## Methods for estimating requirements for substances under international control

- 1. The sharp imbalance in the availability of opioids for pain management across the globe indicates, amongst other constraints, that many competent national authorities are not estimating their needs accurately. This can on one hand result in medical centres, pharmacies and doctors not having access to essential medicines to treat pain, and on the other hand in the excess availability of opioid analgesics with increased risks of prescription opioid abuse and considerable impact on the health and welfare of society.
- 2. The World Health Organization (WHO) Model List of Essential Medicines<sup>1</sup> presents a list of minimum medicines required for a basic health-care system, listing the most efficacious, safe and cost–effective medicines for the treatment of priority conditions. The list includes several narcotic drugs under international control. To assist countries, INCB and WHO have developed a <u>Guide on Estimating Requirements for Substances under International Control<sup>2</sup></u> for the use of competent national authorities.
- 3. The Guide presents three methods and variants thereof, for estimating requirements for internationally controlled medicines, namely, the consumption-based method, the service-based method and the morbidity-based method. The choice of which method Governments use is determined by the availability of data, resources and the structure of the system used to manage the supply of controlled substances. Methods may also be combined to allow for more comprehensive and accurate assessments of needs.
- 4. The consumption-based method is based on the use of drugs over recent years. If the past use of narcotic drugs was stable and adequate, competent national authorities may calculate future requirements by averaging data on drug consumption in recent years and adding a margin for unforeseeable increases. This method cannot be used where no previous consumption information exists, as it would be the case for newly-registered medicines. Additionally, in case of rapidly changing health-care system needs such as the development and provision of new health services or improvements in diagnostics and treatment after, the consumption-based calculation could result in inaccurate assessments and adjustments would therefore be required to take account of such circumstances.
- 5. The service-based method is based on current levels of use of each substance in a sample of standard facilities. Data collected from those facilities can be extrapolated to calculate the requirements of other similar facilities. This method targets the health services available and considers current treatment levels, but it needs to make sure that some additional provisions are made to ensure that the needs of patients are always covered by the health system.
- 6. The morbidity-based method calculates the actual need of medicines for the population based on the incidence of disease and treatment needs, and it normally results in the most precise estimation of requirements. It is based on an epidemiological assessment of diseases and health care needs in a country and on accepted or devised treatment norms, as well as on available capacity of treatment services.
- 7. INCB encourages Governments to consult and use the <u>Guide on Estimating Requirements for Substances under International Control</u><sup>2</sup> and to contact it or WHO when requiring advice on the matter.

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INCB is the independent, quasi-judicial body charged with promoting and monitoring Government compliance with the three international drug control conventions: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

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<sup>&</sup>lt;sup>1</sup> The current versions are the 20th WHO Essential Medicines List (<u>EML</u>) and the 6th WHO Essential Medicines List for Children (<u>EMLc</u>) updated in March 2017 are available by clicking <u>here</u>.

<sup>&</sup>lt;sup>2</sup> Available in English, French, Spanish, Arabic, Russian, and Chinese.