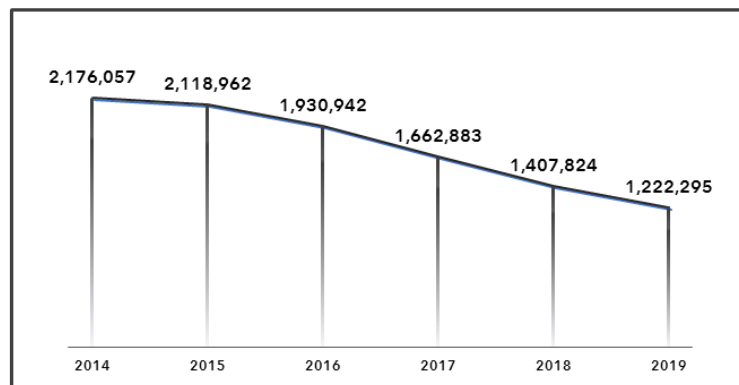


Braxton County - 2019



The West Virginia Violence and Injury Prevention Program (WV VIPP), in collaboration with the West Virginia Board of Pharmacy and the West Virginia University Injury Control Research Center (ICRC), under the direction of the Centers for Disease Control and Prevention (CDC), continue 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 the West Virginia Health Statistics Center shows that in 2018, over 900 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 52.2 per 100,000 population. This is nearly three 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.

There was a
44% decrease
in opioid prescriptions
filled from 2014-2019...



...with over **15 million** fewer
opioid pills dispensed from 2018
to 2019 in West Virginia.

Source: West Virginia Controlled Substance Monitoring Program

Indicator 1: Number and rate of opioid analgesics per 1,000 state residents

This indicator includes all opioid prescriptions that are classified as either Schedule II, III, IV, or V. The figures below show the total number of opioid prescriptions for Braxton County and the rate per 1,000 population compared to the state. Census data was used to obtain demographic information and population sized.

Figure 1.
Number of Opioid
Analgesics Dispensed,
Braxton County, 2014-
2019

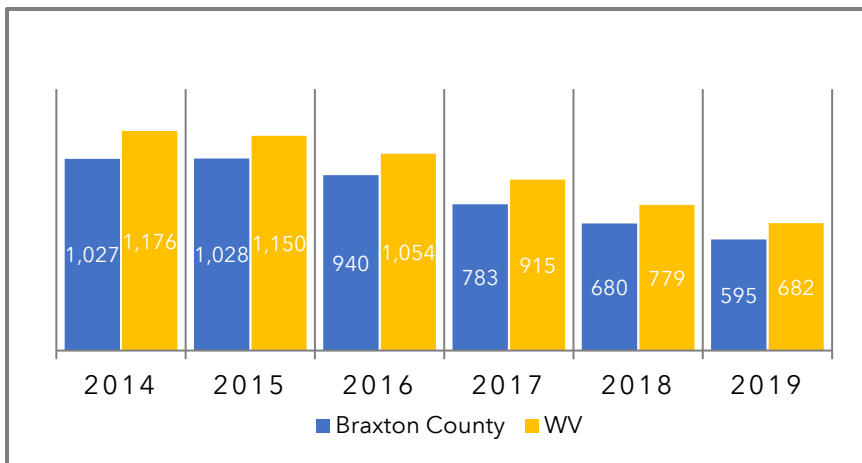
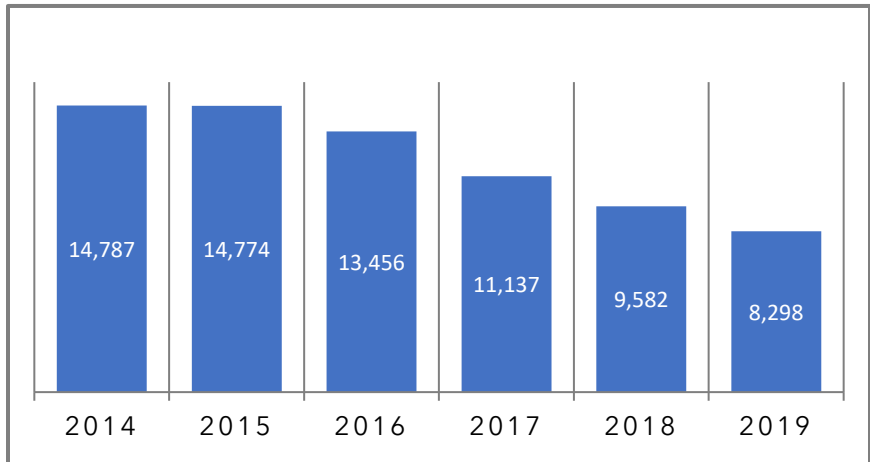


