

Analysis of Results from Cannabis Pilot Trials in Swiss Cities — Part I, 2023 to Mid-2024

Executive Summary

Led by

Prof. Dr. Céline Mavrot, Prof. Dr. Susanne Hadorn, MSc. Baptiste Novet

On behalf of

The Federal Office of Public Health (FOPH), Swiss Confederation

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Abstract

Following the introduction of the experimental article in the Federal Narcotics Act, pilot trials testing different models for regulating cannabis began in Swiss towns and cities from 2023. At the time of data collection in June 2024, seven pilot trials testing different sales models are underway in Basel-City, Bern, Biel, Lausanne, Lucerne, Vernier, the city of Zurich, as well as in various municipalities in the cantons of Zurich and Basel-Landschaft. As of June 2024, approximately 7,000 adults are participating in these pilot trials, representing just over 3% of the Swiss population who reported having consumed cannabis in the past month (around 220,000), according to the 2022 data from the Federal Statistical Office. The points of sale being investigated include pharmacies; for-profit specialised shops; social clubs (non-profit associations that allow members to purchase study-supplied cannabis and consume it in private spaces or on-site in dedicated areas, but without personal cultivation); a psychoactive substance information centre; a non-profit association-based speciality shop; a non-profit speciality shop (which may take the form of a concession granted by authorities to non-state actors or of a public monopoly). The data available is still preliminary, but according to this study's team, there are significant differences between the for-profit and non-profit models, particularly in terms of product promotion and youth protection: product promotion on social media, along with a youthful visual style, were observed in the communication surrounding the trials within for-profit models. On the other hand, the pilot trials are proceeding smoothly to date, and collaboration between the numerous players involved is excellent.

Key words: cannabis; regulation; sales model; controlled access; non-medical use; pilot trials; prevention; youth protection; Swiss cities; article 8a Narcotics Act.

Presentation of the study and background

The entry into force of the amendment to the Narcotics Act on 15 May 2021 with the introduction of an experimental article (art. 8a Narcotics Act) allows the implementation of pilot trials to test models for the regulation of non-medical cannabis in Swiss municipalities and cities (hereinafter for simplification purposes: Swiss cities). Those pilot trials are limited in time and must be conducted within a scientific framework, with studies carried out within each pilot trial to document the effects of the different regulatory models on various aspects: the health of users, public health, youth protection, illegal market and crime. The Federal Council has instructed the Federal Office of Public Health (FOPH) to inform the public and politicians of the results of the pilot trials by the end of the trial at the latest. To this end, and following a call for tenders, the FOPH commissioned the University of Lausanne (Institute of Social Sciences) and the University of Applied Sciences and Arts Northwestern Switzerland (Institute for Nonprofit and Public Management) to carry out an analysis of the pilot trials during their first two years of implementation, in order to document the initial stages and draw comparative lessons from the results obtained by the different sales models of cannabis. The effects of the pilot trials on individual and public health dimensions, consumption patterns, youth protection, socio-economic aspects, public order and safety as well as the illegal market are analysed. In addition, the common features, differences, and particularities of the pilot trials in terms of study design, governance processes, the measures and instruments applied, and the results obtained are examined. The team analysing the pilot trials specializes in political science, and its analysis is based on a governance perspective. The team is independent of the seven pilot trials currently being conducted in Swiss cities.

Methodological aspects and limitations of the study

Before presenting the pilot trials and discussing the results, it is important to emphasize that the present mandate of the analysis of the pilot trials covers only the first two years of their implementation (the current report for 2023-mid-2024 and a similar report for mid-2024-mid-2025). The results that can be obtained with such a short implementation period are limited and should be considered as preliminary. The analyses are based on a variety of sources: interviews with 24 people, including those responsible for the pilot trials and their implementation partners (in particular public administration, the police and points of sale), a document analysis (including the applications to the FOPH for authorization regarding the pilot trials), an analysis of the parliamentary debates in the cities and cantons concerned and a media analysis (see chapter 3 of the annual report for more information on the methods).

