

# Utilizing Publicly Available Controlled Substance Prescribing Data at the Local and State Level

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WV Board of Pharmacy  
Controlled Substance  
Monitoring Program

February 15, 2024  
SEOW Meeting – Charleston, WV



# Objectives



- Understand what the Controlled Substance Monitoring Program (CSMP) is and how the data can be utilized for public health surveillance.
- Demonstrate how to access publicly available CSMP data sources.
- Discuss different ways CSMP data can be used to impact state and local prevention programs.

# Background



- West Virginia Controlled Substance Monitoring Program (CSMP) is housed in the West Virginia Board of Pharmacy (BOP).
- Established in 1995 to collect schedule II, expanded in 2002 to include II-IV, but paper driven, 2004 reporting via internet.
- Data collection and monitoring system.
- Collect schedule II-V medications and other legend drugs including:
  - Pseudoephedrine
  - Naloxone
  - Naltrexone (for MOUD)
- Pharmacies required to submit data to CSMP vendor within 24-72 hrs
- Prescribers required to consult CSMP for initial opioid prescriptions and annually. Pain specialists are required to check every 90 days.
- CSMP historically used as clinical decision-making tool.
  - Now utilized as a public health surveillance tool as well

# Background



- In 2014, the West Virginia Violence and Injury Prevention Program (WV VIPP) received funding from CDC to address problematic opioid prescribing. Aim of the cooperative agreement was to:
  - Enhance and maximize the prescription drug monitoring program,
  - Improve public insurer mechanisms, and,
  - Evaluate state-level laws and policies around the opioid epidemic
- In 2016, WV VIPP received additional funding from CDC to enhance efforts from the previous funding. The CSMP became the core component of the State's strategy to address prescription misuse and diversion.
- Currently funded under a cooperative agreement with CDC through the WV VIPP called Overdose Data to Action for States (OD2A-S)



# Examples of Data



- Monthly Surveillance Reports

## West Virginia Board of Pharmacy

Controlled Substance Monitoring Program

### Monthly Surveillance Report

November 2023

#### How big is the problem?

In 2022, there was a decrease in the average yearly rate for opioid doses filled, patients with an average of over 90 MME per day, percent of overlapping opioids and benzodiazepines prescribed, number of prescribers who prescribed greater than 50 MME prescriptions, gabapentin doses, and MAT prescriptions, compared to 2021. There was an overall increase in naloxone prescriptions in 2022.

In November 2023, there was an increase in the percent of patient prescribed days with overlapping opioid and benzodiazepines compared to October 2023. There was a decrease in the rate of opioid doses, the percent of patients prescribed  $\geq 90$  MMEs per day, the number of prescribers prescribing  $\geq 50$  MMEs, the number of gabapentin doses, the number of MAT prescriptions, and the number of naloxone prescriptions.

There was an 8% decrease in the number of naloxone prescriptions dispensed in November 2023 when compared to the number of naloxone prescriptions dispensed in November 2022.

#### What is being done?

The West Virginia Board of Pharmacy continues to monitor controlled substances that are dispensed in the state. Efforts are being made to identify high-risk prescribing. County level assessments are also being conducted on a semi-annual basis to identify high-burden areas in the state where the West Virginia Academic Detailing team can focus their prescriber education efforts.

Source: West Virginia Controlled Substance Monitoring Program

**For more information about county level data, click [here](#) to access the West Virginia Board of Pharmacy's Controlled Substance Monitoring Program Dashboard.**

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# Examples of Data



- County Profiles Reports

## West Virginia County Profiles 2022 Executive Summary

Despite West Virginia being at the forefront of the opioid epidemic, opioid prescribing in the state has improved from 2014-2022, as shown below. However, not all counties in the state follow the same trend. Understanding where West Virginia counties stand in comparison to the state is vital in combating the opioid epidemic at the local level. Data from the West Virginia Board of Pharmacy's Controlled Substance Monitoring Program (CSMP) was analyzed to calculate rates or percentages for the indicators below.

