World Health Organization

Annex 1:

Report on the WHO Member State Questionnaire for review of psychoactive substances

Expert Committee on Drug Dependence

Forty-eighth Meeting

Geneva, 20-22 October 2025

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Contents

Background

As per the "Guidance on the WHO review of psychoactive substances for international control" (EB126/2010/REC1, Annex 6), Member States are invited to contribute to the Expert Committee on Drug Dependence review process by providing up-to-date and accurate information concerning the substances under review in advance of each meeting.

The Expert Committee on Drug Dependence Member State questionnaire is conducted annually to complement the critical review and pre-review reports. Focal points nominated by member States are invited via email to participate in the questionnaire, with the option to complete separate surveys for each substance under review or pre-review. The Member State Questionnaire provides key insights on the geographic nature of a drug problem (e.g. highly localised or affecting many regions) and the extent and nature of public health harms and the extent of therapeutic use (if any). It is complementary to the data presented in critical and pre-reviews reviews, as these reviews are often limited to published literature, may not contain data from many member states, and can be older (due to publication and reporting delays). The data provided by Member States have not been verified by WHO and are published as received by WHO.

The questionnaire for the 48th ECDD meeting was available to Member States from 8 August to 3 September 2025. Ninety-one of 194 Member States responded to the invitation to participate to the questionnaire (13 in the African, 17 in the American, 8 in the Eastern Mediterranean, 39 in the European, 3 in the South-East Asian, and 11 in the Western Pacific region). Ninety-two countries agreed to provide data in accordance with WHO data-sharing policy. For the nine substance-specific surveys, an average of 54 countries responded (range 34-76), and an average of 27 countries (range 18-41) provided substance specific information.

Each substance-specific survey covers: (i) Approved medical, scientific or industrial use, (ii) Epidemiology of non-medical use, (iii) Perceived negative health impact, (iv) Emergency department visits, (v) Deaths, (vi) Drug dependence, (vii) Current national controls, (viii) Illicit manufacture and trafficking, (ix) Detection in falsified medicines, (x) Seizures, and (xi) Laboratory capacity within a member state to analyse the substance.

Respondents are able to draw from multiple sources such as seizures data from law enforcement or customs, reports from emergency departments, forensic pathology, poisons information calls and legislation.

The questionnaire can be completed as an online survey or in a survey document could be submitted to the questionnaire team. Translated versions of the questionnaire were available in all official United Nations languages: Arabic, Chinese, English, French, Russian, and Spanish.

Coca Leaf

Of the 75 countries that agreed to provide data, 28 reported that they had information on the use of coca leaf in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A1).

Table A1. Numbers of countries that provided information on coca leaf

Region	No. of countries with no information	No. of countries with information
African	6	2
Americas	10	6
South-East Asia	3	0
European	22	14
Eastern Mediterranean	3	1
Western Pacific	4	5
Total	47	28

Approved medical, scientific or industrial use

Approved therapeutic uses

One country in the Americas Region reported approved therapeutic indications for coca leaf. The formally authorised therapeutic action for coca leaf is “analgesic”, and is sold within dozens of registered products. Legislation also recognises the use of coca leaf in its natural state for traditional uses. Preparations and products in the field of traditional medicine include topical analgesics, traditional ointments and rubs, syrups and other oral solutions and traditional food presentations.

An additional two countries in the Americas Region noted that although there were no approved pharmaceutical medicines containing coca leaf, it was used in traditional and surgical medicine, for purposes such as an analgesic and anaesthetic. Two countries from the Americas Region reported that coca leaf had a traditional cultural use for coca leaf that was consistent with their countries’ legal frameworks.

Medical and scientific research

Three countries in the Americas Region reported that coca leaf was currently used in medical or scientific research, such as in clinical trials for a human or veterinary indication (except as an analytical standard).

One county reported coca leaf in is a subject of active research in multiple fields of research including health, agricultural sciences, biotechnology, toxicology, social sciences, anthropology, and others, with results that have contributed to characterising its safety, food potential, and productive and cultural application.

A second country from the Americas region reported that although there were no formally structured clinical trials involving coca leaf, some basic academic research at the university level has been conducted, primarily for the purpose of obtaining academic degrees.

A third country from the Americas region described an extensive range of research being conducted across a number of different universities and national institutes. Research was conducted across domains such as human nutrition and food security, compost, animal feed, and biofertilizers, social and cultural research, evaluation of coca-based beverages and analgesics, pharmacological effects and bioactive compounds of coca leaf, and the regulatory evaluation of medicines containing coca.

Industrial use

Four countries (3 in the Americas, and 1 in the European region) reported use for legitimate (legal) industrial purposes. Coca leaf was described as having a wide variety of industrial purposes including as agricultural fertiliser, in food products like flour, confectionary, coca leaf tea bags, non-alcoholic beverages, liquor, producing cocaine base for pharmaceutical purposes, cosmetics, and textile pigments.

Epidemiology of non-medical use

12 countries (5 in the Americas region, 5 in the European region, 1 in the African region, and 1 in the Eastern Mediterranean region) reported evidence of use of coca leaf for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived mainly from data from customs (suggesting detection at international border points; n=8), seizures from law enforcement (n=5), poisons information calls (n=3), and toxicology reports from emergency departments (n=1).