Political context and background

Since the 2000s, the issue of cannabis has been high on the Swiss political agenda, notably with the Federal Council's project to legalize consumption (rejected by the National Council) and the popular initiative "For a sensible hemp policy with effective youth protection" (rejected by the cantons and the public). While any possibility of a legislative change seemed blocked at federal level, several major Swiss cities have been organizing themselves into an inter-city group since 2014, with the aim of defending their interests on this issue. Directly confronted with the problems associated with cannabis—the drug market and criminal networks, the repression of small-scale consumption, social and health issues—they argued in favour of finding pragmatic and innovative solutions to the prohibition. The mobilization of cities is a major factor in the introduction of the experimental article. Backed by a solid network of inter- and intra-municipal cooperation forged at the time of harm reduction policies and the fight against HIV/AIDS in the 1990s, the cities have done a great deal of lobbying for the pilot trials. The political discussions in the cities and cantons concerned were as follows:

- In Geneva, an inter-party group has been preparing the basis for a trial on cannabis regulation since 2012. The issue was relatively consensual, and the political debate focused more on concerns about crack use, or the nuisances caused by street dealing. The canton's commitment to a harm reduction policy was reiterated during the discussions on a pilot project. The town of Vernier was keen to get involved in an innovative urban project.

- In Lausanne, the city was overwhelmingly in favour of the pilot trial, apart from the Swiss People's Party (SVP/UDC). Part of the Swiss liberal-radical party (FDP/PLR) tipped the balance in the vote on the trial. Discussions at cantonal level were tighter, but nonetheless favourable. The various departments of the City of Lausanne involved are strongly committed to the implementation of the pilot trial and are working in close coordination.
- Bern is experiencing the most sensitive political context, with disagreements between the city and the canton. The City of Berne has long been interested in setting up a trial, an idea supported by the City Council through an inter-party committee in 2010. Berne was a pioneer when, in 2017, it submitted an application to the FOPH for a pilot project, after commissioning a legal opinion. At the same time, the Bernese Grand Council committed to argue against the pilot trial in front of the Confederation following a vote in 2014 in the wake of an SVP/UDC initiative. However, the Grand Council subsequently voted (by a very narrow majority) in favour of a pilot trial in 2020, but the Executive Council maintained its opposition to the project.
- In Biel and Lucerne, the discussions were more consensual. The idea of taking part in important discussions in their role as small cities was particularly highlighted.
- In Basel-Stadt, the ineffectiveness of repression was a key argument, and the pilot trial quickly won strong support. The historical legacy of the fight against heroin consumption and harm reduction was also highlighted.
- In Zurich, the city council came out strongly in favour of the trial, as did the Grand Council. Voices from the Federal Democratic Union (EDU/UDF), the SVP/UDC and the FDP/PLR nonetheless expressed fears that drugs would become trivialised.

Two political trends can be observed in the cities: party opinions clearly shifted in favour of pilot trials between the first debates of the 2010 decade and those of the following decade, and several centre-right parties are divided as to their position on this issue. Overall, media coverage of the pilot trial has been characterized by neutral and informative reports, focusing on the technical and operational details of implementation. Thereby, the coverage was slightly favourable to the pilot trials (to a lesser extent in the case of Bern), with a large number of representatives of the projects and favourable experts represented in the media. After the Confederation's rejection in 2017 of the initial request from the City of Bern for a pilot trial, and then another one in 2019 from the city of Geneva on the grounds of insufficient legal basis, the Federal Council and then Parliament accepted the introduction of an exception to the Narcotics Act authorizing scientific experiments aimed at testing different regulatory models in 2019 (experimental article). The cultivation, import, manufacture, and sale of cannabis remain prohibited, subject to the exceptions permitted by Article 8a (Pilot Trials) and granted by the FOPH, as well as for medical purposes, in accordance with Articles 8.1.d and 8.5.a of the Narcotics Act.

Framework conditions

Pilot trials are subject to strict regulations, set out in detail in the Ordinance on Pilot trials under the Narcotics Act (BetmPV):

- The pilot trials must include a safety concept as well as a health and youth protection concept (art. 2 and 22 BetmPV).
- They are limited to a duration of five years, with the possibility of a two-year extension, and to the participation of 5,000 consumers (art. 5 and 6 BetmPV).
- They are also geographically limited and must sell cannabis that is grown in Switzerland to organic standards (art. 5, 7 and 8 BetmPV).
- Pilot trials must monitor the health of participants and appoint a study physician responsible for this (art. 19 BetmPV).
- Sales staff must be trained, and advertising for cannabis products is prohibited (art. 12 BetmPV).
- Consumption of cannabis in the public space is prohibited, as is the passing on of the product by pilot trial participants to third parties, and there is a ceiling on the individual quantity purchased (art. 16, 17 BetmPV).

