Annex 1

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

Expert Committee on Drug Dependence

Forty-ninth Meeting

Geneva, October 2026

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 49th ECDD meeting was available to Member States from 6 August to 4 September 2026. Sixty-one countries agreed to provide data in accordance with the WHO data-sharing policy.

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 in PDF format were available in all official United Nations languages: Arabic, Chinese, English, French, Russian, and Spanish.

Cychlorphine (*N*-propionitrile chlorphine)

Of the 61 countries that agreed to provide data, 60 responded to the question asking if they had information on cychlorphine (*N*-propionitrile chlorphine), among which, 17 reported that they had information on the use of cychlorphine (*N*-propionitrile chlorphine) 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 cychlorphine

Region	No. of countries with no information	No. of countries with information
African	11	1
Americas	4	3
South-East Asia	4	0
European	16	12
Eastern Mediterranean	2	0
Western Pacific	5	2
Total	42	18

Approved medical, scientific or industrial use

No countries reported approved therapeutic indications for cychlorphine. No countries reported that cychlorphine 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 reported use for legitimate (legal) industrial purposes.

Epidemiology of non-medical use

Nine countries in the European region, two countries in the Americas region, and one country in the Western Pacific region reported evidence of use of cychlorphine for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=8), customs (suggesting detection at international border points; n=1), toxicology reports from emergency departments (n=4), toxicology death reports (n=4) and poisons information calls (n=1). Other sources included a Drug Consumption Room sample, crypto market, syringe analysis, and drug checking service (n=4).

Routes of administration and formulations

The most common reported routes of administration were oral (n=2), inhalation (n=2), and injection (n=2). The most common response was “unknown”, n= 9 (Table A2).

Table A2. Reported routes of cychlorphine administration

Route of administration	No. of countries
Smoking	0
Oral	2
Inhalation	2
Sniffing	1
Injection	2
Other	0
Do not know	9

The most common formulation of cychlorphine reported was powder, n=9 (Fig. A1).

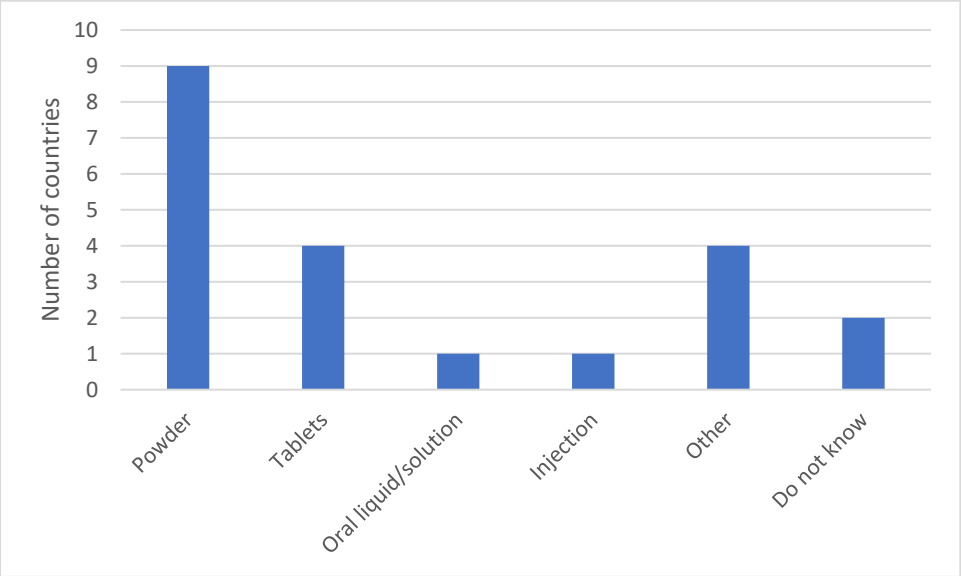

Fig. A1. Formulations of cychlorphine

"Other" formulations included blotter paper (n=2), capsule, paste or rock-like solid (n=1), and e-cigarette and liquid(n=1).

Perceived negative health impact

Eight countries (six in the European region two in the Americas region) reported that the negative health effect of non-medical consumption of cychlorphine was "especially serious" or "substantial" (Fig. A2).

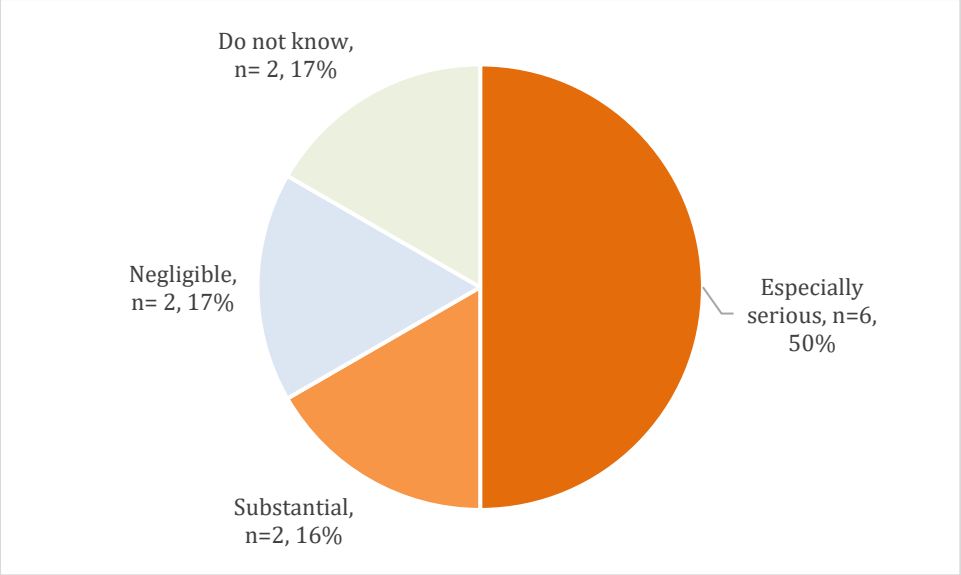

Fig. A2. Negative health impacts of non-medical consumption of cychlorphine

Emergency department visits

Three European countries were aware of emergency department visits related to cychlorphine. One of these countries described emergency department presentations by people who had consumed cychlorphine alone in 2026. Two presentations in the European region were reported for cychlorphine alone in 2025. There were no presentations in 2024 associated with cychlorphine use alone.

One country in the European region reported presentations in 2024 for cychlorphine used in combination with other known drugs. There were no presentations for cychlorphine in combination with other unknown drugs between 2024 and 2026 inclusive.

The adverse effects (e.g. non-fatal intoxications) seen in patients who presented to emergency departments after use of cychlorphine included confusion (n=1), hypertension (n=1), tachycardia (n=1), unconsciousness (n=1), and respiratory depression (n=1).

Deaths

No country reported deaths in 2026 in which cychlorphine alone was involved. Two countries (one in the European region and one in the Americas region) reported deaths in 2025 in which cychlorphine alone was involved. One country in the European region reported a death in 2024 in which cychlorphine alone was involved.

Three countries (one in the Americas region, and two in the European region) reported 61 deaths involving cychlorphine with other known substances in 2026. Four countries (three in the European region, one in the Americas region) reported 28 deaths involving cychlorphine with other known substances in 2025. No countries reported deaths involving cychlorphine with other known drugs in 2024.

One European country reported a death in 2026 involving cychlorphine with other unknown substances. Two countries (one in the Americas region, one in the European region) reported five deaths involving cychlorphine with other unknown substances in 2025. No countries reported deaths involving cychlorphine with other unknown drugs in 2024.

Drug dependence

No countries reported presentations for treatment of drug dependence due to the use of cychlorphine.

Current national controls

Nine countries (one in the Americas region, eight in the European region) reported that the availability of cychlorphine was controlled under substance-specific legislation, and four countries (two in the European region, one in the Americas region, and one in Western Pacific region) reported that the availability of cychlorphine was controlled under legislation for analogue or generic drugs.

Illicit manufacture and trafficking

Table A3 shows the main reported activities involving cychlorphine.

