

Annex 1: Report on WHO Questionnaire for Review of Psychoactive Substances for the 39th ECDD: Evaluation of AB-PINACA

Data was obtained from 57 Member States (7 AFR, 4 EMR, 25 EUR, 7 PAH, 2 SEAR and 12 WPR) for the WHO Questionnaires for the Review of Psychoactive Substances.

A total of 45 Member States answered the questionnaire regarding AB-PINACA. Of these, 16 respondents had information on the substance.

Region	Number of countries responded	Number of countries with information on substance
AFR	5	0
EMR	3	0
EUR	20	13
PAH	5	1
SEAR	2	0
WPR	10	2
TOTAL	45	16

LEGITIMATE USE

No countries reported any approved human medical products or veterinary products containing AB-PINACA.

One country reported that AB-PINACA is currently being used in medical or scientific research for drug qualitative analysis. Two countries reported that it is being used for analytical purposes, such as reference standards. AB-PINACA is either manufactured (1 country) or imported (1 country) when used for legitimate purposes.

No countries reported any industrial use

No countries reported the use of AB-PINACA for any cultural, religious or ceremonial purposes.

EPIDEMIOLOGY OF NON-MEDICAL/NON-SCIENTIFIC USE – USE FOR PSYCHOACTIVE PURPOSES OR RECREATIONAL DRUG USE

Eleven countries reported that AB-PINACA is being misused for its psychoactive properties (as a recreational drug).

The most common route of administration reported was smoking (refer to Table 1).

Route of administration	Number of countries
Smoking	5
Oral	1
Inhalation	1
Sniffing	0
Injection	0
Don't know	8

Table 1: Common routes of administration

The most common formulation of AB-PINACA reported was powder (refer to Table 2). However, nine countries mentioned how AB-PINACA is generally dissolved in a solvent and administered to leaf or plant material before being smoked. Also, one country stated that powder may be dissolved into liquid for e-cigarette use.

Formulations	Number of countries
Powder	6
Liquid for oral use	1
Tablets	0
Solution for injection	0
Other	9

Table 2: Common formulations reported by countries

Smuggling was the main source of AB-PINACA for non-medical/non-scientific use in eight countries (Table 3).

Sources	Number of countries
Smuggling	8
Illegal manufacturing	1
Legal manufacturing	0
Legal trade	0
Diversion	0
Don't know	3

Table 3: Sources of substance for non-medical or non-scientific use

One country stated that a specific subpopulation known to misuse AB-PINACA were prisoners.

The level of negative health-impact originating from this substance's non-medical consumption was reported as:

Serious	Substantial	Negligible	Don't Know
4	1	2	4

Those countries which reported a serious or substantial level of negative health-impact indicated that this level was chosen due to the association of AB-PINACA with fatal and non-fatal intoxications (including hospitalisations). Also, there is a lack of knowledge among potential users regarding dosage and effects of synthetic cannabinoids. Apart from drug-checking services users cannot confirm the exact composition of what they intend to use.

Three countries reported emergency room admissions related to the non-medical use of AB-PINACA. One country indicated that according to poison centres there had been 12 cases over 10 years. Reported adverse effects included visual hallucinations, enhanced sound sensation, delirium, unconsciousness, seizures and death.

Regarding mortality rate, two countries provided information about mortalities involving AB-PINACA. Two fatal cases that involved other substances were reported between 2013-2014.

It was noted by one country that routine drug testing for AB-PINACA is not conducted in the medical ward, and therefore non-fatal intoxications associated with AB-PINACA and drug positive patients visiting drug-treatment centres, may be unrecorded.

STATUS OF NATIONAL CONTROL AND POTENTIAL IMPACT OF INTERNATIONAL CONTROL

Thirteen countries reported that AB-PINACA was under national control. The legislation that the control is based upon included the Controlled Substances Act (8 countries), Medicines Act (2 countries), other specific legislation (3 countries) and Psychoactive Substances Act (1 country). In two countries the control measures are only temporary.

The scope of the controls includes production (13 countries), manufacturing (13 countries), exporting (12 countries), importing (13 countries), distribution (13 countries), use (8 countries) and possession (12 countries).

Three countries reported challenges to implementing national controls such as forensic laboratory capacity (two countries), resources to implement and or/enforce (1 country) and expertise to detect or enforce (1 country).

The main reported illicit activities involving AB-PINACA (Table 4) include:

Illicit Activities	Number of countries
Internet sales (unknown location)	5
Trafficking	4
Sales to people who use the substance	3
Internet sales within your country	3
Internet sales from abroad	3
Manufacture of substance by chemical synthesis	0
Manufacture of substance by extraction from other products	0
Production of consumer products	0
Don't know	6

Table 4: Reported illicit activities involving AB-PINACA

Ten countries completed the section on the number of seizures. The combined number of seizures was 6409 (2014), 2842 (2015), 439 (2016).

If AB-PINACA was placed under international control, sixteen countries responded that they would have the capacity to enforce the control at the national level. There were sixteen countries which responded that they would have the forensic laboratory capacity to analyse the substance.