Routes of administration and formulations

The most common reported route of administration was oral (Table A2).

Table A2. Reported routes of coca leaf administration

Route of administration	No. of countries
Smoking	3
Oral	7
Inhalation	1
Sniffing	1
Injection	1
Other*	2
Do not know	12

* Other routes of administration included tea bags and cocaine-based drugs

The most common formulation of coca leaf reported was powder for oral administration (Fig. A1).

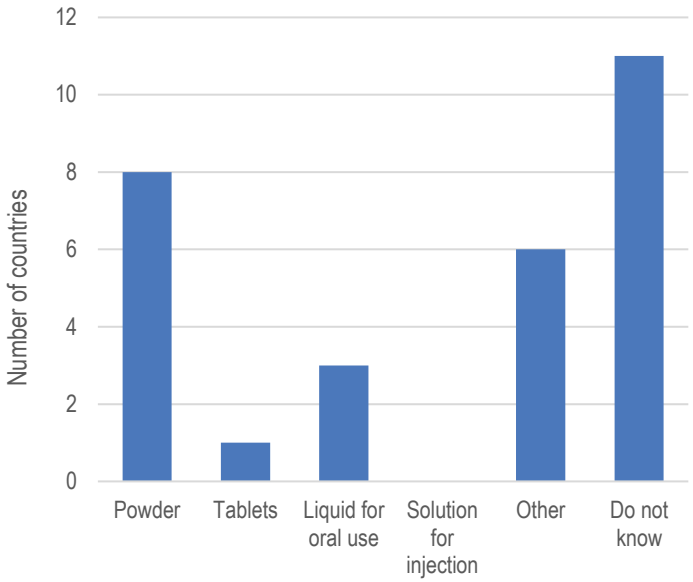

Fig. A1. Formulations of coca leaf

*Other formulations primarily described leaves prepared in various manners, including: as whole leaves (n=1), plant material (leaf; n=1), dried leaves (n=1), poultices (n=1), in chocolate bars (n=1), tea bags (n=1), roasted leaves mixed with alkaline (n=1), ground powder held in the mouth for up to several hours (n=1), and as cocaine based drugs (n=1).

Perceived negative health impact

Five countries (2 in the Western Pacific, 2 in the European, and 1 in the Americas region) reported that the negative health effect of non-medical consumption of coca leaf was "especially serious" or "substantial" (Fig. A2).

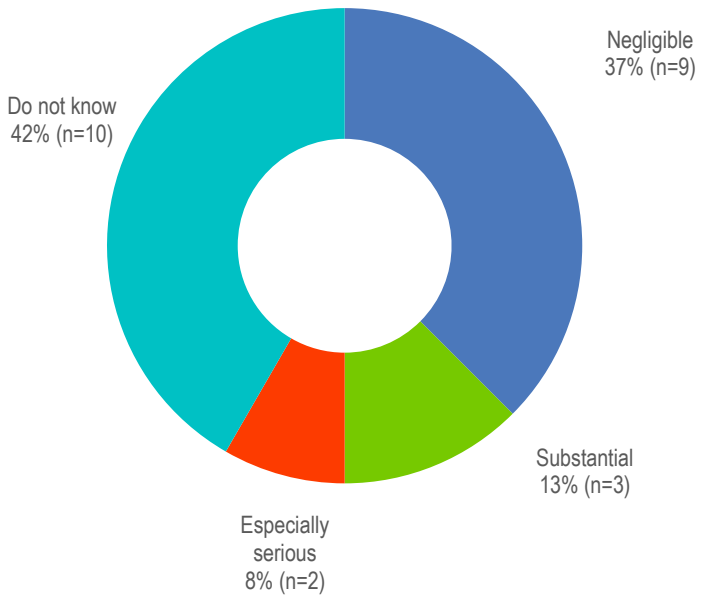

Fig. A2. Negative health impacts of non-medical consumption of coca leaf

Emergency department visits

Three countries (2 in the European, and 1 in the Eastern Mediterranean region) were aware of emergency department visits related to coca leaf, but no further clinical details were provided.

One country in the Eastern Mediterranean Region described the adverse effects (e.g. non-fatal intoxications) seen in patient(s) who presented to emergency departments after use of coca leaf and other substance. These included headache, hypertension, tachycardia, agitation, hallucinations, psychosis, anxiety, depression, nausea, vomiting, chest pain, memory loss.

One country in the Americas Region noted that while there was no statistical data on patients who have been admitted to emergency services due to coca leaf consumption for non-medical purposes, this is because such cases are not documented; likewise, non-fatal poisoning from chewing coca leaves is not recorded. The statistical data on emergency room admissions pertains exclusively to the consumption of cocaine-derived drugs, whose raw material is coca leaves diverted for illicit drug trafficking.

Deaths

No countries reported any deaths in which coca leaf was involved. Two countries (1 in the Americas, and 1 in the European region) reported that they do not systematically collect this information, with one noting that it does not have the analytical capacity to distinguish between coca leaf and cocaine hydrochloride.

