

SWITZERLAND'S DRUG POLICY

**PREPARED FOR THE SENATE SPECIAL
COMMITTEE ON ILLEGAL DRUGS**

**Chantal Collin
Political and Social Affairs Division**

14 January 2002



Library of
Parliament
Bibliothèque
du Parlement

**Parliamentary
Research
Branch**

TABLE OF CONTENTS

	Page
INTRODUCTION.....	1
SWITZERLAND'S POLITICAL STRUCTURE	1
THE SWISS DRUG POLICY.....	3
A. A Harm Reduction Policy	3
1. First Pillar: Prevention	8
2. Second Pillar: Treatment.....	9
3. Third Pillar: Harm Reduction.....	10
4. Fourth Pillar: Enforcement.....	11
B. The Legal Framework	12
C. Administration of Swiss Drug Policy	14
D. Statistics on Narcotics Use and Offences under the <i>Narcotics Act</i>	16
1. Use.....	16
2. Offences	17
3. Convictions	21
4. Drug-related Costs	24
LEADING REPORTS FROM EXPERT COMMISSIONS THAT HAVE EXAMINED PROBLEMS RELATED TO DRUG USE IN SWITZERLAND.....	25
A. The Report of the Subcommission for Drug Issues of the Federal Narcotics Commission (1989).....	25
B. Report of the Commission of Experts for Revision of the October 3, 1951 Federal NARCOTICS – Schild Commission (February 1996).....	28
C. Federal Narcotics Commission's Subcommission for Drug Issues: Drug Policy Scenarios (June 1996)	32
D. Cannabis Report by the Federal Commission for Drug Issues – (EKDF) (May 1999)	35
REVISION OF THE FEDERAL NARCOTICS AND PSYCHOTROPIC SUBSTANCES ACT	39
1990-2000 SUMMARY	42
APPENDICES	



CANADA

LIBRARY OF PARLIAMENT
BIBLIOTHÈQUE DU PARLEMENT

SWITZERLAND'S DRUG POLICY

INTRODUCTION

This paper provides an introduction to Switzerland's drug policy. It includes the following points:

- a brief overview of Switzerland's political structure;
- a background and review of Switzerland's fourfold approach to drug policy;
- the thrust of the *Federal Narcotics and Psychotropic Substances Act* (herein after referred to as *Narcotics Act*) Swiss federal law with respect to narcotics and psychotropic drugs;
- a brief overview of how Switzerland's drug policy is managed;
- statistics on drug use and related crimes;
- data on the cost of Switzerland's drug policy;
- a summary of commission of experts reports which have guided Swiss drug policy and legislation;
- a brief overview of the bill to amend the *Federal Narcotics and Psychotropic Substances Act*; and
- the record from 1990 to 2000.

This paper is part of a series of country reports prepared by the Library of Parliament for the Senate Special Committee on Illegal Drugs.

SWITZERLAND'S POLITICAL STRUCTURE⁽¹⁾

Switzerland is a Confederation⁽²⁾ composed of 26 states (cantons and half-cantons) with a population of just over 7 million. The cantons are divided into 2,904

(1) The information contained in this section can be found on-line at <http://www.parlament.ch/poly/Frame-F.htm>.

(2) This term refers to the Swiss Federation.

political communes. The Federal Constitution, which was adopted in 1848, is the legal foundation of the Federation. It guarantees the basic rights of individuals and citizen participation in public affairs, divides the powers between the Confederation and the cantons and defines federal jurisdictions. Switzerland has several linguistic, ethnic and religious communities. Under section 4 of the Constitution, German, French, Italian and Romansh are the four official languages. The majority of Swiss speak German (63.7%). Each canton has its own constitution, parliament, government and court system. Cantons have certain legislative powers as provided by the Federal Constitution.

Under the Federal Constitution, there are three main governing bodies: the Federal Assembly (or Parliament), the Federal Council (or government) and the Federal Court. The Swiss Federal Assembly has administrative and judicial, but not legislative, powers. The power to legislate is delegated to the two Chambers of Parliament: the Council of States (Chamber of cantons) which has 46 canton representatives who are elected under a system determined by each canton, and the National Council (the People's Chamber), which consists of 200 members who are elected in a general election by proportional representation. Both chambers have the same rights and legislative powers. All bills and federal ordinances must receive the assent of both chambers to become law. Furthermore, referenda are an integral part of Swiss democracy. A federal law or ordinance can be put to a referendum if 50,000 citizens ask for one within 100 days of its publication. Any amendment to the Federal Constitution must be put to a popular vote. If the majority of voters support new legislation or amendments to an existing statute, the changes are incorporated into legislation and receive force of law. However, any constitutional amendment must receive the support of both the majority of the voters and the majority of cantons.

The Federal Council represents the executive power. Its seven members are elected by the Federal Assembly for a four-year mandate. The Federal Council has the usual powers granted a modern government. It sets national policy, drafts legislation, negotiates and ratifies treaties, appoints officials and oversees their work. The Federal Council also oversees the cantons' activities.

Swiss citizens are subject to three legal jurisdictions: the commune, canton and federal levels. The law is applied first and foremost at the canton level, including federal law. Civil and criminal matters are handled by the cantons as well. However, under the Constitution,

there is a federal court responsible for ensuring that federal law is interpreted consistently. This court therefore ensures that the criminal and civil codes, which are both federal laws, are applied consistently. The main role of the tribunal is as a court of appeal; it monitors rulings made by cantonal or federal authorities.

Understanding Switzerland's political structure helps us understand its drug policy. In fact, several authors⁽³⁾ have argued that Switzerland has 26 different drug polices, one for each canton and half-canton. This diversity is often overlooked, since the media and drug literature have focussed in particular on the “open drug scenes” in Zurich and on the medical prescription of heroin for severely dependent addicts, a practice endorsed by the Swiss Confederation.⁽⁴⁾

This paper will mainly focus on Switzerland's federal drug policy, which aims to harmonize the various drug strategies of the cantons, and on the 1951 *Narcotics Act* (which was revised in 1975 and in 1995).

THE SWISS DRUG POLICY

A. A Harm Reduction Policy

The recent history of Switzerland's drug policy began towards the end of the 1960s with the increase in psychoactive drug use. As a result, the cantons developed a first drug policy, which was based on three approaches, namely:

- the repression of drug use and trafficking;
- prevention measures aimed at young people;
- treatment based on abstinence, which at the time already included methadone programs.⁽⁵⁾

(3) Yann Boggio, Sandro Cattacin, Maria Luisa Cesoni and Barbara Lucas, *Apprendre à gérer : La politique suisse en matière de drogue* [Learning to manage: the Swiss drug policy], Geneva, Georg. 1997.

(4) *Ibid.*, page 38.

(5) Swiss Federal Office of Public Health, *The Swiss Drug Policy*, September 2000, available on-line in French at <http://www.bag.admin.ch/sucht/f/index.htm>.

At the beginning of the 1980s, the HIV-AIDS epidemic hit many countries, including Switzerland. There were “open drug scenes” in several Swiss cities, such as Zurich, Bern, Olten and Solothurn. As a consequence, the miserable state of drug addicts was becoming increasingly visible contributing to growing concern over the situation. Public and social services were created to help the addicts and protect them against HIV and AIDS. Needle exchange programs were set up and addicts were encouraged to be vaccinated against hepatitis. The Swiss Federal Office of Public Health (SFOPH) supported many of these services and still does so today, arguing that they help prevent the spread of AIDS. However, the main approaches of Switzerland’s official drug policy remained prevention, therapy and law enforcement.⁽⁶⁾

In the 1990s, Switzerland introduced new measures to reduce the problems associated with drug use and adopted a new national drug strategy. The new strategy introduced another approach, namely harm reduction, which led to the creation of the fourfold approach. The role of the Confederation in the area of drug policy becomes more defined and aims to support the efforts made by cantons, cities and communes and by private organizations by providing them with reference material, scientific data and training for professionals. On February 20, 1991, the Swiss government adopted a program of federal measures to reduce the problems related to drug use,⁽⁷⁾ currently known as “ProMeDro,”⁽⁸⁾ and which was based on the concept of harm reduction. The objectives of the program were as follows:

- to decrease the number of new drug users and to prevent people from becoming drug dependent;
- to help users overcome their addiction (through therapy and social reintegration);

(6) *Ibid.*, pp. 8-9.

(7) Swiss Federal Office of Public Health, *Mesures fédérales pour réduire les problèmes de la drogue* [Federal measures to reduce drug problems], Main Reference Document of the Swiss Federal Office of Public Health, Decision of the Federal Council dated 20 February 1991, Doc. No. 3.4.1f.

(8) The acronym “MaPaDro” was used to refer to the program of federal measures for the period 1990-1996. The acronym “ProMeDro” is used to refer to the program of federal measures for the period 1997-2002. To avoid confusion “ProMeDro” is used throughout this document.

- to improve the living conditions and the health of drug users, to reduce harm and to maintain their social integration.⁽⁹⁾

To achieve these goals, the following measures were introduced:

- primary and secondary prevention measures aimed at young people and awareness campaigns to prevent them from experimenting with drugs;
- patient management and treatment to help users overcome their addiction;
- harm reduction, AIDS prevention and social reintegration measures to help addicts cope with their dependency in the best possible health conditions and to ensure that the door to a drug-free life remains open;
- ongoing training and development programs for professionals (including those working in the areas of sentencing, programs and social services, as well as hospital workers, pharmacists and family doctors) and for people acting as mediators (such as teachers, youth group facilitators, business personnel and parents);
- the development, co-ordination and regular publication of scientific research on drugs;
- the evaluation of projects and measures in the fields of prevention, patient management and treatment to help identify any gaps or shortcomings, but also to pinpoint and highlight any progress achieved;
- the development of new documentation and information services normally provided by the Swiss Confederation; and
- the co-ordination of measures adopted by the Confederation.⁽¹⁰⁾

These measures mark the beginning of Switzerland's drug policy, based on a fourfold approach: prevention, law enforcement, treatment and harm reduction. Between 1991 and 1999, the SFOPH initiated and/or supported approximately 300 projects and programs under the "ProMeDro" initiative at the cost of 15 million francs per year.

(9) Swiss Federal Office of Public Health, *Programme de mesures de santé publique de la Confédération en vue de réduire les problèmes de drogue* [Confederation public health program to reduce drug problems] (*ProMeDro*) 1998-2002, October 1998.

(10) Swiss Federal Office of Public Health, *Mesures fédérales pour réduire les problèmes de la drogue*, [Federal Measures to reduce drug problems], 1991.

Among other activities, the Federal Council asked for a study on heroin assisted treatment for severely dependent heroin addicts who had failed at other treatment programs. In 1992, the Council passed an order authorizing clinical trials with the medical prescription of heroin, along with a strict scientific evaluation of the trials. The trials began in 1994 and ended on December 31, 1996. The final evaluation report was published in July 1997 and concluded that:

- heroin assisted treatment for severely dependent heroin addicts improved their physical and/or psychic health, as well as their quality of life (in terms of housing, work and other areas);
- participants' illegal use of heroin and cocaine decreased;
- the users involved in the program committed fewer crimes (the incidence of theft and property and drug trafficking offences fell sharply).⁽¹¹⁾

The Federal Council followed the report's recommendations, and on March 8, 1999, passed the *Ordinance governing the medical prescription of heroin* authorizing heroin assisted treatment, setting objectives, eligibility criteria, administrative measures and providing for such treatment.

Over the same period in 1993 and 1994, two people's initiatives were presented with opposite objectives. The first initiative called for a strict, abstinence-oriented drug policy ("Youth Without Drugs"),⁽¹²⁾ and the second proposed the legalization of drug use ("DroLeg").⁽¹³⁾ The federal government and Parliament found both initiatives too extreme and recommended their rejection. On September 28, 1997, Swiss voters rejected the initiative "Youth Without Drugs" with a majority of over 70%. On November 29, 1998, Swiss voters rejected the "DroLeg" initiative with a majority of over 74%. By rejecting both initiatives, the Swiss population showed its massive support for the Confederation's more measured approach to drug policy.

(11) Marcelo F. Aebi, Martin Killias and Denis Ribeau, "Prescription médicale de stupéfiants et délinquance : Résultats des essais suisses," [Medical prescription of narcotics and delinquency: the Swiss experience], *Criminologie*, Vol. 32, No. 2, 1999, p. 127-148.

(12) For more information on this initiative, go to the Youth Without Drugs Web site (in French) at http://www.jod.ch/f_fr_index.htm.

Between the time that these popular initiatives were launched and subsequently voted down, some major events influenced the evolution of Swiss drug policy. In 1994, the violence occurring on the “open drug scenes,” from Letten to Zurich, made headlines in the international media. Certain government parties (Socialist, Christian Democrat and Radical) clamoured for decriminalization of drug use, increased access to heroin assisted treatment, stronger prevention measures and stiffer sentences for drug traffickers.⁽¹⁴⁾ The open drug scene in Zurich was shut down in 1995, resulting in new co-operation between the Federal Council, canton representatives and the city of Zurich. A joint task force, called the Drug Delegation, was established. This unusual co-operation made it possible to implement measures that would never have got off the ground under more traditional circumstances: the creation of prison spaces in Zurich for drug traffickers, the adoption of emergency federal measures allowing for more drug addicts to participate in heroin assisted treatment and the creation of centres for the treatment of hard core users.⁽¹⁵⁾ Today the “open drug scenes” are a thing of the past.

Finally, in October 1998, the program of federal measures to reduce the problems related to drug use (ProMeDro) was renewed for a four-year period. The Confederation set a budget of 18 million francs per year to run this program and staffed it with 15 positions from the Federal Office of Public Health.⁽¹⁶⁾ The main priorities for ProMeDro from 1998 to 2002 are as follows:

1. to strengthen the Confederation’s commitment to primary and secondary prevention and early intervention to prevent addiction;
2. to consolidate the range of treatments in a co-ordinated system, thereby increasing the likelihood that addiction can be overcome;
3. to consolidate harm reduction and social integration measures;

(13) For more information on this initiative, please visit DroLeg’s Web site at www.droleg.ch.

(14) *Supra*, note 5, p. 10.

(15) *Supra*, note 3, pp. 75-80.

(16) *Supra*, note 9, p. 5.

4. to establish and operate effectively a national epidemiological monitoring centre based on the focal points REITOX model of the European Monitoring Centre for Drugs and Drug Addiction⁽¹⁷⁾;
5. to forward, in an effective manner, the findings of epidemiological studies, scientific research and evaluations to experts and decision makers;
6. to implement a process to foster quality management throughout the entire ProMeDro program, tailored to the needs of the different fields, useful to and used by more than half of the addiction agencies and decision makers concerned (Confederation, cantons, communes, private institutions);
7. to ensure optimum co-ordination and organization for various commissions and forums, mainly for the Conference of Canton Delegates on Drug Addiction Problems and the National Drug Liaison Committee.⁽¹⁸⁾⁽¹⁹⁾

Hence the Confederation has set itself up as a political hub for drug policy and national co-operation.

1. First Pillar: Prevention

Prevention measures are aimed primarily at achieving three objectives:

- to prevent drug use among individuals, especially children and youth;
- to prevent the problems and harmful effects related to drug use from spilling over onto the individual and society;
- to prevent individuals from going from casual drug use to harmful use and addiction, with all of its known consequences.⁽²⁰⁾

(17) The EMCDDA co-ordinates a network of 15 information centres, or national focal points, located in each of the member states. For more information, visit the EMCDDA Web site at <http://www.emcdda.org/partners/reitox.shtml>.

