication on social networks, images associating cannabis use with young adult lifestyles, sales of a wide range of products including, for example, sweets, merchandising items and giveaways branded with project names. Managers and sales staff are also more likely to see cannabis use primarily as a matter of personal choice and responsibility (Hadorn *et al.*, 2025; Mavrot *et al.*, 2024).

The first Swiss pilot trials thus reveal three ways of approaching cannabis regulation. The first, with a medical focus, is based on the sale of cannabis in pharmacies and an approach to cannabis use that is at least partly health-oriented. The second, which is more community-based and focused on public health, is based on not-for-profit sales in specialised points of sale where harm reduction measures predominate. The third, finally, is that of a liberal market where private players use and test the limits of the legal framework given to them to optimise their current or future income.

When it comes to growing and processing cannabis, a small group of private Swiss companies supply the seven existing pilot trials. The exact nature of the contracts between them and each of the trials is not public information, but selling prices can vary from one producer to another. Some companies have also pointed out the economic challenges they face due to the cultivation and production of relatively small quantities of organic cannabis (generally a few hundred kilograms a year) to exacting safety and quality standards. The economic model of pilot trials for producers appears so far to be marginally profitable or even unprofitable for some companies, which apparently need external investment to continue supplying the trials.

What can be learned from comparing the trials?

The aim of the pilot trials was to enable a comparison of their respective results through a meta-analysis commissioned by the Federal Office of Public Health. This analysis was supposed to rely on standardised data concerning cannabis sales, participant behaviours, and health status. However, this comparative analysis soon revealed its limitations. Local research teams were reluctant to adopt standardised data collection tools and to share their data.

11. <https://www.script-studie.ch/fr/home-fr/>

12. <https://www.weedcare-basel.ch/>

13. <https://www.stadt-zuerich.ch/de/gesundheit/sucht-und-drogen/zueri-can.html>

14. <https://changegeneve.ch/>

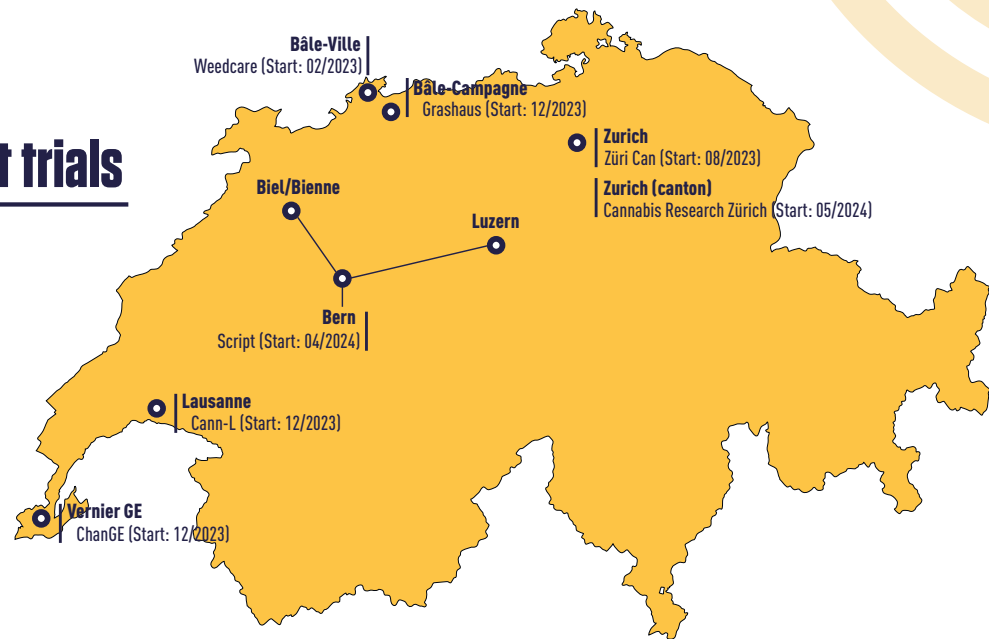
15. <https://cann-l.ch/>

16. While the absolute number of participants is similar, the proportion of the population of Lausanne (150 000 inhabitants) taking part in Cann-L is higher than that of the canton of Geneva (530 000 inhabitants).

17. <https://grashausprojects.ch/>

18. <https://pilotversuche.ch/>

Cannabis pilot trials



Furthermore, federal budget cuts interrupted the meta-analysis after two years. Up to that point, it had only considered qualitative data collected by the research team from the seven pilot trials (Hadorn *et al.*, 2025; Mavrot *et al.*, 2024).

As was the case with medically prescribed heroin, there is a risk that the Swiss cannabis regulation experiment will have a limited comparative scope. Nevertheless, the existence of these trials and the level of observation they allow remain unique worldwide. The results of each pilot trial can still provide valuable insights into the feasibility and effectiveness of different options for establishing legal access to cannabis, even if the outcomes are not always strictly comparable.