Drug dependence

Two countries (1 in the Americas, and 1 in the Eastern Mediterranean region) reported presentations for treatment of drug dependence due to the use of coca leaf. The country in the Eastern Mediterranean did not report any further information. The country in the Americas reported presentations for drug dependence treatment, but also that this was in relation to cocaine-related issues and that they noted information relating to coca leaf is not systematically collected. This country in the Americas region reported 91 cases of cocaine-related substance use disorders in 2024 that also related to coca leaf use.

Current national controls

21 countries (5 in the Americas, 12 in the European, 5 in the Western Pacific, and 1 in the Eastern Mediterranean region) reported that the availability of coca leaf was controlled under substance-specific legislation.

Illicit manufacture and trafficking

Table A3 shows the main reported activities involving coca leaf.

Table A3. Reported activities involving coca leaf for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	8
Smuggling (from other countries)	7
Internet sales (other or location of sellers and website unknown)	1
Internet sales (from abroad to buyers in the respondent's country)	0

Internet sales (seller or website located in respondent's country)	0
Manufacture of the substance by chemical synthesis	0
Direct sales	2
Production of consumer products containing the substance	2
Manufacture of the substance by extraction from other products	1
Diversion (from legal supply chain)	0
Do not know	10
Other	3 *

* Other reported activities included counterfeit herbal teas and dietary supplements (n=1), for use in beverages (n=1), and traditional/cultural use (n=1).

Detection in falsified medicines

No countries indicated that coca leaf was detected in falsified medicines or other products.

Seizures

Nine countries (5 in the Americas, 3 in the European, and 1 in the Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 1 to 134, and the amounts seized ranged from 246g to 500682 kg (Table A4).

Thirteen countries (6 in the Americas, 4 in the European, 2 in the Western Pacific, and 1 in the African region) reported seizures in 2024. The number of seizures per country ranged from 1 to 184, and the amounts seized ranged from 180g to 950106 kg.

Eleven countries (6 in the Americas, 3 in the European, 1 in the African, and 1 in the Western Pacific region) reported seizures in 2023. The number of seizures per country ranged from 1 to 205, and the amounts seized ranged from 1g to 989336 kg.

Table A4. Reported seizures of coca leaf

Year	No. of countries that reported seizures	No. of seizures
2025 (up until August)	9	146*
2024	13	230
2023	11	232

*Does not represent a full year of data

Laboratory capacity

Twenty-two of the countries that provided information (11 in the European, 6 in the Americas, and 5 in the Western Pacific region) reported that they had the laboratory capacity to analyse coca leaf.

Additional information

Eighteen countries provided additional information about coca leaf. For data protection purposes, this information is not presented in this report but was presented to the 48th ECDD.

MDMB-FUBINACA

Of the 71 countries that agreed to provide data, 26 reported that they had information on the use of MDMB-FUBINACA in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A1).

Table A1. Numbers of countries that provided information on MDMB-FUBINACA

Region	No. of countries with no information	No. of countries with information
African	4	2
Americas	10	3
South-East Asia	3	0
European	19	18
Eastern Mediterranean	4	0
Western Pacific	5	3
Total	46	25

Approved medical, scientific or industrial use

No countries reported approved therapeutic indications for MDMB-FUBINACA. No countries reported that MDMB-FUBINACA was currently used in medical or scientific research, such as in clinical trials for a human or veterinary indication (except as an analytical standard). No countries reported use for legitimate (legal) industrial purposes.

Epidemiology of non-medical use

12 countries in the European Region reported evidence of use of MDMB-FUBINACA for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived mainly from data on seizures from law enforcement (n=9), customs (suggesting detection at international border points; n=2), toxicology reports from emergency departments (n=3), and poisons information calls (n=2). Other sources (n=2) included reports to a public health system and clinical cases and medical organization conclusions.

Routes of administration and formulations

The most commonly reported route of administration was smoking (Table A2).

Table A2. Reported routes of MDMB-FUBINACA administration

Route of administration	No. of countries
Smoking	9
Oral	2
Inhalation	4
Sniffing	0
Injection	1
Other[a]	1
Do not know	10

[a]Vaping.

The most common formulation of MDMB-FUBINACA reported was powder for smoking (Fig. A1).

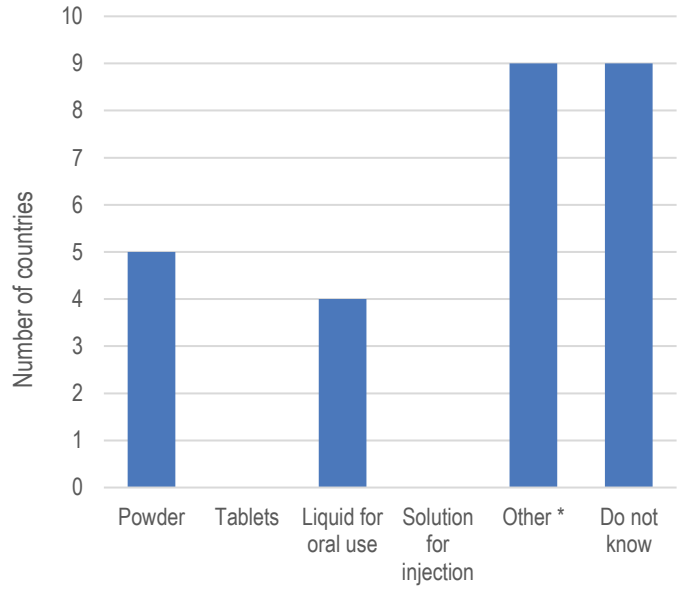

Fig. A1. Formulations of MDMB-FUBINACA

* "Other" formulations included: in herbal/botanical material (n=6), liquid for vaping (n=2) impregnated into paper (n=2), smoking mixtures (n=1), and as liquid but not specified if for oral use or injection (n=1). Some countries reported more than one formulation.

