



Ref.: C.L.4.1994

WHO QUESTIONNAIRE FOR COLLECTION OF INFORMATION FOR REVIEW
OF DEPENDENCE-PRODUCING PSYCHOACTIVE SUBSTANCES

The Director-General of the World Health Organization presents his compliments and has the pleasure of informing Member States that the Twenty-ninth Expert Committee on Drug Dependence (ECDD) will meet on 26-29 September 1994 to review the following substances:

1. Aminorex
2. Brotizolam
3. Etryptamine (α -ethyltryptamine)
4. Flunitrazepam
5. Mesocarb (sydnocarb)*
6. Methcathinone (ephedrone)
7. Triazolam*
8. Zipeprol

* Tentatively included, in accordance with the recommendations of the 28th ECDD (28 September - 2 October 1992).

According to the "Revised Guidelines for the WHO Review of Dependence-Producing Psychoactive Substances for International Control", as approved by the eighty-fifth session of the Executive Board (1990) and amended by the ninety-third session of the Executive Board (1994), one of the essential elements of this process is for WHO to collect and review information, and subsequently to prepare a Critical Review document for submission to the Expert Committee on Drug Dependence.

The Director-General invites Member States to collaborate as in the past in this process by providing all pertinent information available. In particular he would appreciate receiving any such information under the six headings mentioned in the attached questionnaire.¹ A separate questionnaire form should be filled in for each individual substance.

Further clarification on any of the above items can be obtained from the Programme on Substance Abuse (PSA-WHO/HQ), Geneva, to which replies should be sent not later than 15 June 1994.

GENEVA, 10 March 1994

¹ For Ministries of Health only.

ENCL: (1)

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

1. AMINOREX

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

- 1.8 Is the substance a "controlled drug"?
- 1.9 If the answer to 1.8 is "YES" please specify the relevant National Law or Regulation and the National Schedule or class to which this substance has been allocated. Please indicate also the date from which the control was established.
.....
.....
.....
- 1.10 Indicate trade names of the products and their manufacturers (or distributors) from whom the same substance is available for medical use.
.....
.....
- 1.11 Any additional information on the above heading:
.....
.....

II. PRODUCTION, CONSUMPTION AND INTERNATIONAL TRADE DATA

Please report quantities, specifying the weight units (g or kg), using a dot (.) for indicating thousands and a comma (,) for separating decimals.

- 2.1 Yearly quantity manufactured in your country
- 2.2 Yearly quantity imported into your country
- 2.3 Yearly quantity purchased by health institutions
- 2.4 Yearly quantity exported from your country
- 2.5 Other relevant statistical data recorded through the years available e.g. from wholesalers, distributing agents, purchasing establishments:
.....
.....
- 2.6 Any additional information available on the above heading:
.....
.....

III. DATA ON DRUG UTILIZATION

- 3.1 Therapeutic indications approved in your country for products of this substance:
.....
.....
- 3.2 Recommended dosage for the above-mentioned indications and usual route or routes of administration:
.....
.....

3.3 Please enclose any report (published or unpublished) on the medical usefulness as well as adverse reactions of this substance. Data on post-marketing surveillance and the texts of any possible official warnings issued after the approval are relevant. Available reports, studies or any other kind of information, on prescription and/or drug consumption statistics of this substance are also desirable. If there are data on the combined use and on interaction(s) of this substance with other substances, they should be submitted.

.....
.....
.....
.....
.....

3.4 Any additional available information on the above heading:

.....
.....

IV. ILLICIT MANUFACTURE AND ILLICIT TRAFFIC

4.1 It would be appreciated if data could also be included on the known number and kind of cases of clandestine manufacture, diversion, prescription forgery, seizure, theft, loss and other related information recorded through the years (please attach a copy of reports if available):

.....
.....
.....

4.2 Any additional available information on the above heading:

.....
.....
.....

V. EXTENT AND NATURE OF PUBLIC HEALTH AND SOCIAL PROBLEMS

5.1 Data on mortality: number of cases and possibly published or unpublished reports on deaths, when the involvement of this substance alone or in combination was specifically ascertained:

.....
.....
.....

