

Report on WHO Questionnaire for Review of Psychoactive Substances for the 37th ECDD: Evaluation of Methoxetamine (MXE)

A total of 63 out of 100 countries answered the questionnaire for Methoxetamine (MXE). There were 59 countries which submitted the questionnaire answers through the online survey system. The remaining 4 countries submitted hardcopy answers to the Secretariat.

Of these countries, 23 countries had information on this substance.

LEGITIMATE USE

There are no approved medical products containing MXE for human or veterinarian indications in any of the 21 responding countries. There is one country where MXE is currently being used in preclinical laboratory research studies and in the production of analytical standards. One country specified that MXE is used as chemical reference standards. The source of MXE was reported as both manufactured domestically (1 country) and imported (2 countries).

MXE was not reported to be used for any cultural, religious or ceremonial purposes in 18 countries.

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

There were 17 countries that reported that MXE is misused for its psychoactive properties (as a recreational drug). Routes of administration for non-medical/non-scientific purposes include oral (7 countries), injection (4 countries), inhalation (1 country) and sniffing (4 countries). Formulations of MXE for non-medical/non-scientific purposes include powder (12 countries), tablets (3 countries) and injectable (1 country). It was noted that occasionally MXE is being sold as a replacement to ketamine.

Sources of MXE for non-medical/non-scientific use include smuggling (10 countries) and purchases over the internet (2 countries). Two countries identified party goers as a subpopulation known to misuse this substance.

The perception of negative health-impact originating from non-medical consumption of MXE was reported as either negligible (5 countries), substantial (3 countries) or serious (2 countries). Countries that rated the risk as either substantial or serious, detailed that this was due to its dissociative effects which can induce powerful depersonalization and psychosis, along with being associated with deaths.

One country reported that the number of emergency room/department visits related to the non-medical use was 2 visits (in 2014) as a result of MXE use alone and 1 visit (2014) as a result of the use of MXE in combination with other substances. Another country reported between 2011 to 2014 there had been 14 hospital visits due to MXE use alone, 21 hospital visits when used in combination with other substances and 2 hospital visits where it was

unknown if other substances were involved. Reported adverse effects (non-fatal intoxications) include CNS-depression, tachycardia, agitation/restlessness, mydriasis, nystagmus, hallucinations, psychosis, anxiety and muscular symptoms.

Three countries provided information regarding mortality rate, the combined mortality rate for MXE alone was 2 cases (2012, 2014) and there was only one reported death in 2014 for MXE in combination with other substances.

There were two countries which reported that MXE has proven to be dependence producing, however the number of dependent people or the number of people in treatment for dependence was not provided.

STATUS OF NATIONAL CONTROL AND POTENTIAL IMPACT OF INTERNATIONAL CONTROL

There were 19 countries which reported having MXE currently controlled under national legislation. The legislation of the current control is based upon the controlled substances act (17 countries), criminal law act (1 country), other specific legislation (2 countries) and one country specified that it was based on a customs act. The scope of the control includes production (16 countries), manufacturing (15 countries), export (16 countries), import (18 countries), distribution (17 countries), usage (9 countries) and possession (15 countries). One country reported that the current control was a temporary measure since 2005. Challenges to implementing controls for MXE were reported by two countries, with one specifying that it was due to a lack of international control and the other specifying legal challenges.

Illicit activities involving MXE include trafficking (6 countries), domestic internet sales (2 countries), overseas internet sales (4 countries), internet sales of unknown origin (4 countries) and sales to people who use the substance (4 countries). There were 14 countries which supplied information regarding the number of seizures between 2013 and 2015 (to date). The total number of combined seizures of MXE was 232 in 2013, 269 in 2014 and 111 in 2015 (to date). With the total combined seized amounts of 3.3kg in 2013, 3.4 kg in 2014, and 0.5kg in 2015. Tablets were also seized with a total of 14 in 2013, 27 in 2014 and 10 in 2015. Also one country reported seizures of 3kg of ampules in 2014 and 0.01L in 2013.

There were 19 countries that reported that if MXE were to be placed under international control it would have the capacity to enforce the control at a national level and the forensic laboratory capacity to analyse the substance. Although one country commented that there is a need for reference materials at the forensic laboratory.

Note on Questionnaire Analysis and Reports

An initial analysis of questionnaire answers (from 80 countries) was conducted on the 9th of November, to allow the preliminary reports to be prepared for the Expert Committee's consideration. These preliminary reports were made available on the website on the 12th of November. However, countries were provided the opportunity to continue to submit their answers until the 15th of December 2015. Following which, a final analysis of all submissions (from 100 countries) took place. This report summarises the final analysis of the questionnaires.