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

Activity	No. of countries
Trafficking	2
Smuggling (from other countries)	1
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)	3
Manufacture of the substance by chemical synthesis	1
Direct sales	0
Production of consumer products containing the substance	1
Manufacture of the substance by extraction from other products	0
Diversion (from legal supply chain)	0
Do not know	9
Other	0

Detection in falsified medicines

Three countries (two in the Americas region and one in the European region) indicated that cychlorphine was detected in falsified medicines or other products.

Seizures

Four countries (three from the European region, one from the Americas region) reported seizures in 2026. The number of seizures per country ranged from 1 to 260, and the amounts seized ranged from 0.3 g to 5.6 kg (Table A4).

Seven countries (four European region, two Americas region, one Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 1 to 109, and the amounts seized ranged from 1.02 to 710.17 g.

Five countries (two in the Americas region, three in the European region) reported seizures in 2024. The number of seizures per country ranged from 1 to 12, and the amounts seized ranged from 0.96 g to 315 g.

Table A4. Reported seizures of cychlorphine

Year	No. of countries that reported seizures	No. of seizures
2026	**4**	**264***
2025	7	164
2024	5	21

* represents data up until August 2026 (i.e. not a full year of data)

Laboratory capacity

Fifteen out of 16 countries (two in the Americas region, two in the Western Pacific region, 11 in the European region) that provided information reported that they had the laboratory capacity to analyse cychlorphine.

Etomethazene (5-methyl etodesnitazene)

Of the 61 countries that agreed to provide data, 60 responded to the question asking if they had information on etomethazene, and among them, 14 reported that they had information on the use of etomethazene (5-methyl etodesnitazene) in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A5).

Table A5. Numbers of countries that provided information on etomethazene

Region	No. of countries with no information	No. of countries with information
African	11	1
Americas	5	2
South-East Asia	4	0
European	18	10
Eastern Mediterranean	2	0
Western Pacific	6	1
Total	46	14

Approved medical, scientific or industrial use

No countries reported approved therapeutic indications for etomethazene. No countries reported that etomethazene 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

Six countries in the European region and one country in the Americas region reported evidence of use of etomethazene for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=3), customs (suggesting detection at international border points; (n=1), toxicology reports from emergency departments (n=1), toxicology death reports (n=1) and poisons information calls (n=1). Other sources included a toxicological report and ‘high nitazene-like potency’ (n=2).

Routes of administration and formulations

The most common reported routes of administration can be found in Table A6.

Table A6. Reported routes of etomethazene administration

Route of administration	No. of countries
Smoking	1
Oral	1
Inhalation	0
Sniffing	0
Injection	1
Other	0
Do not know	5

The most common formulation of etomethazene reported was powder, n=4 (Fig. A3).

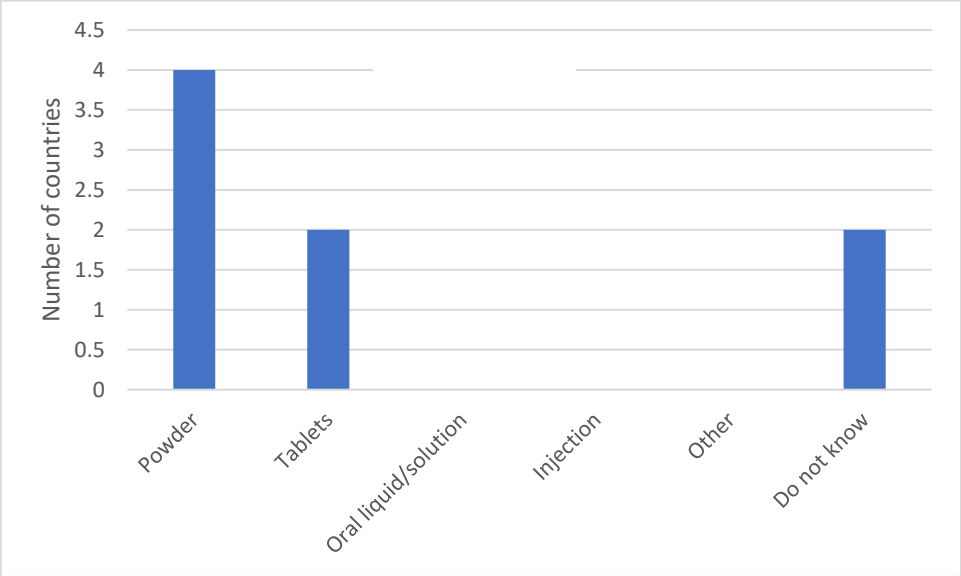

Fig. A3. Formulations of etomethazene

Perceived negative health impact

Four countries (three in the European region, one in the Americas region) reported that the negative health effect of non-medical consumption of etomethazene was “especially serious” or “substantial” (Fig. A4).

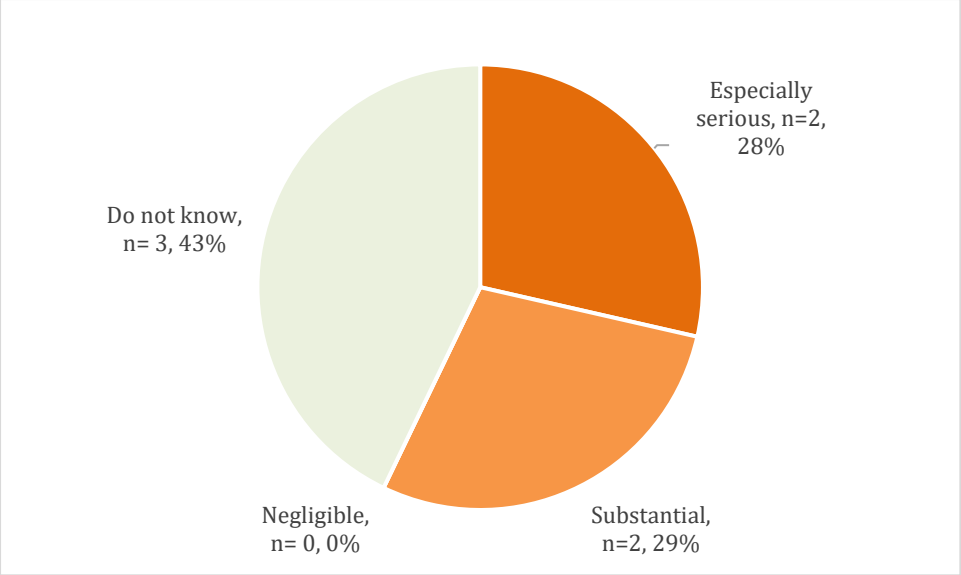

Fig. A4. Negative health impacts of non-medical consumption of etomethazene

Emergency department visits

Three countries in the European region were aware of emergency department visits related to etomethazene. There were no presentations by people who had consumed etomethazene alone in 2026. There was one presentation in the European region for etomethazene alone in 2025. There were no presentations in 2024 for etomethazene alone.

There was one presentation in the European region for etomethazene in combination with other known drugs in 2026 and three in 2024 (European region).

There were two presentations in the European region for etomethazene in combination with unknown drugs in 2025. There were no presentations in 2024 or 2026 for etomethazene in combination with unknown drugs.

The adverse effects (e.g. non-fatal intoxications) seen in patients who presented to emergency departments after use of etomethazene included respiratory depression (n=1) and cardiac arrest(n=1).

Deaths

One country in the European region reported a death in 2025 in which etomethazene alone was involved.

One country in the European region reported three deaths in 2025 involving etomethazene in combination with other known drugs. One country in the European region reported one death in 2024 involving etomethazene in combination with other known drugs.

No deaths were reported involving etomethazene in combination with other unknown drugs.

Drug dependence

No countries reported presentations for treatment of drug dependence due to the use of etomethazene.

Current national controls

Five countries (one in the Americas region, three in the European region, one in the African region) reported that the availability of etomethazene was controlled under substance-specific legislation, and eight countries (one in the Americas region, one in the Western Pacific region, six in the European region) reported that the availability of etomethazene was controlled under analogue or generic drugs legislation.

