

## APPENDIX 1 – METHODOLOGY TABLES

*Table 1: List of countries examined*

<b>Country</b>	<b>Region <i>World Bank, 2017</i></b>	<b>Total population (pop. aged 15- 64) <i>World Bank, 2017</i></b>	<b>GDP per capita (in US\$) <i>World Bank, 2017</i></b>	<b>Income Group <i>World Bank, 2017</i></b>
Australia	East Asia & Pacific	24 598 933 (16 108 336)	48 460	High income
Austria	Europe & Central Asia	8 809 212 (5 876 348)	52 398	High income
Bolivia	Latin America & Caribbean	11 051 600 (6 814 033)	7 560	Lower middle income
Bulgaria	Europe & Central Asia	7 075 991 (4 596 740)	20 948	Upper middle income
Canada	North America	36 708 083 (24 590 978)	46 705	High income
China	East Asia & Pacific	1 386 395 000 (993 792 919)	16 807	Upper middle income
Colombia	Latin America & Caribbean	49 065 615 (33 793 544)	14 473	Upper middle income
Czech Republic	Europe & Central Asia	10 591 323 (6 947 803)	36 327	High income
Egypt, Arab Republic	Middle East & North Africa	97 553 151 (59 868 055)	11 584	Lower middle income
France	Europe & Central Asia	67 118 648 (41 746 605)	42 850	High income
Germany	Europe & Central Asia	82 695 000 (54 141 932)	50 639	High income
Ghana	Sub-Saharan Africa	28 833 629 (16 750 447)	4 492	Lower middle income

Iceland	Europe & Central Asia	341 284 (223 464)	53 153	High income
Iran, Islamic Republic	Middle East & North Africa	81 162 788 (57 521 480)	20 841	Upper middle income
Italy	Europe & Central Asia	60 551 416 (38 426 674)	39 427	High income
Japan	East Asia & Pacific	126 785 797 (76 153 398)	43 279	High income
Malaysia	East Asia & Pacific	31 624 264 (21 945 261)	29 449	Upper middle income
Mexico	Latin America & Caribbean	129 163 276 (85 861 399)	18 273	Upper middle income
Myanmar	East Asia & Pacific	53 370 609 (35 991 678)	6 161	Lower middle income
New Zealand	East Asia & Pacific	4 793 900 (3 111 839)	41 109	High income
Nigeria	Sub-Saharan Africa	190 886 311 (101 661 535)	5 875	Lower middle income
Philippines	East Asia & Pacific	104 918 090 (66 603 688)	8 343	Lower middle income
Portugal	Europe & Central Asia	10 293 718 (6 676 818)	31 673	High income
Romania	Europe & Central Asia	19 586 539 (13 100 625)	26 657	Upper middle income
Russian Federation	Europe & Central Asia	144 495 044 (98 568 914)	25 533	Upper middle income
Saudi Arabia	Middle East & North Africa	32 938 213 (23 563 948)	53 779	High income
Singapore	East Asia & Pacific	5 612 253 (4 046 250)	93 905	High income
Sweden	Europe & Central Asia	10 067 744 (6 290 321)	50 208	High income

Switzerland	Europe & Central Asia	8 466 017 (5 645 933)	64 712	High income
United Kingdom (England and Wales)	Europe & Central Asia	66 022 273 (42 103 444)	43 269	High income
United States	North America	325 719 178 (213 911 387)	59 532	High income
Uruguay	Latin America & Caribbean	3 456 750 (2 222 198)	22 562	High income
Viet Nam	East Asia & Pacific	95 540 800 (66 677 368)	6 776	Lower middle income

**Table 2: Indicators for national drug policy descriptions**

Indicator Category (drug policy priority)	Indicator
1. Public Health	1.1 Number of syringes distributed (per client and year, 2007-2018)
	1.2 Number of people treated in OST programmes (per 100'00 inhab., 2008-2017)
	1.3 Criminal sanctions for personal cannabis possession
2. Law Enforcement	2.1 Incarceration rate for drug-related offences (per million inhab., 2012-2014)
	2.2 Police intervention rate for drug-related offences (per 100'000 inhab., 2008-2016)
	2.3 Drug seizures economic value (in % of GDP PPP, 2016)
3. Human Rights	3.1 Human Rights at UN (2018-2019)
	3.2 Operational OST in prisons (2018)
	3.3 Abolition of the death penalty for drug offences (2018)