(18) The Conference of Canton Delegates usually meets four times every year. It co-ordinates drug addiction measures, establishes an annual program and priority catalogue, ensures the exchange of information, debates and adopts positions and responds to consultations, defines and discusses related issues and provides development sessions. See <http://www.infoset.ch/inst/kkbs/f-statuten.html> (in French). The national committee is comprised of representatives from the cities, the cantons and the Confederation. Its role is to provide follow-up on the implemented measures and ensure that these measures are harmonized.

(19) *Supra*, note 9, pp. 6-7.

The Confederation's prevention strategy comprises six objectives:

- to make prevention part of everyday life;
- to focus not only on drugs but also on personal resources and the strengthening of the individual's social network;
- to create alliances between the Confederation, the cantons, the communes and private structures (family, schools, recreational associations, etc.);
- to tap into scientific research;
- to enhance early intervention;
- to ensure the viability of projects funded by the Confederation, even when the Confederation opts out.⁽²¹⁾

It should be pointed out that the most notable change in prevention has been a transition from the concept that prevention was a matter of preventing someone from ever trying drugs to today's concept of preventing the health and social problems related to drug use, thereby integrating the person's social network and environment as well.

2. Second Pillar: Treatment

In Switzerland, there are many types of in-patient and out-patient treatment available to people suffering from drug addiction. The objectives sought through treatment include:

- breaking drug addicts of their habit;
- social reintegration;
- better physical and mental health.⁽²²⁾

As mentioned earlier, heroin assisted treatment has been a recognized type of therapy in Switzerland since 1999. By the end of 1999, there were already 1,650 treatment

(20) *Supra*, note 5, p. 15.

(21) *Ibid.*

(22) *Ibid.*, p. 16.

spaces reserved for hard core heroin addicts in 16 treatment centres. In addition, during the same period, approximately 50% of opiate addicts (estimated to be 30,000) were being treated with medically prescribed methadone, compared to 728 individuals who were receiving this type of therapy in 1979. Those individuals addicted to one or more drugs also have access to in-patient treatment based on abstinence, to a limited number of spaces in transition centres, specialized withdrawal units or clinics, and treatment institutions, as well as out-patient consultation centres.⁽²³⁾ In March 1999, there were 100 institutions providing in-patient withdrawal and rehabilitation treatment in Switzerland, for a total of 1,750 spaces.⁽²⁴⁾

3. Third Pillar: Harm Reduction

The first so-called “low threshold” coping skills institutions made their appearance in Switzerland in the mid 80s. Their purpose was to reduce the health and social risks and consequences of addiction. First and foremost, these institutions gave drug addicts a roof over their heads and were often equipped with cafeterias, showers and laundry facilities. They provided addicts with someone who would listen and talk to him or her. These facilities have evolved over the past ten years and now incorporate medical support for harm reduction (for example, prevention of AIDS and other infections, needle exchange, out-patient medical care, etc.) and social support (street work, soup kitchens, emergency shelters, low threshold centres, etc.). The Swiss Federal Office of Public Health supports many harm reduction projects as part of ProMeDro. Such projects include:

- needle exchanges for drug addicts and inmates;
- injection sites (a statutory notice makes such sites legal);
- offers of employment and housing;
- support for women who prostitute themselves to buy drugs;
- consultation services for the children of drug-addicted parents.⁽²⁵⁾

(23) *Ibid.*, pp. 16-17.

(24) Swiss Federal Office of Public Health, The Swiss drug policy: A fourfold approach with special consideration of the medical prescription of narcotics, March 1999, p. 7.

(25) *Supra*, note 5, p. 19.

Furthermore, the cantons, communes and private institutions also provide such programs. In 1995, the SFOPH established a central service to support certain social assistance agencies, particularly those with low thresholds, and to advise the cantons, communes and private institutions on planning and funding harm reduction programs. Drug addicts have access to such programs without having to meet any particular prerequisites. The objective of these harm reduction services is to limit as much as possible the negative consequences of addiction so that the addict is able to resume a normal existence. In addition, these measures are aimed at safeguarding and even increasing the addict's chances of breaking the drug habit.⁽²⁶⁾

4. Fourth Pillar: Enforcement

The primary goal of enforcement is to reduce supply and to fight against the trafficking of narcotics, the illegal financial transactions related to such trafficking (for example, money laundering) and organized crime. Users are not the number one target of police operations in Switzerland. Enforcement of the federal *Narcotics Act* is, to a large extent, the responsibility of the cantons, although the Confederation does monitor the situation closely and can call for and carry out police investigations into drug trafficking. It should be noted that canton and commune laws on policing differ and sometimes result in varying interventions. Furthermore, the drug milieu changes quickly and the methods used to fight drug-related problems are improving and adapting to this milieu.⁽²⁷⁾ These methods include:

- focussing enforcement activities on the manufacturing of drugs, trafficking and money laundering;
- assigning more officers to the “drug police” and making greater use of specialists from other sectors (finance professionals);
- intercantonal and international co-operation (agreements with police forces from neighbouring countries);
- accelerating and improving the processing of information (networking systems and access to the police department networks from many European countries);

(26) *Ibid.*, pp. 18-19.

(27) *Ibid.*, pp. 20-21.

- improving co-operation between the police and the private sector (banks, chemical industries, etc.);
- improving police effectiveness and making greater use of front-line liaison workers;
- strengthening the legal structure (for example, policing legislation, witness protection).⁽²⁸⁾

(28) *Ibid.*, p. 21.

B. The Legal Framework

Narcotics legislation in Switzerland has, as is the case in many other countries, been closely tied to the evolution of international conventions. For instance, the 1924 *Narcotics Act* was implemented to enable Switzerland to fulfil the commitments it had made by signing the International Opium Convention of 1912. This law prohibited certain narcotics such as opium, coca leaves, morphine, heroin, cocaine and their derivatives. As a result of Switzerland signing other conventions and experience gained from enforcing the 1924 *Act*, the federal *Narcotics Act* was totally revamped and a new law adopted on October 3, 1951. This legislation prohibited the growing, manufacture, sale, distribution and possession of opiates, coca derivatives and cannabis. The purpose of the *Act* was, on the one hand, to regulate the use of narcotics for medical purposes and, on the other hand, to fight against both the abuse and illicit trafficking of narcotics. The *Act* was amended slightly in 1970 when Switzerland signed the Single Convention on Narcotic Drugs of 1961.

Indeed, up until the 1960s, the *Act* was primarily a response to Switzerland's commitments under international conventions because narcotic use was relatively marginal and there was not any real narcotics abuse problem *per se* to warrant specialized legislation. Moreover, the Federal Council had recognized as early as 1951 that drug addiction was a serious pathology that should not be prosecuted as a crime or an offence. When drug-related problems emerged in the early 1970s, the *Act* was revised in 1975 to provide for medico-social and assistance measures for drug addicts, differentiated punishment for drug use and tougher criminal provisions for illegal drug trafficking.⁽²⁹⁾

Following Switzerland's accession to the 1971 UN Convention on Psychotropic Substances, the 1972 amendment to the Single Convention and the adoption of the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Switzerland has not yet ratified this convention), the *Narcotics Act* was revised in 1996 to provide for the control of narcotic raw materials. Since then, dependence-producing substances and preparations with morphine-, cocaine- or cannabis-like effects have been considered narcotics

(29) Swiss Federal Council, *Message concernant la révision de la loi sur les stupéfiants* [Message re: Revision of the *Narcotics Act*], March 9, 2001.

under this legislation (*Narcotics Act*, s. 1).⁽³⁰⁾ The list of substances is currently compiled by the Swiss Agency for Therapeutic Products.⁽³¹⁾

With respect to the production, distribution, acquisition and use of narcotics, the current legislation provides that narcotics and psychotropic substances cannot be cultivated, manufactured, prepared or sold without cantonal authorization, in accordance with conditions set by the Federal Council (*Narcotics Act*, s. 4). In addition, a special permit from the Federal Office of Public Health is required for the importation or exportation of controlled narcotics (*Narcotics Act*, s. 5). Furthermore, under section 8 of the *Narcotics Act*, the following narcotics cannot be cultivated, imported, manufactured or sold: smoking opium, heroin, hallucinogens (such as LSD) and hemp for the extraction of narcotics or hash. Section 8 also sets out the conditions governing the treatment of addicts with medical prescription of certain narcotics.

The current legislation also contains criminal provisions that apply to: anyone who unlawfully cultivates, manufactures, extracts, processes or prepares narcotics; anyone who, unless authorized, stores, ships, transports, imports, exports, provides, distributes, sells, etc., or buys, holds, possesses or otherwise acquires narcotics; and anyone who finances illicit traffic in narcotics, acts as an intermediary or encourages consumption (*Narcotics Act*, s. 19). Section 19 offenders are liable to imprisonment or a fine depending on the seriousness, according to the *Narcotics Act*, of the act committed. The intentional consumption of narcotics or the commission of a section 19 offence for personal use is punishable by detention or a fine (*Narcotics Act*, s. 19a). For petty offences, the appropriate authority may stay the proceedings or waive punishment and may issue a reprimand (*Narcotics Act*, s. 19a(2)). However, preparing narcotics for personal use or for shared use with others at no charge is not punishable where the quantities involved are minimal (*Narcotics Act*, s. 19b). Finally, anyone who persuades or attempts to persuade someone to use narcotics is also punishable by detention or a fine (*Narcotics Act*, s. 19c).

(30) *Loi fédérale sur les stupéfiants et les substances psychotropes* du 3 octobre 1951 [Federal Narcotic and Psychotropic Substances Act of October 3, 1951] (as at November 27, 2001), available on-line in French at http://www.admin.ch/ch/f/rs/812_121/index.html#fn1. Pertinent sections of the *Act* are included in appendix A.

(31) Newly named therapeutic products agency, in existence since January 1, 2002.

C. Administration of Swiss Drug Policy

The Confederation is the hub of Swiss drug policy and co-ordination and harmonization of the various policies and measures put in place by cantons, cities, local authorities and private institutions. Under section 15c of the *Narcotics Act*, the Confederation is responsible for the following tasks [UNOFFICIAL TRANSLATION]:

- ¹ Through grants or other measures, the Confederation shall encourage scientific research on the effects of narcotics, the causes and consequences of narcotics abuse and ways to combat that abuse.
- ² The Federal Council shall establish the procedures for awarding and calculating grants and shall determine grant amounts.
- ³ The Confederation shall assist cantons and private organizations in the administration of the *Act*. The Confederation shall, *inter alia*, set up a documentation, information and co-ordination office and encourage the training of staff specialized in the treatment of addicts. The Federal Council shall establish the relevant procedures.

Under section 15a of the *Narcotics Act*, the cantons are responsible for the following tasks [UNOFFICIAL TRANSLATION]:

- ¹ To prevent narcotics abuse, the cantons shall promote information and consultation and set up the institutions needed to do so.
- ² The cantons shall provide for the protection of those in need of medical treatment or other assistance on account of narcotics abuse and shall assist their return to work and society.
- ³ The appropriate authorities may delegate certain tasks and responsibilities to private organizations.
- ⁴ The cantons may prohibit the acquisition of narcotics. They shall give notice of their decisions to the Federal Office of Public Health, which shall relay those decisions to health officials in the other cantons for the information of physicians and pharmacists.
- ⁵ Prescribing, dispensing and administering narcotics for the treatment of addicts shall be subject to special cantonal authorization.
- ⁶ Where, owing to addiction, a person might constitute a danger to traffic circulation, the service with knowledge of that danger shall advise the appropriate authority.

In principle, the administration of the *Narcotics Act* falls under cantonal jurisdiction, as the cantons have authority for criminal procedure. There are usually a number of stages in cantonal criminal proceedings: police investigation, preliminary hearing, dismissal or referral to court and court decision. In minor cases punishable by fine or detention – and this is the case for a number of offences under the *Narcotics Act* – a penalty can be imposed by an administrative authority (for example, a prefect). The subject, however, is entitled to object and be tried by a court, usually a police court composed of a single, legally trained judge. Cases of moderate seriousness are usually tried by a district court (correctional court) over which a legally trained judge presides, assisted by lay judges. Finally, the most serious offences are heard by assize courts made up of at least one legally trained presiding judge and a jury of citizens. However, because this type of procedure is lengthy, elaborate and costly, most cantons tend to replace assize courts with either district courts or a higher court made up of permanent judges (criminal court).⁽³²⁾

The Confederation also plays a role in combatting drug trafficking; under section 29 of the *Narcotics Act*, the Federal Office of Police (FOP) is the central Swiss agency responsible for controlling illicit traffic in narcotics. The FOP gathers information for the prevention of offences under the *Act* and to facilitate the prosecution of offenders. In order to do so, the Office maintains contact with other federal government agencies involved (Office of Public Health, Customs Administration, the Swiss Post Office administration, cantonal police authorities, central agencies in other countries and the International Criminal Police Organization (Interpol)). To its cantonal and international partners, the FOP is a focal point for information, co-ordination and analysis in the area of Swiss internal security.⁽³³⁾ Since 1996, after a trial period, the Office has operated a drug database called DOSIS. This database is an invaluable tool for the cantons. Cantonal narcotics squads are connected to the system and have direct access to DOSIS because they are required, as is the FOP, to enter information into the database. This system thus promotes co-operation between the FOP and cantonal police

(32) Federal court, *L'organisation judiciaire en Suisse* [Swiss Court System], available on-line in French at
<http://www.bger.ch/index.cfm?language=french&area=Federal&theme=system&page=content&maskid=195>

(33) Federal Office of Police, *Un aperçu de l'OPF* [FOP Overview], available on-line in French at
<http://www.bap.admin.ch/f/index.htm>.

authorities. Only information on the illicit narcotics trade is entered into the system; information on those who only use drugs is excluded.⁽³⁴⁾

D. Statistics on Narcotics Use and Offences under the *Narcotics Act*

This section summarizes parts of a Federal Office of Police publication entitled *Situation Suisse : Rapport de Situation 2000* [2000 Situation Report on Switzerland],⁽³⁵⁾ prepared by the Analysis and Prevention Service as a transitional product, given that a comprehensive report is to be published in 2002. It should be noted that methodological deficiencies underlie the statistics in this report. Switzerland is a federal state with 26 cantonal entities (cantons and half-cantons) and offences are not recorded based on the same criteria in every canton. Furthermore, the statistics do not make it possible to control for double or multiple entries; some suspects may appear repeatedly in the same year or in different cantons. Finally, only some of the criminal acts under the criminal code are taken into account.⁽³⁶⁾

1. Use

The report found the following trends in 2000:

- a sharp rise in marijuana use;
- a sharp rise in cocaine use;
- a sharp rise in multiple addiction (use of various kinds of narcotics);
- a sharp rise in synthetic drug use (amphetamines and methamphetamines) – Thai pills⁽³⁷⁾ have become the “in” drug;

(34) Federal Office of Police, *Exploitation définitive de la banque de données en matière de drogue DOSIS* [Permanent operation of DOSIS drug database], June 26, 1999, available on-line in French at <http://www.bap.admin.ch/f/index.htm>.

(35) Federal Office of Police, *Situation Suisse : Rapport de Situation 2000* [2000 Situation Report on Switzerland], Analysis and Prevention Service, 2001, available on-line in French at <http://www.bap.admin.ch/f/index.htm>.

(36) *Ibid.*, p. 7.