Illicit manufacture and trafficking

Table A7 shows the main reported activities involving etomethazene.

Table A7. Reported activities involving etomethazene for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	1
Smuggling (from other countries)	1
Internet sales (other or location of sellers and website unknown)	0
Internet sales (from abroad to buyers in the respondent's country)	0
Internet sales (seller or website located in respondent's country)	2
Manufacture of the substance by chemical synthesis	0
Direct sales	0
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	8
Other	0

Detection in falsified medicines

One country in the European region indicated that etomethazene was detected in falsified medicines or other products.

Seizures

One country in the Americas region reported seizures in 2026, though the amount of substance seized was not recorded. No country reported seizures in 2025.

Two countries (one in the Americas region and one in European region) reported seizures in 2024. The amount of etomethazene seizure ranged between 0.5 to 1 g (Table A8).

Table A8. Reported seizures of etomethazene

Year	No. of countries that reported seizures	No. of seizures
2026	1	Not reported*
2025	0	0
2024	2	5

* Represents data up until August 2026 (i.e. not a full year of data)

Laboratory capacity

Twelve out of 13 countries (two in the Americas region, one in the Western Pacific region, nine in the European region) that provided information reported that they had the laboratory capacity to analyse etomethazene.

Spirochlorphine (R-6890)

Of the 61 countries that agreed to provide data, 60 responded to the question asking if they had information on spirochlorphine, among which, 14 reported that they had information on the use of spirochlorphine, in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes, or for any other purpose (Table A9).

Table A9. Numbers of countries that provided information on spirochlorphine

Region	No. of countries with no information	No. of countries with information
African	11	1
Americas	5	2
South-East Asia	4	0
European	19	9
Eastern Mediterranean	2	0
Western Pacific	5	2
Total*	46	14

Approved medical, scientific or industrial use

No country reported any medical, veterinary, or scientific uses of spirochlorphine. There were also no reported legitimate industrial uses for spirochlorphine.

Epidemiology of non-medical use

Eleven countries (one in the African region, two in the Americas region, seven in the European region, one in the Western Pacific region) reported evidence of use of spirochlorphine for non-medical purposes (i.e., outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=7), customs (suggesting detection at international border points; n=2), toxicology reports from emergency departments (n= 1), and toxicology death reports (n=2). Other sources included crypto markets (n=1) and used syringe checking (n=1).

Routes of administration and formulations

The most common known reported route of administration was injection (n=2; one in the Americas region, one in the European region) (Table A10).

Table A10. Reported routes of spirochlorphine administration

Route of administration	No. of countries
Smoking	0
Oral	1
Inhalation	0
Sniffing	1
Injection	2
Other	0
Do not know	9

The most common formulation of spirochlorphine reported was powder (n= 7, two in the Americas region, four in the European region, and one in the Western Pacific region (Fig. A5).

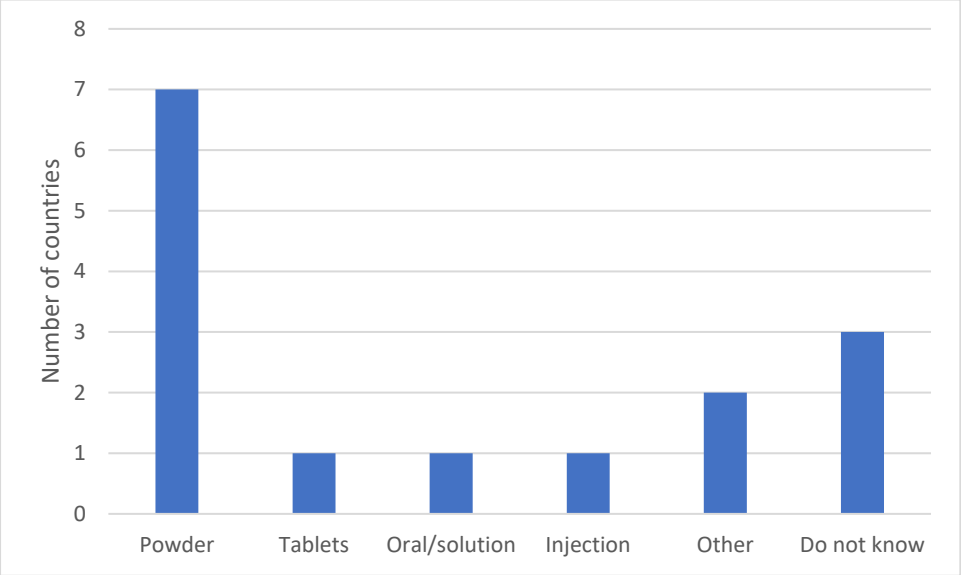

Fig. A5. Formulations of spirochlorphine

"Other" formulations included capsule (n=1), paste (n=1), and rock-like solid (n=2).

Perceived negative health impact

Five countries (one in the Americas region, four in the European region) reported that the negative health effect of non-medical consumption of spirochlorphine was "especially serious" or "substantial" (Fig. A6).

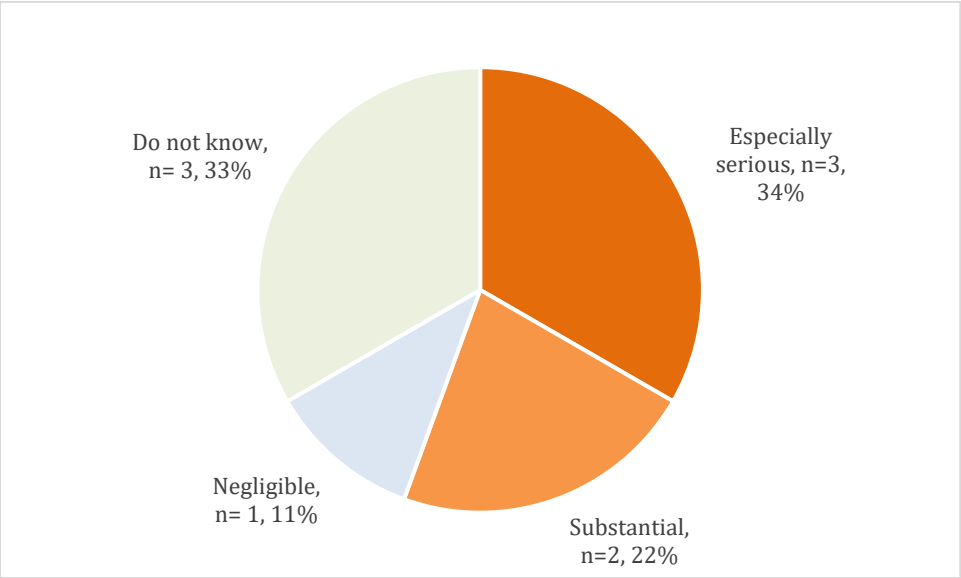

Fig. A6. Negative health impacts of non-medical consumption of spirochlorphine

Emergency department visits

Two countries in the European region were aware of emergency department visits related to spirochlorphine. However, there was no further information provided on hospitalizations in any year (2024 to 2026) that involved spirochlorphine alone or in combination with other drugs. There were also no reports providing details of adverse effects related to spirochlorphine use**.**

Deaths

There were no reported deaths involving spirochlorphine alone between 2024 and 2026.

On country in the European region reported 10 deaths in 2026 involving spirochlorphine and other known drugs. Two countries in the European regional reported 11 deaths in 2025 involving spirochlorphine with other known drugs. There were no reports of deaths in 2024 involving spirochlorphine with other known drugs.

There were also no reports of deaths between 2024 and 2026 involving spirochlorphine with other unknown substances.

Drug dependence

No country reported presentations for treatment of drug dependence due to the use of spirochlorphine.

Current national controls

Seven countries (two in the Americas region, five in the European region) reported that the availability of spirochlorphine was controlled under substance-specific legislation, and three countries (two in the European region, one in the Western Pacific region) reported that the availability of spirochlorphine was controlled under legislation for analogue or generic drugs.

Illicit manufacture and trafficking

Table A11 shows the main reported activities involving spirochlorphine.