The following are aggregate data for the State of West Virginia based on opioid prescribing indicators required for reporting for the prior Centers for Disease Control and Prevention (CDC) grant-funded, Prevention for States (PFS) cooperative agreement during 2016-2019. The purpose of these indicators is to gain an understanding of the prescription opioid burden in the state and to identify high-risk areas.

Since 2014, there has been a **55% decrease** in opioid prescriptions in West Virginia.

More than **3 million fewer** doses were dispensed in 2022 than in 2021.

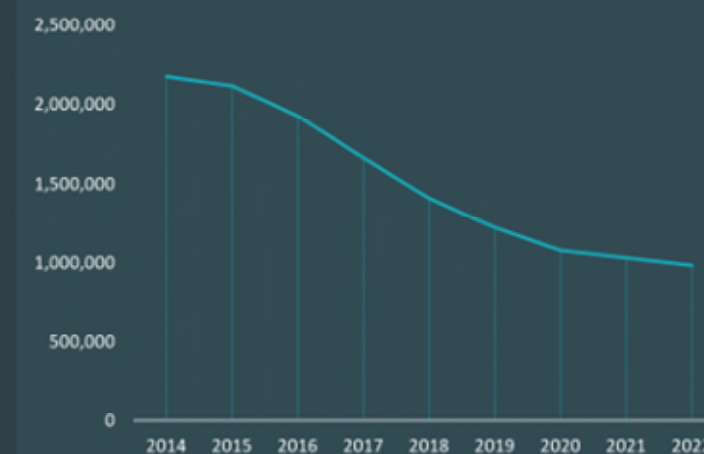


## West Virginia Board of Pharmacy Prescription Opioid Indicators Report



### Kanawha County – 2022

Within the West Virginia Department of Health and Human Resources' (DHHR) Bureau for Public Health, the West Virginia Violence and Injury Prevention Program (WV VIPP), in collaboration with the West Virginia Board of Pharmacy, under the direction of the Centers for Disease Control and Prevention (CDC), continues to work to address prescription drug misuse, diversion, and overdose within the state of West Virginia. Prescription drug overdose continues to be a major issue in West Virginia. Preliminary data from DHHR's Health Statistics Center shows that in 2021, more than 1,530 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 90.9 per 100,000 population. This is over two and a half times the national average. To help combat this epidemic, CDC provided specific indicators to identify high-risk areas within the state to allow for intervention and community education.



Since 2014, there has been a **55% decrease** in opioid prescriptions in West Virginia.

More than **3 million fewer** doses were dispensed in 2022 than in 2021.