(37) According to a Federal Office of Police press release, Thai pills contain methamphetamine, and their structure closely resembles that of ecstasy. They come from Thailand, where they go by the name “Yaba” (drug that makes you go crazy). The tablets bear the letters “WY” and smell like vanilla. The substance is usually smoked, using a sheet of aluminum, or absorbed. The risk of addiction among people absorbing the product by smoking it is at least three times greater than among ecstasy users. This drug is a powerful stimulant with effects comparable to those of crack, but longer lasting. Taking these pills may result in irreparable physical and mental damage (loss of memory, depression). It may also cause paranoid hallucination and violent fits and create psychological dependence faster than ecstasy.

- a downward trend in injection heroin use;
- virtually no open drug scenes in Swiss cities;
- 205 deaths due to drugs and recorded by the police (as compared to 405 in 1991) – those over 27 were the most affected age group, for men and for women, and Zurich and Bern were the most affected cantons, with 50 and 36 deaths due to drugs, respectively;
- 18- to 24-year-olds remain the most frequent users of marijuana, hash and hallucinogens, while those over 30 are the most frequent users of cocaine and heroin.⁽³⁸⁾

2. Offences

Federal *Narcotics Act* drug-related offences reported cases rose from 44,307 in 1999 to 46,558 in 2000. This represents an important increase over the 18,800 reported cases in 1990. A comparison of the number of reported cases per offence type in 1997 and 2000 reveals a downward trend for drug trafficking, smuggling, dual offences⁽³⁹⁾ and an overall increase – with the exception of 1999⁽⁴⁰⁾ – in drug use cases. A table summarizing reported drug-related cases, seizures and deaths between 1975 and 2000 is included in appendix B.

The number of reported cases of drug dealing in 2000 fell to 3,021 from 3,711 in 1999. This represented a drop of 18.5%. However, some cantons posted a major hike in reported cases. A case in point was the city of Basel, which recorded an increase of 31%. The report urges caution in interpreting these figures, suggesting that the major drop in the number of reported cases is not in fact due to an improved situation in these specific cantons, but rather to a decrease in the number of cases reported by the police as investigation capacity and officers are deployed in other areas. It should be noted that of a total of 3,021 drug trafficking cases, 78% involved foreigners and 22% Swiss citizens. With respect to the sex of offenders, 82% were men and 7% were women. The sex of the remaining 11% was unknown. The largest percentage (45%) of male offenders were aged between 18 and 24, whereas the majority of female offenders were over 30 (56%), followed by the 18-to-24 age group (27%).⁽⁴¹⁾

(38) *Supra*, note 35, pp. 17-37.

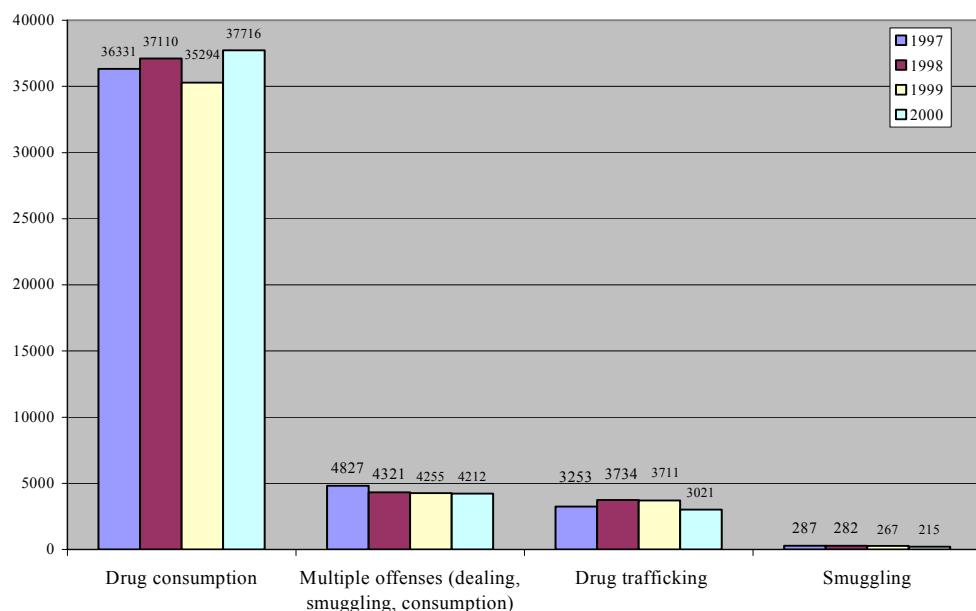
(39) In French “délits mixtes.”

(40) *Supra*, note 35, pp. 18-19.

(41) *Ibid.*, pp. 20-23.

Graph 1

Offences under the Narcotics Act by Type (1997 - 2000)



Source: Federal Office of Police, *Situation Suisse : Rapport de Situation 2000* [2000 Situation Report on Switzerland], 2001, p. 19.

Reported cases of heroine and cocaine trafficking fell by 10% from 1999 levels and accounted for 62% (heroin 29% and cocaine 33%) of all drug dealing cases recorded in 2000. Dealing in these particular substances is controlled by foreign criminal organizations. It is estimated that Switzerland consumes approximately eleven tonnes of heroine and of cocaine annually. Marijuana trafficking activities are controlled by Swiss dealers. Reported marijuana-related cases represented 15% of all offences. The production of cannabis products continues to grow, with a major proportion of it being distributed through the approximately 230 hemp shops located throughout the country. The domestic production of hashish and marijuana is estimated at approximately 10 tonnes and 200 tonnes respectively, worth between 600 and 700 million francs. Annual sales of drugs on the black market is estimated at approximately three billion francs. Dealing in synthetic drugs also increased from 3% in 1999 to 8% in 2000. Dealing in “Thai” pills (yaba pills) increased and is dominated by Asian criminal gangs linked to prostitution.⁽⁴²⁾

(42) *Ibid.*, pp. 20-27.

The number of reported cases of drug use rose from 35,294 in 1999 to 37,716 in 2000. However, it is important to understand the context underlying this figure. The decrease in cases reported in 1999 was probably due to the redeployment of police capacity to other areas. Of the 37,716 offenders, 68% were Swiss nationals and 32% were foreigners. Male offenders (84%) once again outnumbered the females (15%). 42% of male offenders were between 18 and 24, while 27% were over 30. Among female offenders, the over-30 and the 18-to-24 age groups shared top position (35% and 34% respectively).⁽⁴³⁾

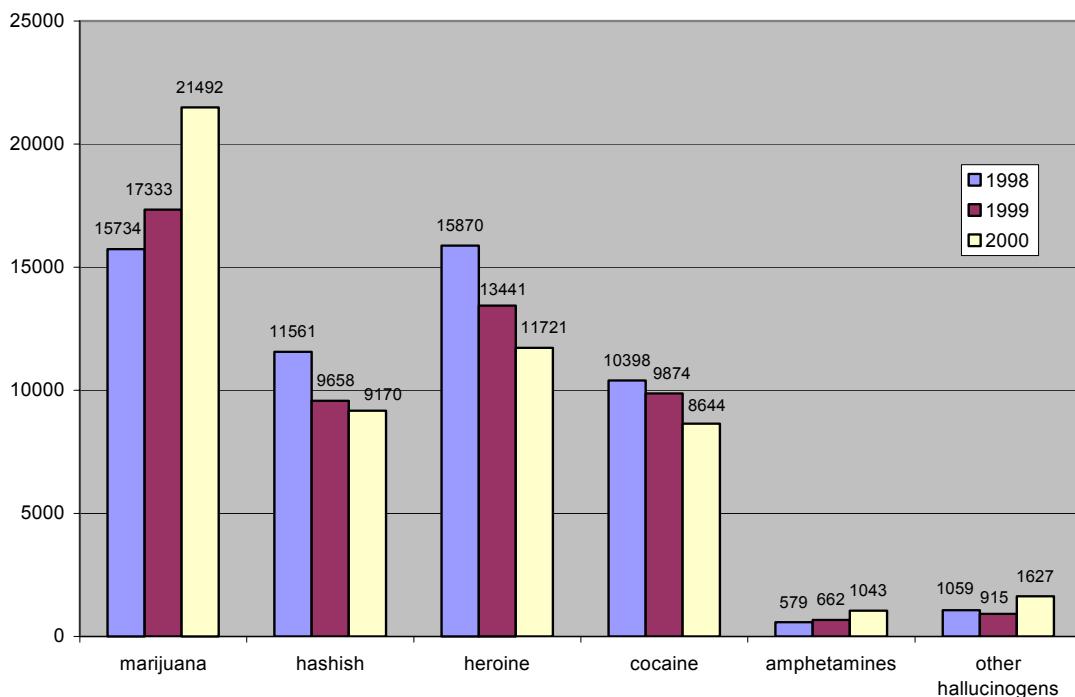
Marijuana was by far the number one drug involved in consumption-related offences. Offences involving this particular narcotic jumped from 15,734 in 1998 to 21,492 in 2000. Heroin was the second most popular drug involved in consumption-related offences. It accounted for 11,721 cases, down from 15,870 in 1998 and 13,441 in 1999. Hashish and cocaine offences were also down in comparison with the two previous years. Hashish offences fell from 11,561 to 9,170, while cocaine was involved in 8,644 cases, down from 10,398. The number of consumption-related offences involving amphetamines and other hallucinogenic substances was relatively low compared to cases involving other narcotics. However, the number of cases involving amphetamines increased from 579 in 1998 to 1,043 in 2000. Moreover, consumption-related offences involving hallucinogenic substances rose from 1,059 in 1998 to 1,627 in 2000. However, very few LSD consumption-related offences were recorded, falling from 238 in 1998 to 192 in 2000. It is also worth noting that the number of first-time narcotic consumption-related offences increased by 3% to 14,443 from 1999 levels, whereas the number of repeat offenders dropped by 5% to 21,414.⁽⁴⁴⁾

(43) *Ibid.*, pp. 27-30.

(44) *Ibid.*, pp. 31-32.

Graph 2

**Reported Cases of Drug Use Recorded Between 1998 and 2000:
Type of Narcotic Involved (Including Dealing and Smuggling-Related Cases)**



Source: Federal Office of Police, *Situation Suisse : Rapport de Situation 2000* [2000 Situation Report on Switzerland], 2001, p. 31.

The cantons recorded 215 narcotics-smuggling offences in 2000, a drop of 19.4% from 1999 levels. As in the case of trafficking-related offences, 74% of narcotics-smuggling cases involved foreigners and 74% were perpetrated by men. The Federal Customs Service (i.e. customs officers and border guards) reported 4,041 smuggling offences. In 2000, seizures yielded 128 kg of cocaine (including 72 kg which was in transit and not destined for Switzerland), 99 kg of heroine, 1,066 kg of cannabis-based products (hashish and marijuana, including 72 kg in transit and not destined for Switzerland), 1,278 kg of khat and approximately 109,000 units of psychotropic substances (ecstasy, amphetamines, LSD, etc.).⁽⁴⁵⁾

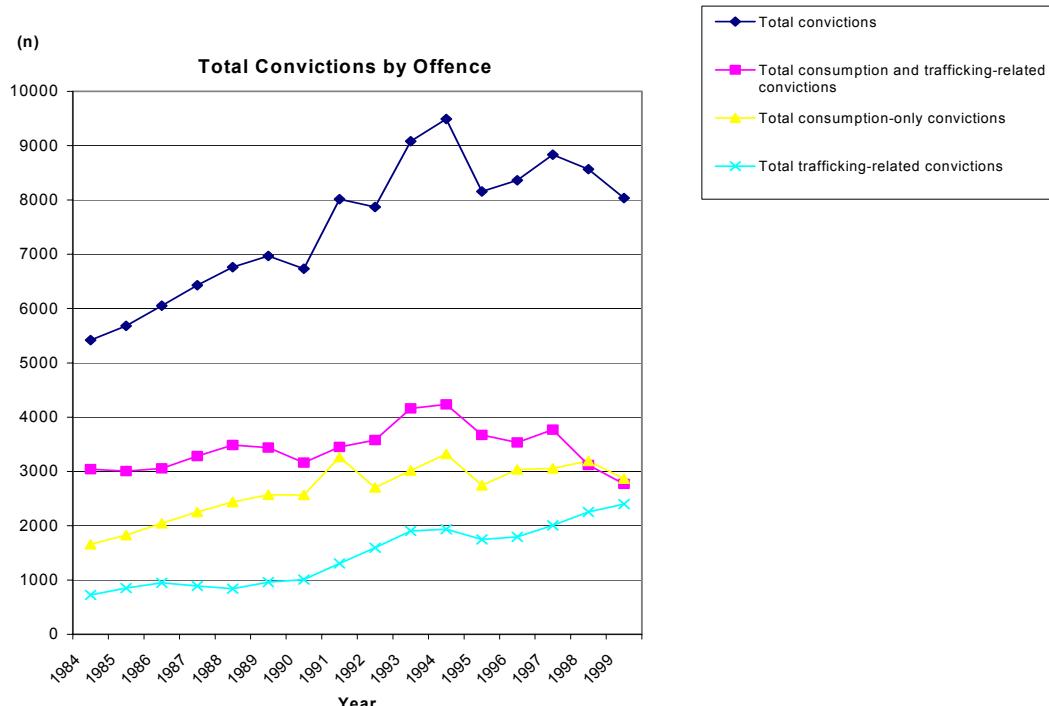
(45) *Ibid.*, pp. 33-36.

3. Convictions

The following information was provided at our request by the Federal Statistical Office. The statistics cover convictions under the *Narcotics Act*. These figures are organized according to main penalty, sex, origin and age category from 1984 to 1999 (see Appendix C). It should be stressed that Swiss criminal conviction statistics include only those convictions recorded on personal criminal records. Offences punishable by fines, disciplinary penalties and rulings are excluded. It should also be pointed out that approximately 0.5% of 1999 judgments have been omitted (under appeal or delayed input).