- Lastly, the pilot trials must rigorously document the effects of the sale on various aspects, in particular social, health, and safety aspects (art. 27, 32 and 33 BetmPV).

Overview of current pilot trials

The sale of cannabis in the seven pilot trials currently underway began between January 2023 and May 2024. In total, around 7,000 cannabis users have been included in the pilot trials up to June 2024. This corresponds to just over 3% of the Swiss population who reported having used cannabis in the last month (approximately 220,000), according to figures from the Swiss Federal Statistical Office in 2022. Regarding the sample, the following can be noted: overall, the people taking part in the pilot trials have a higher level of education than the average for the general population (46.2% have a university degree). The sample was 80.7% male, with an average age of 36.6 years (provisional indications based on figures from three pilot studies, Stoffel 2024, unpublished). Young adults (over 18) and people with low levels of cannabis use were under-represented.

Often capitalizing on pre-established drug policy networks, the cities and those responsible for the trials have set up extensive intersectoral and interdepartmental collaboration around the trials (working groups, permanent coordination). Many sectors are involved: the police, medical and social institutions, professional associations, the public prosecutor's office, the cantonal physician, and inspectorates. The police were in favour of the trials in all the cases studied, with the idea of being able to prioritize other tasks as a result of them (in particular the fight against crack and opioids, or the large-scale trafficking of cannabis).

The main characteristics of the seven pilot trials currently underway are summarized in the table below. In all models, cannabis producers and suppliers can generate a profit margin when selling the product to the trials. We use the term "for-profit" for the two trials testing models aimed at generating a financial margin from the sale of the product to participants (even though this financial margin may not necessarily be achieved yet in the context of the trials). The partner companies involved in the for-profit models are also fully specialised entities in the cannabis trade. On the other hand, we categorise sales in pharmacies as part of the non-profit models. While these pharmacies may receive compensation (two trials) or a small margin (two trials) for the sale of cannabis during the pilot trials, cannabis remains a very secondary product in their range, and they do not aim to develop a cannabis product market nor to position themselves as full-fledged actors within it. In this context, it is important to note that when highlighting the issue of cannabis product promotion within certain trials, this study does not make any statement regarding potential breaches of the BetmPV in the legal sense of the term.

Table 1: Overview of the key dimensions within the pilot trials

	La Cannabinothèque (Vernier)	Cann-L (Lausanne)	SCRIPT (Bern, Biel, Luzern)	Cannabis Research Zürich (Zurich)	Weedcare (Basel-Stadt)	ZüriCan (Zurich)	Grashaus (Basel-Landschaft)
Number of participants (June 2024)	Approximately 800	945	1,091	Approximately 1,400	374	1,928	Approximately 700
Head of trial and study	Association ChanGE, University of Geneva. Geneva University Hospitals.	City of Lausanne. Addiction Switzerland.	Research team from the Universities of Berne and Lucerne.	Swiss Cannabis Research Association. University of Zurich and Federal Institute of Technology Zurich (ETH).	Canton of Basel-Stadt. University Psychiatric Clinic Basel and University of Basel.	City of Zurich. Zurich University Psychiatric Clinic.	Swiss Research Institute for Public Health and Addiction.
Type of point of sale	Non-profit, associative specialty shop.	Non-profit specialty shop. Can operate as a public monopoly or a concession.	Pharmacies.	For-profit speciality shops. Pharmacies.	Pharmacies.	Pharmacies. DIZ (psychoactive substance information center). Social clubs. Diversified sales in three types of outlets.	For-profit speciality shops.