Source: West Virginia Controlled Substance Monitoring program



# Examples of Data



- County Map Reports

## West Virginia Board of Pharmacy Controlled Substance Monitoring Program

### 2021 Controlled Substance Prescribing in West Virginia: County Level Patient Data



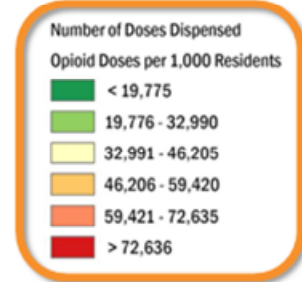
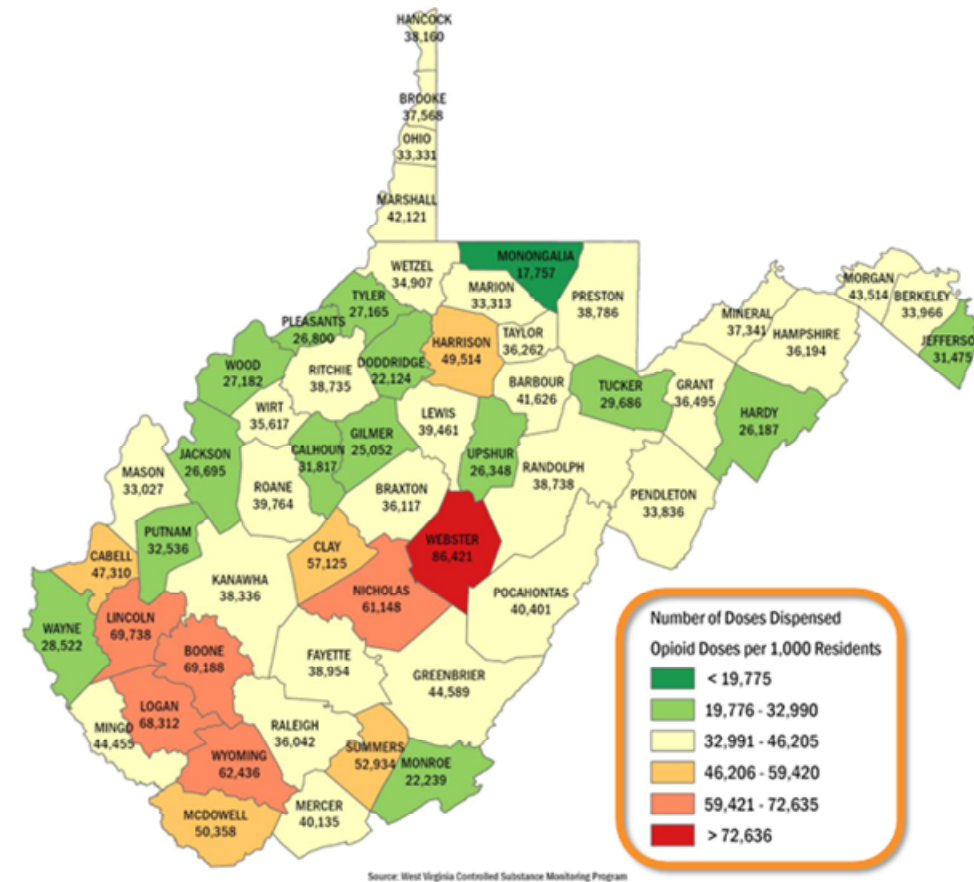
#### Executive Summary:

West Virginia continues to lead the nation in the opioid epidemic. The West Virginia Board of Pharmacy (BOP), in collaboration with the West Virginia Department of Health and Human Resources (DHHR), Office of Maternal, Child and Family Health (OMCFH), Violence and Injury Prevention Program (WV VIPP), has conducted surveillance using data generated by the Controlled Substance Monitoring Program (CSMP). The CSMP, which is the state's Prescription Drug Monitoring Program (PDMP), collects data on all controlled substances dispensed in West Virginia.

Despite being at the forefront of the opioid epidemic, West Virginia has made significant strides to reduce this burden through public health surveillance. The WV VIPP received Centers for Disease Control and Prevention (CDC) funding through the Overdose Data to Action (OD2A) cooperative agreement in 2019. An activity under this grant is to improve PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting systems to increase frequency and quality of reporting. The CDC provided specific indicators to measure opioid prescribing behaviors during the previous cooperative agreement which continue to be used in the state. The BOP and WV VIPP were interested in modifying these indicators to establish state-specific measures. The results of this analysis were obtained using 2021 CSMP data. To align with the CDC specific indicators, drugs that contain buprenorphine were not included. This document contains a description of the modified indicators and a justification for that modification.

Map 1. Opioid Doses per 1,000 State Residents  
by County, West Virginia, 2021

Looking at the rate of opioid doses (i.e., pills) helps identify where high prescribing may be occurring across the state. The highest rates are shown in red and the lowest in green. There are substantially higher rates of opioid doses being prescribed and dispensed in the central and southwestern part of the state.