Perceived negative health impact

Ten countries (8 in the European and 2 in the Americas region) reported that the negative health effect of non-medical consumption of MDMB-FUBINACA was “especially serious” or “substantial” (Fig. A2).

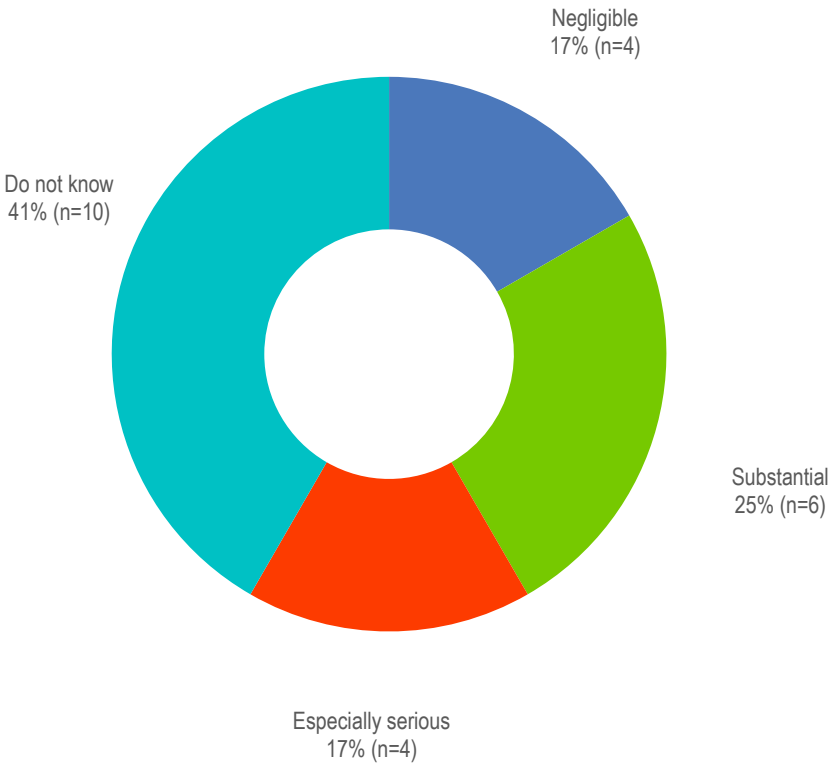

Fig. A2. Negative health impacts of non-medical consumption of MDMB-FUBINACA

Emergency department visits

Four countries (3 in the European and 1 in the Americas region) were aware of emergency department visits related to MDMB-FUBINACA.

One country in the European Region described one emergency department presentation in 2025 by people who had consumed MDMB-FUBINACA without other substances. One country in the European Region described five emergency department presentations in 2025 by people who had consumed MDMB-FUBINACA where other substances were also involved. Two countries (1 in the Americas, and 1 in the European region) reported emergency department presentations from an unspecified time period by people who had consumed MDMB-FUBINACA where it was unknown whether other substances were also involved.

The adverse effects (e.g. non-fatal intoxications) seen in patients who presented to emergency departments after use of MDMB-FUBINACA included dizziness (n=1), confusion (n=2), agitation (n=1), Tachycardia (n=1), Bradycardia (n=1), hallucinations (n=2), psychosis (n=2), anxiety (n=2), nausea (n=1), vomiting (n=1), Unconsciousness (n=1), chest pain (n=1), sweating (n=1), memory loss (n=1), seizures / convulsions (n=1) Other adverse effects reported included jaw seizing/clenching, urinary incontinence, rigidity/stiffness (n=1).

Deaths

Two countries in the European region reported eight deaths in 2025 in which MDMB-FUBINACA and other substances were involved. One country in the European Region reported two deaths in 2024 in which MDMB-FUBINACA and other substances were involved.

One country in the Western Pacific Region reported deaths in which MDMB-FUBINACA was involved and it was unknown whether other substances were involved.

One country in the European Region reported further information on the extent and magnitude of public health problems or social harm caused by the use of MDMB-FUBINACA in their country, whereby MDMB-FUBINACA was linked to an overdose outbreak within people who sleep rough in a local area. This resulted in roughly 70 overdoses (some people accounting for two or more) and two fatalities within a three-week period. Some samples linked to the overdoses had confirmed detections of the substance, but it was not possible to confirm that MDMB-FUBINACA was present in all of these overdoses. It was reported that the substance was being sold locally as 'Russian spice'.