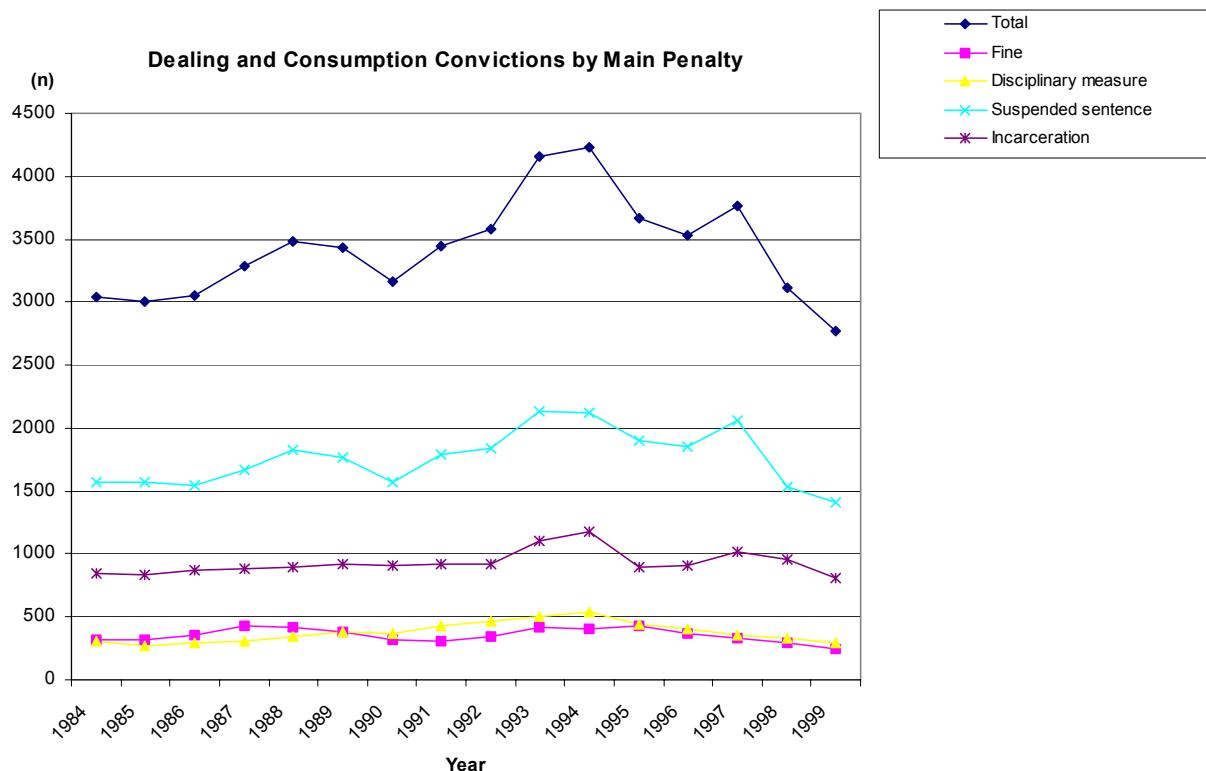
The number of convictions under the *Narcotics Act* peaked at 9,491 in 1994. By 1999, it had fallen off to 8,032. Until 1997, the most common type of offence for which convictions were recorded was “drug consumption and trafficking.” However, in 1998 and 1999, consumption-only offences accounted for the highest number of convictions. There were 3,194 and 2,868 convictions for this type of offence, compared with 3,118 and 2,768 combined “consumption and trafficking” related convictions. Trafficking-only convictions accounted for the third largest number of convictions. However, convictions for this type of offence posted a significant increase during the 1990s, rising from 1,005 to 2,396 in 1999.

Graph 3



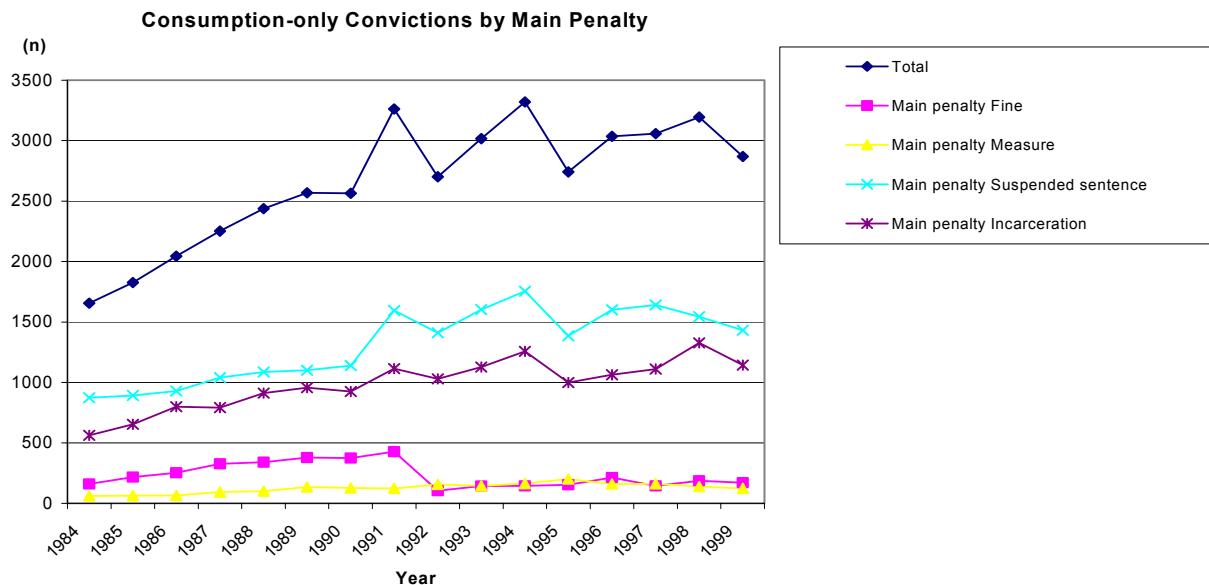
A major increase was posted in consumption-and trafficking-related offences in 1993-1994. This has been followed by an ongoing decline since 1995. Convictions of this type hit their lowest level in 1999 (2,768). This compares with 3,039 convictions in 1984 and 4,236 in the peak year of 1994. The most widely used sentence during this period was a suspended sentence, followed by incarceration.

Graph 4



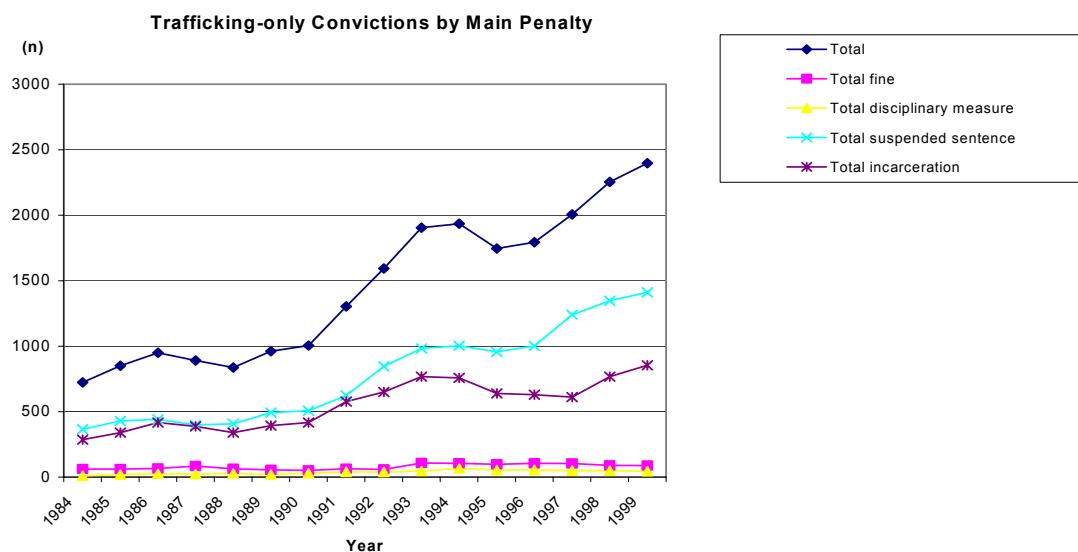
The number of consumption-only convictions also peaked in 1994 (3,320). This figure fluctuated between 1995 and 1999. In 1999, it stood at 2,868, up from 1,656 in 1984. The most widely used sentence for consumption-related offences was a suspended sentence, followed by incarceration.

Graph 5



Convictions for trafficking-only offences increased from 723 in 1984 to 2,396 in 1999. Suspended sentences and incarceration were the most widely favoured penalties until 1991. However, suspended sentences have been increasingly widely used since 1992 and were the preferred sentence in 1999.

Graph 6



4. Drug-related Costs

According to the data from the Swiss Federal Office of Public Health (SFOPH), estimated costs of the drug problem (1991 to 1994, annual average) are:

	million SFr
Enforcement	500
Care, treatment, therapy, rehabilitation	220 to 260
Harm reduction	120 to 200
Prevention	30 to 35
Research and training	16
Total	886 to 1,011

Around twice as much is spent on the criminal prosecution of drug use and trafficking as on treatment. The share of prevention in total costs (around 3%) is comparatively low. Note that according to the Swiss Institute for the Prevention of Alcohol and Drug Problems, the direct costs of tobacco and alcohol consumption to the national economy are estimated at 5 billion Swiss francs and 3 billion Swiss francs respectively.⁽⁴⁶⁾

With respect to penalizing drug consumption and activities leading to such consumption, a report by Willy Oggier, commissioned by the SFOPH, estimated the 1997 prosecution and enforcement costs at about 46.2 million francs. The sensitivity analysis shows minimum and maximum values of 45.5 and 55.3 million francs respectively. According to Oggier, the costs had increased by more than 6% between 1994 and 1997. He believes that 30 million francs per year could be saved in the areas of enforcement and prosecution if the use of drugs and preparatory activities were decriminalized. Oggier explains that his figures appear relatively low because the study deals only with the costs of drug use and preparatory activities, with a narrow interpretation given to the latter, thus excluding theft in support of a personal addiction. The majority of costs related to enforcement can be attributed to organized large-scale trafficking, and, according to Oggier, these costs would remain after decriminalization of consumption and preparatory activities.⁽⁴⁷⁾

(46) Swiss Federal Office of Public Health, *Facts and figures on the drug problem*, available on-line at <http://www.bag.admin.ch/sucht/epi/e/facts.htm>.

(47) Willy Oggier, *Coûts de la pénalisation de la consommation de stupéfiants et de ses actes préparatoires – Résumé* [Costs of enforcement for drug use and preparatory activities – Summary], April 1999, available on-line in French at http://www.info-set.ch/f/actualite/revision/990423_Oggier.htm.

LEADING REPORTS FROM EXPERT COMMISSIONS THAT HAVE EXAMINED PROBLEMS RELATED TO DRUG USE IN SWITZERLAND

A. The Report of the Subcommission for Drug Issues of the Swiss Federal Narcotics Commission (1989)⁽⁴⁸⁾

The subcommission report marked a turning point in Swiss drug policies and it is widely believed to be responsible for the introduction of the four-pillar approach and the adoption of harm reduction measures. Based on the results of studies conducted between 1983 and 1989, the report states that the most problematic aspects related to drug use had worsened since 1983, with drug trafficking reaching unexpected proportions. It was noted that law enforcement resources were concentrated on less serious cases, while there were clearly insufficient means to combat large-scale drug trafficking. Moreover, the spread of HIV and the AIDS epidemic required a re-evaluation of the government's drug-related measures and priorities with respect to prevention and treatment as well as the strategies to combat consumption, production and trafficking.⁽⁴⁹⁾ The report adopted a different approach [UNOFFICIAL TRANSLATION]:

In view of sociocultural conditions, both addiction prevention and treatment must provide for the best possible quality of life, while taking into account societal requirements. It must be stated unequivocally that this objective can never be fully realized, and is much less likely to be achieved through the exclusive use of legislative measures whatever form they may take.⁽⁵⁰⁾

In order to meet this objective, the authors of the report put forward the following criteria:

- Permissiveness with respect to drugs should not be considered as an expression of societal indifference.

(48) Subcommission for Drug Issues of the Federal Narcotics Commission, *Aspects de la situation et de la politique en matière de drogue en Suisse : Rapport de la Sous-commission « drogue » de la Commission fédérale des stupéfiants* [Aspects of the drug situation and policy in Switzerland: Report of the Subcommission for Drug Issues of the Federal Narcotics Commission], Swiss Federal Office of Public Health, Bern, June 1989.

(49) *Ibid.*, p. 1.

(50) *Ibid.*, p. 2.

- Legislation related to addictive substances should target the prevention of addiction and its consequences and allow for treatment of drug addicts in cases where prevention has not been successful.
- Increased repressive measures should target mainly organized crime and lucrative drug trafficking.
- The fight against drug abuse and addiction should target the underlying causes, since penalizing the behaviour is ineffectual.⁽⁵¹⁾

Moreover, the authors made certain recommendations:

- For scientific reasons, the authors advocate that no distinction be made between the so-called “hard” and “soft” drugs. The differences in the dangers represented by these drugs can be expressed by stating the type of drug and the context in which it is used.⁽⁵²⁾
- The authors were unanimous in recommending that no penalty be applied for drug use, should the law be revised. There should be no penalty for the use of any drug. Possession as well as the procurement of small quantities for personal use (such quantities being clearly defined) should also be free of any penalty. The majority of Commission members agreed that all types of drug trafficking should, however, remain illegal.⁽⁵³⁾
- Stricter repressive measures should apply to illegal drug trafficking for profit – Set in place the necessary means for border control by increasing staff; create a drug police force within the Confederation; increase the means available for prosecution (undercover operations, confiscation of drug proceeds).⁽⁵⁴⁾
- Develop the best possible conditions for treatment – Any revision to the *Narcotics Act* should reduce penalties for drug addicts who deal in drugs solely for the purpose of supporting their habit; the *Act* should be revised so as to give addicts, who are sufficiently motivated to seek help the option of moving from the criminal justice system to a treatment facility.⁽⁵⁵⁾

(51) *Ibid.*, pp. 2-3.

(52) *Ibid.*, p. 55.

(53) *Ibid.*, p. 78.

(54) *Ibid.*, p. 83.

(55) *Ibid.*, pp. 5-6.

- Measures relating to HIV – Possibilities for contact and consultation in the drug environment are essential; the eligibility threshold must be low enough to attract those who are not yet ready to give up their addiction. These services should be part of the treatment centres network. There must be enough walk-in facilities (including methadone treatment) and institutionalized care with sufficiently varied types of treatment. Suitable information relating to risks and transmission methods, as well as condoms and injection materials must be made available to drug addicts. After adequate psychological preparation, those who are at risk and are seeking treatment (addicts and their partners) must be encouraged to take an AIDS test. Additional training should be given to professionals and others who come in contact with drug addicts so as to enable them to give advice on problems related to HIV.⁽⁵⁶⁾
- Distribution of replacement drugs for opiate addiction – There must be clearly established criteria for the substitution programs (mainly methadone), which can be recommended as a possible treatment for drug addiction. There is no new argument to justify recommending the distribution of heroin to drug addicts. Substitute drugs are not recommended for other types of addiction (for example, amphetamines, cocaine).⁽⁵⁷⁾
- Encourage scientific research – Public health interests must be a priority. Preventive and therapeutic measures should be regularly evaluated. Routine data collection and research methods must allow for the best possible comparison of results. New research should emphasize preventive aspects (including AIDS prevention). Any future amendments to the legislation should include a framework to allow increased Confederation support for scientific research in the area of narcotics and drug addiction.⁽⁵⁸⁾

Finally, with respect to cannabis, the authors of the report confirmed that it still was the illegal drug most used in Switzerland. They indicated, however, that cannabis causes few undesirable social consequences, and any such consequences are mainly prevalent among heavy users. They also pointed out that there is no proof that such consequences are directly related to the use of cannabis rather than the social reaction to its consumption.⁽⁵⁹⁾ A minority

(56) *Ibid.*, pp. 92-93.

(57) *Ibid.*, pp. 100-102.

(58) *Ibid.*, p. 106.

(59) *Ibid.*, p. 50.

among the members of the Commission felt that limited traffic in cannabis should be tolerated, so as to clearly distinguish between this substance and other narcotics that present greater potential danger to the user. With respect to repressive measures against cannabis users, the authors of the report felt that enforcement was often unfair and problematic from a legal point of view. Therefore, they recommended the decriminalization of the use of cannabis and all drugs, so that enforcement can concentrate on more serious cases, particularly large-scale trafficking for profit.⁽⁶⁰⁾

In summary, the Subcommission for Drug Issues of the Federal Narcotics Commission put forward a harm reduction policy. This was reflected in a program of government public health measures aimed at reducing drug problems (ProMeDro) which became official in February 1991. However, the members of the Swiss Federal Office of Public Health were well aware that the drug issue remained a hot topic which required careful consideration before any hasty implementation of innovative programs. An awareness campaign began in November 1991, aimed at the general public as well as the government and related administrative units.⁽⁶¹⁾ As we saw above, Switzerland's drug policy changed significantly during the 1990s and harm reduction is now firmly established as part of it. Decriminalization of drug use, however, is a much harder concept to sell. A consensus is gradually being reached on decriminalization, as illustrated in the current revision of the *Narcotics Act*.