Table 1: Overview of the key dimensions within the pilot trials (continued)

	La Cannabinothèque (Vernier)	Cann-L (Lausanne)	SCRIPT (Berne, Biel, Lucerne)	Cannabis Research Zürich (Zurich)	Weedcare (Basel-Stadt)	ZüriCan (Zurich)	Grashaus (Basel-Landschaft)
Atmosphere at the point of sale	Neutral atmosphere, product knowledge.	Neutral atmosphere, priority given to prevention rather than product knowledge.	Usual appearance of pharmacies, secure sales with health staff.	Speciality shops: colourful atmosphere, product knowledge (assessment based on secondary data, not in situ). Pharmacies: usual appearance, secure sales with healthcare staff.	Usual appearance of pharmacies, secure sales with health staff.	Pharmacies: regular appearance, secure sales with healthcare staff. DIZ: specialized institution. Social clubs: community atmosphere, on-site consumption, and product knowledge.	Colourful atmosphere, product knowledge (assessment based on secondary data, not in situ).
Sales staff	Sales staff specializing in cannabis. Trained in harm reduction and cannabis issues.	Traditional sales staff (not specialized in cannabis). Trained in harm reduction and cannabis issues.	Pharmacy staff specialized in consumption cessation. Trained in cannabis and harm reduction issues.	Sales staff specializing in management or sales, with an interest in cannabis. Trained in harm reduction and cannabis issues. Pharmacy staff specializing in consumption cessation. Trained in harm reduction and cannabis issues.	Pharmacy staff specializing in consumption cessation. Trained in harm reduction and cannabis issues.	Pharmacy staff specialized in consumption cessation. Trained in harm reduction and cannabis issues. DIZ: staff already specialized in the use of psychoactive substances and harm reduction. Social Club: staff specializing in sales, interest in cannabis. Trained in harm reduction and cannabis issues.	Sales staff specializing in cannabis. Trained in harm reduction and cannabis issues.
Point of sale merchandising	Neutral style. Visible products. Merchandising available.	Neutral style. Products not visible. No merchandising.	Pharmacy style. Products not visible. No merchandising.	Speciality shops: style not yet evaluated. Visible products. Merchandising available.	Pharmacy style. Products not visible. No merchandising.	Pharmacies and DIZ: Pharmacy style, non-visible products, no merchandising. Social Clubs: Merchandising.	Speciality shops: style not yet evaluated. Visible products. Merchandising available.
Marketing and communication	A simple, informative website. Limited presence on social networks.	A simple, informative website. No presence on social networks.	A simple, informative website. No presence on social networks.	Sophisticated promotion. Attractive website for the trial and association, youthful visual design. Presence on social networks.	A colourful, informative website. No presence on social networks.	Simple, informative website. Limited presence on social networks (social clubs).	Sophisticated promotion. Attractive website. Highly proactive presence on social networks.
Business model	Non-profit, aims to be self-financing with no profit, not achieved after six months.	Non-profit, self-financed by cannabis sales.	Non-profit, revenue covers costs, pharmacies compensated without profit.	For-profit, revenue-driven model for specialized shops. A small margin is possible for pharmacies.	Non-profit, revenue shared between study, pharmacies and producer. Pharmacies compensated without profit.	Non-profit: social clubs: (non-profit organisations limited to 150 members) can generate revenue from ancillary activities but not from trial products. A small margin is possible for pharmacies.	For-profit, revenue-driven model.
Trial Funders	Public (cantonal addiction fund) and private funds.	Public funding. City of Lausanne and cantonal addiction fund.	Public funding. Participating cities, Swiss National Science Foundation, Tobacco Control Fund.	Private funds from the cannabis industry, private donations.	Public funding. University Psychiatric Clinic, Psychiatric Services of Aargau, Canton Basel City.	Public funding. City of Zurich, Zurich University Psychiatric Clinic.	Private financing: company-partner operating the shops (Sanity Group Switzerland AG).

Observed effects of pilot trials on health and social aspects, safety, and public order

At this stage, the following observations can be made concerning the effects of the pilot trials on the social and health dimensions, public safety, and public order in a comparative perspective.