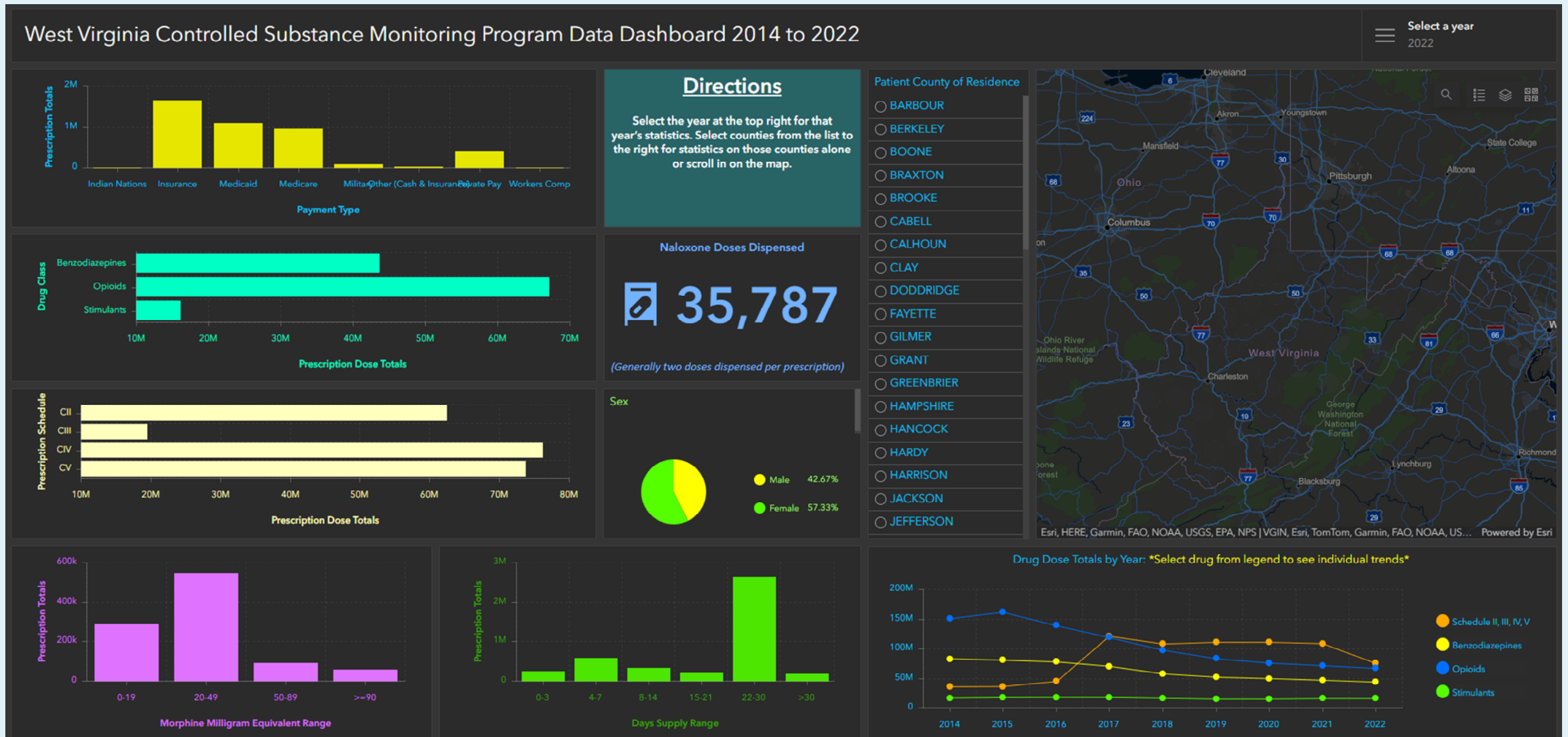


Source: West Virginia Controlled Substance Monitoring Program

# Examples of Data



- CSMP Data Dashboard





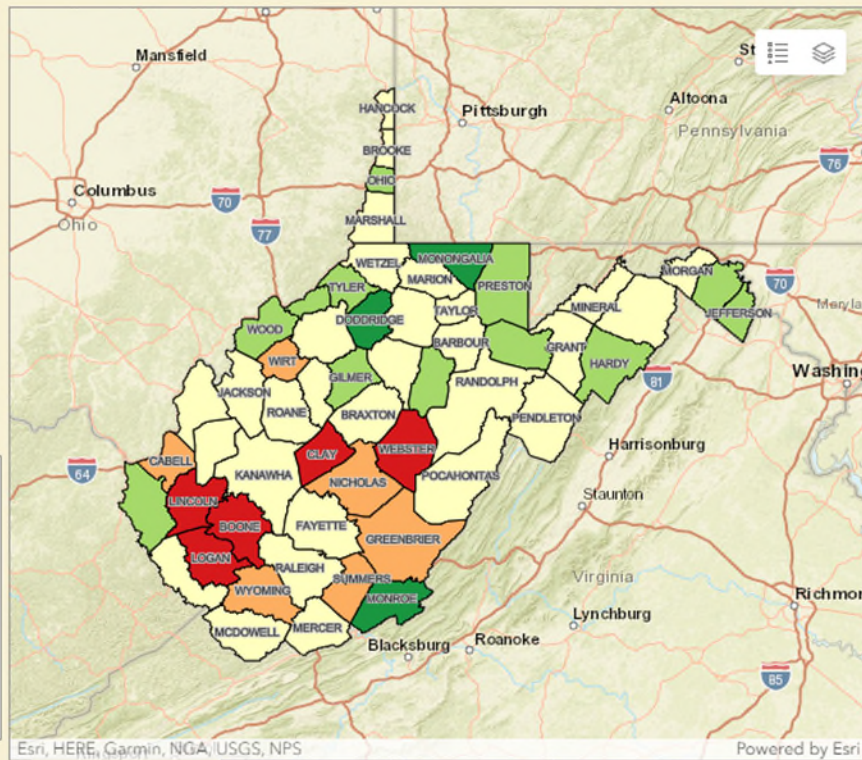
# Examples of Data



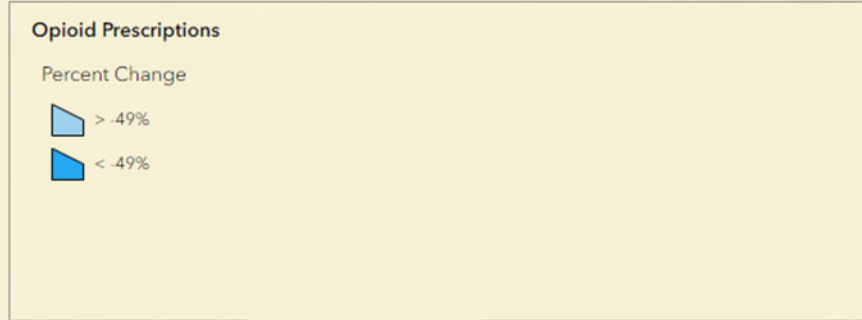
- County Profile Dashboard

West Virginia County Opioid Indicator Dashboard, 2014 - 2022

