



*An International Perspective:
Better Opioid Prescribing in Norway*

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KUPP – The Norwegian Academic Detailing Program



Disclosure statement

- **No conflicts** of interest to declare
- KUPP receives funding from **The Norwegian Ministry of Health and Care Services**



About KUPP:

The Norwegian Academic Detailing Program

- Started in Trondheim in **2015**
- Became a national program in **2016**
- Run by **RELIS** (*Regional Drug Information Centers*) and the Clinical Pharmacological departments at **Norway's 4 university hospitals**
- In 2018, established as a national organisation to ensure a professional and uniform operation in all **4 health regions in Norway**



AD Campaigns

- **2015:** Better Use of NSAIDs
 - **213 GPs** visited (*Trondheim and Tromsø*)
- **2016–2017:** Better Use of Antibiotics
 - **1761 GPs** visited
- **2018–2019:** Type 2 Diabetes in General Practice
 - **1195 GPs** visited
- **2019–2020:** Better Use of Opioids in Chronic non-cancer pain
 - **969 GPs visited**, as well as **52** via e-detailing
- **2021–2022:** Menopausal Hormone Therapy (MHT)
 - *In progress*



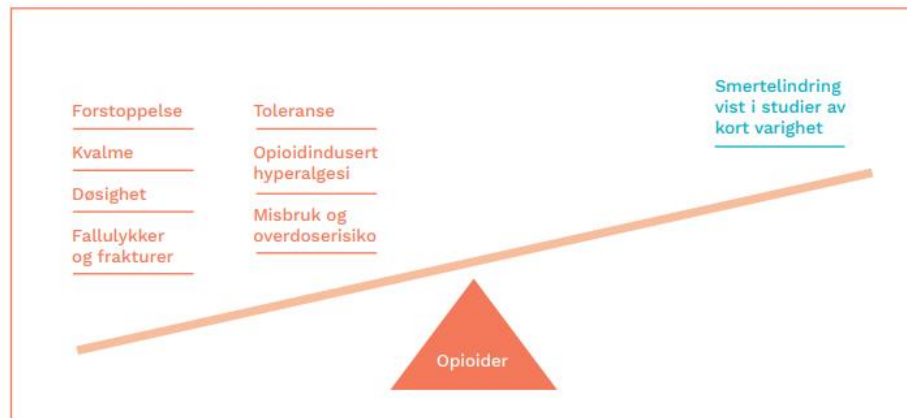
KLP
Hvordan best du hjelper oss å hjelpe deg med å finne ut hva som er riktig for deg?



About the campaign:

Better Use of Opioids in Chronic non-cancer pain

Riktigere bruk av opioider ved langvarige ikke-maligne smerter



HOVEDBUDSKAP

1. Nytte av opioider ved langvarige ikke-maligne smerter er ikke dokumentert.
2. Ikke-farmakologiske tiltak er helt sentrale ved langvarige ikke-maligne smerter.
3. Forsøk ikke-opioider først ved legemiddelbehandling av langvarige ikke-maligne smerter.
4. Unngå kombinasjon med andre sentraldempende midler.
5. Behandling med opioider bør alltid følge en plan og evalueres jevnlig.

Visste du at...

- Forskrivning av opioider ved langvarige ikke-maligne smerter er én av årsakene til opioidepidemien i USA?
- Over 90 % av opioidebrukerne i USA bruker kun reseptbelagte opioider og ikke heroin?
- I USA er spesielt oksykodon en kilde til avhengighetssyndrom og rusmisbruk? (1, 2)



The background for the campaign:

- To **avoid an opioid crisis** in our country similar to what had been seen in other countries
- Focus on opioids mainly being **medications** to be used in **acute situations** and for short periods of time
- In need for **long-term pain relief** the treatment focus should be on **non-pharmacological interventions** and **non-opioid medications**

Who on your team handles materials development?



The group behind our campaign materials:

- **Pharmacist** (*from Regional Drug Information Center*)
- **MD, Consultant in anesthesiology, resident in Clinical Pharmacology** (*from Dep of Clinical Pharmacology*)
- **General Practitioner**, with background in pain treatment
- **Head of Department of anesthesiology**, Pain Center and Professor in anesthesiology/pain treatment
- **Consultant in family medicine** and Clinical Pharmacology, Medical Advisor in KUPP

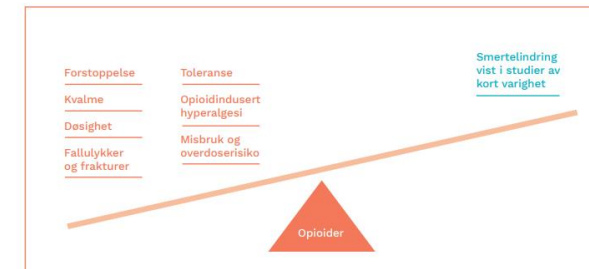
Five Key Messages:



- 1. The benefit of opioid use in chronic non-cancer pain is not scientifically verified**
- 2. Non-pharmacological interventions are central in patients with chronic non-cancer pain**
- 3. Try non-opioids as first pharmacological intervention in chronic non-cancer pain**
- 4. If starting opioids: Avoid co-medication with other central nervous depressant medications**
- 5. Treatment with opioids should always comply with a set plan and be evaluated at frequent intervals**

KUPP | kunnskapsbaserte oppdateringsvisitter

Riktigere bruk av opioider ved langvarige ikke-maligne smerter



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Implementation time frame & strategy:

- Began: **August - September 2019**
- **1:1 visits** with General Practitioners
- Spreading geographically, municipality by municipality
- **By March 12th 2020: 969 GPs visited**
- After March: **National lockdown due to COVID-19** restrictions, making in person detailing visits impossible



About the study:

**How an academic detailing intervention
can affect opioid prescribing**



The intervention project group:

- **From KUPP:**
 - Ketil Arne Espnes
 - Harald Chr. Langaas
- **From NTNU** (*Norwegian University of Science and Technology*):
 - Torunn Hatlen Nøst
- **From NorPD** (*Norwegian Institute of Public Health*):
 - Marte Handal
 - Svetlana Ondrasova Skurtveit



Study background *(quantitative study)*:

- **Visits performed municipality by municipality**
- **By March 12th 2020:**
 - Some municipalities well-covered, with most GPs visited
 - Other municipalities: No GPs visited
- **The Norwegian Prescription Database (NorPD)**
 - Contains data about dispensed drugs in Norway
 - Can give data sorted by municipality



Study parameters *(quantitative study)*:

- **Intervention definition:**

- Intervention: Municipalities with > 75 % of GPs visited
- Non-intervention: Municipalities with none GPs visited

- **Study period:**

- 1 year before intervention vs. 1 year after intervention

- **Results to be studied:**

- Total number of opioid users
- Number of new opioid users
- Total number of opioid users reimbursed for chronic non-cancer pain
- Number of new users reimbursed for chronic non-cancer pain

Study parameters *(qualitative study)*:



- **Informants:**

- Doctors and pharmacists performed a minimum of **3 total 1:1 visits**

- **Focus group interviews:**

- 4 focus groups
- 5-6 informants per group, with same interviewer in all groups
- Digital interview platform, due to Covid restrictions

- **Interview guide:**

- Semi-structured with **open-ended questions**
- **Main questions:**
 - What was your experience of AD visits in this opioid campaign?
 - What was the GP's opinion of enablers and barriers in the effort to achieve better opioid prescribing in chronic non-cancer pain?

- **Data analysis:**

- Interviews were **audio recorded and analysed** using systematic text condensation

Preliminary study results *(qualitative study)*:



- **This campaign was different:**
 - *Focus:*
 - *Communicating evidence and key messages in the brochure*
 - *Framing information so that clinicians would not perceive visit as an attack or a reprimand*
 - *Showing empathy and understanding for that this is a difficult topic*
- **More emphasis on avoiding new prescriptions vs. reducing old ones**
 - *Acknowledging the challenge the GPs faced in regard to current opioid prescriptions*
 - *Also focusing on avoiding new prescriptions*
- **The suggested interventions were not always available for the GPs**
 - *GPs did not have an easy access to alternative interventions for their patients*
 - *As a result, they did not find them to be realistic alternatives*
- **Did we reach the right recipients for the campaign?**
 - *Several informants had met GPs who talked about bad experiences with pain clinics*

Preliminary study results *(quantitative study)*:



Table 1
Number and proportion (1-year prevalence and last year first incidence) of users of prescription opioids before and after intervention in municipalities in Central and Northern Norway

	Before intervention			After intervention		
	Number of users (1-year prevalence per 1000)	Total number of DDD per users (mean)	Number of incident users (1-year incidence per 1000)	Number of users (1-year prevalence per 1000)	Total number of DDD per users (mean)	Number of incident users (1-year incidence per 1000)
Central Norway						
municipalities with intervention	17168 (98)	53.5	10 166 (64)	16642 (94)	54.4	9630 (60)
municipalities without intervention	22746 (110)	54.4	13016 (71)	22894 (111)	55.3	13076 (72)
Northern Norway						
municipalities with intervention	11187 (113)	56.0	6078 (68)	11143 (111)	56.8	5934 (66)
municipalities without intervention	20226 (110)	63.0	10802 (66)	19848 (109)	62.8	10317 (64)

Preliminary study results *(quantitative study)*:



Table 2

Number and proportion (1 -year prevalence and last year first incidence) of chronic pain patients' prescriptions of reimbursed opioids* before and after intervention in municipalities in Central an Northern Norway

	Before intervention					After Intervention				
	Number of users (chronic pain)	1-year prevalence per 1000 (chronic pain)	Total number of DDD per users (mean)	Number of incident individuals (chronic pain)	1-year incidence per 1000 (chronic pain)	Number of users (chronic pain)	1-year prevalence per 1000 (chronic pain)	Total number of DDD per users (mean)	Number of incident individuals (chronic pain)	1-year incidence per 1000 (chronic pain)
Central Norway										
municipalities with intervention	960	5.4	207	289	0.8	919	5.2	220	186	0.5
municipalities without intervention	919	4.5	193	278	0.7	964	4.7	191	255	0.6
Northern Norway										
municipalities with intervention	289	2.9	185	93	0.5	313	3.1	166	92	0.5
municipalities without intervention	576	3.1	206	188	0.5	592	3.2	193	181	0.5



Preliminary conclusions:

- **It is possible** to create an intervention program that can change the way GPs prescribe opioids
- It's very important to **create campaign materials every detailer feels comfortable with**
- Even when the campaign and the materials are strong, the regional **health service's infrastructure** can affect how well the GPs can adopt key messages



URL: www.legemidler.no

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