Table A11. Reported activities involving spirochlorphine for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	3
Smuggling (from other countries)	1
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)	4
Manufacture of the substance by chemical synthesis	1
Direct sales	0
Production of consumer products containing the substance	1
Manufacture of the substance by extraction from other products	0
Diversion (from legal supply chain)	0
Do not know	6
Other	0

Detection in falsified medicines

One country in the Americas region indicated that spirochlorphine was detected in falsified opioid medicines.

Seizures

One country in the Americas region reported seizures in 2026. The number of seizures was three, and the amount seized was 26.1 g (Table A12).

Four countries (two in the European region, one in the Americas region, one in the Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 1 to 35, and the amounts seized ranged from 2.4 g to 737 g.

Three countries (one in the Americas region, two in the European region) reported seizures in 2024. The number of seizures ranged from 1 to 3, and the amounts seized was 1 g to 5.6 kg.

Table A12. Reported seizures of spirochlorphine

Year	No. of countries that reported seizures	No. of seizures
2026	1	3*
2025	4	40
2024	3	5

* represents data up until August 2026 (i.e. not a full year of data)

Laboratory capacity

Twelve out 13 countries (two in the Americas region, two in the Western Pacific region, eight in the European region) that provided information reported that they had the laboratory capacity to analyse spirochlorphine.

Desalkylgidazepam

Of the 61 countries that agreed to provide data, 60 responded to the question asking if they had information on desalkylgidazepam, and among them, 22 reported that they had information on the use of desalkylgidazepam in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes, or for any other purpose (Table A13).

Table A13. Numbers of countries that provided information on desalkylgidazepam

Region	No. of countries with no information	No. of countries with information
African	11	1
Americas	4	3
South-East Asia	4	0
European	14	14
Eastern Mediterranean	2	0
Western Pacific	3	4
Total	38	22

Approved medical, scientific or industrial use

One country in the European region reported approved therapeutic indications for desalkylgidazepam[1]. The reported therapeutic use was as an anxiolytic. One country in the European region reported that desalkylgidazepam 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 reported research use was as a metabolite in toxicology studies. One country in the European region reported use for legitimate (legal) industrial purposes.

Epidemiology of non-medical use

Seventeen countries (three in the Americas region, 10 in the European region, four in the Western Pacific region) reported evidence of use of desalkylgidazepam for non-medical purposes (i.e., outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=11), customs (suggesting detection at international border points; n=3), toxicology reports from emergency departments (n=2), and toxicology death reports (n=6). Other sources included drug checking/testing services (n=3), wastewater testing (n=1), media articles (n=1), toxicology/overdose reports from hospital settings (n=2), forensic science (n=1), treatment centres (n=1), and crypto markets (n=2).

Routes of administration and formulations

The most commonly known reported route of administration was oral (n=10; three in the Western Pacific region, five in the European region, and two in the Americas region), while the most common response overall with respect to the route of administration was “unknown” (n= 11; six in the European region, three in the Western Pacific region, two in the Americas region) (Table A14).

Table A14. Reported routes of desalkylgidazepam administration

[1] Gidazepam is metabolised to desalkylgidazepam and is used therapeutically in some countries. As clarification was not obtained regarding whether the response referred to gidazepam or desalkylgidazepam, this should be considered when interpreting the findings.

Route of administration	No. of countries
Smoking	1
Oral	10
Inhalation	0
Sniffing	1
Injection	1
Other	0
Do not know	11

The most common formulation of desalkylgidazepam reported was tablets, n=13 (Fig. A7).

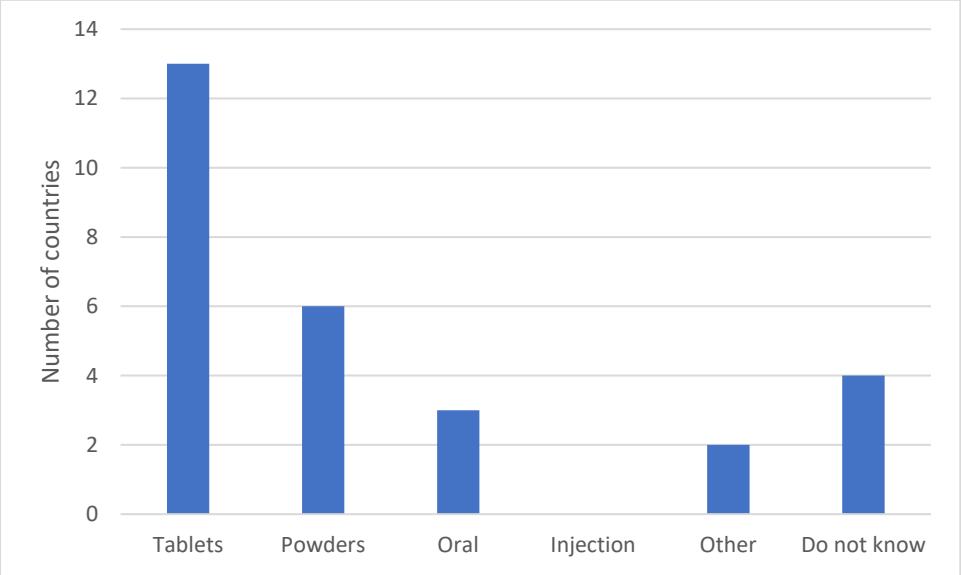

Fig. A7. Formulations of desalkylgidazepam

"Other" formulations included herbal material (n=1) and a crystalline substance (n=1).

Perceived negative health impact

Eight countries (four in the European region, three in the Americas region, one in the Western Pacific region) reported that the negative health effect of non-medical consumption of desalkylgidazepam was "especially serious" or "substantial" (Fig. A8).

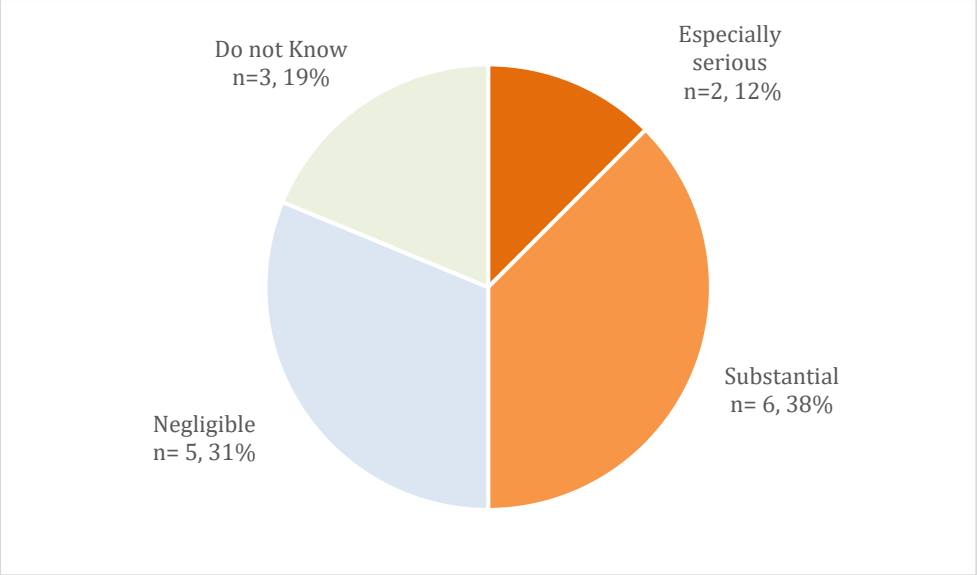

Fig. A8. Negative health impacts of non-medical consumption of desalkylgidazepam

Emergency department visits

Two European countries were aware of emergency department visits related to desalkylgidazepam, but no further information was provided on the cases. There was no record of emergency presentations for desalkylgidazepam in any form (alone, with other drugs, or with unknown substances) for any year (2024 to 2026). In addition, the nature of adverse effects was not reported.

Deaths

No country reported deaths in which desalkylgidazepam was the only substance involved (2024-2026).