Drug dependence

Two countries (1 in the European and 1 in the Western Pacific region) reported presentations for treatment of drug dependence due to the use of MDMB-FUBINACA. The country in the European Region described the use of MDMB-FUBINACA instead of cannabis in a patient with substance use disorder as it was not easily detected (substance in e-liquid for vaping, urine screening).

Current national controls

Eleven countries (7 in the European, 2 in the Americas, and 2 in the Western Pacific region) reported that the availability of MDMB-FUBINACA was controlled under legislation on analogue or generic drugs. Seven countries (5 in the European, 1 in the Americas, and 1 in the Western Pacific region) reported that the availability of MDMB-FUBINACA was controlled under substance-specific legislation.

Illicit manufacture and trafficking

Table A3 shows the main reported activities involving MDMB-FUBINACA.

Table A3. Reported activities involving MDMB-FUBINACA for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	4
Smuggling (from other countries)	6
Internet sales (other or location of sellers and website unknown)	1
Internet sales (from abroad to buyers in the respondent's country)	1
Internet sales (seller or website located in respondent's country)	0
Manufacture of the substance by chemical synthesis	1
Direct sales	3
Production of consumer products containing the substance	2
Manufacture of the substance by extraction from other products	0
Diversion (from legal supply chain)	0
Do not know	13
Other	0

Detection in falsified medicines

No countries indicated that MDMB-FUBINACA was detected in falsified medicines or other products.

Seizures

Six countries in the European region reported seizures in 2025. The number of seizures per country ranged from 1 to 12, and the amounts seized ranged from 2g to 72g (Table A4).

Eight countries in the European region reported seizures in 2024. The number of seizures per country ranged from 2 to 38, and the amounts seized ranged from 3g to 350g.

Two countries European region reported seizures in 2023 with no further information on seizure number or size.

Table A4. Reported seizures of MDMB-FUBINACA

Year	No. of countries that reported seizures	No. of seizures
2025 (up until August)	6	20*
2024	8	92
2023	2	Not reported

*Does not represent a full year of data

Laboratory capacity

Twenty-two countries (17 in the European, 3 in the Americas, 3 in the Western Pacific, and 2 in the African region) reported that they had the laboratory capacity to analyse MDMB-FUBINACA.

N-pyrrolidino isotonitazene [isotonitazepyne]

Of the 68 countries that agreed to provide data, 23 reported that they had information on the use of *N*-pyrrolidino isotonitazene in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A1).

Table A1. Numbers of countries that provided information on *N*-pyrrolidino isotonitazene

Region	No. of countries with no information	No. of countries with information
African	6	1
Americas	11	2
South-East Asia	3	0
European	18	17
Eastern Mediterranean	4	0
Western Pacific	4	3
Total	46	22

Approved medical, scientific or industrial use

No countries reported approved therapeutic indications for *N*-pyrrolidino isotonitazene. One country from the Americas Region reported that *N*-pyrrolidino isotonitazene was currently used in medical or scientific research, such as in clinical trials for a human or veterinary indication (except as an analytical standard). No countries reported use for legitimate (legal) industrial purposes.

Epidemiology of non-medical use

Eleven countries (8 in the European, 2 in the Western Pacific and 1 in the Americas region) reported evidence of use of *N*-pyrrolidino isotonitazene for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived mainly from data on seizures from law enforcement (n=6), toxicology reports from deaths (n=6), customs (suggesting detection at international border points; n=1), toxicology reports from emergency departments (n=5), and poisons information calls (n=3). Other sources included reports to public health surveillance systems (n=1), forensic chemical examination data (n=1), fixed drug checking sites (n=1) and high alert notifications (n=1).

Routes of administration and formulations

The most commonly reported route of administration was oral (Table A2).

Table A2. Reported routes of *N*-pyrrolidino isotonitazene administration

Route of administration	No. of countries
Smoking	0
Oral	4
Inhalation	0
Sniffing	0
Injection	2
Other	2
Do not know	11

[a] Nasal ingestion of a solution / nasal spray (n=2)

The most common formulation of *N*-pyrrolidino isotonitazene reported was powder for oral administration (Fig. A1).

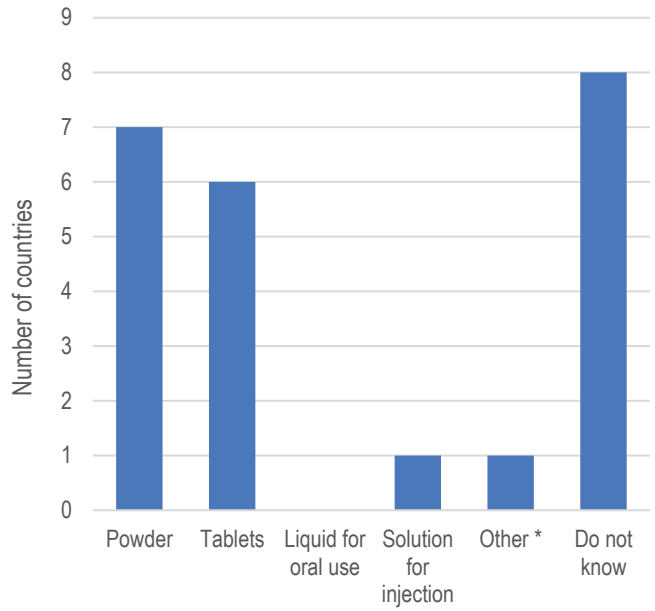

Fig. A1. Formulations of *N-pyrrolidino isotonitazene*

*Other formulations included liquid nasal spray.