5.2 Data on morbidity: please comment and possibly attach published or unpublished reports on effects attributed to the use of this substance and particularly: any aspect of actual or potential dependence (physical and/or psychological) and withdrawal phenomena, together with cases of dangerous behaviour recorded through the years by drug dependence treatment centres, mental

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

.....
.....

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address, if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

2. BROtizOLAM

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

- 1.8 Is the substance a "controlled drug"?
- 1.9 If the answer to 1.8 is "YES" please specify the relevant National Law or Regulation and the National Schedule or class to which this substance has been allocated. Please indicate also the date from which the control was established.
.....
.....
.....
- 1.10 Indicate trade names of the products and their manufacturers (or distributors) from whom the same substance is available for medical use.
.....
.....
- 1.11 Any additional information on the above heading:
.....
.....

II. PRODUCTION, CONSUMPTION AND INTERNATIONAL TRADE DATA

Please report quantities, specifying the weight units (g or kg), using a dot (.) for indicating thousands and a comma (,) for separating decimals.

- 2.1 Yearly quantity manufactured in your country
- 2.2 Yearly quantity imported into your country
- 2.3 Yearly quantity purchased by health institutions
- 2.4 Yearly quantity exported from your country
- 2.5 Other relevant statistical data recorded through the years available e.g. from wholesalers, distributing agents, purchasing establishments:
.....
.....
- 2.6 Any additional information available on the above heading:
.....
.....

III. DATA ON DRUG UTILIZATION

- 3.1 Therapeutic indications approved in your country for products of this substance:
.....
.....
- 3.2 Recommended dosage for the above-mentioned indications and usual route or routes of administration:
.....
.....

3.3 Please enclose any report (published or unpublished) on the medical usefulness as well as adverse reactions of this substance. Data on post-marketing surveillance and the texts of any possible official warnings issued after the approval are relevant. Available reports, studies or any other kind of information, on prescription and/or drug consumption statistics of this substance are also desirable. If there are data on the combined use and on interaction(s) of this substance with other substances, they should be submitted.

.....
.....
.....
.....
.....

3.4 Any additional available information on the above heading:

.....
.....

IV. ILLICIT MANUFACTURE AND ILLICIT TRAFFIC

4.1 It would be appreciated if data could also be included on the known number and kind of cases of clandestine manufacture, diversion, prescription forgery, seizure, theft, loss and other related information recorded through the years (please attach a copy of reports if available):

.....
.....
.....

4.2 Any additional available information on the above heading:

.....
.....
.....

V. EXTENT AND NATURE OF PUBLIC HEALTH AND SOCIAL PROBLEMS

5.1 Data on mortality: number of cases and possibly published or unpublished reports on deaths, when the involvement of this substance alone or in combination was specifically ascertained:

.....
.....
.....

5.2 Data on morbidity: please comment and possibly attach published or unpublished reports on effects attributed to the use of this substance and particularly: any aspect of actual or potential dependence (physical and/or psychological) and withdrawal phenomena, together with cases of dangerous behaviour recorded through the years by drug dependence treatment centres, mental

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

.....
.....

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address, if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

3. ETRYPTAMINE (α -ethyltryptamine)

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

- 1.8 Is the substance a "controlled drug"?
- 1.9 If the answer to 1.8 is "YES" please specify the relevant National Law or Regulation and the National Schedule or class to which this substance has been allocated. Please indicate also the date from which the control was established.
.....
.....
.....
- 1.10 Indicate trade names of the products and their manufacturers (or distributors) from whom the same substance is available for medical use.
.....
.....
- 1.11 Any additional information on the above heading:
.....
.....

II. PRODUCTION, CONSUMPTION AND INTERNATIONAL TRADE DATA

Please report quantities, specifying the weight units (g or kg), using a dot (.) for indicating thousands and a comma (,) for separating decimals.

- 2.1 Yearly quantity manufactured in your country
- 2.2 Yearly quantity imported into your country
- 2.3 Yearly quantity purchased by health institutions
- 2.4 Yearly quantity exported from your country
- 2.5 Other relevant statistical data recorded through the years available e.g. from wholesalers, distributing agents, purchasing establishments:
.....
.....
- 2.6 Any additional information available on the above heading:
.....
.....