Select a County  
Barbour

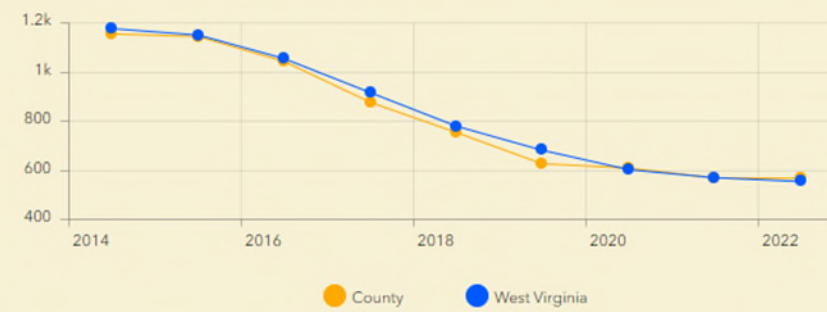


2022 Indicators 5-Year Trend Data Notes

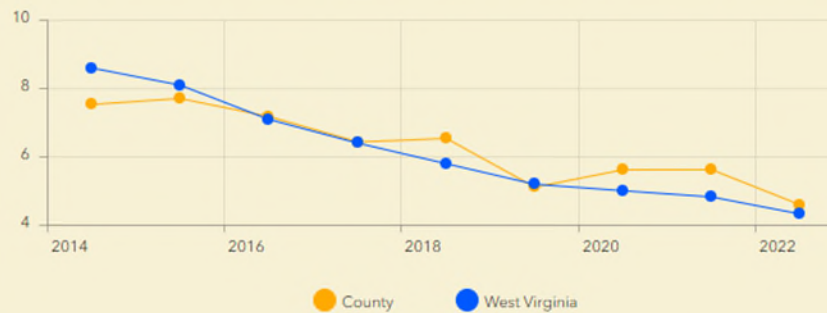


Indicator Legend 5-Year Trend Legend

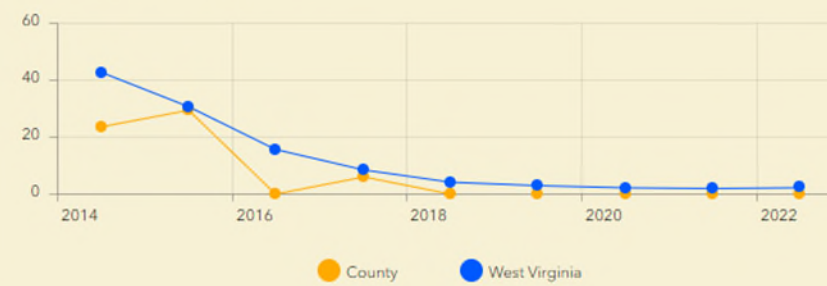
1. Rate of opioid analgesic prescriptions per 1,000 state residents