Perceived negative health impact

Ten countries in the European Region reported that the negative health effect of non-medical consumption of *N*-pyrrolidino isotonitazene was “especially serious” or “substantial” (Fig. A2).

One country in the Americas provided further comment that is was in the midst of an overdose crisis driven in large party by highly potent illicit synthetic opioids. It was concerned about the emergence of nitazenes in the global illicit dug supply and the impact that may have it if entered the illicit drug supply market and supplanted fentanyl and its analogues.

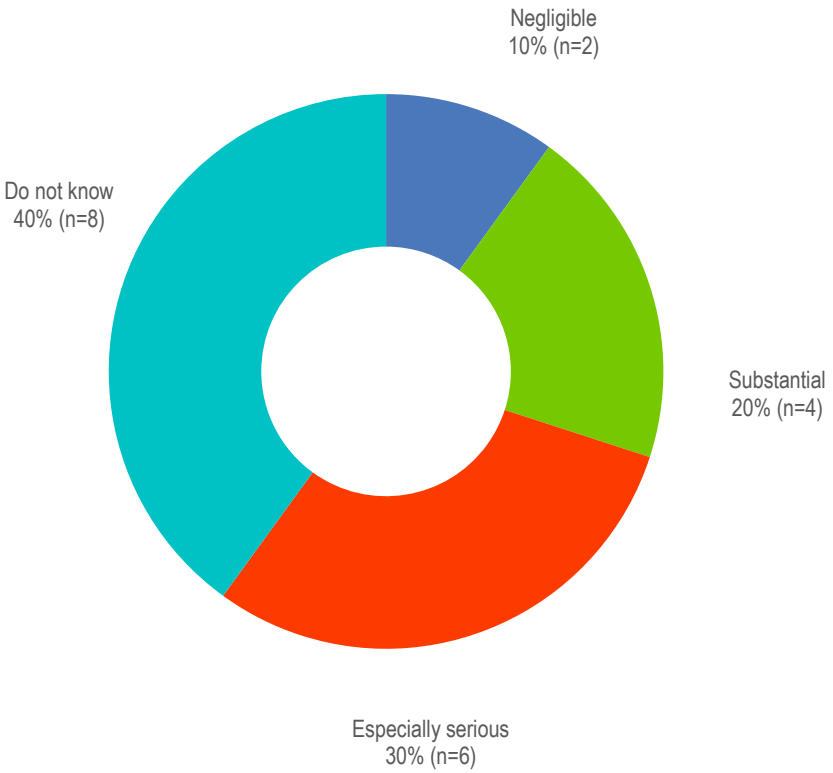

Fig. A2. Negative health impacts of non-medical consumption of *N-pyrrolidino isotonitazene*

Emergency department visits

Four countries in the European Region were aware of emergency department visits related to *N*-pyrrolidino isotonitazene.

One country described one 2024 emergency department presentations related to *N*-pyrrolidino isotonitazene, where *N*-pyrrolidino isotonitazene was the only substance involved.

One country described one 2025 emergency department presentation where *N*-pyrrolidino isotonitazene and other substance(s) were involved.

Four countries described emergency department presentation related to *N*-pyrrolidino isotonitazene, where it was unknown whether other substance(s) were involved. Three countries reported further information. One country reported two emergency department presentations in 2025, two countries reported one emergency department presentation per country in 2024.

The adverse effects (e.g. non-fatal intoxications) seen in patients who presented to emergency departments after use of *N*-pyrrolidino isotonitazene included hallucinations (n=1), nausea (n=2), unconsciousness (n=1) respiratory depression (n=1) and convulsions (n=1). Other adverse effects reported included respiratory failure, pulmonary oedema, pulmonary aspiration, rhabdomyolysis. Elevated lactate, creatinine and transaminases (ASAT, ALAT) (n=1), cardiac arrest (n=1) and other side effects related to opioid intoxication (n=1)

Deaths

One country in the European Region reported one death in 2025 and one death in 2024 in which *N*-pyrrolidino isotonitazene was the only substance involved.

Three countries in the European Region reported five deaths in 2025 and two deaths in 2024 in which *N*-pyrrolidino isotonitazene and other substances were involved.

Three countries from the European Region reported 13 deaths in 2025 and 11 deaths in 2024, related to *N*-pyrrolidino isotonitazene and where it was unknown whether other substances were involved.

Drug dependence

No countries reported presentations for treatment of drug dependence due to the use of *N*-pyrrolidino isotonitazene.

Current national controls

Six countries (4 in the European and 1 in the Western Pacific region) reported that the availability of *N*-pyrrolidino isotonitazene was controlled under substance-specific legislation. Eight countries (5 in the European, 2 in the Western Pacific and 1 in the Americas region) reported that the availability of *N*-pyrrolidino isotonitazene was controlled under legislation on analogue or generic drugs.