There were no reported deaths in 2026 where desalkylgidazepam was involved alongside other drugs. In 2025, three countries (two in the European region, one in the Americas region) reported deaths involving desalkylgidazepam with other substances. In 2024, five countries (three in the European region, two in the Americas region) reported deaths in which desalkylgidazepam was involved with other drugs.

One country in the Americas region reported deaths in 2025 where desalkylgidazepam was involved alongside other unknown substances. One country in the Americas region also reported deaths in 2024 where desalkylgidazepam was involved alongside other unknown substances.

Drug dependence

No countries reported presentations for treatment of drug dependence due to the use of desalkylgidazepam.

Current national controls

Eleven countries (one in the Americas region, eight in the European region, two in the Western Pacific region) reported that the availability of desalkylgidazepam was controlled under substance-specific legislation, and four countries (two in the European region, one in the Americas region, one in the

Western Pacific region) reported that the availability of desalkylgidazepam was controlled under legislation on analogue or generic drugs.

Illicit manufacture and trafficking

Table A15 shows the main reported activities involving desalkylgidazepam, with the most common activity type reported being trafficking.

Table A15. Reported activities involving desalkylgidazepam for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	5
Smuggling (from other countries)	3
Internet sales (other or location of sellers and website unknown)	2
Internet sales (from abroad to buyers in the respondent's country)	1
Internet sales (seller or website located in respondent's country)	2
Manufacture of the substance by chemical synthesis	0
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)	0
Do not know	6
Other	1

Detection in falsified medicines

Four countries (two in the Americas region, one in the European region, one in the Western Pacific region) indicated that desalkylgidazepam was detected in falsified medicines or other products, including falsified pharmaceutical benzodiazepine and opioid products.

Seizures

Two countries (one in the Americas region and one in Western Pacific region) reported seizures in 2026. The number of seizures per country ranged from 1 to 12, and the amounts seized ranged from 0.58 grams to 314.56 grams (Table A16).

Seven countries (three in the European region, two in the Americas region, and two in the Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 1 to 71 and the amount seized ranged from 37.5 g to 42.1 kg. There were also other reports based on different units of measurement, including 14 tablets and 119.5 ml of liquid.

Seven countries (two in the Americas region, four in the European region, one in the Western Pacific region) reported seizures in 2024. The number of seizures per country ranged from 3 to 89, and the amounts seized ranged from 2.6 grams to 2 kg, and 92 to 6538 tablets.

Table A16. Reported seizures of desalkylgidazepam

Year	No. of countries that reported seizures	No. of seizures
2026	2	13*
2025	7	106
2024	7	164

* Represents data up until August 2026 (i.e., not a full year of data)

Laboratory capacity

Eighteen out of the 21 countries (two in the Americas region, four in the Western Pacific region, and 12 in the European region) that provided information reported that they had the laboratory capacity to analyse desalkylgidazepam.

Ethylbromazolam

Of the 61 countries that agreed to provide data, 60 responded to the question asking if they had information on ethylbromazolam, among which, 16 reported that they had information on the use of ethylbromazolam in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A17).

Table A17. Numbers of countries that provided information on ethylbromazolam

Region	No. of countries with no information	No. of countries with information
African	11	1
Americas	5	2
South-East Asia	4	0
European	19	9
Eastern Mediterranean	2	0
Western Pacific	3	4
Total*	44	16

Approved medical, scientific or industrial use

No country reported any human, veterinary, or therapeutic use of ethylbromazolam. One country in the European region reported using ethylbromazolam as a chemical reference in scientific research. There were no reported legitimate industrial uses for ethylbromazolam.

Epidemiology of non-medical use

Twelve countries (two in the Americas region, six in the European region, four in the Western Pacific region) reported evidence of use of ethylbromazolam for non-medical purposes (i.e., outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=7), customs (suggesting detection at international border points; n=4), and toxicology death reports (n=2). Other sources included toxicology reports (n=1), forensic cases (n=2), crypto markets (n=1), and drug checking services (n=2).

Routes of administration and formulations

The most common known reported route of administration was oral (n=7; representing one country in the Americas region, three in the European region, three in the Western Pacific region) (Table A18).

Table A18. Reported routes of ethylbromazolam administration

Route of administration	No. of countries
Smoking	1
Oral	7
Inhalation	0
Sniffing	1
Injection	1
Other	0
Do not know	7

The most common formulation of ethylbromazolam reported was tablets (n=10; representing two countries in the Americas region, five in the European region, three in the Western Pacific region) (Fig. A9).

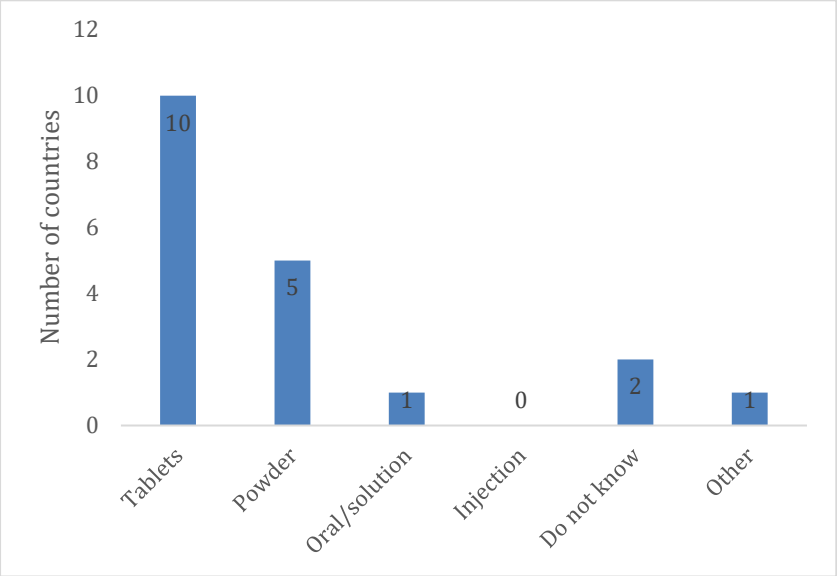

Fig. A9. Formulations of ethylbromazolam

"Other" formulations included rock-like solid (n=1), crystalline substance (n=1), capsule (n=1), and smoking device (n=1).

Perceived negative health impact

Six countries (two in the European region, two in the Americas region, two in the Western Pacific region) reported that the negative health effect of non-medical consumption of ethylbromazolam was "especially serious" or "substantial" (Fig. A10).

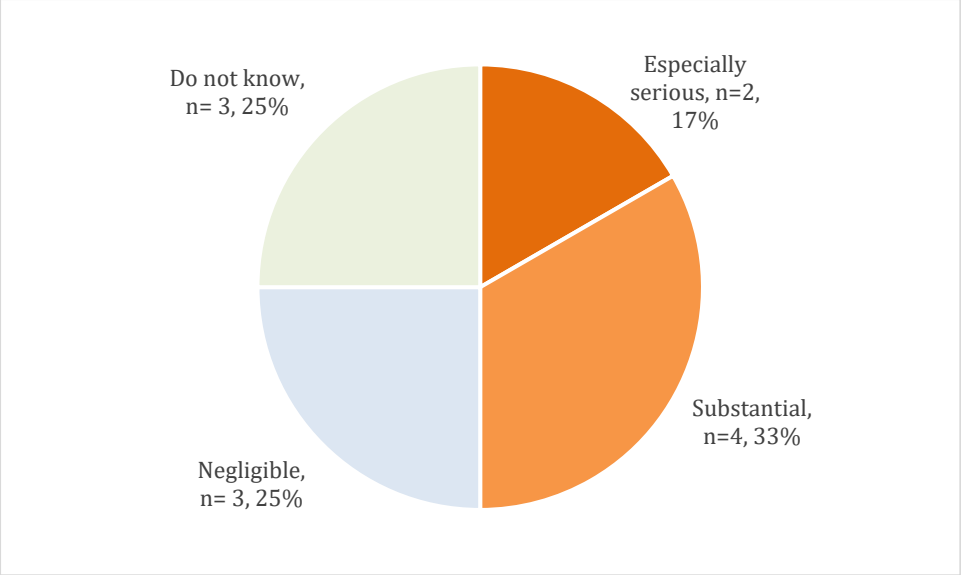

Fig. A10. Negative health impacts of non-medical consumption of ethylbromazolam

Emergency department visits

Two countries in the European region were aware of emergency department visits related to ethylbromazolam. However, no further details were provided on the nature of the presentations or adverse events. No information was provided on the number of hospitalizations between 2024 and 2026 that involved ethylbromazolam alone or in combination with other drugs.