B. Report of the Commission of Experts for Revision of the October 3, 1951 Federal *Narcotics Act* – Schild Commission (February 1996)⁽⁶²⁾

In November 1994, the Federal Department of Home Affairs gave a Commission of experts a mandate to present a report on the revision of the *Narcotics Act*. The Commission held sessions to gather information on the state of specialized knowledge, and it organized hearings on the medical prescription of narcotics and on custodial care, which were attended by Swiss and foreign experts. The Commission's report began with an update on the drug situation.

(60) *Ibid.*, p. 78-79.

(61) *Supra*, note 3, p. 59.

(62) Commission of experts for revision of the federal *Narcotics Act* of October 3, 1951, *Rapport de la Commission d'experts pour la révision de la loi fédérale du 3 octobre 1951 sur les stupéfiants à l'attention de la chef du Département fédéral de l'intérieur* [Report of the Commission of Experts for Revision of the federal *Narcotics Act* of October 3, 1951, submitted to the Head of the Federal Department of Home Affairs], Federal Office of Public Health, Bern, February 1996.

It pointed out that, at the time of the study (1994-1995), cannabis was still the most widely used illegal drug, and there were some 30,000 people addicted to “hard” drugs such as heroin and cocaine. From an epidemiological point of view, however, the Commission found that illegal drug use had remained nearly constant since 1990.⁽⁶³⁾ It also pointed out that there were many more problems associated with the use of legal products with addictive properties (medication, tobacco and alcohol) than with the use of illegal drugs. According to the Commission, it was difficult to justify making a distinction between legal and illegal drugs, at least from the perspective of health policy.⁽⁶⁴⁾

With regard to changes that had taken place in law enforcement since the 1975 revision of the *Narcotics Act*, the Commission found that the objectives of this revision – in particular, distinguishing between drug dealers and users – had not been reached. In other words, the majority of the charges laid under the legislation were still for drug consumption, mainly cannabis. Furthermore, only rarely (in 5% of cases) were measures such as in- or out-patient treatment imposed on offenders instead of penalties.⁽⁶⁵⁾

With regard to organized crime and drug trafficking, the Commission found that although law enforcement had improved considerably since the early 1990s, police forces nevertheless managed to seize only a tiny percentage of all drugs. The report also noted that although Switzerland did not attract organized crime because its market was small in relation to those of other countries, it was certainly attractive as a financial centre and clearing house for money laundering.⁽⁶⁶⁾

As for drug-related health and social problems, three phenomena had emerged in the years preceding the Commission’s study: the appearance of HIV infection, the appearance and expansion of places where people used drugs openly, and the poverty and markedly declining health of some addicts.⁽⁶⁷⁾ One of the Commission’s recommendations was that there should be legislation providing assistance for addicts.⁽⁶⁸⁾ It suggested that the main objectives of future drug policy should be to prevent dependency and its consequences, and to improve the

(63) *Ibid.*, p. 9.

(64) *Ibid.*, p. 24.

(65) *Ibid.*, p. 10.

(66) *Ibid.*, p. 20.

(67) *Ibid.*, p. 11.

(68) *Ibid.*, p. 25.

health and social conditions of drug addicts. The Commission members were of the opinion that the four-pillar policy was a solid foundation for the future, but that improvements were possible and that targeted measures should be developed. The Commission expressed its approval of the set of measures defined by the Federal Council in 1991 to reduce drug-related problems (ProMeDro), but proposed improvements to this program.⁽⁶⁹⁾

As for restrictions on cannabis products, the Commission felt that from a public health point of view, cannabis use should be dealt with in the same way as alcohol use. However, the majority of the Commission members thought it inappropriate to treat cannabis products differently from the other drugs covered by the legislation (for example, to provide special regulations for trade in cannabis products, so that it could be grown for sale). They felt that too many questions remained unanswered and that Switzerland might come under strong international pressure if it partially or fully liberalized cannabis consumption. The Commission nevertheless felt that criminal sanctions should no longer be imposed for the consumption of illegal narcotics or for preparation for personal consumption.⁽⁷⁰⁾

The Commission made a number of recommendations for revision of the *Narcotics Act*, as well as some urgent recommendations for which no revision was required. The main ones are as follows:

- For reasons of health policy, drug use is an undesirable phenomenon, and the number of new users should be kept as low as possible. The Confederation, cantons and communes should be required to implement preventive measures. The Confederation should also be given a policy coordination role with a view to standardizing prevention strategies, and should adopt the necessary legal measures to ensure the funding of information and awareness campaigns.
- Drug addicts should have access to institutions offering harm reduction and coping skills programs, so that they can improve their health and living conditions. Legal measures should be put in place so that the Confederation can require cantons and communes to set up such institutions, and coordination should be handled by the Confederation. Financial incentives should be offered to the cantons and communes.

(69) *Ibid.*, p. 30.

(70) *Ibid.*, pp. 54-57.

- Treatment that meets the specific needs of drug addicts should be available at in- and out-patient centres. There should be better cooperation between the various treatment programs, and drug addiction programs should be better integrated into the overall health and social assistance network. The Confederation should obtain the powers it requires to coordinate treatment programs, make recommendations on minimum standards and, if necessary, make available additional financial resources.
- If trials involving the medical prescription of narcotics yield positive results, this type of therapy should be included in the range of treatments. In this event, the *Narcotics Act* should be amended by removing heroin from the list non-prescribable substances. The Federal Council should also be given the authority to determine the general conditions applying to such prescriptions.
- The Confederation, in cooperation with the cantons, should ensure the establishment and application of clearly defined quality standards for assistance to drug addicts in the areas of prevention, treatment, harm reduction and coping skills.
- Given the rapid developments and new problems that are occurring, the Confederation should strengthen its efforts to encourage research in the area of drugs. A clear legal framework should be established and, most importantly, sufficient funds must be made available. The *Narcotics Act* should include a provision that would exempt the Federal Council from complying with the legislation under specific general conditions, in order to authorize trials.
- There is no longer any justification for the criminalization of drug consumption: it has no demonstrable effect on overall prevention, it hardly facilitates the infiltration of trafficking organizations, and it has negative effects from the point of view of health policy. It is also difficult to reconcile with the value system of the Swiss legal system. Canton policing laws are an effective tool for preventing the establishment of places where people use drugs openly. Therefore, the criminal provisions of the *Narcotics Act* should be reviewed, with the goal of decriminalizing drug consumption and preparation for consumption. This decriminalization should apply to all narcotics. The Commission did not recommend special treatment for cannabis products.
- Further study is needed to deal with the special situation of petty dealers who are also addicts. Consideration should be given to waiving a penalty where the illegality of the act or

the guilt of the offender may be deemed minimal. Consideration should also be given to the possibility of temporarily suspending criminal proceedings to require treatment, and permanently suspending them after a trial period. There is also the question of whether it remains appropriate to link – as closely as is presently done – the severity of the penalty to the quantity of drugs involved.

- Work should be undertaken to develop a federal law regarding assistance for drug addicts. This law would cover all psychotropic substances and all types of measures, from prevention to the social reintegration of drug addicts.
- The fight against organized crime should be intensified.
- Standardization of criminal procedures at the canton level should be undertaken.⁽⁷¹⁾

C. Federal Narcotics Commission's Subcommission for Drug Issues: Drug Policy Scenarios (June 1996)⁽⁷²⁾

This report presents a broad range of possible scenarios in the area of drug policy, an analysis of their implementability in Switzerland and certain recommendations from the Commission's Subcommission for Drug Issues. The report includes, among other things, a broad outline of three generic models based on different approaches in force in six cities and regions of western Europe: the treatment model, the social control model and the harm reduction model. Based on those three models and the two popular initiatives put forth in Switzerland in 1993, "Youth without drugs" and "DroLeg," seven possible drug policy scenarios were developed:

- Drug policy from the medical treatment standpoint.
- Drug policy based on abstinence.
- Drug policy based on enforcement.
- Drug policy for a drug-free society.
- Drug policy based on reducing harm and minimizing damage.
- Legalization of drugs and state-controlled availability.

(71) *Ibid.*, pp. 69-71.

(72) Federal Narcotics Commission's Subcommission for Drug Issues, *Scénario pour une politique de la drogue* [Drug policy scenarios], Federal Office of Public Health, June 1996.

- Deregulation of drug trade and use.⁽⁷³⁾

The two scenarios found to be extreme (enforcement and deregulation of trade and use) were set aside because, in the opinion of the Subcommission, they did not fit in with the objectives of society and users nor did they meet most of the criteria having to do with public health, social policy and the role of the state in Switzerland. The Subcommission was of the opinion that the harm reduction model was the best adapted to the Swiss situation which, considering the numerous social values and direct democracy, required a policy that could integrate different values and would be sufficiently flexible to react rapidly and effectively to change. The members of the Subcommission recommended unanimously the short-term development of a harm reduction policy integrating the positive elements of other scenarios. The Subcommission reaffirmed, as it did in its report published in 1989, the necessity of decriminalizing all narcotics consumption and preparation for consumption.⁽⁷⁴⁾

As for the future orientation of drug policy in Switzerland, the members of the Subcommission did not reach a consensus. Considering that the negative effects of narcotics legislation and its implementation were probably more damaging than the drugs themselves, six of the ten members proposed drug legislation coupled with a system of differentiated access to the different products based on the dangerousness of the substances and the importance they have for certain groups in the population. All psychoactive substances, even the legal ones, should be taken into account. The Subcommission emphasized that such a model would involve the development of federal legislation on psychoactive substances which would replace the *Narcotics Act*. However, a minority of the Subcommission members were of the opinion that such legislation was out of the question because it would be incompatible with Switzerland's international commitments and might lead to isolation and discrimination against the country. Moreover, some members feared that the legislation would lead to an increase in use and would attract drug tourists.⁽⁷⁵⁾

Finally, it is interesting to note that as an appendix to the Subcommission's report, there is an economic evaluation of the possible drug policy scenarios prepared at the

(73) *Ibid.*, p. 4.

(74) *Ibid.*, p. 5.

(75) *Ibid.*, p. 6.

Subcommission's request. The following are the different hypotheses set out by the authors concerning the costing of a drug policy based on harm reduction and minimizing damage:⁽⁷⁶⁾

Cost increase due to:

- increase in prevention;
- scientific monitoring of a broad range of therapies (in the case where follow-up and scientific evaluation would not be done on a permanent basis, these costs would appear only once);
- development of psychosocial and therapeutic management structures;
- coping skill measures, including custodial care;
- efforts at co-ordination between private institutions and government authorities.

Cost stability concerning:

- emergency medical care and measures;
- fighting organized crime dealing in illegal drugs.

Cost decrease concerning:

- use of illegal drugs which would be subject to less rigid enforcement;
- decrease of costs linked to mortality and morbidity.

Gains in terms of efficiency and social benefits:

- weakened black market (stemming from a rather liberal and flexible policy);
- consistent national policy implemented in a unified manner.

Comprehensive economic evaluation (including applicability):

- a priori, this policy would have an impact at the economic level through a substantial rise in expenditure. Responding to the drug problem through the use of both specific and well-targeted measures will actually increase fixed costs and investments. In the longer term, this

(76) *Ibid.*, pp. 70-71.

approach might, however, lead to a decrease in costs if it were applied in a systematic and performance-oriented way;

- the increase of state subsidies to private aid institutions would require more financial input than is now provided;
- overall, costs tend to increase.

The authors of this economic evaluation also set out similar hypotheses for the six other scenarios presented by the subcommission and came to the conclusion that overall costs would tend to increase if Switzerland were to adopt one of the models based on medical treatment measures, abstinence, enforcement or the goal of a drug-free society. Only the “legalization of drugs and state-controlled availability” and the “deregulation of drug use and trade” would lead to a decrease in costs; the last option, according to the authors, being the most advantageous scenario and the most economically efficient.⁽⁷⁷⁾

D. Cannabis Report by the Federal Commission for Drug Issues – (EKDF) (May 1999)⁽⁷⁸⁾

The Federal Commission for Drug Issues was set up by the Federal Council in early 1997 to replace the Subcommission for Drug Issues of the Federal Narcotics Commission disbanded at the end of 1996. The Cannabis Report is a compilation of expertise in cannabis use and includes recommendations on the future treatment of cannabis when the federal *Narcotics Act* is revised. We are reminded of the conclusions of the reports of the Subcommission for Drug Issues (1989) and the Schild Commission (1996) which were in favour of decriminalization of narcotics consumption and preparation for consumption. The authors also point out certain initiatives, at the parliamentary or canton level, from 1992-1998, either calling for the decriminalization of the cultivation and use of cannabis (National Counsellor Vermot's initiative, 1997), or submitting that cannabis products not be subject to the enforcement under the *Narcotics Act* (cantons of Basel-Campagne, 1997 and Zurich, 1998), or providing for the legalization of all narcotics (Solothurn canton, 1992). The Federal Commission also pointed out

(77) *Ibid.*, pp. 67-72.

(78) Swiss Federal Commission for Drug Issues, *Cannabis Report*, Federal Office of Public Health, Bern, May 1999, available on-line at <http://www.bag.admin.ch/sucht/politik/drogen/revbetmg/cannabise.pdf>

that between 1993 and 1998, the debate on the DroLeg initiative had drawn attention to the desire of part of the population to exempt cannabis from the full force of narcotics legislation. In such a context, a specific study on the matter of cannabis was necessary, particularly since cannabis production (agricultural and private) and distribution networks in the form of stores specializing in the sale of hemp products were to be found throughout the country, thus causing increasing confusion in the ranks of the Swiss population and especially its youth about the rationale, goals and implementation of the *Narcotics Act*.⁽⁷⁹⁾

The report begins by presenting the situation in Switzerland and, as in the past, noted an increase in the use of cannabis. Among 15-year-olds, it reported the results of a study indicating that the percentage of youth in that age category having previously used cannabis had more than tripled since 1986 (from 2.5% in 1986 to 8.4% in 1998). As for the number of regular users of cannabis products, the percentage had increased from 2.9% in 1986 to 8.6% in 1998.⁽⁸⁰⁾ It also pointed out that cannabis cultivation in Switzerland had greatly developed during the 1990s and that most of the crop was destined for the illegal market rather than the legal one (e.g. as a renewable raw material for textile production).⁽⁸¹⁾ According to an investigation in all cantons, hashish was mainly sold on the street while marijuana was being sold more and more through hemp shops as “aromatic pillows.” In 1999, there were some 135 hemp shops covering just about the entire country.⁽⁸²⁾

The report deals with the pharmacology and toxicology of cannabis in a detailed fashion. It examines:

- the effects on the human body;
- the acute effects of cannabis on the central nervous system;
- the acute undesirable effects and toxicity of cannabis;
- cannabis and driving;
- the effects of chronic cannabis use;
- the amotivational syndrome;

(79) *Ibid.*, pp. 5-8.

(80) *Ibid.*, p. 12.

(81) *Ibid.*, p. 16.

(82) *Ibid.*, p. 17.

- dependence and tolerance;
- the carcinogenic effect;
- the genetic effects and effects on reproduction and pregnancy;
- the effects on the immune system.

