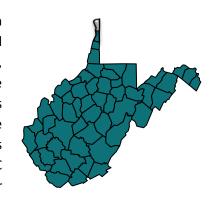
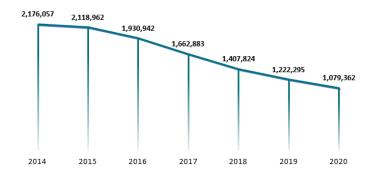
West Virginia Board of Pharmacy Prescription Opioid Indicators Report

Hancock County – 2020

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 the West Virginia Heath Statistics Center shows that in 2019, more than 880 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 52.8 per 100,000 population. This is nearly 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.



There was a
50% decrease
in opioid prescriptions
filled from 2014-2020...



...with over **10 million** fewer opioid pills dispensed from 2019 to 2020 in West Virginia.

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 Hancock County and the rate per 1,000 population compared to the state. Census data was used to obtain demographic information and population size.

Figure 1.
Number of Opioid
Analgesics Dispensed,
Hancock County,
2014-2020

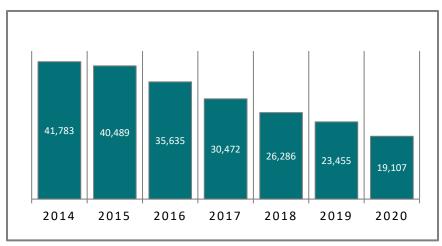
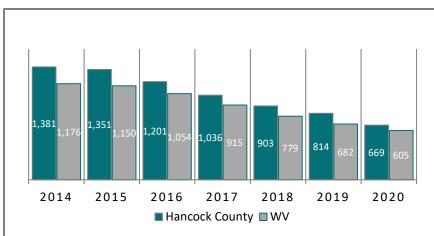


Figure 2.
Rate of Opioid
Analgesics per 1,000
Population in
Hancock County and
WV, 2014-2020



Source: West Virginia Controlled Substance Monitoring Program

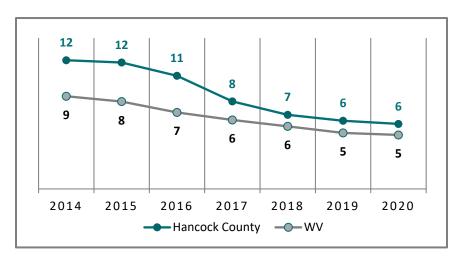
What Does This Mean?

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. There is an overall decrease in the rate and number of opioids being prescribed in Hancock County and the state from 2014-2020.

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 Hancock County compared to the state during 2014-2020.

Figure 3.
Percent of Patients
Receiving More than an
Average Daily Dose of 90
MME, Hancock County and
WV, 2014-2020



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 2014-2020, Hancock County's percent of patients receiving more than an average daily dose of 90 MMEs was higher than the state average but decreased 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.

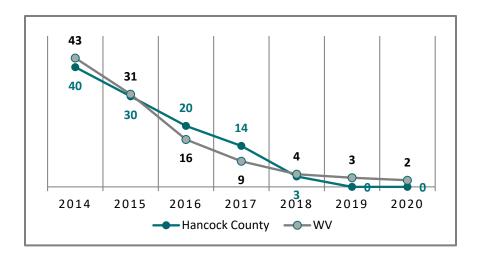


Figure 4.
Rate of Multiple Provider
Episodes (MPE) for
Prescription Opioids per
100,000 Population,
Hancock County and WV,
2014-2020

Source: West Virginia Controlled Substance Monitoring Program

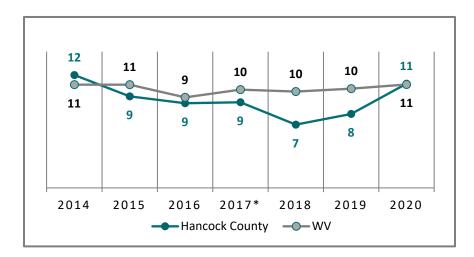
What Does This Mean?

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 2014-2020, the rate of patients who qualified as having an MPE in Hancock County was similar to the state with no patients with an MPE from 2019-2020.

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-Naive
Patients, Hancock County,
2014-2020



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 2014-2020, Hancock County saw an overall decrease in patients who were opioid-naïve and had a lower percentage compared to the state, apart from 2014 and 2020 where it was slightly higher.

*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.