Deaths

There were no reports of deaths involving ethylbromazolam alone between 2024 and 2026.

Three countries (one in the Americas region, two in the European region) reported 16 deaths involving ethylbromazolam and other known drugs in 2026. Further, three countries (one in the Americas region, two in the European region) reported 34 deaths in 2025 involving ethylbromazolam with other known drugs. There were no reported deaths in 2024 involving ethylbromazolam with other known drugs.

There were also no reported deaths involving ethylbromazolam with other unknown substances between 2024 and 2026.

Drug dependence

No countries reported presentations for treatment of drug dependence due to the use of ethylbromazolam.

Current national controls

Seven countries (two in the Western Pacific region, five in the European region) reported that the availability of ethylbromazolam was controlled under substance-specific legislation. Four countries (one in the Americas region, two in the European region, one in the Western Pacific region) reported that the availability of ethylbromazolam was controlled under legislation for analogue or generic drugs.

Illicit manufacture and trafficking

Table A19 shows the main reported activities involving ethylbromazolam.

Table A19. Reported activities involving ethylbromazolam for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	6
Smuggling (from other countries)	2
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)	3
Manufacture of the substance by chemical synthesis	0
Direct sales	1
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	7
Other	0

Detection in falsified medicines

Seven countries (two in the Americas region, three in the European region, two in the Western Pacific region) indicated that ethylbromazolam was detected in falsified benzodiazepine medicines.

Seizures

Five countries (two in the European region, two in the Americas region, one in the Western Pacific region) reported seizures in 2026. The number of seizures per country ranged from 1 to 151, and the amounts seized ranged from 1 kg to 75 kg (Table A20) One further country reported a seizure of 63 tablets.

Ten countries (four in the European region, two in the Americas region, four in the Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 1 to 174, and the amounts seized ranged from 2.6 g to 17.3 kg and 102 tablets to 303 tablets.

One country in the Americas region reported two seizures of 500 g in 2024.

Table A20. Reported seizures of ethylbromazolam

Year	No. of countries that reported seizures	No. of seizures
2026	5	192*
2025	10	321
2024	1	2

* Represents data up until August 2026 (i.e. not a full year of data)

Laboratory capacity

Fourteen out 15 countries (two in the Americas region, four in the Western Pacific region, eight in the European region) that provided information reported that they had the laboratory capacity to analyse ethylbromazolam.

Etomidate

Of the 61 countries that agreed to provide data, 60 responded to the question asking if they had information on etomidate, and among them, 32 reported that they had information on the use of etomidate in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes or for any other purpose (Table A21).

Table A21. Numbers of countries that provided information on etomidate

Region	No. of countries with no information	No. of countries with information
African	7	5
Americas	3	4
South-East Asia	2	2
European	15	13
Eastern Mediterranean	0	2
Western Pacific	1	6
Total*	28	32

Approved medical, scientific or industrial use

Twenty-nine countries (10 in the European region, four in the Americas region, six in the Western Pacific region, five in the African region, two in the South East Asian region, and two in the Eastern Mediterranean region) reported approved therapeutic indications for etomidate. The main reported use was anaesthesia (n=26; nine in the European region, five in the African region, five in the Western Pacific region, three in the Americas region, two in the Eastern Mediterranean region, two in the South East Asian region). Eight countries reported using etomidate in scientific medical research (two in the Americas region, two in the Eastern Mediterranean region, one in the South East Asian region, one in the Western Pacific region, and two in the European region).

Four countries (two in the Americas region, one in the African region, and one in the South East Asian region) reported etomidate use for legitimate (legal) industrial purposes, including in the manufacture of medicines.

Epidemiology of non-medical use

Twelve countries (three in the European region, two in the Americas region, six in the Western Pacific region, one in the South East Asian region) reported evidence of use of etomidate for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=8), customs (suggesting detection at international border points; n=3), toxicology reports from emergency departments (n=1), and toxicology overdose reports (n=3). Other sources included illegal e-cigarettes (vapes) (n=2), overdose toxicology reports (n=1), crypto markets (n=1), and wastewater testing (n=1).

Routes of administration and formulations

The most common reported routes of administration were “smoking” (n= 5; one in the European region, three in the Western Pacific region, one in the South East Asian region) and inhalation (n=5; three in the Western Pacific region, two in the Americas region) (Table A22).

Table A22. Reported routes of etomidate administration

Route of administration	No. of countries
Smoking	5
Oral	1
Inhalation	5
Sniffing	0
Injection	3
Other	1
Do not know	3

The most common formulation of etomidate reported was oral liquid or solution (n=6; three in the Western Pacific region, one in the European region, one in the Americas region, one in the South East Asian region) (Fig. A11).

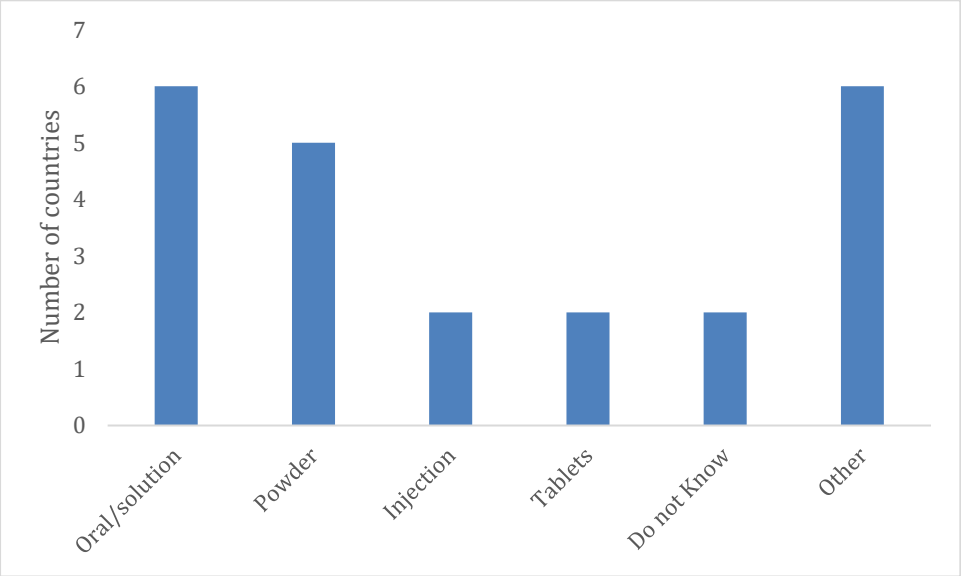

Fig. A11. Formulations of etomidate

"Other" formulations included crystal (n=3) and e-cigarette/vapes (n=5)

Perceived negative health impact

Eight countries (one in the South East Asian region, one in the Americas region, six in the Western Pacific region) reported that the negative health effect of non-medical consumption of etomidate was "especially serious" or "substantial" (Fig. A12).