III. DATA ON DRUG UTILIZATION

- 3.1 Therapeutic indications approved in your country for products of this substance:
.....
.....
- 3.2 Recommended dosage for the above-mentioned indications and usual route or routes of administration:
.....
.....

3.3 Please enclose any report (published or unpublished) on the medical usefulness as well as adverse reactions of this substance. Data on post-marketing surveillance and the texts of any possible official warnings issued after the approval are relevant. Available reports, studies or any other kind of information, on prescription and/or drug consumption statistics of this substance are also desirable. If there are data on the combined use and on interaction(s) of this substance with other substances, they should be submitted.

.....
.....
.....
.....
.....

3.4 Any additional available information on the above heading:

.....
.....

IV. ILLICIT MANUFACTURE AND ILLICIT TRAFFIC

4.1 It would be appreciated if data could also be included on the known number and kind of cases of clandestine manufacture, diversion, prescription forgery, seizure, theft, loss and other related information recorded through the years (please attach a copy of reports if available):

.....
.....
.....

4.2 Any additional available information on the above heading:

.....
.....
.....

V. EXTENT AND NATURE OF PUBLIC HEALTH AND SOCIAL PROBLEMS

5.1 Data on mortality: number of cases and possibly published or unpublished reports on deaths, when the involvement of this substance alone or in combination was specifically ascertained:

.....
.....
.....

5.2 Data on morbidity: please comment and possibly attach published or unpublished reports on effects attributed to the use of this substance and particularly: any aspect of actual or potential dependence (physical and/or psychological) and withdrawal phenomena, together with cases of dangerous behaviour recorded through the years by drug dependence treatment centres, mental

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address, if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

4. FLUNITRAZEPAM

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

.....
.....

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address, if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

5. MESOCARB (sydnocarb)

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:
.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.
.....
.....
.....

6.2 Any additional data on the above heading:
.....
.....

This questionnaire has been completed by:

Name of the responsible officer:
Title of position:
Name of institution (e.g. Ministry of Health, Department, etc.):
.....

Address:
.....

Telephone:
Telex:
Fax:

Date:

Stamp of your institution with address, if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

6. METHCATHINONE (ephedrone)

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

- 1.8 Is the substance a "controlled drug"?
- 1.9 If the answer to 1.8 is "YES" please specify the relevant National Law or Regulation and the National Schedule or class to which this substance has been allocated. Please indicate also the date from which the control was established.
.....
.....
.....
- 1.10 Indicate trade names of the products and their manufacturers (or distributors) from whom the same substance is available for medical use.
.....
.....
- 1.11 Any additional information on the above heading:
.....
.....

II. PRODUCTION, CONSUMPTION AND INTERNATIONAL TRADE DATA

Please report quantities, specifying the weight units (g or kg), using a dot (.) for indicating thousands and a comma (,) for separating decimals.

- 2.1 Yearly quantity manufactured in your country
- 2.2 Yearly quantity imported into your country
- 2.3 Yearly quantity purchased by health institutions
- 2.4 Yearly quantity exported from your country
- 2.5 Other relevant statistical data recorded through the years available e.g. from wholesalers, distributing agents, purchasing establishments:
.....
.....
- 2.6 Any additional information available on the above heading:
.....
.....

III. DATA ON DRUG UTILIZATION

- 3.1 Therapeutic indications approved in your country for products of this substance:
.....
.....
- 3.2 Recommended dosage for the above-mentioned indications and usual route or routes of administration:
.....
.....

3.3 Please enclose any report (published or unpublished) on the medical usefulness as well as adverse reactions of this substance. Data on post-marketing surveillance and the texts of any possible official warnings issued after the approval are relevant. Available reports, studies or any other kind of information, on prescription and/or drug consumption statistics of this substance are also desirable. If there are data on the combined use and on interaction(s) of this substance with other substances, they should be submitted.

.....
.....
.....
.....
.....

3.4 Any additional available information on the above heading:

.....
.....

IV. ILLICIT MANUFACTURE AND ILLICIT TRAFFIC

4.1 It would be appreciated if data could also be included on the known number and kind of cases of clandestine manufacture, diversion, prescription forgery, seizure, theft, loss and other related information recorded through the years (please attach a copy of reports if available):

.....
.....
.....

4.2 Any additional available information on the above heading:

.....
.....
.....