The nature of this document does not allow for a detailed presentation of the data concerning all those aspects. However, the following data will prove interesting:

- It is considered that the effect of cannabis does not depend only on its composition, dosage or mode of consumption but also on the user's state of mind, expectations and the atmosphere at the time.
- Acute toxicity of cannabis is generally considered to be rare. A psychotic state may appear after use of high doses of cannabis. Reassurance is often enough to calm the person down.
- The ability to drive a motor vehicle is impaired for two to four hours (maximum eight hours) after using cannabis. Users often over-estimate the effect of cannabis on their ability to drive a motor vehicle and therefore concentrate more intensely and drive more slowly. It was also proven that in 80% of accidents where THC was found in the plasma of the responsible parties, their alcohol level was also positive.
- The “amotivational” syndrome, which entails personality change, neglect of one's appearance and general disinterest displayed by habitual cannabis users, was never confirmed.
- The use of cannabis may lead to psychological dependence. The tendency towards physical dependence is, however, very low.
- It is advisable to abstain from cannabis, tobacco and alcohol use during pregnancy.
- The human immune system is relatively resistant to the immunosuppressive effects of cannabinoids and research results support the therapeutic use of delta 9 THC in patients whose immune system has already been weakened by other diseases (AIDS, cancer).⁽⁸³⁾

As for the enforcement of the *Narcotics Act*, the Federal Commission noted that the reaction of the different cantons varied in the case of minor offences of cannabis dealing and

(83) *Ibid.*, pp. 19-24.

use. The general trend in the courts, however, was to soften the penalties in cases where the offence was committed for personal use. In 10 of the 26 cantons, the police had adopted a differentiated practice, in that cannabis users were tolerated as opposed to users of other illegal substances. It was also pointed out that during the years 1991 and 1994, cannabis products were the substances most used, especially by teenagers (in 1991, in 95% and in 91% of decisions handed down against teenagers). In most judgments not resulting in a criminal record, a fine was the most usual penalty for cannabis use only, followed by reprimands and warnings.⁽⁸⁴⁾

Finally, against the background of the notable enhancement of the public profile of cannabis and the resulting change in the perception of the issue and also in view of the lesser risks posed by cannabis, the Commission made recommendations that would give cannabis a separate status from illegal drugs. It suggested that the legal status of cannabis should be aligned more closely with that of legal psychoactive substances such as alcohol. The Commission was nevertheless of the view that under the terms of the international conventions to which Switzerland was a party, there was very limited scope for amending the drugs legislation. The Commission also felt it was not its function to assess the political importance of such conventions; its role was to propose appropriate models in light of all the information available to it. The Commission therefore proposed two solutions:

- the first, favoured by all members but incompatible with the 1961 Single Convention, was to make cannabis available legally;
- the second choice, capable of implementation within the ambit of the international conventions, was limited decriminalization.⁽⁸⁵⁾

Following detailed consideration of the different options, the Federal Commission unanimously recommends the elaboration of a model which not only removes the prohibition of consumption and possession but also makes it possible for cannabis to be purchased lawfully. The model should not be one of free availability but instead should include clear provisions for the protection of the young and the prevention of all the potential adverse consequences of legalization.

...

(84) *Ibid.*, pp. 43-44.

(85) *Ibid.*, p. 105.

In the event that the legalization model proposed above should prove to be politically impracticable, the Commission proposes an alternative amendment of the Swiss *Narcotics Act*, which can be implemented within the constraints of existing international obligations. This would comprise:

- The repeal of the substantive offences of consumption and preparatory activities for personal consumption;
- The introduction of an expediency principle in relation to dealing, by means of the creation of a statutory basis in the Swiss *Narcotics Act* and the enactment of the relevant criminal justice provisions by way of an implementing ordinance.⁽⁸⁶⁾

REVISION OF THE FEDERAL NARCOTICS AND PSYCHOTROPIC SUBSTANCES ACT

The reports commissioned by the Federal Office of Public Health all agree that the situation has changed a great deal and that the problems associated with drug abuse and the illegal drug market have worsened since the 1975 revision of the federal *Narcotics Act*. Several reports pointed out an increase in the number of drug users and addicts, shortcomings in the areas of prevention and treatment, the deteriorating health of addicts with the advent of AIDS and, consequently, the need to invest more and more in harm reduction and coping strategies. In addition to these observed changes, there are other factors that justify a revision of the *Narcotics Act*, including the following:

- the federal decree allowing medical prescription of heroin for treatment purposes will expire at the end of 2004, and it calls for a revision of the *Narcotics Act* to place this type of treatment on the same legal footing as medical prescription of morphine and methadone for treatment purposes;
- doubts about whether cracking down on consumption has any deterrent effect on the decision to try or continue using a drug;
- recognition that cannabis is different from other narcotics such as heroin and cocaine in the way it is cultivated, processed and trafficked, as well as with respect to the effects associated with its use, which are less health-threatening than the effects associated with tobacco or alcohol addiction;

(86) *Ibid.*, p. 106.

- differing practices in matters of criminal prosecution from one canton to another, depending on the human and financial resources of cantonal authorities and the priority given to dealing with offences under the *Narcotics Act*.⁽⁸⁷⁾

At the request of the Federal Council, the Federal Department of Home Affairs launched a consultation process for the revision of federal *Narcotics Act* in 1999. The consultation results were submitted to the Federal Council in October 2000, following which the Council gave the department the task of preparing changes to the legislation. The main features of these changes, as announced in the Federal Council's message, are as follows:

- *Introduction of the four-pillar approach in the legislation* – The revised *Act* would have a new provision setting out the priority areas for measures under the federal drug policy:
 - prevention, therapy and social reintegration;
 - harm reduction and coping assistance;
 - control and enforcement.

This provision would also stipulate that: in applying the present *Act*, the Confederation and the cantons will give special consideration to the need to protect young people (draft legislation, Section 1(a)).

- *Prevention and treatment of addiction-related problems* – The legislation would have a broader scope in respect of preventive measures, therapy and harm reduction, regardless of the substance involved.
- *Legal basis for heroin assisted treatment* – This treatment would be allowed for therapeutic purposes, and heroin would be removed from the list of prohibited substances in the current Section 8 (see Appendix A, Section 8, para. 1(b) of the *Narcotics Act*).
- *Protection for young people* – The chief goal of the measures should be to safeguard young people from using and abusing addictive substances, by setting up early warning and intervention measures and strengthening preventive measures. Furthermore, drug consumption would be decriminalized for young people under 18 years of age, and stricter penalties would be put in place for people who provide drugs to minors under 16 years of age.

(87) *Supra*, note 29.

- *Criminal provisions* – The draft legislation would decriminalize cannabis consumption and preparation for consumption by removing the obligation to prosecute cannabis users. This decriminalization must, however, be accompanied by national information campaigns to convey the message that consumption of psychoactive substances is never without risk, as well as other preventive initiatives. In addition, a new section in the *Act* would introduce the principle that the Federal Council may set priorities for criminal prosecution (expediency principle). The restriction on the obligation to prosecute would apply to the consumption of drugs and to operations relating to cannabis derivatives.
- *Confederation's role* – There would be a strengthening of the Confederation's role in coordinating and supporting the measures taken by the cantons.⁽⁸⁸⁾

Most of these changes, if they were implemented, would have very little impact in practice because they reflect the current situation. General decriminalization of cannabis consumption and preparation for consumption could have a more significant impact, because this would lighten the workload of judicial authorities and would require the strengthening of preventive measures and the creation of tools for acting at an early stage where problems arise. Moreover, the draft legislation provides for the possibility of outlining conditions under which cantonal authorities would not be obliged to prosecute users of other drugs (for example, heroin and cocaine).⁽⁸⁹⁾

In Switzerland, creating legislation is a complex and lengthy process that lasts at least twelve months. The new legislation concerning narcotics and psychotropic substances completed the review stage in the fall of 2001. First, the Committee for Social Security and Public Health gave the text a preliminary review and then submitted it to the Council of States with its observations. The Committee approved the new legislation in November 2001, although it tightened up some of the points in the Federal Council's proposal: it raised the age limit for buying cannabis from 16 to 18 and refused to extend the expediency principle to the enforcement of heroin and cocaine consumption. On December 12, 2001, the Council of States, by a vote of

(88) *Ibid.*

(89) Federal Office of Public Health, *Le Conseil fédéral approuve le message relatif à la révision de la loi sur les stupéfiants (L Stup) : Innovations dans le domaine du cannabis*. [Federal Council endorses message regarding revision of *Narcotics Act: Innovations concerning cannabis*] March 9, 2001, available on-line in French at <http://www.bag.admin.ch/dienste/medien/2001/f/01030903.htm>.

32 to 8, adopted the bill as revised by the Committee for Social Security and Public Health. The next stage will be the review of the proposed legislation by the National Council. If the Council adopts the revised law, it will probably then be the subject of a referendum.

1990-2000 SUMMARY

Switzerland's drug policy has evolved considerably in the last decade. There have been major changes in the perception of the issues and in the implementation of policy decisions, as well as in the impact of this drug policy, as verified by quantifiable data available for each of four pillars. Whereas in the mid-1980s drug addicts were largely viewed as marginalized people responsible for their own fate, today they are generally seen as ill, dependent people who are victims of a personal predisposition or outside circumstances. This new perception of the person with a drug dependency has given rise to a new approach based on social assistance and public health, rather than on enforcement and punishment. However, the enforcement approach was strengthened to deal with those who profit from drug trafficking. The four-pillar policy is intended to be a balanced, pragmatic approach that recognizes that drug problems cannot be completely solved, and that steps must be taken to mitigate the many effects of drug abuse and the illegal drug trade.⁽⁹⁰⁾

In the area of prevention, the programs supported by the Federal Office of Public Health have reached several hundred thousand young people since the early 1990s. As for therapeutic treatment, it is estimated that, out of a population of 30,000 hard-drug users, approximately 15,000 addicts are receiving some form of treatment – either in-patient treatment based on abstinence with methadone or heroin prescribed, or out-patient treatment. There has been an increase in harm reduction programs, which help improve the physical and mental health of drug addicts, as well as their quality of life. For example, injection drug users made up between 36 and 40 per cent of new HIV cases in 1991, whereas in 1999, they accounted for only between 14 and 17 per cent of HIV cases. Similarly, the number of deaths attributable to a drug overdose (usually heroin) dropped from 405 in 1991 to 181 in 1999. As for deaths attributable to AIDS among injection drug users, the figures show a substantial decline, from 318 deaths in

(90) *Supra*, note 5, pp. 28-29.

1994 to 196 in 1996.⁽⁹¹⁾ Lastly, enforcement has been stepped up, with the number of charges for offences under the *Narcotics Act* rising from 23,400 in 1991 to 44,336⁽⁹²⁾ in 1999. The majority of these charges involved consumption of drugs. New measures have also been introduced to all police forces to deal more effectively with drug trafficking and money laundering.⁽⁹³⁾

The Federal Office of Public Health recognizes, however, that:

Despite the successes that Switzerland has achieved, the drug problem remains a real one and there is no doubt that, in the future, we will have to continue to invest considerable resources to consolidate our achievements and make additional progress.⁽⁹⁴⁾ [UNOFFICIAL TRANSLATION]

(91) *Supra*, note 46.

(92) This number is slightly different than the number of charges presented on p. 17 (3,711) as the source is different. However, in both cases, an important increase in the number of charges is observed between 1991 and 1999.

(93) *Supra*, note 5.

(94) *Ibid.*

APPENDIX A

Appendix A

Federal Narcotics and Psychotropic Substances Act- October 3, 1951 (As of November 27, 2001)

Chapter 1: General provisions

Section 1

¹ Substances and preparations having a morphine, cocaine or cannabis-like effect and that lead to a dependency (addiction) are deemed to be a narcotic within the meaning of this act.

² The following are deemed to be narcotics within the meaning of para. 1:

- a. Raw drugs
- 1. Opium;
- 2. Poppy straw used to produce substances or preparations covered in *b* (1), *c* or *d* of this paragraph;
- 3. Coca leaves;
- 4. Hemp;
- b. Active ingredients
- 1. Phenanthrene alkaloids of opium, their derivatives and salts leading to dependency (addiction);
- 2. Egonine, its derivatives and salts that lead to dependency;
- 3. Hemp fibre resin;
- c. Other substances
- that have an effect similar to the substances covered in *a* or *b* of this paragraph;
- d. Preparations
- that contain substances covered in *a*, *b* or *c* of this paragraph.

³ Psychotropic substances leading to dependency are included with narcotics under this act, namely :

- a. Hallucinogens such as lysergide and mescaline;
- b. Central nervous system stimulants having an amphetamine-like effect;
- c. Central depression having a barbituric or benzodiazepinine-like effect;
- d. Other substances that have an effect similar to those substances covered in one *a* to *c*;
- e. Preparations that contain substances covered under *a* to *d*.

⁴ The Swiss institute of therapeutic products⁽¹⁾ prepares a list of substances and preparations within the meaning of paragraphs 2 and 3.

(1) New designation on therapeutic products, in effect since January 1, 2002.

Chapter 2. Manufacture, distribution, acquisition and use of narcotics.

Part 1. Manufacturing facilities and business establishments

Section 4

¹ Businesses and individuals who wish to grow alkaloid plants in order to extract narcotics or who wish to manufacture, prepare or sell narcotics must be authorized to do so by the competent cantonal authority, subject to Section 8.

² The Federal Council prescribes the terms of these authorizations and the conditions governing their granting, duration, withdrawal and expiry.

Section 5

¹ A special permit from the Federal Office of Public Health is required to import and export an uncontrolled narcotic. This permit is issued in compliance with international conventions. An export permit which is not required by law or by international convention can be issued if it is required by the recipient country.

² The Customs Administration, along with the Federal Office of Public Health, controls the importing and exporting of narcotics.

Section 8

¹ The narcotics indicated hereafter cannot be grown, imported, manufactured or sold.

- a. Smoking opium and wastage coming from its manufacture or use;
- b. Diacetylmorphine and its salts;
- c. Hallucinogens such as lysergide (LSD 25);
- d. Hemp used for the extraction of narcotics and resin from its fibres (hashish).

² (repealed by ch. I of the Federal Act of March 20, 1975 – RO 1975 1220 : FF 1973 I 1303)

³ The Federal Council can prohibit the importing, manufacture and sale of other narcotics if their manufacture is prohibited by international convention or if the main producing states do not act to prohibit them.

⁴ Any stocks of prohibited narcotics must be processed, under the supervision of the cantonal authority, into a substance authorized by law; otherwise, they must be destroyed.

⁵ If not prohibited by any international convention, the Federal Office of Public Health may issue special authorizations, providing that the narcotics covered under paragraphs 1 and 3 are used for scientific purposes or the fight against narcotics, or that the substances covered in paragraph 1 (b) and (c), are intended for a limited medical purpose.

⁶ The Federal Office of Public Health may, in addition, issue, on an exceptional basis, authorizations to grow, import, manufacture and market substances described in paragraph 1 (b). It can also issue authorizations to use the same substances to treat drug addicts, as an exception in only in institutions specialized in this field.

⁷ The Federal Council shall establish the conditions governing the treatment of addicts with substances referred to in paragraph 1(b) and ensure that these substances are administered only to people:

- a. who are no less than 18 years old;
- b. who have been heroin addicts for no less than two years;
- c. who have discontinued no less than two attempts at out-patient or in-patient care involving another recognized method or whose state of health precludes any other treatment and
- d. who manifest medical, psychological or social deficiencies due to narcotics use.

⁸ The Federal Council shall provide for regular monitoring of therapies used, with a particular focus on the objective of abstinence.

Part 4. Combatting Narcotics Abuse

Section 15

¹ Administrative services, physicians and pharmacists are authorized to report to the appropriate protection authority or to an approved treatment or assistance institution any case of narcotics abuse they observe in the course of their official or professional activities, where they are of the opinion that protection measures are appropriate in the interests of the patient, those close to the patient or the community.