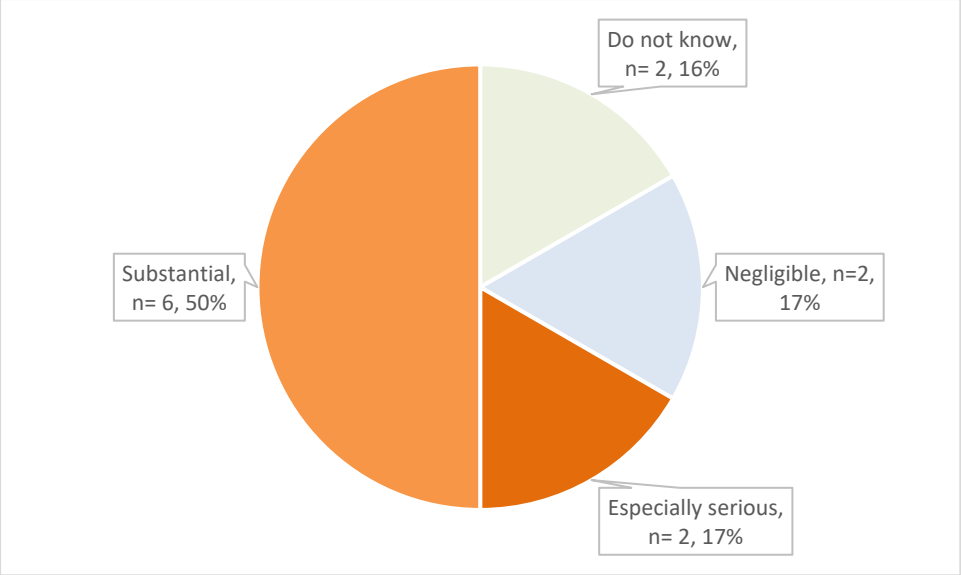

Fig. A12. Negative health impacts of non-medical consumption of etomidate

Emergency department visits

Five countries (two in the Western Pacific region, three in the European region) were aware of emergency department visits related to etomidate. One country in the Western Pacific region reported hospitalizations in 2026 (n=29) and 2025 (n=30) involving etomidate alone. There were no reports of hospitalisations involving etomidate alone in 2024.

There were no reports of hospitalizations involving etomidate with other known drugs in 2026. One country in the Western Pacific region reported 37 hospitalizations involving etomidate together with other known drugs in 2025, and 36 such hospitalisations in 2024.

There were no reports of hospitalisations involving etomidate with other unknown substances in 2024-2026.

The adverse effects (e.g., non-fatal intoxications) seen in patients who presented to emergency departments after use of etomidate included headache (n=1), confusion (n=1), agitation (n=1), tachycardia (n=1), hallucinations (n=1), psychosis (n=1) nausea (n=1), vomiting (n=1), unconsciousness (n=1), and seizures (n=1). Other reported adverse effects (n=2) included “hands shaking, "zoning out", speech difficulty, and altered mental status” (n=1) and suicide (n=1).

Deaths

One country in the Western Pacific region reported five deaths in 2026, 10 deaths in 2025, and four deaths in 2024 in which only etomidate was involved.

Two countries (one in the Americas region and one in the Western Pacific region) reported 17 deaths in 2026 involving etomidate with other known drugs. In 2025, three countries (two in the Western Pacific region, one in the Americas region) reported 24 deaths involving etomidate with other known drugs. In 2024, four countries (two in the European region, one in the Americas region, and one in the Western Pacific region) reported 19 deaths involving etomidate with other known drugs.

No countries reported deaths involving etomidate with other unknown substances in 2024-2026.

Drug dependence

Two countries in the Western Pacific region reported presentations for treatment of drug dependence due to the use of etomidate.

Current national controls

Thirteen countries (six in the Western Pacific region, two in the South-East Asian region, one in the European region, one in the Eastern Mediterranean region, two in the African region, and one in the Americas region) reported that the availability of etomidate was controlled under substance-specific legislation, and three countries (two in the European region and one in the African region) reported that the availability of etomidate was controlled under legislation for analogue or generic drugs.

Illicit manufacture and trafficking

Table A23 shows the main reported activities involving etomidate.

Table A23. Reported activities involving etomidate for purposes other than medical, scientific or industrial use

Activity	No. of countries
Trafficking	5
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)	5
Internet sales (seller or website located in respondent's country)	6
Manufacture of the substance by chemical synthesis	1
Direct sales	1
Production of consumer products containing the substance	4
Manufacture of the substance by extraction from other products	0
Diversion (from legal supply chain)	1
Do not know	17
Other#	1

#not further specified

Detection in falsified medicines

Twenty-five countries (11 in the European region, six in the Western Pacific region, three in the Americas region, two in the African region, two in South-East Asian region, one in the Eastern Mediterranean region) indicated that etomidate was detected in falsified products in the illegal e-cigarette.

Seizures

Seven countries (four in the Western Pacific region, two in the Americas region, one in the South-East

Asian region) reported seizures in 2026. The number of seizures per country ranged from 1 to 330, and the amounts seized ranged from 1.5 kg to 187.4 kg, with two other seizures for 10,018 ml and 19,543 pods, respectively (Table A24).

Six countries (one in the European region, one in the Americas region, and four in the Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 1 to 425, and the amounts seized ranged from 0.2 g to 543.6 kg, with two further seizures of 18,160 pods and 956 litres respectively, from two countries.

Six countries (two in the Americas region, one in the European region, three in the Western Pacific region) reported seizures in 2024. The number of seizures per country ranged from 1 to 54, and the amounts seized ranged from 113 g to 1092.3 kg, with two further seizures of 331 pods and 9.6 litres, respectively, from two countries.

Table A24. Reported seizures of etomidate

Year	No. of countries that reported seizures	No. of seizures
2026	7	584*
2025	6	646
2024	6	112

* Represents data up until August 2026 (i.e., not a full year of data)

Laboratory capacity

25 out 31 countries (three in the Americas region, six in the Western Pacific region, two in the South-East Asian region, one in Eastern Mediterranean region, 11 in the European region) that provided this information reported that they had the laboratory capacity to analyse etomidate.

Medetomidine

Of the 61 countries that agreed to provide data, 59 responded to the question asking if they had information on medetomidine, among which, 28 reported that they had information on the use of medetomidine in their country for medical, scientific, industrial or other professional purposes, for non-medical consumption or recreational purposes, or for any other purpose (Table A25).

Table A25. Numbers of countries that provided information on medetomidine

Region	No. of countries with no information	No. of countries with information
African	10	1
Americas	3	4
South-East Asia	2	2
European	13	15
Eastern Mediterranean	1	1
Western Pacific	2	5
Total	31	28

Approved medical, scientific or industrial use

Three countries (one in the European region, one in the Americas region, and one in the Western Pacific region) reported approved therapeutic indications for medetomidine[2]. The main reported therapeutic use was as a sedative (n=3). Further, 26 countries (one in the African region, four in the Americas region, two in the South East Asian region, 14 in the European region, one in the Eastern Mediterranean region, four in the Western Pacific region) reported that medetomidine was currently used for veterinary indications. The reported veterinary indications included sedation (n=21), analgesia/pain relief (n=15), premedication or pre-anaesthesia (n = 10), general anaesthesia/induction (n = 6), and anxiety and fear management (n = 1). Additionally, non-therapeutic operational uses included animal restraint and handling (n = 3).

Seven countries (one in the Americas region, one in the Eastern Mediterranean region, four in the European region, one in the Western Pacific region) reported the use of medetomidine in medical or scientific research. The areas of research included laboratory animal research (n=3), veterinary drug studies (n=1), biological studies (n=1), pre-clinical studies of medicinal products (n=1), and clinical trials for humans use (n=1).

Eight countries (five in the European region, one in the African region, one in the Americas region, and one in the South East Asia region) reported use for legitimate (legal) industrial purposes. The uses included veterinary applications and manufacturing (n=3), medical/industrial use authorization (n=1), and biocidal products to prevent marine fouling (n=4).

Epidemiology of non-medical use

Fourteen countries (seven in the European region, three in the Americas region, and four in the Western Pacific region) reported evidence of use of medetomidine for non-medical purposes (i.e. outside the medical, industrial or scientific context). The evidence was derived from data on seizures from law enforcement (n=11), customs (suggesting detection at international border points; n=2), toxicology reports from emergency departments (n=2), and toxicology death reports (n=5). Other

[2] The question on human therapeutic use did not differentiate between medetomidine and dexmedetomidine. Dexmedetomidine is a distinct substance (the active enantiomer of medetomidine) and is approved for human therapeutic use in a number of jurisdictions. As a result, respondents may have interpreted this question differently when reporting human therapeutic use.

sources included a toxicology/overdose report (n=2), samples from harm reduction services (n=1), drug checking services (n=1), media reports (n=1), wastewater (n=1), and crypto markets (n=1).