Illicit manufacture and trafficking

Table A3 shows the main reported activities involving *N*-pyrrolidino isotonitazene.

Table A3. Reported activities involving *N*-pyrrolidino isotonitazene for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	3
Smuggling (from other countries)	5
Internet sales (other or location of sellers and website unknown)	4
Internet sales (from abroad to buyers in the respondent's country)	1
Internet sales (seller or website located in respondent's country)	0
Manufacture of the substance by chemical synthesis	1
Direct sales	1
Production of consumer products containing the substance	0
Manufacture of the substance by extraction from other products	0
Diversion (from legal supply chain)	0
Do not know	13
Other	1

Detection in falsified medicines

Five countries (3 in the European and 2 in the Western Pacific region) indicated that *N*-pyrrolidino isotonitazene was detected in falsified medicines or other products. These were sold as oxycodone tablets (n=5) and butonitazene (n=1).

Seizures

Five countries in the European Region reported seizures in 2025. The number of seizures per country ranged from 1 to 2, and the amounts seized ranged from 0.98g to 1.18g (Table A4).

Six countries (5 in the European and 1 in the Americas region) reported seizures in 2024. The number of seizures per country ranged from 1 to 5, and the amounts seized ranged from 0.23g to 137g.

Four countries from the European Region reported seizures in 2023. One country reported a single seizure, with no further information reported from the other countries.

Table A4. Reported seizures of *N*-pyrrolidino isotonitazene

Year	No. of countries that reported seizures	No. of seizures
2025 (up until August)	5	4 *
2024	6	11
2023	4	1

* Represents only partial data from the year

Laboratory capacity

Nineteen of the 23 countries that provided information (19 in the European, 3 in the Western Pacific and 1 in the Americas region) reported that they had the laboratory capacity to analyse *N*-pyrrolidino isotonitazene.

N-desethyl etonitazene

Of the 68 countries that agreed to provide data, 24 reported that they had information on the use of *N*-desethyl etonitazene in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A1).

Table A1. Numbers of countries that provided information on *N*-desethyl etonitazene

Region	No. of countries with no information	No. of countries with information
African	6	1
Americas	10	3
South-East Asia	3	0
European	19	17
Eastern Mediterranean	4	0
Western Pacific	3	3
Total	45	23

Approved medical, scientific or industrial use

No country reported approved therapeutic indications for *N*-desethyl etonitazene. One country in the Americas Region reported that *N*-desethyl etonitazene was currently used in medical or scientific research, such as in clinical trials for a human or veterinary indication (except as an analytical standard) – the *N*-desethyl etonitazene was being used in an in-vitro research project. No countries reported use for legitimate (legal) industrial purposes.

Epidemiology of non-medical use

Nine countries (6 in the European, 2 in the Western Pacific and 1 in the Americas region) reported evidence of use of *N*-desethyl etonitazene for non-medical purposes (i.e., outside the medical, industrial or scientific context). The evidence was derived mainly from data on seizures from law enforcement (n=8), customs (suggesting detection at international border points; n=1), toxicology reports from deaths (n=2) toxicology reports from emergency departments (n=1), and poisons information calls (n=1). Other sources included drug checking services (n=2) and drug alert services (n=1).

Routes of administration and formulations

The most common reported route of administration was oral (Table A2).

Table A2. Reported routes of *N*-desethyl etonitazene administration

Route of administration	No. of countries
Smoking	3
Oral	4
Inhalation	0
Sniffing	0
Injection	2
Other	0
Do not know	9

The most common formulation of *N*-desethyl etonitazene reported was tablets for oral use (Fig. A1).

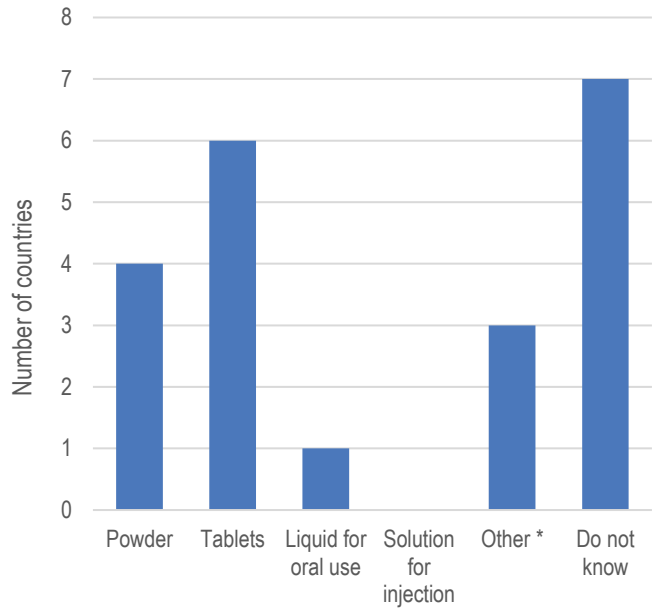

Fig. A1. Formulations of *N*-desethyl etonitazene

*Other formulations included liquid (unknown use) (n=1), botanical product (n=1), and residue (n=1)

Perceived negative health impact

Eight countries (7 in the European and 1 in the Americas region) reported that the negative health effect of non-medical consumption of *N*-desethyl etonitazene was "especially serious" or "substantial" (Fig. A2).

