

Substance name

This is the ECDD Member State Questionnaire for {SUBSTANCE_NAME}. Responses are saved each time you click Previous or Next. This means that you can close the questionnaire any time by exiting your browser (after clicking Previous or Next) and continue working on it later. You do not need to go to the last page of the survey before exiting.

The information entered here allows WHO to gather information on the legitimate use, harmful use, status of national control, and potential impact on international control for the substances under evaluation by the ECDD. If you have any questions about this questionnaire, please e-mail ecddsecretariat@who.int with the subject heading "ECDD Member State Questionnaire".

The questionnaire will take about 15-25 minutes to complete. You may return to the questionnaire to amend your responses at any time until the closure of the questionnaire.

The responses to this questionnaire will be compiled into a report that will be made publicly available on the WHO ECDD website. All data is presented at the WHO region level and not attributed to any specific country.

If you wish to submit any additional information to the attention of the ECDD Secretariat to be considered for inclusion in the final questionnaire report, you will have an opportunity to upload documents at the end of the questionnaire.

Any sensitive, confidential or unpublished documents should be emailed to ecddsecretariat@who.int

We thank you in advance for taking the time to complete this questionnaire.

General data

1. Your country name [***this item requires a response***]
.....
2. Focal point name [***this item requires a response***]
.....
3. Please confirm that you agree for the information provided in this questionnaire to be published. [***this item requires a response***]

☐ I agree for the information provided in this questionnaire to be published. I understand all data is presented at the WHO region level and not attributed to any specific country.
☐ I do not agree for the information provided in this questionnaire to be published (end this survey)

Statement of policy on data sharing

Data are the basis for all sound public health actions and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the focal point of _____ {Country}:

Confirms that all data to be supplied to WHO (including but not limited to the types listed in Annex 3¹) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of _____ {Country}:

- to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as "the Data") and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow noncommercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO's work and in accordance with the Organization's policies and practices.

Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the focal point of {Country} may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following email address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt out. ecddsecretariat@who.int

4. Do you agree to the 'statement of policy on data sharing' as outlined above? [*this item requires a response*]

☐ Yes

☐ No (end this survey)

¹ Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies (Provisional). Geneva: World Health Organization; 2017 (https://www.who.int/publishing/datapolicy/Policy_data_sharing_non_emergency_final.pdf), accessed 14 August 2019

Section 0. INFORMATION ON SUBSTANCE

1. Do you have any information on the use of {SUBSTANCE_NAME} in your country? The substance may be used for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes, or for any other purpose. [*this item requires a response*]

- ☐ Yes
☐ No (end this survey)

Section 1. APPROVED MEDICAL OR SCIENTIFIC USE

2. Do you know if approved medical products containing {SUBSTANCE_NAME} are available in your country for human or veterinary indications? (*Please select all that apply*)

- ☐ Human medical product
☐ Veterinary medical product
☐ Not available in human or veterinary medical products
☐ Do not know

3. What are the therapeutic indications approved for {SUBSTANCE_NAME} in your country?

4. Is {SUBSTANCE_NAME} currently used in medical or scientific research (excluding use as an analytical reference standard) in your country? E.g. is it in clinical trials for any human or veterinary indication?

- ☐ Yes (If yes, please specify.....)
☐ No
☐ Do not know

Section 2. INDUSTRIAL USE

5. Is {SUBSTANCE_NAME} used for legitimate (legal) industrial purposes in your country?

☐ Yes (If yes, please specify.....)

☐ No

☐ Do not know

Section 3. EPIDEMIOLOGY OF NON-MEDICAL USE

6. Is there any evidence of non-medical use (use outside of the medical, industrial or scientific context) of {SUBSTANCE_NAME} in your country? [**this item requires a response**]

☐ Yes

☐ No

☐ Do not know

6A. If there is evidence of non-medical use (use outside of the medical, industrial or scientific context) of {SUBSTANCE_NAME} in your country, where does this evidence come from?