² Employees of the appropriate protection authority and of the approved treatment or assistance institution must, with respect to such reports, maintain official and professional confidentiality under sections 320 and 321 of the Criminal Code of Switzerland. Such employees are not required to give evidence in court or disclose information, provided their statements relate to the situation of the protected person or an offence under section 19a.

³ Where an educator, social worker and the support staff available to them discover that a person in their care has committed an offence under section 19a of this Act, they are not required to report that person.

Section 15a

¹ To prevent narcotics abuse, the cantons shall promote information and consultation and set up the institutions needed to do so.

² The cantons shall provide for the protection of those in need of medical treatment or other assistance on account of narcotics abuse and shall assist their return to work and society.

³ The appropriate authorities may delegate certain tasks and responsibilities to private organizations.

⁴ The cantons may prohibit the acquisition of narcotics. They shall give notice of their decisions to the Federal Office of Public Health, which shall relay those decisions to health officials in the other cantons for the information of physicians and pharmacists.

⁵ Prescribing, dispensing and administering narcotics for the treatment of addicts shall be subject to special cantonal authorization.

⁶ Where, owing to addiction, a person might constitute a danger to the public, the service with knowledge of that danger shall advise the appropriate authority.

Section 15b

¹ Addicts may be placed or kept in a suitable establishment pursuant to the provisions on custodial care in the Civil Code of Switzerland.

² The cantons may order out-patient care or post-hospitalization monitoring.

Section 15c

¹ Through grants or other measures, the Confederation shall encourage scientific research on the effects of narcotics, the causes and consequences of narcotics abuse and ways to combat that abuse.

² The Federal Council shall establish the procedures for awarding and calculating grants and shall determine grant amounts.

³ The Confederation shall assist cantons and private organizations in the administration of the Act. The Confederation shall, *inter alia*, set up a documentation, information and co-ordination office and encourage the training of staff specialized in the treatment of addicts. The Federal Council shall establish the relevant procedures.

Chapter 4. Penal provisions

Section 19

1. Anyone who:

unlawfully cultivates alkaloid plants or hemp for the production of narcotics;
 unlawfully manufactures, extracts, processes or prepares narcotics;
 unlawfully stores, ships, transports, imports, exports or forwards;
 unlawfully provides, distributes, sells, brokers, procures, prescribes, offers for sale or transfers;
 unlawfully possesses, holds, buys or otherwise acquires;
 takes steps to these ends;
 finances illicit traffic in narcotics or acts as an intermediary in such financing;
 publicly encourages narcotics consumption or reveals opportunities to procure or consume them;
 is liable, if that person acted intentionally, to imprisonment or a fine. In serious cases, the penalty shall be confinement or imprisonment for no less than one year; this may be combined with a fine of up to one million francs.

2. The case is serious, *inter alia*, where the offender:

- a. knows or ought to know that the offence involves a sufficient quantity of narcotics to endanger the health of many people;
- b. acts as a member of a gang formed to engage in illicit traffic in narcotics;
- c. engages in trafficking by way of occupation and thereby makes substantial sales or earnings.

3. An offender who acts inadvertently in the cases referred to in subsection 1 above is liable to imprisonment for no more than one year, detention or a fine.

4. Anyone who commits an offence outside Switzerland, is apprehended in Switzerland and is not extradited is liable to the penalties under subsections 1 and 2, if the act is punishable in the country where it was committed.

Section 19a

1. Anyone who unlawfully and intentionally consumes narcotics or who commits an offence under section 19 for personal use is liable to detention or a fine.
2. For petty offences, the appropriate authority may stay the proceedings or waive punishment. A reprimand may be issued.
3. Criminal prosecution may be waived where, on account of previous narcotics consumption, the offender is already subject to protection measures monitored by a physician or agrees to abide by such measures. Criminal prosecution shall be triggered if the offender fails to comply with those measures.
4. Where the offender is a narcotics addict, the judge may order the offender committed to a care facility. Section 44 of the Criminal Code of Switzerland is applicable by analogy.

Section 19b

Anyone who merely prepares narcotics for personal use or for shared use with others at no charge is not punishable where the quantities involved are minimal.

Section 19c

Anyone who intentionally persuades or attempts to persuade someone to unlawfully consume narcotics is punishable by detention or a fine.

APPENDIX B

Appendix B⁽¹⁾

Seizure deaths due to drugs between 1975-2000 reported drug-related cases in Switzerland

Year	No. of cases	Cocaine (kg)	Heroin (kg)	Cannabis (kg)	Hash oil (kg)	Amphetamines (kg)*	LSD (doses)	Ecstasy (tablets)	Deaths due to drugs
1975	5725	3.2	22.8	383	15.8		9213		35
1976	5251	13.3	16	405	7.7		10440		52
1977	5705	9.7	17.7	267.4	7.7	350.4	5666		84
1978	6299	4.3	5.5	736.7	11	4.8	6021		85
1979	7045	16.6	22.9	2486	6.9	7	4791		102
1980	8181	14	16.9	873.4	24.1	0.8	3698		88
1981	9699	11	19.6	579.2	15.1	0.015	7388		107
1982	11951	48.5	17.4	1366.6	19.6	0.5	5403		109
1983	13168	52.4	48.9	651.3	11.6	0.03	2574		144
1984	13689	23.1	37.7	922.2	3.8	0.09	6619		133
1985	15361	57.9	56.3	815.3	14.1	0.145	2327		120
1986	15817	101.9	81.6	377.8	2.8		933		136
1987	17192	112.9	69.9	597.4	8.9	0.024	5290		196
1988	18713	226.1	42.9	1230	2.5	0.726	1705		205
1989	18780	206.1	50.4	883.2	18.3	0.353	1492		248
1990	18880	339.3	186.2	513.8	2.1	14.8	2207	319	280
1991	23470	333.4	81	838.2	0.1	0.025	752	150	405
1992	30860	329.9	243.3	3094.5	2.1	1	902	3365	419
1993	38206	333.9	178.5	685.1	1.6	0.824	4188	7429	353
1994	40376	295.3	224.6	532.5	7	0.54	1352	28071	399
1995	42001	262	212.6	807.2	1.9	1.23	3598	46467	361
1996	42628	255.6	405.1	4236.4	1.7	4.521	9009	81917	312
1997	45093	349.4	209.2	7288.2	8.6	7.981	9424	87676	241
1998	45726	251.6	403.6	15001.4	1.5	33.190	2995	73914	210
1999	44343	287.9	397.5	8451.7	0.6	10.700	3130	67343	181
2000	46588	372	207.4	19571.8	9.5	39.105	15525	189569	205

* In the 1999 edition, amphetamines were erroneously expressed in grams instead of kilograms.

(1) Federal Office of Police, *Situation Suisse : Rapport de Situation 2000* [2000 Situation Report on Switzerland], Analysis and Prevention Service, 2001, p. 46.

APPENDIX C

APPENDIX C⁽¹⁾

Convictions – Federal Narcotics and Psychotropic Substances Act 1984-1999

Year	Offence	Simple trafficking											
		Consumption and trafficking						Simple consumption					
		Main penalty			Incarceration			Main penalty			Incarceration		
		Total	Fine	Measure	Suspended	Sentence	Incarceration	Total	Fine	Measure	Suspended	Sentence	Incarceration
		N	N	N	N	N	N	N	N	N	N	N	N
Total	5,418	3039	317	308	1566	848	1656	160	61	874	561	723	61
Men	4,491	2541	262	243	1279	757	1349	128	51	661	509	601	47
Women	927	498	55	65	287	91	307	32	10	213	52	122	14
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4,002	2349	287	254	1206	602	1311	141	55	681	434	342	45
Foreign	1,416	690	30	54	360	246	345	19	6	193	127	381	16
<20	754	408	89	19	254	46	287	33	7	210	37	59	5
20-24	2,723	1607	161	175	885	386	850	95	26	451	278	266	29
25-29	1,324	741	48	94	327	272	376	27	26	155	168	207	15
30-34	423	203	12	15	69	107	115	5	1	46	63	105	6
35-39	134	55	4	3	22	26	25	0	1	10	14	54	2
40-44	44	19	2	1	8	8	2	0	0	1	1	23	3
45-49	3	2	0	1	0	1	0	0	0	0	0	0	1
50-59	8	4	1	0	1	2	0	0	0	0	0	0	1
>59	5	0	0	0	0	0	0	1	0	0	4	1	0

(1) Source: Federal Statistical Office, document provided at the author's request, 2002.

Year 1985		Offence									
		Consumption and trafficking					Simple consumption				
		Main penalty		Main penalty			Main penalty		Main penalty		
		Total	Fine	N	Measure	N	Total	Fine	Measure	Suspended sentence	Incarceration
		N	N	N	N	N	N	N	N	N	N
Total	5681	3005	324	274	1575	832	1825	217	63	893	652
Men	4747	2544	270	230	1291	753	1509	184	55	700	570
Women	934	461	54	44	284	79	316	33	8	193	82
Unknown	0	0	0	0	0	0	0	0	0	0	0
Swiss	4216	2372	269	236	1253	614	1414	183	57	669	505
Foreign	1465	633	55	38	322	218	411	34	6	224	147
<20	651	348	82	13	224	29	249	40	6	158	45
20-24	2780	1547	187	130	879	351	939	112	28	494	305
25-29	1445	748	36	95	342	275	447	49	23	164	211
30-34	552	276	12	30	96	138	145	12	3	62	68
35-39	157	60	4	3	26	27	31	1	1	12	17
40-44	65	21	3	1	8	9	7	0	1	2	4
45-49	16	3	0	1	0	2	3	2	1	0	0
50-59	10	2	0	0	0	1	3	0	1	2	5
>59	5	0	0	0	0	0	1	1	0	0	4

	Year 1986	Offence												
		Consumption and trafficking						Simple consumption						
		Main penalty			Main penalty			Main penalty			Main penalty			
		Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure
		N	N	N	N	N	N	N	N	N	N	N	N	N
Total	6051	3057	359	292	1539	867	2045	253	64	928	800	949	66	26
Men	5076	2594	312	242	1260	780	1660	208	53	716	683	822	49	22
Women	975	463	47	50	279	87	385	45	11	212	117	127	17	4
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4410	2359	283	249	1195	632	1627	214	54	708	651	424	50	22
Foreign	1641	698	76	43	344	235	418	39	10	220	149	525	16	4
<20	671	348	85	7	223	33	272	46	0	202	24	51	6	1
20-24	2719	1431	168	130	812	321	983	134	29	464	356	305	25	11
25-29	1744	870	76	108	345	341	573	55	26	193	299	301	20	9
30-34	620	287	19	38	106	124	169	13	6	50	100	164	7	5
35-39	184	85	8	8	35	34	36	2	2	13	19	63	1	0
40-44	70	24	2	1	11	10	8	1	1	4	2	38	3	0
45-49	17	6	1	0	3	2	1	0	0	1	0	10	0	0
50-59	19	5	0	0	3	2	1	0	0	1	0	13	3	2
>59	7	1	0	0	1	0	2	2	0	0	4	1	0	0

Simple trafficking

Offence

Consumption and trafficking

Main penalty

Main penalty

		Offence												
		Consumption and trafficking						Simple consumption						
		Main penalty			Main penalty			Main penalty			Main penalty			
		Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure
		N	N	N	N	N	N	N	N	N	N	N	N	N
Total	6426	3283	429	310	1662	882	2252	326	93	1041	792	891	84	22
Men	5339	2732	371	253	1314	794	1848	279	78	791	700	759	61	20
Women	1087	551	58	57	348	88	404	47	15	250	92	132	23	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4614	2506	366	250	1248	642	1727	271	84	770	602	381	56	15
Foreign	1812	777	63	60	414	240	525	55	9	271	190	510	28	7
<20	815	406	120	26	227	33	344	68	6	223	47	65	16	0
20-24	2955	1575	203	120	884	368	1092	176	37	537	342	288	30	7
25-29	1669	865	76	108	372	309	554	54	30	196	274	250	19	7
30-34	675	377	17	48	142	110	198	20	16	62	100	160	11	5
35-39	174	76	9	5	21	41	40	4	4	15	17	58	2	2
40-44	78	23	1	3	8	11	14	3	0	4	7	41	0	13
45-49	31	11	1	0	4	6	5	0	0	2	3	15	2	2
50-59	22	8	1	0	3	4	4	0	0	2	2	10	1	0
>59	7	2	1	0	1	0	1	0	0	0	0	4	0	1

		Offence											
		Simple consumption						Simple trafficking					
		Consumption and trafficking			Main penalty			Main consumption			Main trafficking		
		Total	Fine	Measure	Suspended	Sentence	Incarceration	Total	Fine	Measure	Suspended	Sentence	Incarceration
		N	N	N	N	N	N	N	N	N	N	N	N
Total		6759	3485	413	345	1828	899	2437	340	100	1086	911	837
Men		5714	2956	343	292	1506	815	2057	295	88	872	802	701
Women		1045	529	70	53	322	84	380	45	12	214	109	136
Unknown		0	0	0	0	0	0	0	0	0	0	0	0
Swiss		4832	2589	331	280	1348	630	1853	269	82	803	699	390
Foreign		1927	896	82	65	480	269	584	71	18	283	212	447
<20		779	398	109	24	239	26	333	69	13	193	58	48
20-24		2937	1569	205	133	900	331	1141	187	40	556	358	227
25-29		1841	966	64	128	465	309	642	60	30	226	233	19
30-34		815	392	23	48	161	160	245	20	11	86	128	178
35-39		262	120	7	10	48	55	64	2	4	22	36	78
40-44		65	23	3	2	9	9	10	1	1	3	4	32
45-49		26	12	2	0	4	6	1	0	0	0	13	0
50-59		23	4	0	0	2	1	0	0	0	1	23	3
>59		6	1	0	0	0	1	0	0	0	5	1	0

		Offence												
		Consumption and trafficking						Simple consumption						
		Main penalty			Main penalty			Main penalty			Main penalty			
		Total	Total	Fine	Measure	Suspended	Incarceration	Total	Fine	Measure	Suspended	Incarceration	Total	Fine
		N	N	N	N	N	N	N	N	N	N	N	N	N
Total	6969	3439	374	378	1768	919	2569	378	134	1100	957	961	55	19
Men	5903	2901	332	317	1413	839	2177	330	120	858	869	825	42	13
Women	1066	538	42	61	355	80	392	48	14	242	88	136	13	6
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4826	2529	311	293	1286	639	1904	299	118	760	727	393	39	14
Foreign	2143	910	63	85	482	280	665	79	16	340	230	568	16	5
<20	706	358	97	13	224	24	300	47	16	199	38	48	8	0
20-24	3023	1564	177	160	902	325	1168	196	46	541	385	291	20	8
25-29	1858	902	60	138	417	287	693	86	45	236	326	263	14	6
30-34	882	420	26	50	152	192	291	31	21	93	146	171	6	3
35-39	324	146	11	13	52	70	86	9	4	24	49	92	2	2
40-44	86	23	1	3	10	9	25	6	2	5	12	38	1	0
45-49	36	16	2	0	6	8	2	1	0	0	1	18	1	0
50-59	41	8	0	1	5	2	3	2	0	1	0	30	1	0
>59	13	2	0	0	0	2	1	0	0	0	10	2	0	3