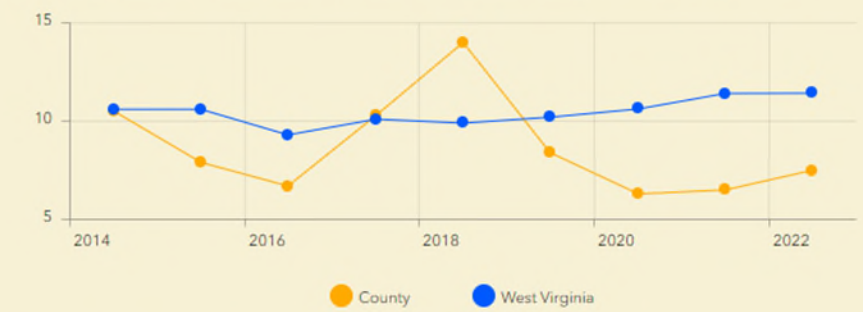
2. Percent of patients receiving more than an average daily dose of 90 morphine milligram equivalents (MME)



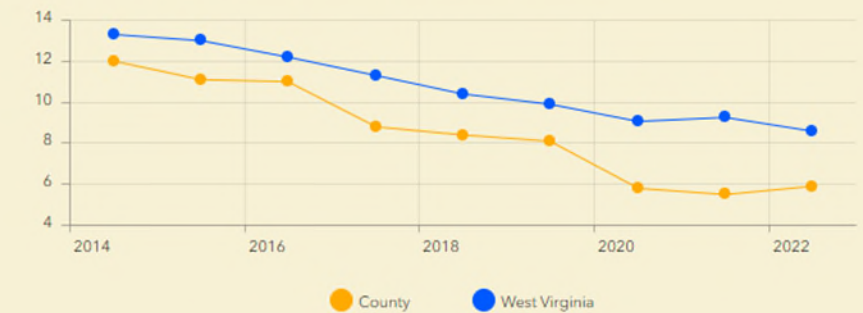
3. Rate of multiple provider episodes for prescription opioids (5 or more prescribers and 5 or more pharmacies in a 6-month period) per 100,000 residents