4. Market Regulation	4.1 Adequacy of Consumption Measure - in morphine equivalents (in %, 2010)
	4.2 Cannabis for medical use (2018)
	4.3 Non-medical use/personal possession of drugs (prohibited by UN Conventions)
5. Unintended Consequences	5.1 Estimated prevalence of PWID among population (in %, 1996-2016)
	5.2 Drug-related deaths (per million inhab., 2009-2016)
	5.3 Estimated HIV prevalence among PWID (in %, 2004-2014)

**Table 3: List of interviewees**

Category	List of Experts
9 government representatives to the UN	<ul style="list-style-type: none"> <li>- 1 person from the permanent mission of Singapore</li> <li>- 1 person from the African Union mission</li> <li>- 1 person from the permanent mission of Mexico</li> <li>- 1 person from the permanent mission of Canada</li> <li>- 1 person from the permanent mission of Norway</li> <li>- 1 person from the permanent mission of the Netherlands</li> <li>- 1 person from the permanent mission of Portugal</li> <li>- 1 person from the Holy Sea mission</li> <li>- 1 person from the Swiss Federal Office of Foreign Affairs</li> </ul>
4 persons from UN agencies	<ul style="list-style-type: none"> <li>- 1 person from UNAIDS</li> <li>- 1 person from the UN Office of Drugs and Crime (UNODC)</li> <li>- 1 person from the World Health Organization (WHO)</li> <li>- 1 person from the UN Office of the High Commissioner for Human Rights (OHCHR)</li> </ul>
5 persons from international civil society	<ul style="list-style-type: none"> <li>- 1 person from the International Association for Hospice and Palliative Care (IAHPC)</li> <li>- 1 person from the Canadian HIV/AIDS Legal Network</li> <li>- 1 person from the Drug Policy Alliance</li> <li>- 1 person from World Federation Against Drugs</li> <li>- 1 person from the Transnational Institute</li> </ul>

**Table 4: List of questions for the international drug policy experts**

Category	Question
<p><b>Context of the international drug control system</b></p>	1. What does the international drug control system mean to you?
	2. How important do you think the Drug Control Conventions are in the current international drug control system?
	3. Do you think this will change in the coming ten years? How and based on what factors?
	4. How would you describe the current state of the international drug control system? Please give 5 adjectives.
	5. What do you consider to be the 5 main drug-related issues in the world today and how do you think they will change over the next ten years? (e.g.: drug trafficking; rising rates of violence; consumption/use; health problems like infections, etc).
<p><b>Priorities within the international drug control system: recent trends and tendencies for the future</b></p>	<p>6. How important do you think each of the following priorities are within the international drug control system?</p> <ol style="list-style-type: none"> <li>1. Human Rights</li> <li>2. Health (including access to medicines)</li> <li>3. Peace and Security</li> <li>4. Organised Transnational Crime</li> <li>5. Development and Environment</li> </ol>
	<p>7. Looking ahead ten years from now, how do you think they will evolve? how important do you think each of the following priorities will be within the international drug control system?</p> <ol style="list-style-type: none"> <li>1. Human Rights</li> <li>2. Health (including access to medicines)</li> <li>3. Peace and Security</li> <li>4. Organised Transnational Crime</li> <li>5. Development and Environment</li> </ol>
<p><b>Future scenarios based on propositions</b></p>	<p>8. What do you think the future of the international drug control system will look like?</p> <p><u>Option 1:</u> A new system, with new priorities (e.g.: a new Single Convention that would replace the previous Conventions);</p> <p><u>Option 2:</u> Adaptation of the system which would still continue (amending the existing Drug Control Conventions)</p> <p><u>Option 3:</u> Respectful non-compliance (multilateral collapse and slow death of the current system, meaning that the original treaties continue to exist, but nobody respects them).</p> <p><u>Option 4:</u> A group of States brakes away from the Conventions, through customary practice creates a new kind of dynamic, modifying the Conventions.</p> <p><u>Option 5:</u> “Drug War” rebirth, meaning a strengthening of the prohibitionist aspects of the Drug Control Conventions</p>