Social and health aspects. Due to the short period of implementation, only limited and mainly qualitative observations can be made so far concerning the social and health dimensions: the trials promote reduced-risk modes of consumption (e.g., e-cigarette or vaporizer). Initial qualitative and preliminary observations indicate that, overall, users have established habits, but that if a change in consumption behaviour occurs during the trials, it might rather be in the direction of lower-risk consumption. In

addition, initial observations show that the pilot trials appear to have a de-stigmatizing effect on drug users. This effect has been particularly noted in the case of trials conducted in pharmacies (health environment) and in social clubs. Indeed, these non-profit associations, which enable their members to purchase and consume in private spaces or dedicated areas, facilitates the creation of a peer community (without members growing the cannabis themselves, as is the case in many international social club models). Finally, the quality and stability of products sold as part of the trials ensure greater safety than products from the illegal market.

Safety and public order. No public order disturbances have been observed around the sales outlets, and the trials run peacefully. Some pilot trials have been strongly working on communicating with the neighbourhood. Several technical aspects were clarified with the police forces at the start of the trials (control procedures, verification of participant cards). The profile of newly recruited sales staff was checked in collaboration with the police in most of the trials. No leaking of cannabis from the pilot trials onto the illegal market has been observed.

Governance of cannabis production and sales

When it comes to the governance of cannabis production and sales, there are several differences between the different models.

Recruitment. Recruitment of study participants is crucial to the successful conduct of pilot trials (to ensure sufficiently large sample sizes) and is also of major importance in ensuring the safety of participants (with strict verification of exclusion criteria). Initial observations show that inclusion/exclusion criteria vary quite substantially between trials, particularly regarding criteria relating to mental health (inclusion or exclusion, in some cases, of individuals suffering from psychotic disorders). Differences in recruitment were also observed regarding verification of possible pregnancy (compulsory testing in some cases, simple declaration in others) and assessment of previous drug use (self-declaration by participants vs. biological tests). Enrolment interviews for the study were conducted either by trained staff at the points of sale (ZüriCan) or by staff specializing in health, such as pharmacy staff (SCRIPT, Grashaus, Weedcare, Cann-L). Tensions arose between the partner company (operator of the sales outlet) and the scientific team in the for-profit sales project Grashaus, when the company pushed for a broad intake of participants to quickly reach the planned sample size, while the study managers prioritized the quality and safety of recruitment.

Sales interaction, prevention, and referring physicians. The way sales situations unfold, the prevention messages conveyed, and the involvement of the study physicians are crucial to understanding how participation in the pilot trials ultimately influences consumption behaviour (for example, by inducing changes in the quantity and mode of consumption). The results show that basic prevention is provided by sales staff to drug users at all points of sale on first contact, and then tends to diminish in varying proportions in the subsequent sales interactions. In the SCRIPT trial, pharmacy staff proactively offer a smoking cessation intervention. For-profit specialised shops and social clubs, and sometimes pharmacies place greater emphasis on the consumer's personal responsibility. Some trials, such as La Cannabinothèque, organise complementary prevention and health protection events or services (free socio-nursing consultation, information events). In addition, each study has a responsible physician in charge of ensuring that participants receive medical attention and minimizing the health risks associated with participation in the trial. The physicians in charge of the studies monitor the participants in different ways, depending on the trial. The ways in which they are involved differ: in an intensive variant such as the Weedcare trial, 10% of participants have already sought a consultation. In a variant such as Grashaus, the interview at the start of the study is conducted by a nurse, and the physician only comes into play if necessary (rarely activated to date). As a result, the medical follow-up of participants varies. Apart from the cases of Weedcare (pharmacies) and Cann-L (a non-profit speciality shop operating as a public monopoly or concession), referrals of participants to the studies' referring physicians have been rare to date.

Sales staff. Sales staff play a central role in conveying prevention messages to participants and providing product advice. The pilot trials revealed significant differences in staff selection: some outlets gave priority to product knowledge when recruiting sales staff, particularly in speciality shops (La Cannabinothèque, Grashaus, Cannabis Research Zürich). Cann-L has explicitly chosen to employ staff who does not specialize in cannabis, to ensure the neutrality of the outlet. The pharmacies rely on the health and prevention skills of their staff. All the trials provided specific training for sales staff, lasting around two days. The training was generally face-to-face, except in the case of SCRIPT, which provided online training with additional face-to-face sessions (compulsory for managers, optional for staff). The pilot trials additionally provide training updates, for example in the form of debriefing specific cases (Cann-L, Weedcare), knowledge tests (Cannabis Research Zürich), exchange meetings (ZüriCan), or annual (Grashaus) or ongoing training courses (La Cannabinothèque). The training courses were considered useful by the sales staff, with no major potential for improvement mentioned.