Figure 2.
Rate of Opioid
Analgesics per 1,000
Population in Braxton
County and WV,
2014-2019

Source: West Virginia Controlled Substance Monitoring Program

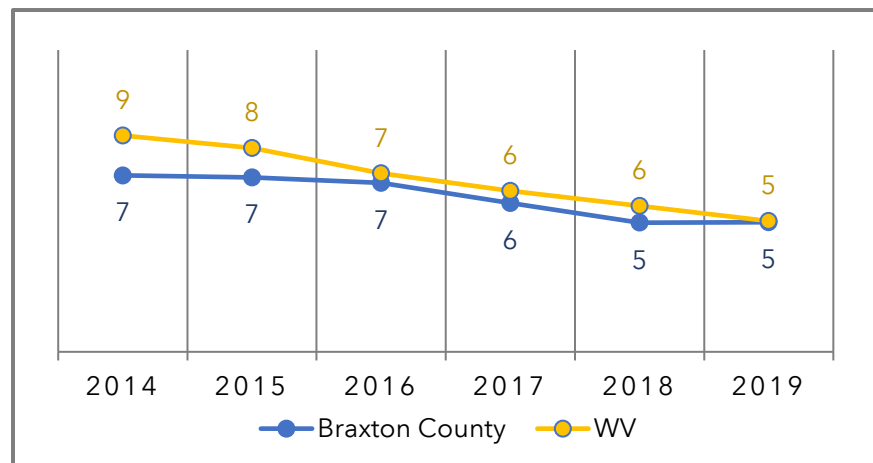
What Does This Mean?

This indicator is important because it provides information about prescription opioid use for each county. These data will help determine areas where high prescribing/dispensing are occurring around the state and allow for education on responsible opioid prescribing. High rates of opioid dispensing mean large quantities of opioids that are out in the community. Braxton County had lower rates of opioids being prescribed compared to the state from 2014-2019. Braxton County saw an overall decrease in the rate during this time.

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

This indicator shows the total average daily dose of MMEs that a patient is taking. It includes all opioid prescriptions that are classified as either Schedule II, III, IV, or V. MMEs are used as a measure to describe the potency of an opioid. Calculating MMEs is important to determine which patients may be at risk for an overdose. The figure below shows the percent of patients with greater than an average daily dose of 90 MMEs in Braxton County compared to the state during 2014-2019.

Figure 3.
Percent of Patients
Receiving More than an
Average Daily Dose of 90
MME, Braxton County
and WV, 2014-2019



Source: West Virginia Controlled Substance Monitoring Program

What Does This Mean?

This indicator is important because it provides information for prescribers about how much morphine equivalent drug the patient is receiving. MMEs help determine the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time. It is also a useful tool to identify high-burden areas in the state, which is important for public health surveillance at the county level. From 2014-2019, Braxton County's percent of patients receiving more than an average daily dose of 90 MMEs was slightly lower compared to the state and decreased over during this time.

Indicator 3: Rate of multiple provider episodes for prescription opioids (5 or more prescribers and 5 or more pharmacies in a 6-month period) per 100,00 residents.

This indicator shows the rate of patients who went to 5 or more prescribers and 5 or more pharmacies within a 6-month period, or multiple provider episode (MPE). The rate is calculated per 100,000 population. It includes all opioid prescriptions that are classified as either Schedule II, III, IV, or V.

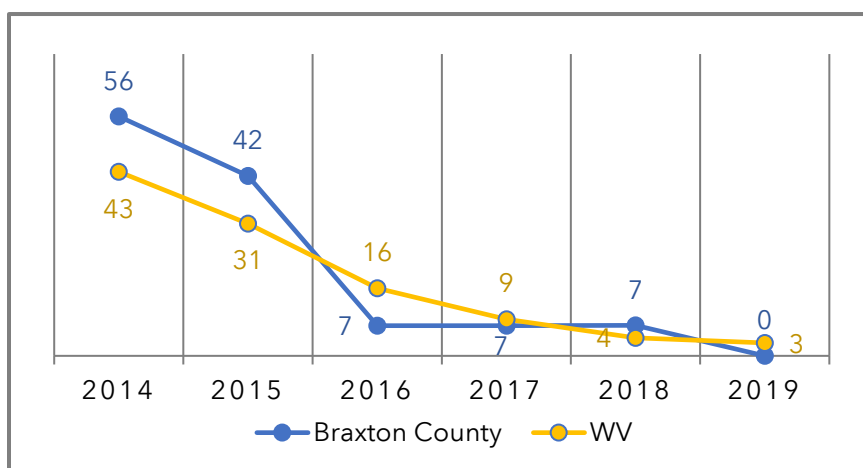


Figure 4.
Rate of Multiple Provider Episodes (MPE) for Prescription Opioids per 100,000 Population, Braxton County and WV, 2014-2019