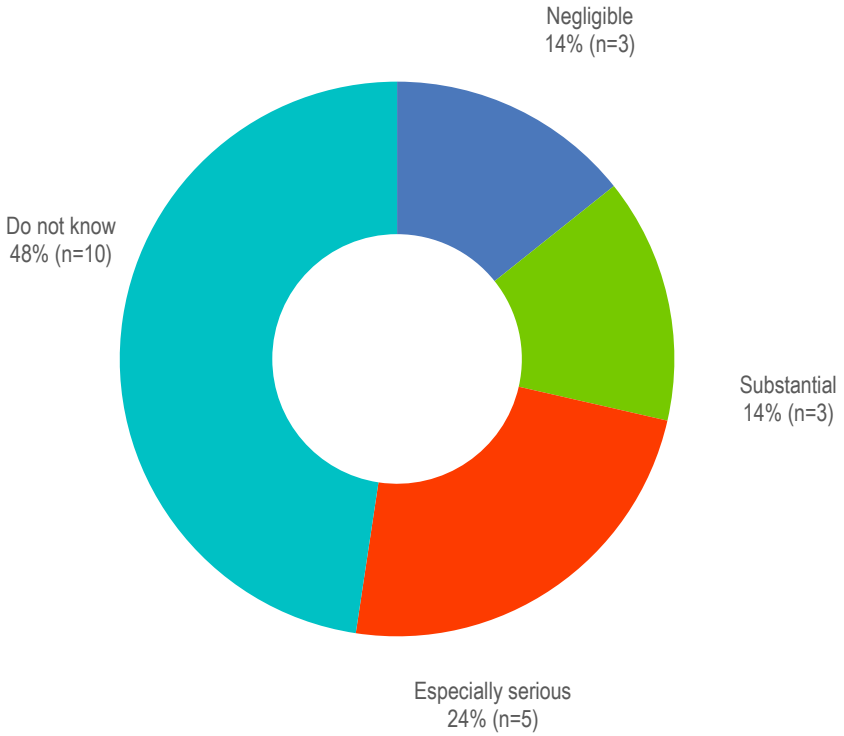

Fig. A2. Negative health impacts of non-medical consumption of *N*-desethyl etonitazene

Emergency department visits

Two countries from the European Region were aware of emergency department visits related to *N*-desethyl etonitazene where it was unknown whether other substances were involved. One country reported this visit occurred in 2025.

Deaths

One country in the European Region reported one death in 2025 in which *N*-desethyl etonitazene was the only substance involved.

One country in the European Region reported one death in 2024 and another country reported two deaths in 2023 related to *N*-desethyl etonitazene where it was unknown if other substances were involved.

Drug dependence

No countries reported presentations for treatment of drug dependence due to the use of N-desethyl-etonitazene.

Current national controls

Nine countries (6 in the European, 2 in the Western Pacific and 1 in the Americas region) reported that the availability of *N*-desethyl etonitazene was controlled under substance-specific legislation. Eight countries (6 in the European, 1 in the Americas and 1 in the Western Pacific region) reported that the availability of *N*-desethyl etonitazene was controlled under legislation on analogue or generic drugs.

Illicit manufacture and trafficking

Table A3 shows the main reported activities involving *N*-desethyl etonitazene.

Table A3. Reported activities involving *N*-desethyl etonitazene for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	4
Smuggling (from other countries)	5
Internet sales (other or location of sellers and website unknown)	2
Internet sales (from abroad to buyers in the respondent's country)	2
Internet sales (seller or website located in respondent's country)	0
Manufacture of the substance by chemical synthesis	1
Direct sales	1
Production of consumer products containing the substance	1
Manufacture of the substance by extraction from other products	0
Diversion (from legal supply chain)	9
Do not know	0
Other	0

Detection in falsified medicines

Six countries (4 in the European, 1 in the Americas and 1 in the Western Pacific region) indicated that *N*-desethyl etonitazene was detected in falsified medicines or other products. *N*-desethyl etonitazene was detected in products sold as oxycodone (n=3), diazepam (n=1) and alprazolam (n=1).

Seizures

Four countries (3 in the European and 1 in the Americas region) reported seizures in 2025. The number of seizures per country ranged from 1 to 4, and the only reported seizure size was 203g (Table A4).

Five countries (4 in the European and 1 in the Western Pacific region) reported seizures in 2024. The number of seizures per country ranged from 1 to 10, and the only reported seizure size was 100000 tablets.

Four countries (3 in the European and 1 in the Western Pacific region) reported seizures in 2023. The number of seizures per country ranged from 1 to 11, and the only reported seizure size was 2g.

Table A4. Reported seizures of *N*-desethyl etonitazene

Year	No. of countries that reported seizures	No. of seizures
2025 (up until Aug 2025)	4	5*
2024	5	19
2023	4	16

* Reflects partial data for the year

Laboratory capacity

Twenty-one of the 25 countries that provided information (16 in the European region, 3 in the Western region Pacific and 2 in the Americas region) reported having the laboratory capacity to analyse *N*-desethyl etonitazene.