V. EXTENT AND NATURE OF PUBLIC HEALTH AND SOCIAL PROBLEMS

5.1 Data on mortality: number of cases and possibly published or unpublished reports on deaths, when the involvement of this substance alone or in combination was specifically ascertained:

.....
.....
.....

5.2 Data on morbidity: please comment and possibly attach published or unpublished reports on effects attributed to the use of this substance and particularly: any aspect of actual or potential dependence (physical and/or psychological) and withdrawal phenomena, together with cases of dangerous behaviour recorded through the years by drug dependence treatment centres, mental

hospitals, prisons, poisoning centres emergency departments in
hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the
epidemiology of the misuse or abuse pattern of this substance
(alone or combined with other substances), including number of
cases recorded through the years and other data available e.g.
from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address,
if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

....

This copy of the questionnaire refers to the following substance:

7. TRIAZOLAM

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

- 1.8 Is the substance a "controlled drug"?
- 1.9 If the answer to 1.8 is "YES" please specify the relevant National Law or Regulation and the National Schedule or class to which this substance has been allocated. Please indicate also the date from which the control was established.
.....
.....
.....
- 1.10 Indicate trade names of the products and their manufacturers (or distributors) from whom the same substance is available for medical use.
.....
.....
- 1.11 Any additional information on the above heading:
.....
.....

II. PRODUCTION, CONSUMPTION AND INTERNATIONAL TRADE DATA

Please report quantities, specifying the weight units (g or kg), using a dot (.) for indicating thousands and a comma (,) for separating decimals.

- 2.1 Yearly quantity manufactured in your country
- 2.2 Yearly quantity imported into your country
- 2.3 Yearly quantity purchased by health institutions
- 2.4 Yearly quantity exported from your country
- 2.5 Other relevant statistical data recorded through the years available e.g. from wholesalers, distributing agents, purchasing establishments:
.....
.....
- 2.6 Any additional information available on the above heading:
.....
.....

III. DATA ON DRUG UTILIZATION

- 3.1 Therapeutic indications approved in your country for products of this substance:
.....
.....
- 3.2 Recommended dosage for the above-mentioned indications and usual route or routes of administration:
.....
.....

3.3 Please enclose any report (published or unpublished) on the medical usefulness as well as adverse reactions of this substance. Data on post-marketing surveillance and the texts of any possible official warnings issued after the approval are relevant. Available reports, studies or any other kind of information, on prescription and/or drug consumption statistics of this substance are also desirable. If there are data on the combined use and on interaction(s) of this substance with other substances, they should be submitted.

.....
.....
.....
.....
.....

3.4 Any additional available information on the above heading:

.....
.....

IV. ILLICIT MANUFACTURE AND ILLICIT TRAFFIC

4.1 It would be appreciated if data could also be included on the known number and kind of cases of clandestine manufacture, diversion, prescription forgery, seizure, theft, loss and other related information recorded through the years (please attach a copy of reports if available):

.....
.....
.....

4.2 Any additional available information on the above heading:

.....
.....
.....

V. EXTENT AND NATURE OF PUBLIC HEALTH AND SOCIAL PROBLEMS

5.1 Data on mortality: number of cases and possibly published or unpublished reports on deaths, when the involvement of this substance alone or in combination was specifically ascertained:

.....
.....
.....

5.2 Data on morbidity: please comment and possibly attach published or unpublished reports on effects attributed to the use of this substance and particularly; any aspect of actual or potential dependence (physical and/or psychological) and withdrawal phenomena, together with cases of dangerous behaviour recorded through the years by drug dependence treatment centres, mental

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

.....
.....

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address, if available:

Please specify here the name of your country

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR REVIEW OF DEPENDENCE POTENTIAL OF
PSYCHOACTIVE SUBSTANCES
BY 29TH EXPERT COMMITTEE ON DRUG DEPENDENCE

A separate questionnaire is submitted for each substance.

- i. Please complete (type) the answers to each question as far as possible with the available information or reply "Yes" or "No" if applicable.
- ii. Please attach additional sheets, reports, documents etc., with complementary information if required, mentioning the specific questionnaire heading.
- iii. The questionnaires should be mailed or faxed directly to:

Programme on Substance Abuse (PSA)
World Health Organization
1211 Geneva 27
Switzerland
FAX + 41 22 7989520

before 15 June 1994

(Please use the enclosed pre-addressed reply label)

...