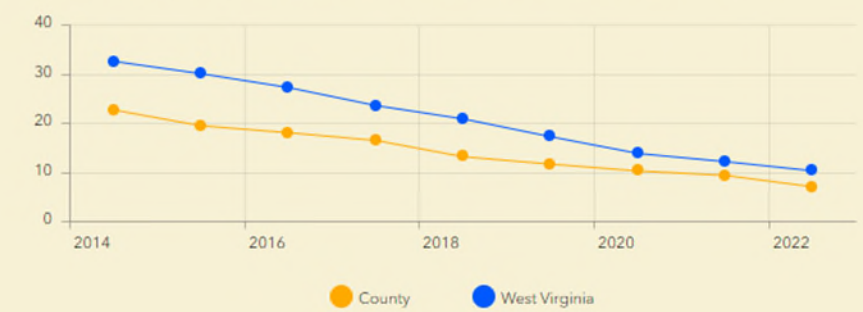
4. Percent of opioid naive patients among patients prescribed long-acting/extended release opioids



5. Percent of patient prescription days with overlapping opioid prescriptions



6. Percent of patient prescriptions days with overlapping opioid and benzodiazepine prescriptions





# Examples of Data



- Maps Report Story Map

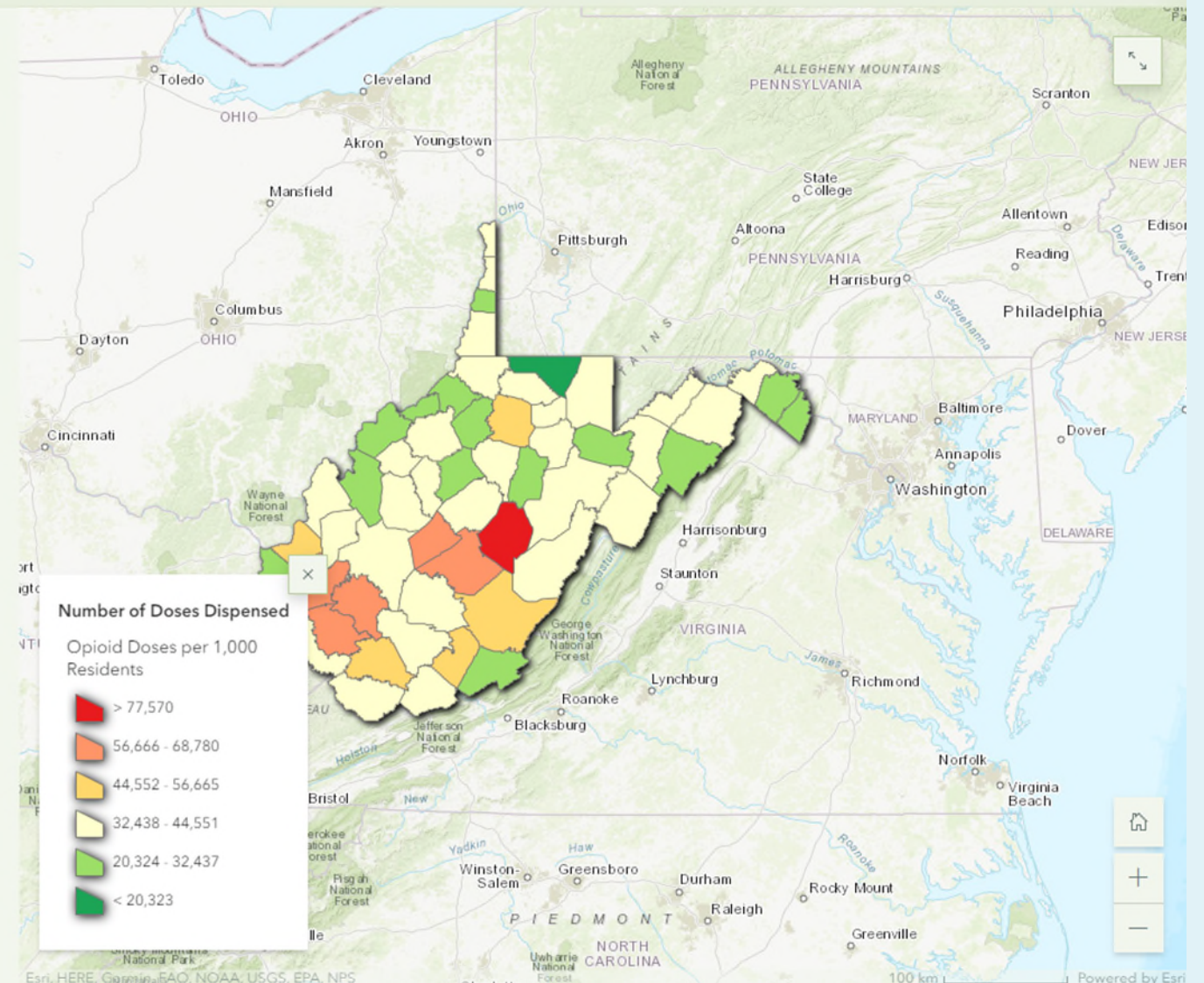
2022 Controlled Substance Prescribing in West Virginia