Routes of administration and formulations

The most commonly known reported route of administration was injection (n=5), with the most common response being "unknown" (n= 8; six in the European region, one in the Americas region, one in the Western Pacific region) (Table A26).

Table A26. Reported routes of medetomidine administration

Route of administration	No. of countries
Smoking	4
Oral	3
Inhalation	1
Sniffing	0
Injection	5
Other	0
Do not know	8

The most common formulations of medetomidine reported were powder and oral liquid/solution (n=5 for each), with the most common response being "other", n=6 (Fig. A13).

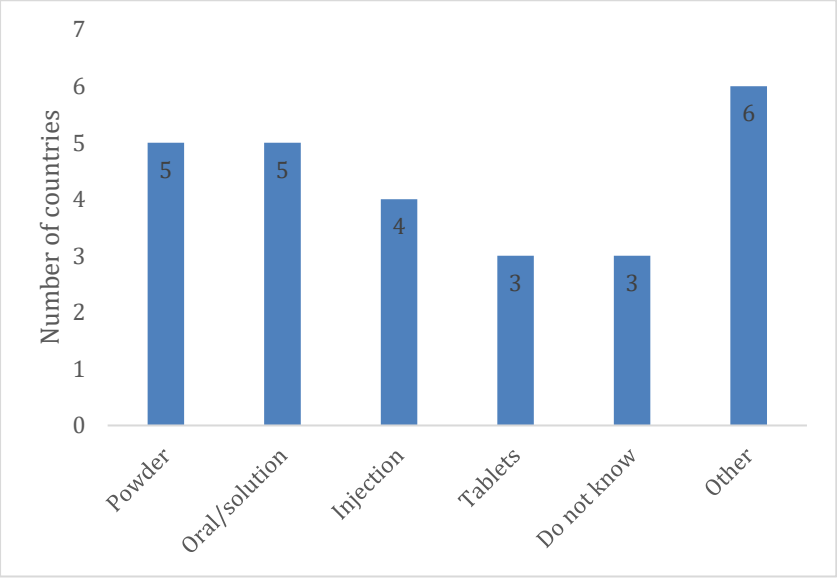

Fig. A13. Formulations of medetomidine

"Other" formulations included impregnated papers (n=1), rock-like, sold crystal substance (n=1), resinous substance (n=1), capsule (n=1), herbal material (n=2), liquid (n=2), and smoking device (n=1).

Perceived negative health impact

Seven countries (three in the European region, three in the Americas region, one in the Western Pacific region) reported that the negative health effect of non-medical consumption of medetomidine was

"especially serious" or "substantial" (Fig. A14).

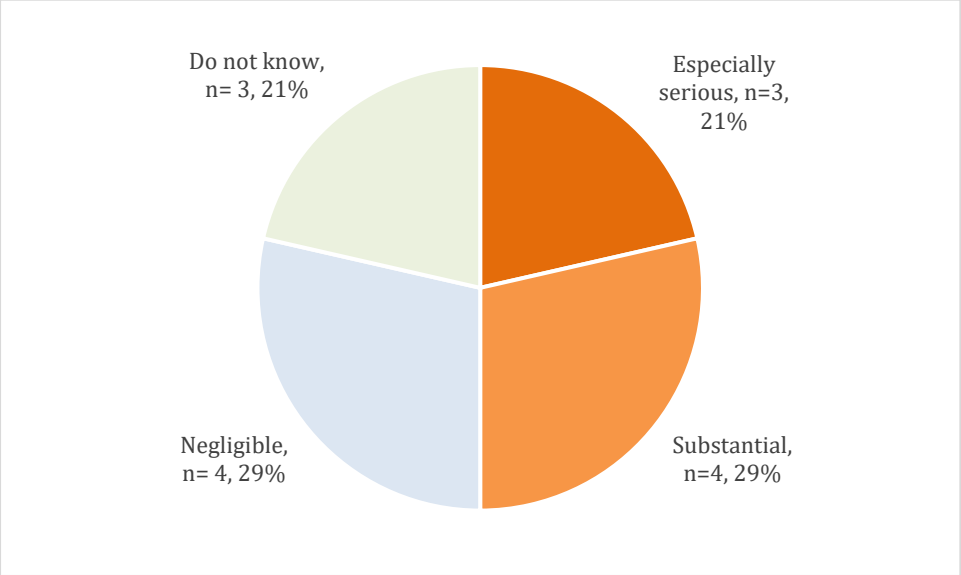

Fig. A14. Negative health impacts of non-medical consumption of medetomidine

Emergency department visits

Four countries (one in the Americas region, three in the European region) were aware of emergency department visits related to medetomidine. However, no further information was provided on the numbers of hospitalisations or the years of presentations.

The adverse effects (e.g. non-fatal intoxications) seen in patients who presented to emergency departments after use of medetomidine included dizziness (n=1), confusion (n=1), hypertension (n=1), hypotension (n=2), bradycardia (n=1), nausea (n=2), vomiting (n=2), unconsciousness(n=2), respiratory depression (n=1), sweating (n=1), and memory loss (n=1).

Deaths

No countries reported deaths in 2026 in which medetomidine alone was involved. One country in the Western Pacific region reported a death in 2025 in which medetomidine alone was involved. No countries reported deaths in 2024 in which medetomidine alone was involved

In 2026, two countries (one in the Americas region and one in the European region) reported 35 deaths involving medetomidine with other known substances. In 2025, three countries (two in the Americas region and one in the European region) reported 131 deaths involving medetomidine with other known substances. In 2024, two countries in the Americas region reported 29 deaths involving medetomidine with other known substances.

In 2026, one country in the Americas region reported 39 deaths involving medetomidine in combination with other unknown substances. In 2025, one country in the Americas region reported 55 deaths involving medetomidine in combination with other unknown substances. No deaths involving medetomidine in combination with other unknown substances were reported in 2024.

Drug dependence

One country in the Americas region reported presentations for treatment of drug dependence due to the use of medetomidine.

Current national controls

Nine countries (three in the Western Pacific region, two in the South East Asia region, one in the European region, one in the Eastern Mediterranean region, one in the African region, one in the Americas region) reported that the availability of medetomidine was controlled under substance-specific legislation. Three countries (all in the European region) reported that the availability of medetomidine was controlled under legislation for analogue or generic drugs.

Illicit manufacture and trafficking

Table A27 shows the main reported activities involving medetomidine.

Table A27. Reported activities involving medetomidine 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)	1
Internet sales (from abroad to buyers in the respondent's country)	2
Internet sales (seller or website located in respondent's country)	5
Manufacture of the substance by chemical synthesis	0
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)	3
Do not know	17
Other	0

Detection in falsified medicines

Three countries (two in the Americas region and one in European region) indicated that medetomidine was detected in falsified benzodiazepine or opioid medicines.

Seizures

Six countries (three in the European region, two in the Americas region, two in the Western Pacific

region) reported seizures in 2026. The number of seizures per country ranged from 2 to 4813, and the amounts seized ranged from 13.2 kg to 237.4 kg (Table A28). One country reported a seizure of 6 tablets.

Seven countries (two in the European region, two in the Americas region, three in the Western Pacific region) reported seizures in 2025. The number of seizures per country ranged from 2 to 9129, and the amounts seized ranged from 15.8 kg to 300.7 kg. One country reported seizure of 5.8ml.

Three countries (two in the Americas region, one in the Western Pacific region) reported seizures in 2024. The number of seizures per country ranged from 2 to 2599, and the amounts seized ranged from 3.6 kg to 23 kg.

Table A28. Reported seizures of medetomidine

Year	No. of countries that reported seizures	No. of seizures
2026	6	4,917*
2025	7	9,506
2024	3	2,604

* represents data up until August 2026 (i.e. not a full year of data)

Laboratory capacity

Twenty-two out of 28 countries (three in the Americas region, five in the Western Pacific region, one in the South East Asia region, one in the Eastern Mediterranean region, 12 in the European region) that provided information reported that they had the laboratory capacity to analyse medetomidine.