Offense	Offense												
	Consumption and Trafficking						Simple consumption						
	Main penalty			Main penalty			Main penalty			Main penalty			
	Total	Fine	Measure	Suspended	Sentence	Incarceration	Total	Fine	Measure	Suspended	Sentence	Incarceration	Total
	N	N	N	N	N	N	N	N	N	N	N	N	N
Total	6732	3162	319	369	1568	906	2565	374	128	1138	925	1005	52
Men	5693	2699	271	303	1296	829	2153	320	107	913	841	41	24
Women	1039	463	48	66	272	77	412	54	21	225	112	164	11
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4530	2265	250	295	1130	590	1871	305	112	775	679	394	40
Foreign	2202	897	69	74	438	316	694	69	16	363	246	611	12
<20	652	338	82	21	206	29	260	52	4	181	23	54	7
20-24	2800	1419	134	149	792	344	1106	180	49	540	337	275	22
25-29	1876	822	61	120	352	289	759	101	54	270	334	295	11
30-34	896	397	28	57	145	167	316	33	16	101	166	183	5
35-39	311	128	8	19	47	54	86	5	29	47	97	5	2
40-44	113	37	6	2	14	15	31	3	0	14	45	1	0
45-49	43	13	0	1	5	7	6	0	0	3	24	1	1
50-59	31	7	0	0	6	1	1	0	0	1	23	1	0
>59	10	1	0	1	0	0	0	0	0	9	1	0	3

		Offence												
		Consumption and trafficking						Simple consumption						
		Main penalty			Main penalty			Main penalty			Main penalty			
		Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure
		N	N	N	N	N	N	N	N	N	N	N	N	N
Total	3450	8015	312	426	1787	925	3261	428	123	1595	1115	1304	63	40
Men	6839	2942	261	365	1472	844	2756	373	104	1293	986	1141	49	30
Women	1175	508	51	61	315	81	504	55	19	301	129	163	14	10
Unknown	1	0	0	0	0	0	1	0	0	1	0	0	0	0
Swiss Foreign	4838	2334	254	332	1156	592	2133	301	103	950	779	371	38	28
<20	742	365	80	19	242	24	310	45	4	228	33	67	6	1
20-24	3349	1554	133	191	897	333	1429	244	49	747	389	366	23	12
25-29	2186	906	53	132	415	306	918	97	46	362	413	362	15	11
30-34	1114	414	29	60	160	165	444	33	19	195	197	256	10	11
35-39	375	148	10	18	53	67	111	7	3	41	60	116	5	4
40-44	144	46	5	4	16	21	34	1	2	17	14	64	2	0
45-49	51	12	2	2	6	12	0	0	5	7	27	0	0	7
50-59	43	3	0	0	1	2	3	1	0	2	37	1	1	7
>59	11	2	0	0	1	0	0	0	0	0	9	1	0	0
														8

Year 1992		Offence										Simple trafficking					
		Consumption and trafficking					Simple consumption					Main penalty			Main penalty		
		Total	N	Fine	N	Measure	Suspended sentence	Incarceration	Total	N	Fine	Measure	Suspended sentence	Incarceration	Total	N	Fine
	Total	3575	339	466	1845	925	2701	105	156	1411	1029	1594	59	39	846	N	650
	Total	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870	7870
	Men	6774	3102	296	408	1554	844	2268	86	135	1144	903	1404	49	33	753	569
	Women	1096	473	43	58	291	81	433	19	21	267	126	190	10	6	93	81
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Swiss	4665	2374	283	344	1169	578	1854	71	133	915	735	437	40	29	244	124
	Foreign	3205	1201	56	122	676	347	847	34	23	496	294	1157	19	10	602	526
	<20	654	317	50	32	215	20	242	11	12	199	20	95	3	0	79	13
	20-24	3087	1552	150	186	912	304	1091	53	49	632	357	444	20	13	299	112
	25-29	2309	1031	82	150	456	343	822	25	54	381	362	456	22	15	252	167
	30-34	1108	455	43	76	184	152	383	12	38	147	186	270	5	6	121	138
	35-39	448	153	7	16	59	71	135	4	3	42	86	160	4	4	51	101
	40-44	154	49	5	3	15	26	23	0	0	7	16	82	2	2	23	57
	45-49	51	10	2	2	1	5	4	0	0	2	2	37	3	0	10	24
	50-59	41	5	0	1	1	3	1	0	0	1	0	35	0	0	9	26
	>59	18	3	0	0	2	1	0	0	0	0	15	0	1	2	12	12

Year	Offence	Simple consumption												Simple trafficking						
		Consumption and trafficking						Main consumption						Main trafficking						
		Main penalty		Measure		Incarceration		Total		Fine		Measure		Main penalty		Suspended sentence		Main penalty		
Total	Total	Total	N	Total	N	Total	N	Total	N	Total	N	Total	N	Total	N	Total	N	Total	N	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Total	9081	4161	421	500	2135	1105	3016	142	144	1602	1128	1904	108	47	982	47	767	767		
Men	7748	3522	349	419	1760	994	2555	123	123	1285	1004	1691	79	42	863	42	707	707		
Women	1333	639	72	81	375	111	481	19	21	317	124	213	29	5	119	5	60	60		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Swiss	5479	2880	331	388	1466	695	2079	112	112	1063	792	520	79	36	289	36	116	116		
Foreign	3602	1281	90	112	669	410	937	30	32	539	336	1384	29	11	693	11	651	651		
<20	678	327	76	24	203	24	265	13	13	205	34	86	8	0	57	0	21	21		
20-24	3471	1733	183	197	1024	329	1209	68	41	734	366	529	41	8	330	8	150	150		
25-29	2757	1248	91	172	553	432	928	39	61	415	581	26	16	16	315	16	224	224		
30-34	1312	541	50	66	231	194	428	18	17	172	221	343	16	12	144	12	171	171		
35-39	552	226	13	32	89	92	141	4	7	58	72	185	6	6	85	6	88	88		
40-44	179	57	4	7	24	22	34	0	4	13	17	88	3	3	31	3	51	51		
45-49	64	22	4	1	9	8	6	0	0	3	3	36	1	1	8	1	26	26		
50-59	49	6	0	1	2	3	5	0	1	2	2	38	2	1	10	1	25	25		
>59	19	1	0	0	1	0	0	0	0	0	0	18	5	0	2	2	11	11		

Year 1994		Offence						Simple trafficking						
		Consumption and trafficking						Simple consumption						
		Main penalty			Main penalty			Main penalty			Main penalty			
		Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure	Suspended sentence	Incarceration	Total	Fine	Measure
		N	N	N	N	N	N	N	N	N	N	N	N	N
Total	9491	4236	400	543	2119	1174	3320	145	164	1754	1257	1935	106	67
Men	8126	3587	330	432	1764	1061	2804	130	140	1425	1109	1735	83	57
Women	1364	649	70	111	355	113	515	15	24	328	148	200	23	10
Unknown	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Swiss	5734	2874	304	405	1419	746	2307	98	136	1191	882	553	75	48
Foreign	3757	1362	96	138	700	428	1013	47	28	563	375	1382	31	19
<20	634	316	56	23	197	40	226	22	8	166	30	92	9	0
20-24	3521	1712	176	228	941	367	1249	67	58	776	348	560	33	19
25-29	2890	1214	81	173	559	401	1078	36	53	496	493	598	31	23
30-34	1470	638	63	82	271	222	485	11	29	207	238	347	14	10
35-39	644	250	17	26	103	104	216	4	12	79	121	178	6	11
40-44	195	72	4	7	34	27	47	3	3	22	19	76	6	3
45-49	77	23	0	3	12	8	12	1	1	4	6	42	5	1
50-59	47	9	2	1	1	5	5	1	0	3	1	33	2	0
>59	13	2	1	0	1	0	2	0	0	1	1	9	0	1
												0	0	0

		Offence											
		Simple consumption						Simple trafficking					
		Main penalty			Main penalty			Main penalty			Main penalty		
		Total	Fine	N	Main penalty	Fine	N	Main penalty	Fine	N	Main penalty	Fine	N
		N	N	N	Suspended sentence	N	N	Incarceration	N	N	Suspended sentence	N	N
Total	8157	3670	432	443	1903	892	2741	154	202	1386	999	1746	97
Men	7015	3148	375	376	1586	811	2300	132	171	1130	867	1567	75
Women	1142	522	57	67	317	81	441	22	31	256	132	179	51
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4963	2536	332	340	1289	575	1914	109	172	938	695	513	64
Foreign	3194	1134	100	103	614	317	827	45	30	448	304	1233	33
<20	559	269	73	19	165	12	211	24	11	161	15	79	9
20-24	2771	1358	178	153	769	258	937	60	58	522	297	476	27
25-29	2459	1046	96	156	501	293	880	38	75	388	379	533	23
30-34	1396	618	50	72	306	190	448	25	42	192	189	330	20
35-39	607	253	25	27	105	96	196	4	14	85	93	158	9
40-44	222	87	6	13	34	54	2	2	30	20	81	2	4
45-49	86	31	3	3	18	7	9	1	0	4	4	46	2
50-59	40	7	1	0	4	2	5	0	0	3	2	28	4
>59	17	1	0	0	1	0	1	0	0	1	0	15	1

		Offence												Simple trafficking					
		Consumption and trafficking						Simple consumption						Main penalty			Main penalty		
		Total		Main penalty		Incarceration		Total		Main penalty		Incarceration		Total		Main penalty		Incarceration	
		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Total	8363	3535	367	404	1857	907	3035	213	159	1600	1063	1793	106	56	1002	N	629		
Men	7175	3019	312	337	1555	815	2566	186	135	1323	922	1590	91	49	876	574			
Women	1188	516	55	67	302	92	469	27	24	277	141	203	15	7	126	55			
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Swiss	5045	2420	290	317	1244	569	2044	157	124	1035	728	581	75	42	332	132			
Foreign	3318	1115	77	87	613	338	991	56	35	565	335	1212	31	14	670	497			
<20	605	276	63	7	189	17	241	30	1	189	21	88	11	2	61	14			
20-24	2678	1211	135	119	743	214	987	83	53	580	271	480	38	13	303	126			
25-29	2459	973	73	125	447	328	955	46	67	455	387	531	25	19	304	183			
30-34	1460	626	55	88	290	193	515	33	25	220	237	319	14	9	176	120			
35-39	704	292	23	49	119	101	212	14	10	92	200	10	8	95	87	47			
40-44	278	103	12	12	49	30	92	5	3	48	36	83	3	1	32	25			
45-49	111	34	4	2	12	16	24	1	0	14	9	53	3	3	22	20			
50-59	54	18	2	2	7	8	1	0	1	6	28	1	0	7	0	7			
>59	14	2	0	0	1	1	0	0	0	11	1	1	1	2	1	1			

Year 1997		Offence												
		Consumption and trafficking						Simple consumption						
		Main penalty			Main penalty			Simple consumption			Simple trafficking			
		Total	Fine	Measure	Suspended	Incarceration	Total	Fine	Measure	Suspended	Incarceration	Total	Fine	Measure
		N	N	N	N	N	N	N	N	N	N	N	N	Suspended sentence
Total	8832	3769	333	357	2057	1022	3057	145	162	1639	1111	2006	104	50
Total	8832	3769	333	357	2057	1022	3057	145	162	1639	1111	2006	104	50
Men	7551	3202	275	300	1700	927	2578	132	134	1353	959	1771	77	40
Women	1281	567	58	57	357	95	479	13	28	286	152	235	27	10
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	5157	2559	258	270	1349	682	2050	102	126	1068	754	548	65	41
Foreign	3675	1210	75	87	708	340	1007	43	36	571	357	1458	39	9
<20	630	303	60	6	218	19	184	11	4	154	15	143	15	0
20-24	2787	1246	109	94	812	231	953	56	44	597	256	588	27	13
25-29	2528	1077	72	127	519	359	937	35	58	431	413	514	21	10
30-34	1652	679	53	87	300	239	600	26	34	270	373	22	16	125
35-39	730	302	25	31	127	119	260	13	15	117	115	168	6	74
40-44	297	105	12	6	50	37	91	4	5	51	31	101	4	4
45-49	132	44	2	6	23	13	23	0	2	14	7	65	6	48
50-59	64	12	0	8	4	9	0	0	5	43	1	0	0	21
>59	12	1	0	0	1	0	0	0	0	11	2	0	5	4

		Offence												
		Simple consumption						Simple trafficking						
		Consumption and trafficking			Main penalty			Main consumption			Main trafficking			
		Total	Fine	Measure	Suspended	Incarceration	Total	Fine	Measure	Suspended	Incarceration	Total	Fine	Measure
		N	N	N	N	N	N	N	N	N	N	N	N	N
Total	8565	3118	298	335	1533	952	3194	186	138	1544	1326	2253	89	49
Men	7395	2666	265	278	1262	861	2718	166	119	1295	1138	2011	66	40
Women	1170	452	33	57	271	91	476	20	19	249	188	242	23	9
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Swiss	4648	2007	210	246	962	589	2149	135	108	994	912	492	58	32
Foreign	3917	1111	88	89	571	363	1045	51	30	550	414	1761	31	17
<20	715	244	52	10	163	19	279	29	5	215	30	192	10	1
20-24	2477	909	116	91	525	177	888	67	27	484	310	680	26	8
25-29	2372	867	59	107	390	311	921	42	54	427	398	584	14	15
30-34	1612	604	41	75	250	238	660	25	34	246	355	348	16	11
35-39	843	312	20	33	121	138	307	19	13	111	164	224	11	11
40-44	347	131	9	16	60	46	114	4	5	52	53	102	2	2
45-49	104	40	1	2	18	19	19	0	0	8	11	45	3	1
50-59	74	9	0	1	5	3	6	0	0	1	5	59	6	0
>59	21	2	0	0	1	0	0	0	0	0	1	0	0	8

		Offence												Simple trafficking					
		Consumption and trafficking						Simple consumption						Sanction principle					
Total	N	N	N	N	N	N	N	Total	N	N	N	N	N	Total	N	N	N	N	N
8032	2768	249	299	1410	810	2868	171	123	1431	1143	2396	87	45	1411	5	1411	853		
Total	8032	2768	249	299	1410	810	2868	171	123	1431	1143	2396	87	45	1411	5	1411	853	
Men	7009	2360	212	255	1164	729	2503	157	112	1235	999	2146	65	40	1246	0	1246	795	
Women	1009	402	37	44	240	81	364	14	11	195	144	243	22	5	160	5	160	56	
Unknown	14	6	0	0	6	0	1	0	0	1	0	7	0	0	0	5	0	5	
Swiss	4096	1732	189	226	833	479	1822	116	94	888	724	542	57	32	319	0	319	134	
Foreign	3936	1036	60	73	572	331	1046	55	29	543	419	1854	30	13	1092	13	1092	719	
<20	815	230	43	8	148	31	265	29	14	186	36	320	10	0	232	0	232	78	
20-24	2236	729	75	52	442	160	791	72	20	466	233	716	28	10	451	10	451	227	
25-29	2068	740	53	90	340	257	781	39	42	354	346	547	11	18	305	11	305	213	
30-34	1554	572	35	92	243	202	597	14	36	225	322	385	16	11	202	11	202	156	
35-39	790	289	28	37	139	85	284	11	7	120	146	217	9	3	111	3	111	94	
40-44	346	133	10	60	53	108	3	3	55	47	105	5	3	57	0	57	40		
45-49	151	59	5	9	31	14	30	2	1	17	10	62	3	0	32	0	32	27	
50-59	56	15	0	1	7	10	0	0	7	3	31	2	0	12	0	12	17		
>59	16	1	0	0	1	2	1	0	1	0	13	3	0	9	0	9	1		