Executive Summary Data Notes Map Notes Opioid Doses per 1,000 State R... Average Duration of Supply Morphine Milligram Equivalent ... Prescriber "Shopping" Pharmacy "Shopping" Long-Acting/Extended-Release

## Opioid Doses per 1,000 State Residents

This indicator was modified to evaluate the actual number of doses, or pills, that were distributed. This information is presented as a rate per 1,000 population. It is important to look at the number of prescriptions being written, as the original indicator measures. However, there is a recent push to write for fewer doses on each prescription, which could lead to an increase in the number of total prescriptions written. Therefore, it is prudent to consider the total number of doses being dispensed to get a more accurate measure of opioid prescribing practices.



# Examples of Data



- **Several surveillance reports:**

- Monthly Surveillance Reports - <https://dhhr.wv.gov/vip/county-reports/Pages/2023-CSMP-Surveillance-Reports.aspx>
- County Profiles Reports - <https://dhhr.wv.gov/vip/county-reports/Pages/default.aspx>
- County Map Reports - <https://dhhr.wv.gov/vip/county-reports/Pages/2022-CSMP-Surveillance-Reports.aspx>

- **Interactive dashboards/story maps:**

- CSMP Data Dashboard - <https://www.arcgis.com/apps/dashboards/4b314711d252496d941048cd4867ab85>
- County Profile Dashboard - <https://wvbop.maps.arcgis.com/apps/dashboards/a8f5e99563c646af8ae8c266dc475a01>
- Maps Report Story Map - <https://storymaps.arcgis.com/stories/c548fe183add4c869a4af0d1684a1ecb>



# Data Application



- **CSMP Data has been used to:**

- Inform the 2016 West Virginia Overdose Fatality Review report (available [here](#))
- Identify high-burden areas in the state
- Maps Report data was used in a presentation in January 2023 by Marshall University to show how the data can be used at the local level
  - Broke into groups
  - Each had one map to review and discuss
  - Came back together to discuss
  - Goals of that meeting were to gain understanding of PDMPs and how to use the data to support prevention programming, prescriber education, and patient education.
- Used for studies in the academic and healthcare settings

# Acknowledgements



- Thank you to Brandon Williams, Justin Lee, Allie Jeffries for helping to design, develop, disseminate these data products.

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# Questions