Source: West Virginia Controlled Substance Monitoring Program

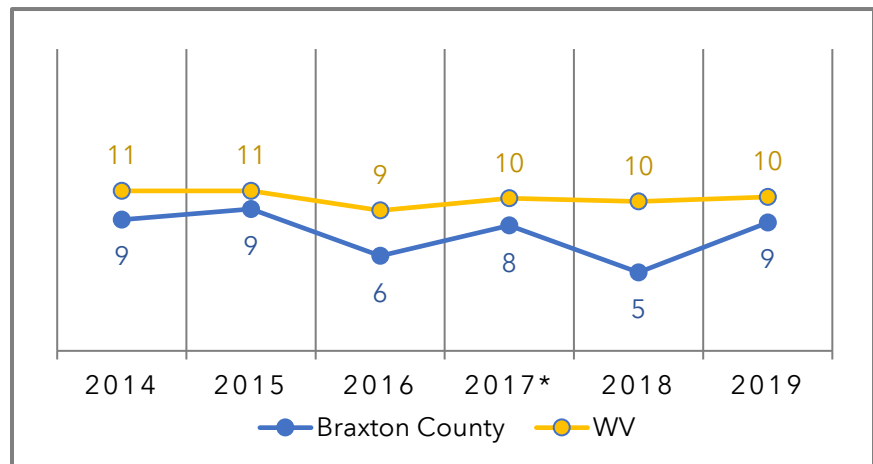
What Does This Mean?

This indicator is important because provides valuable information on prescription filling behaviors. Patients who receive prescriptions from more than five doctors and who fill at more than five pharmacies are at greater risk of drug overdose. This indicator helps determine patients who may have drug seeking habits (i.e., "doctor shopping"). From 2014-2015, Braxton County had considerably higher rates compared to the state in patients who qualified as having an MPE but was similar to the state average from 2016-2019.

Indicator 4: Percent of patients prescribed long-acting/extended release opioids among opioid-naïve patients

This indicator represents the percent of patients with no prescribed opioid prescriptions in the previous 45 days* who were prescribed at least one long acting/extended release (LA/ER) opioid, among all patients with LA/ER opioid prescriptions. It includes all opioid prescriptions that are classified as either Schedule II, III, IV, or V.

Figure 5.
Percent of Patients Prescribed Long Acting/Extended Release Opioids among Opioid-Naïve Patients, Braxton County, 2014-2019



Source: West Virginia Controlled Substance Monitoring Program

What Does This Mean?

This indicator is important to understand because it provides information about individuals who are not accustomed to opioid medications, which may potentially increase the risk of opioid dependence, misuse, or overdose. CDC opioid prescribing guidelines recommend using immediate release (IR) opioids before taking LA/ER. From 2014-2019, Braxton County had fewer patients who were opioid-naïve compared to the state average.

*Note that CDC changed the definition of "opioid-naïve" from 60 days to 45 days in 2017.

Indicator 5: Percent of patient prescription days with overlapping opioid prescriptions

This indicator shows the percent of days in which more than one prescribed opioid prescription during the same time-period were dispensed, among all prescription days. It includes all opioid prescriptions that are classified as either Schedule II, III, IV, or V.

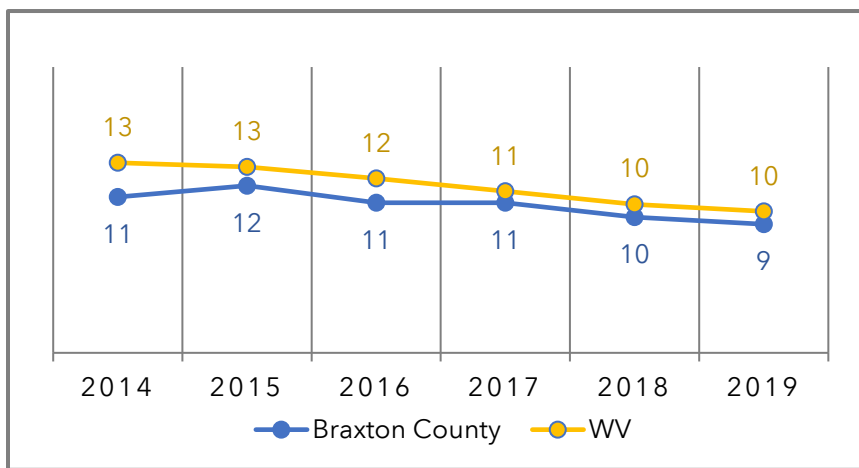


Figure 6.
Percent of Patient Prescribed Days Overlap Between Opioid Analgesics, Braxton County and WV, 2014-2019

Source: West Virginia Controlled Substance Monitoring Program

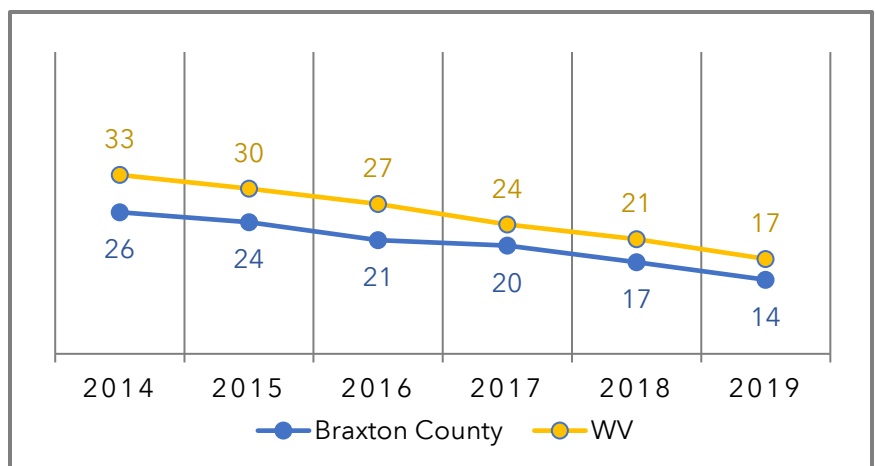
What Does This Mean?

This indicator represents the patients who may potentially be using their opioid prescriptions not as prescribed or may show areas where drug diversion is occurring. Using multiple opioid prescriptions during the same time-period increased the risk for drug dependency and overdose. It is important to understand this because a considerable number of drug overdose deaths include more than one opioid. During 2014-2019, Braxton County had a lower percent of prescription overlap compared to the state average and decreased over this time.

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

This indicator represents the percent of patients who have an opioid and a benzodiazepine (i.e., Lorazepam, Diazepam) prescription on the same day among all opioid prescription days. It includes all opioid prescriptions that are classified as either Schedule II, III, IV, or V.

Figure 7.
Percent of Patient Prescribed Opioid Days that Overlap with Benzodiazepine Prescriptions, Braxton County and WV, 2014-2019



Source: West Virginia Controlled Substance Monitoring Program

What Does This Mean?

This indicator is important because it shows areas in the state where patients are using both opioids and benzodiazepine drugs at the same time. Taking an opioid with a benzodiazepine increases the risk for drug overdose and death, as both classes of medication depress the central nervous system. From 2014-2019, Braxton County had a lower percent of days where there was an overlapping opioid and benzodiazepine prescription than the state average and decreased over this time period.

County Rankings By Indicator

| Patient County | Indicator 1 | Indicator 2 | Indicator 3 | Indicator 4 | Indicator 5 | Indicator 6 |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|
| BARBOUR | 34 | 26 | 38.5 | 42 | 24 | 32 |
| BERKELEY | 37 | 2 | 19 | 40.5 | 2 | 48 |
| BOONE | 2 | 48 | 2 | 36.5 | 51 | 3 |
| BRAXTON | 43 | 24 | 38.5 | 40.5 | 18 | 26 |
| BROOKE | 25 | 17 | 38.5 | 17 | 11 | 14.5 |
| CABELL | 10 | 44 | 16 | 9 | 36 | 18.5 |
| CALHOUN | 46 | 38 | 38.5 | 22 | 52.5 | 47 |
| CLAY | 5 | 32 | 38.5 | 25 | 37 | 53 |
| DODDRIDGE | 54 | 10 | 38.5 | 27 | 10 | 46 |
| FAYETTE | 15 | 37 | 38.5 | 14.5 | 42 | 41 |
| GILMER | 50 | 20 | 38.5 | 31 | 30.5 | 6 |
| GRANT | 39 | 51 | 38.5 | 11 | 14.5 | 7 |
| GREENBRIER | 13 | 15 | 15 | 28.5 | 29 | 26 |
| HAMPSHIRE | 41 | 3 | 38.5 | 28.5 | 4 | 44.5 |
| HANCOCK | 11 | 14 | 38.5 | 47 | 8 | 12 |
| HARDY | 49 | 31 | 6 | 43 | 7 | 33.5 |
| HARRISON | 14 | 13 | 20 | 51.5 | 20 | 5 |
| JACKSON | 45 | 53 | 38.5 | 31 | 38 | 39.5 |
| JEFFERSON | 44 | 4 | 13 | 31 | 3 | 51.5 |
| KANAWHA | 18 | 50 | 14 | 24 | 43.5 | 37 |
| LEWIS | 12 | 21 | 38.5 | 49 | 14.5 | 29.5 |
| LINCOLN | 4 | 34 | 8 | 53 | 34 | 4 |
| LOGAN | 1 | 43 | 4 | 45 | 49 | 2 |
| MARION | 31 | 36 | 12 | 7 | 30.5 | 16 |
| MARSHALL | 22 | 9 | 38.5 | 5 | 32.5 | 13 |
| MASON | 29 | 45 | 11 | 10 | 50 | 35 |
| MCDOWELL | 7 | 16 | 38.5 | 18 | 26 | 18.5 |
| MERCER | 23 | 19 | 18 | 23 | 24 | 23.5 |
| MINERAL | 40 | 18 | 38.5 | 34 | 5.5 | 14.5 |
| MINGO | 20 | 47 | 38.5 | 6 | 55 | 1 |
| MONONGALIA | 55 | 12 | 21 | 19 | 16 | 38 |
| MONROE | 51 | 6 | 38.5 | 20.5 | 13 | 11 |
| MORGAN | 26 | 1 | 38.5 | 44 | 1 | 49 |
| NICHOLAS | 8 | 35 | 10 | 54.5 | 24 | 26 |
| OHIO | 35 | 7 | 38.5 | 3 | 17 | 21.5 |
| PENDLETON | 36 | 5 | 38.5 | 54.5 | 5.5 | 21.5 |
| PLEASANTS | 33 | 41 | 38.5 | 36.5 | 39 | 51.5 |
| POCAHONTAS | 42 | 11 | 38.5 | 16 | 19 | 39.5 |
| PRESTON | 38 | 8 | 38.5 | 50 | 12 | 18.5 |
| PUTNAM | 28 | 46 | 17 | 26 | 41 | 18.5 |
| RALEIGH | 30 | 30 | 38.5 | 12 | 45 | 28 |
| RANDOLPH | 24 | 23 | 38.5 | 35 | 27 | 42 |
| RITCHIE | 16 | 49 | 3 | 8 | 47.5 | 36 |
| ROANE | 17 | 52 | 5 | 4 | 32.5 | 33.5 |
| SUMMERS | 9 | 25 | 38.5 | 48 | 22 | 23.5 |
| TAYLOR | 27 | 27 | 38.5 | 46 | 43.5 | 10 |
| TUCKER | 47 | 33 | 38.5 | 14.5 | 28 | 50 |
| TYLER | 48 | 42 | 38.5 | 1 | 46 | 29.5 |
| UPSHUR | 53 | 29 | 38.5 | 33 | 21 | 54 |
| WAYNE | 52 | 39 | 38.5 | 38 | 35 | 8 |
| WEBSTER | 3 | 22 | 1 | 51.5 | 9 | 43 |
| WETZEL | 19 | 54 | 38.5 | 2 | 52.5 | 9 |
| WIRT | 21 | 55 | 38.5 | 39 | 54 | 55 |
| WOOD | 32 | 40 | 9 | 13 | 40 | 44.5 |
| WYOMING | 6 | 28 | 7 | 20.5 | 47.5 | 31 |

*Each county is ranked from 1 to 55, where a rank of 1 is assigned to the county with the highest (worst) rate or percentage and a 55 to the county with the lowest (best) rate or percentage. Counties with a ".5" in the rank had the same rank as another county and the average rank was returned.

Percent of Braxton
County with a controlled
substance prescription

21%

Percent of Braxton
County with an opioid
prescription

15%

Percent of Braxton
County with a
benzodiazepine
prescription

6%

Source: West Virginia Controlled Substance Monitoring Program

For more information regarding this county profile or the West Virginia Controlled Substance Monitoring Program (CSMP), please see contact information below.

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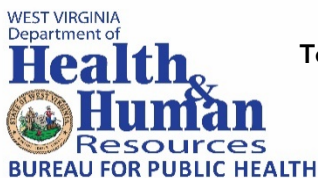
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<https://dhhr.wv.gov/vip/county-reports/Pages/default.aspx>