Products and packaging. Product selection and packaging can have a decisive influence on the buying behaviour of participants, which is why they were examined closely in this study. Different product ranges are offered in each trial. Alternatives to smoking products are always present (e-liquids, vaporizers, or oral products) and the consumption of products with a reduced THC content is generally recommended. The aim of the trials is to maintain a wide assortment to represent an attractive alternative to the illegal market. For this reason, in some trials, an extension of the product range has already been discussed or decided. Monitoring product price trends, to make adjustments where necessary, is also essential in this context. The requirement to use organic products grown outdoors posed several technical problems in the early stages of production (for example, a consistent product quality and delivery challenges due to cultivation cycles). Moreover, product packaging varied greatly throughout the pilot trials. Some are sober, with colourless packaging and no logos (ZüriCan, SCRIPT), while others have colourful packaging (e.g., Grashaus and Weedcare) and to a lesser extent La Cannabinothèque, Cann-L and Cannabis Research Zürich. Some packages contain a QR code leading either to the study website (Weedcare and SCRIPT) or to information on harm reduction (Cann-L). The for-profit trials mention the names of the partner industries, which is not the case for the other trials, to avoid any visibility effect. For sobriety's sake, Cann-L and La Cannabinothèque have opted for numbered product names (e.g., Alpha, Beta) instead of names similar that those used on the illegal market.

Promotion/Merchandising/Communication. Advertising cannabis products is prohibited by law. However, making the pilot trial visible for the purpose of recruiting participants is authorized. There are, however, major differences between trials in terms of communication about cannabis products. The for-profit trials in particular are present on social networks and have elaborate presentation strategies (e.g., attractive logos and websites for the study and the association for Cannabis Research Zürich, distribution of recruitment flyers for Grashaus). On the study website, Cannabis Research Zürich uses the informal form to address the readership and its two websites target a young audience through their imagery, which systematically contains photos of groups of young people in a cheerful mood. The Grashaus trial has a very proactive presence on social networks, which makes cannabis products visible in an attractive way (see the images reproduced in the report). In contrast, the websites of the other pilot trials are neutral and provide factual information about the aims and progress of the studies (Cann-L, ZüriCan, SCRIPT, La Cannabinothèque, Weedcare). Merchandising products are also sold in most of the pilot trials with speciality shops (Cannabis Research Zürich, Grashaus, La Cannabinothèque) and in some social clubs (ZüriCan). More specifically, in some trials (such as Cannabis Research Zürich, Grashaus and La Cannabinothèque), clothing and accessories bearing the trial logo (such as t-shirts and bags) are displayed and/or worn by sales staff. Accessories for smoking cannabis, such as lighters and rolling papers, are also available in certain sales outlets (La Cannabinothèque, certain ZüriCan and Grashaus

social clubs). A system of financial incentives for the sales staff has been introduced in the Grashaus trial, rewarding the acquisition of new trial participants.

Conclusions on the analysis and outlook for the future

The following discussion reflects the perspective of the research team responsible for this report. With the introduction of the experimental article giving the possibility of testing different sales models and studying their impact, the Swiss legislature has provided itself with a tool for gathering a rich evidence base to inform its thinking on the issue of cannabis. This experimental approach, aimed at testing various models in the same national context, is unprecedented in this field. However, the trials still need time to be implemented and analysed. A few general observations can nevertheless be made at this stage.

Firstly, cannabis is often the subject of heated political debate. What is more, discussions on the subject are almost constant at federal level and the political timeframe may not fully correspond that of the pilot trials. The trials are designed to provide the foundation for informed decision-making through pilot tests under realistic conditions. They will not only offer insights into the appropriateness of regulating cannabis but may also provide specific details that could indeed serve as the basis for the exact designing of the regulation if needed.

Secondly, the pilot trials tested not only sales models, but also different prevention and youth protection concepts, based on practical arrangements and philosophies specific to each trial (e.g., health approach for pharmacy sales, empowerment by the peer community for social clubs, individual responsibility in for-profit specialised shops, protection of consumers for the non-profit specialised shop). The models tested differ in crucial aspects, such as the emphasis placed on prevention during the sales interaction or the intensity of health monitoring within the studies (non-profit models generally have stricter requirements in this respect), the degree of promotion and merchandising, the role of early intervention in the event of problematic drug use, and the ways in which drug use is de-stigmatized. All these factors will have to be considered in future discussions about the regulation, as major differences are already emerging between the pilot trials in terms of implementation.

Thirdly, the question of the economic model of the trials is central. They are currently being conducted in a variety of sales outlets, but can be categorized according to a fundamental difference, namely whether they are for-profit (two trials) or non-profit (five trials). There is an inherent tension between the imperatives of protecting the health of consumers and public health, and the profit motive in the case of lucrative markets. This is central to the debate, as the literature shows that once a commercial model is adopted (e.g., opening the market to private industry on a for-profit basis), reversing it proves extremely difficult. In this respect, the question of the governance of promotional activities is particularly important in the context of products that are harmful to health, as the example of tobacco shows. Consequently, this aspect has also been examined in the present study, and it appears that there are important differences between the for-profit and non-profit models when it comes to promoting and communicating about cannabis products. The initial observations made as part of this analysis show that the for-profit models are already producing elements of communication and promotion around the trial products (presence on social networks, attractive websites showing groups of young people sharing moments of conviviality, presentation of cannabis products from the pilot trials on social networks, financial incentives given to sales outlet staff to recruit new trial participants). In one of these trials, there was pressure to recruit people quickly into the study to obtain a high number of participants, which is in conflict with the medical assessment required for entry into the study. Initial observations show that in the for-profit models, greater importance is attached to an attractive presentation, which sometimes makes it difficult to comply with advertising bans according to the research team in charge of the present report. The communication measures implemented in the pilot trials are also intended to increase the study's visibility, attract different profiles of participants and de-stigmatize consumption. However, it remains open to determine whether similar results might not be obtained without resorting

to promotion that disseminates a positive image of cannabis use, thereby respecting the need to protect youth. These factors are far from insignificant, and the experience gained in Switzerland with the strong presence of the tobacco industry shows that a for-profit model poses major obstacles to structural prevention (e.g., bans and regulatory restrictions) and encourages the use of legislative loopholes, particularly regarding advertisement. On the other hand, the example of gambling, and lotteries in particular, although not without its critics (particularly regarding advertising), shows that models of state regulation are possible in the Swiss context. Moreover, there is sufficient hindsight to draw lessons from international experience in regulating cannabis in these respects.

Fourthly, there is a risk that there will be a discrepancy between the competent levels of governance depending on the next developments on this issue. In the event of future regulation, a significant proportion of the implementation competences could be assigned to the cantons. However, as the history of the introduction of the experimental article and the setting up of pilot trials shows, it was the cities that played a leading role on this issue, motivated by the problems they faced in this area. The cantons did not play this frontline role in the trials. At present, the towns and municipalities involved in the pilot trials are in the process of accumulating valuable knowledge and know-how, as well as maintaining extensive networks of implementing partners to ensure that the trials run smoothly (e.g., interdepartmental working groups within the municipalities, liaison with the social and health institutions and professional groups concerned). If the cantons are called upon to play a major role in this area in the future, a transfer of knowledge and know-how should be ensured to support this change of scale. Available data indicates that this governance issue has not yet been anticipated in the debates around the future regulation.

Correspondence addresses

Prof. Dr. Céline Mavrot
Institute of Social Sciences
University of Lausanne
Géopolis building
UNIL-Mouline
1015 Lausanne
celine.mavrot@unil.ch

Prof. Dr. Susanne Hadorn
Institute for Nonprofit und Public Management
University of Applied Sciences and Arts Northwestern Switzerland (FHNW)
Peter Merian-Strasse 86
4002 Basel
susanne.hadorn@fhnw.ch

MSc. Baptiste Novet
Institute of Social Sciences
University of Lausanne
Géopolis building
UNIL-Mouline
1015 Lausanne
baptiste.novet@unil.ch