This copy of the questionnaire refers to the following substance:

8. ZIPEPROL

I. AVAILABILITY OF THE SUBSTANCE

Date of introduction in your country

Please indicate "YES" or "NO" to the following questions:

- 1.1 Is the substance currently registered as medicinal product?
- 1.2 Was the substance previously registered?
- 1.3 Is the substance currently marketed?
- 1.4 Is the substance also marketed in combination(s)?
- 1.5 Is the substance also available in generic preparations?
- 1.6 Is the substance supplied on medical prescription?
- 1.7 Is the substance available without prescription?

- 1.8 Is the substance a "controlled drug"?
- 1.9 If the answer to 1.8 is "YES" please specify the relevant National Law or Regulation and the National Schedule or class to which this substance has been allocated. Please indicate also the date from which the control was established.
.....
.....
.....
- 1.10 Indicate trade names of the products and their manufacturers (or distributors) from whom the same substance is available for medical use.
.....
.....
- 1.11 Any additional information on the above heading:
.....
.....

II. PRODUCTION, CONSUMPTION AND INTERNATIONAL TRADE DATA

Please report quantities, specifying the weight units (g or kg), using a dot (.) for indicating thousands and a comma (,) for separating decimals.

- 2.1 Yearly quantity manufactured in your country
- 2.2 Yearly quantity imported into your country
- 2.3 Yearly quantity purchased by health institutions
- 2.4 Yearly quantity exported from your country
- 2.5 Other relevant statistical data recorded through the years available e.g. from wholesalers, distributing agents, purchasing establishments:
.....
.....
- 2.6 Any additional information available on the above heading:
.....
.....

III. DATA ON DRUG UTILIZATION

- 3.1 Therapeutic indications approved in your country for products of this substance:
.....
.....
- 3.2 Recommended dosage for the above-mentioned indications and usual route or routes of administration:
.....
.....

3.3 Please enclose any report (published or unpublished) on the medical usefulness as well as adverse reactions of this substance. Data on post-marketing surveillance and the texts of any possible official warnings issued after the approval are relevant. Available reports, studies or any other kind of information, on prescription and/or drug consumption statistics of this substance are also desirable. If there are data on the combined use and on interaction(s) of this substance with other substances, they should be submitted.

.....
.....
.....
.....
.....

3.4 Any additional available information on the above heading:

.....
.....

IV. ILLICIT MANUFACTURE AND ILLICIT TRAFFIC

4.1 It would be appreciated if data could also be included on the known number and kind of cases of clandestine manufacture, diversion, prescription forgery, seizure, theft, loss and other related information recorded through the years (please attach a copy of reports if available):

.....
.....
.....

4.2 Any additional available information on the above heading:

.....
.....
.....

V. EXTENT AND NATURE OF PUBLIC HEALTH AND SOCIAL PROBLEMS

5.1 Data on mortality: number of cases and possibly published or unpublished reports on deaths, when the involvement of this substance alone or in combination was specifically ascertained:

.....
.....
.....

5.2 Data on morbidity: please comment and possibly attach published or unpublished reports on effects attributed to the use of this substance and particularly: any aspect of actual or potential dependence (physical and/or psychological) and withdrawal phenomena, together with cases of dangerous behaviour recorded through the years by drug dependence treatment centres, mental

hospitals, prisons, poisoning centres emergency departments in hospitals, practitioners etc.:

.....
.....
.....
.....
.....
.....

5.3 Any additional available information on the above heading:

.....
.....

VI. EXTENT OF DRUG ABUSE

6.1 Any report (published or unpublished) or other information on the epidemiology of the misuse or abuse pattern of this substance (alone or combined with other substances), including number of cases recorded through the years and other data available e.g. from interviews, analytical tests and laboratory controls, etc.

.....
.....
.....
.....

6.2 Any additional data on the above heading:

.....
.....

This questionnaire has been completed by:

Name of the responsible officer:

Title of position:

Name of institution (e.g. Ministry of Health, Department, etc.):

.....
.....
.....

Address:

Telephone:

Telex:

Fax:

Date:

Stamp of your institution with address, if available: