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# Swiss Narcotics Law

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# 1. The Swiss Narcotics Act (BetmG)

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## **The BetmG is designed to:**

- prevent the unauthorised consumption of narcotics
- regulate the availability of narcotics for medical and scientific purposes
- protect people from the consequences of addiction-related disorders
- protect the public from the risks associated with narcotics
- combat criminal acts



## 2. The handling of prohibited narcotics

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**Article 8 BetmG regulates the handling of prohibited narcotics such as:**

- smoked opium
- diamorphine (heroin)
- hallucinogens
- narcotics with a cannabis-like action

**These narcotics may not be cultivated, imported, manufactured or distributed.**



### **3. Exemption permits for the handling of prohibited substances**

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**Under Article 8, paragraph 5 BetmG, the FOPH can issue exemption permits for prohibited narcotics in the following cases:**

- scientific research
- medical drug development
- restricted medical use



## 4. The restricted medical use of prohibited narcotics

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**Unauthorised medicines can be prescribed in exceptional cases:**

**Compassionate Use (according to Art. 9 para. 4, Therapeutic Products Act [*Heilmittelgesetz*]):**

- life-threatening illness
- compatible with protection of health
- substantial therapeutic benefit expected
- no comparable medicine available



## 5. How are exemption permits issued?

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- **Doctor submits application to the FOPH (according to factsheet) with details of**
  - the patient
  - the indication
  - dispensing
- **The application is reviewed, and, if it is complete and complies with legal requirements, the FOPH issues a permit within a few working days**



## 6. What else is prohibited?

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- Cultivation of hemp plants with a THC content  $> 1\%$  (including for personal use)
- Consumption of cannabis (including for self-medication)
- Restricted medical use for substitution





## 7. Figures

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- **Majority of applications for medicines containing cannabis**
- **Approx. 150 permits every six months**
- **Distribution of indications:**

|                                     |     |
|-------------------------------------|-----|
| – multiple sclerosis                | 45% |
| – other diseases of the spinal cord | 32% |
| – tumour diseases                   | 14% |
| – chronic pain                      | 9%  |
- **Increasing number of applications for the indication of ‘chronic pain’**
- **1 application rejected:** substitution for cannabis dependence



## 8. Discussion points

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- High price of legally obtained substances
- Time-consuming bureaucratic process for doctors
- Level of knowledge within the medical profession
- Substitution with cannabis
- Medical use of natural cannabis products (incl. smoking)



## 9. Conclusion

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- Cannabis remains an unresolved problem in the balancing act between scientific evidence, superstition and political expediency
- The medical use of cannabis can, and must, be further refined
- The topics cannabinoids in medicine, controlled delivery of cannabis and decriminalization of cannabis use should be treated as separate
- Pushing ahead with a political discussion on liberalisation would be counterproductive for all these topics



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