The Cann-L project

To date, few data have been published by the scientific teams involved in the trials, with the exception of the Cann-L project - led by the author of this text - which published a report on its first year of activity in early 2025 (Udrisard *et al.*, 2025). These data provide insight into what a pilot trial can allow researchers to observe and understand.

This section presents the initial results and feedback from Cann-L, a project that stands out from the other pilot trials because of its focus on public health objectives. This is reflected in a number of practical features: a very neutral-looking point of sale, non-specialist sales staff trained and coached in harm reduction, no sale of paraphernalia (paper, grinders, etc.) unless it is used for harm reduction, no merchandising or giveaways, small packs (3 instead of 5 grams) labelled with messages designed to make participants aware of their responsibilities and protect them ("Taking public transport?", "Alcohol and THC, really?" etc.); categorisation of products by THC content; and the establishment of an external committee for product safety, among other measures (Hadorn *et al.*, 2025; Mavrot *et al.*, 2024).

The project is a collaboration between the city of Lausanne and Addiction Suisse, who have together set up a not-for-profit association. It opened its point of sale in central Lausanne in December 2023. More than 1 700 people - over 1% of the city's adult population - have since signed up to the project, and registrations are ongoing. Three quarters (76%) of those registered are men and the average age is 36 (18-82). Most participants (82%) are

employed or in education, 73% have used cannabis for at least ten years, and approximately half used cannabis daily or almost daily before joining the project, with an average consumption of 17 grams per month (Udrisard *et al.*, 2025).

Cann-L, like other Swiss pilot projects, has thus brought to light a previously underrepresented population, mainly men in their forties, fifties or sixties, professionally integrated, who have been using for a long time and often do so very regularly (Hadorn *et al.*, 2025 in press; Mavrot *et al.*, 2024). This profile contrasts with that of the majority of young adult occasional cannabis users found in general population surveys.

Follow-up of an initial cohort of more than 800 Cann-L participants showed no change in the quantities consumed between the period preceding the pilot trial and that after six months of legal access to cannabis. At most, there was a slight fall in use among the heaviest users and a slight increase among those who use the least. In terms of purchases, more than two-thirds of participants were buying exclusively or almost exclusively from the Cann-L point of sale after six months, while around 15% remained primarily reliant on the black market for their purchases. This latter group also paid, on average, the lowest prices for cannabis (Udrisard *et al.*, 2025).

Nearly 10% of participants bought a vaporiser at the point of sale on the advice of staff. These devices, which are expensive (€300-400), were offered at a price slightly below market value. A small reduction in smoking by combustion was also observed within the cohort (Udrisard *et al.*, 2025).

The substances sold by Cann-L in 2024 had an average THC content of around 12% (flowers), which is in line with values on the illegal market, which includes many scams (mainly CBD cannabis), unlike Cann-L. While just over half of the products (herbal cannabis and resin) sold were in the highest THC category (15-20%), around 20% of products purchased were from categories with less than 10% THC, substances that at least in theory are not available on the black market (Udrisard *et al.*, 2025).

A realistic estimate suggests that the project removed the equivalent of around €1 million in turnover from the illicit market in 2024 (Udrisard *et al.*, 2025) and that, by 2025, it is expected to account for between 15% and 20% of total cannabis consumption

in Lausanne. The point of sale is self-financing (salaries, rent, expenses, etc.), while offering three people working conditions well above the average in the sales sector. It is also projected to generate a surplus of around €350 000 in 2025, which could be used for public health initiatives. No security issues have arisen in connection with the project, and no participants have had to be excluded due to problematic behaviour.

These results are provisional and will have to be confirmed. Nonetheless, they demonstrate the value of an experimental approach in analysing the impact of legal access to cannabis and the effects of certain regulatory variables (products, pricing, advice, etc.) on the purchasing and consumption behaviours of specific consumer groups. It also addresses some of the fears associated with the legalisation of cannabis (increased crime, increased use, etc.) by showing that these fears can be overcome if certain regulatory principles are applied. The limited scope given to the pilot trials likely contributed to this outcome, which is also one of the key lessons from this experience.

A new bill on cannabis

The Swiss government had planned to carry the pilot trials through to 2031 before deciding whether a change to the legal framework for cannabis would be scientifically justifiable and politically feasible. This timeline was disrupted by a parliamentary initiative¹⁹ that could accelerate the consideration of cannabis reform in Switzerland. A conservative MP, who is a farmer and has grown CBD cannabis himself, submitted this initiative in 2020 for a new cannabis act to be drafted. The initiative was approved by the chambers, and a parliamentary committee was tasked with preparing a bill (Bänziger *et al.*, 2024). The committee did this between 2023 and 2025, in collaboration with the federal administration and consulting national and international experts. It also visited and monitored the pilot trials conducted in Switzerland. The bill is scheduled for plenary review by Parliament in 2026. If adopted, the new cannabis act could come into force around 2030, even before the originally planned end of the pilot trial period.

The bill was presented in September 2025 (Confédération suisse, 2025). It represents an original proposal for the regulation of cannabis at the international level. It maintains cannabis as a narcotic but removes it from the Narcotics Act to be addressed in a new “Cannabis Products Act” (LPCan), which regulates the production, sale, and possession of these substances. This strategic approach pursues at least two objectives: firstly, to allow state intervention in commercial rules in ways that a regulatory framework similar to that for alcohol would not permit; secondly, to demonstrate that the spirit of international conventions is not being directly challenged, even if, legally, this may indeed be the case. This was a particular problem in Germany when the previous coalition government wanted to regulate the production and sale of cannabis.

State intervention in usual commercial rules is reflected in the bill by granting sales monopolies for cannabis to the cantons (physical points of sale) and to the federal government (for online sales). Above all, the sale of cannabis should be on a not-for-profit basis, with any surpluses earmarked for accompanying public health measures. An incentive tax is designed to discourage consumers from choosing products considered most harmful to health (smokable, high-THC products) by raising their prices. The proceeds from this tax are returned to citizens through mandatory national health insurance. Taken together, these elements are highly unusual in a liberal country like Switzerland.

The bill also places great importance on product safety. It defines different categories and types of product and sets a maximum THC content of 20% for unprocessed products (flowers) and 60% for processed products without additives (resin). It also specifies quality requirements (pollutants, residues, additives) and packaging requirements (neutral, factual). Advertising and promotions are prohibited, and the entire cannabis supply chain must use a national “seed-to-sale” tracking system.

Producing, importing or processing cannabis will require a special licence from the Federal Office of Public Health, as will sales, which will be carried out under concessions granted by the cantons and the Confederation (online sales), which hold the monopoly. Points of sale will be required to offer non-smokable and low-THC products, sell only cannabis products, seeds, and cuttings, and not other items (e.g., alcohol or tobacco) or accessories, unless these directly contribute to harm reduction. The number of points of sale will also have to be limited and night-time sales will be banned. Vertical integration between growers/processors and sellers is strictly prohibited.

Cannabis use, which has been removed from the Federal Act on Narcotics, will effectively be decriminalised and, in public spaces, will be subject to the same rules as tobacco for smokable products. Adults residing in Switzerland will not only be able to purchase cannabis legally, but also to cultivate a few plants at home. Possession limits will also be established.

The bill thus reflects a new model of cannabis regulation, strongly inspired by the Québec model mentioned in the introduction, which so far appears to have delivered the best public health outcomes. Like Québec, it prioritises health objectives and seeks to tightly regulate the market to prevent uncontrolled expansion, as seen in the United States and in some other Canadian provinces.

An experimental model to follow?

It is not yet clear whether and how Parliament will amend, adopt, or reject this draft legislation. The simultaneous existence of pilot trials will, in any case, make it possible to demonstrate that such a legal framework could be implemented, under certain conditions, without major adverse effects, while also highlighting the potential benefits and risks associated with different regulatory approaches. The Swiss experimental model has thus been transformed into a unique process, in which the legislator debates a policy issue while being able to observe practical and scientific experiments carried out across different regions of the country.

While many countries, particularly in Europe, have made few or no changes to their policies on cannabis use and trade, Switzerland has, in the space of a few years, created an original mechanism for reflection and debate on the subject. Dialogue, often informal, between scientists and political players is a potentially interesting alternative in a European environment where some countries struggle to open debate on cannabis policy reform or, conversely, adopt partial legislation that is difficult to implement, as seen for example in Germany (Manthey *et al.*, 2025), where there is now also a legal “pseudo-medical” cannabis prescription and supply scheme, which tends to substitute the black market for “recreational” cannabis users. This scenario is reminiscent of developments in North America a few decades ago and the confusion that followed (Pacula and Smart, 2017). In light of such developments, the experimental approach adopted by Switzerland, and by the Netherlands, may also provide a model for developing rigorous and politically acceptable cannabis regulation, while avoiding some of the confusion and challenges observed in North America and now, in some cases, in Europe.

19. A parliamentary initiative is a piece of legislation proposed by a member of parliament which, if accepted, leads to the development of a bill by a parliamentary committee. Most parliamentary initiatives are rejected outright by Parliament and do not result in a legislative proposal. In cases where they are accepted, as with the draft Cannabis Products Act, the text then becomes a standard legislative item submitted to both chambers of Parliament for adoption, amendment, or rejection.

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