☐ Seizures from law enforcement

☐ Seizures from customs (suggesting detection at international border points)

☐ Toxicology reports from deaths

☐ Toxicology reports from emergency departments

☐ Poisons information calls

☐ Other (please specify: _____)

☐ N/A

7. By what route(s) of administration are {SUBSTANCE_NAME} used for non-medical/non-scientific purposes in your country? (*Please select all that apply*)

☐ Oral

☐ Injection

☐ Inhalation

☐ Sniffing

☐ Smoking

☐ Do not know

☐ Other (*please specify*)

8. In which formulations is {SUBSTANCE_NAME} used for non-medical/non-scientific purposes in your country? *(Please select all that apply)*

- ☐ Powder
- ☐ Tablets
- ☐ Liquid or solution for oral administration/use
- ☐ Solution for injection
- ☐ Other *(please specify)*:
- ☐ Do not know

9. As an expert, what negative health impact do you believe the non-medical consumption of {SUBSTANCE_NAME} has in your country?

- ☐ Negligible (0)
- ☐ Substantial (1)
- ☐ Especially serious (2)
- ☐ Do not know

Emergency department / rooms

10. Are you aware of any emergency room/department visits related to the use of {SUBSTANCE_NAME} in your country?

- ☐ Yes
- ☐ No

11. Please specify the number of patients which presented at emergency rooms/ departments from non-medical use (non-fatal intoxications, etc.) in your country after use of {SUBSTANCE_NAME}.

	Number of presentations by year of reporting			Other years
	2025	2024	2023	
This substance was the only substance involved				
Other substances were also involved				
Unknown if other substances were involved				
Total number of presentations				

12. Please list the adverse effects (non-fatal intoxications, etc.) patients have presented with at emergency rooms/departments in your country after use of {SUBSTANCE_NAME}.

- | | |
|---|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Respiratory depression |
| <input type="checkbox"/> Agitation | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Seizures / convulsions |
| <input type="checkbox"/> Psychosis | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Anxiety | |
| <input type="checkbox"/> Depression | |

.....

.....

Deaths

13. If available, please provide the number of deaths where {SUBSTANCE_NAME} was involved. Please ensure to only report each death once. Provide data for the most recent completed year available.

Please write in the answers using numerals

	Number of deaths by year of reporting			
	2025	2024	2023	Other years
This substance was the only substance involved				
Other substances were also involved				
Unknown if other substances were involved				
Total number of deaths				

Drug dependence and other harms

14. Are you aware of people presenting for drug dependence treatment due to the use of {SUBSTANCE_NAME} in your country?

☐ Yes (If yes, please specify)

☐ No

☐ Do not know

15. Please provide any other information on the extent and magnitude of public health problems or social harm caused by the use of {SUBSTANCE_NAME} in your country e.g. use in certain settings or populations (*Please specify your sources/type of evidence*):

.....

.....

.....

Section 4. CURRENT CONTROL

Questions in Section 4 are intended for the national competent authority for drug control.

Current national controls

16. Is {SUBSTANCE_NAME} currently controlled under national legislation in order to regulate its availability in your country? [**this item requires a response**]

- ☐ Controlled under substance specific legislation
- ☐ Controlled under analogue or generic legislation
- ☐ No
- ☐ Do not know

Illicit manufacture and trafficking-related information

17. Are there activities involving {SUBSTANCE_NAME} for purposes other than medical, scientific or industrial use? (*Please select all that apply*)

- ☐ Smuggling (from other countries)
- ☐ Manufacture of the substance by chemical synthesis
- ☐ Manufacture of the substance by extraction from other products
- ☐ Production of consumer products containing the substance
- ☐ Trafficking
- ☐ Diversion (from legal supply chain)
- ☐ Internet sales (seller or website located in your country)
- ☐ Internet sales (from abroad to buyers in your country)
- ☐ Internet sales (other or location of sellers and website unknown)
- ☐ Direct sales
- ☐ Do not know
- ☐ Other (*please specify*):

18. Are you aware of {SUBSTANCE_NAME} detected in any counterfeit medicines or other products?

- ☐ Yes (If yes, please specify including what they are falsely sold as)
- ☐ No
- ☐ Do not know
- ☐ Other (*please specify*):

19. Seizures of {SUBSTANCE_NAME} in your country in the past 3 years:

Please write in the answers using numerals

	Number of seizures	Amount seized	Unit of measurement (e.g. grams)	No data available
2025				<input type="checkbox"/>
2024				<input type="checkbox"/>
2023				<input type="checkbox"/>

20. If {SUBSTANCE_NAME} were to be placed under international control, does your country have the forensic laboratory capacity to analyse the substance (identification, purity)?

- ☐ Yes
☐ No
☐ Do not know

21. Please provide any additional information

This is the end of the questionnaire.