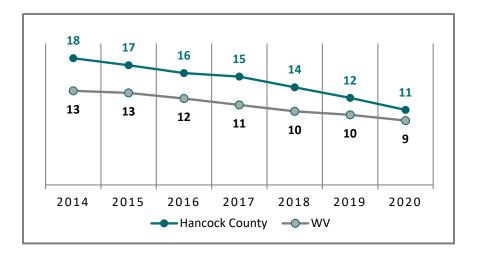


Figure 6.
Percent of Patient
Prescribed Days Overlap
Between Opioid Analgesics,
Hancock County and WV,
2014-2020

Source: West Virginia Controlled Substance Monitoring Program

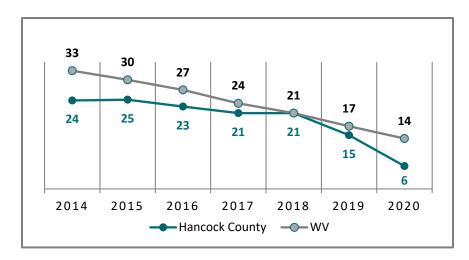
What Does This Mean?

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 2016-2020, Hancock County had a higher percent of prescription overlap than the state average but saw a decrease during 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, Hancock
County and WV, 2014-2020



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 2014-2020, Hancock 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.

County Rankings by Indicator

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NICHOLAS 7 36 36.5 52 23 16.5 OHIO 36 9 36.5 6 17.5 25.5 PENDLETON 37 5 36.5 26 7 11 PLEASANTS 46 29 36.5 1 54 54 POCAHONTAS 42 21 36.5 51 45.5 39 PRESTON 41 8 36.5 29.5 10.5 41 PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TUCKER <td< td=""><td>MONROE</td><td>53</td><td>6</td><td>36.5</td><td>47.5</td><td>15</td><td>14</td></td<>	MONROE	53	6	36.5	47.5	15	14	
OHIO 36 9 36.5 6 17.5 25.5 PENDLETON 37 5 36.5 26 7 11 PLEASANTS 46 29 36.5 1 54 54 POCAHONTAS 42 21 36.5 51 45.5 39 PRESTON 41 8 36.5 29.5 10.5 41 PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER	MORGAN	17	1	36.5	50	1	45	
PENDLETON 37 5 36.5 26 7 11 PLEASANTS 46 29 36.5 1 54 54 POCAHONTAS 42 21 36.5 51 45.5 39 PRESTON 41 8 36.5 29.5 10.5 41 PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER 47 40 36.5 7 29 53 TYLER 48	NICHOLAS	7	36	36.5	52	23	16.5	
PENDLETON 37 5 36.5 26 7 11 PLEASANTS 46 29 36.5 1 54 54 POCAHONTAS 42 21 36.5 51 45.5 39 PRESTON 41 8 36.5 29.5 10.5 41 PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER 47 40 36.5 7 29 53 TYLER 48	ОНЮ	36	9	36.5	6	17.5	25.5	
PLEASANTS 46 29 36.5 1 54 54 POCAHONTAS 42 21 36.5 51 45.5 39 PRESTON 41 8 36.5 29.5 10.5 41 PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER 47 40 36.5 7 29 53 TYLER 48 53 36.5 28 47 21.5 UPSHUR 52 24 36.5 23 19 52 WAYNE 51	PENDLETON	37	5	36.5	26	7	11	
POCAHONTAS 42 21 36.5 51 45.5 39 PRESTON 41 8 36.5 29.5 10.5 41 PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER 47 40 36.5 7 29 53 TYLER 48 53 36.5 28 47 21.5 UPSHUR 52 24 36.5 23 19 52 WAYNE 51 </td <td>PLEASANTS</td> <td></td> <td>29</td> <td>36.5</td> <td>1</td> <td>54</td> <td>54</td>	PLEASANTS		29	36.5	1	54	54	
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PUTNAM 34 47 36.5 20 40 18.5 RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER 47 40 36.5 7 29 53 TYLER 48 53 36.5 28 47 21.5 UPSHUR 52 24 36.5 23 19 52 WAYNE 51 33 36.5 33 32 6 WEBSTER 3 14 1 53 9 38	PRESTON	41	8		29.5		41	
RALEIGH 31 34 16 16 41 15 RANDOLPH 22 26 10 10 36.5 30.5 RITCHIE 24 52 36.5 4 53 36.5 ROANE 18 42 4 29.5 25 29 SUMMERS 10 37 2 54 26.5 5 TAYLOR 27 35 36.5 49 39 16.5 TUCKER 47 40 36.5 7 29 53 TYLER 48 53 36.5 28 47 21.5 UPSHUR 52 24 36.5 23 19 52 WAYNE 51 33 36.5 33 32 6 WEBSTER 3 14 1 53 9 38								
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1WE17EL 73 55 365 5 57 12								
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WIRT 20 51 36.5 2 50.5 51								
WOOD 38 39 6 8 34 34.5								
WYOMING 6 27 36.5 55 45.5 9.5 *Fach county is ranked from 1 to 55 where a rank of 1 is assigned to the county with the highest (worst) rate or								

^{*}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 Hancock County residents with a controlled substance prescription

25%

Percent of Hancock
County residents with an
opioid prescription

16%

Percent of Hancock
County residents with a benzodiazepine prescription

8%

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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To access other WV County Profile Reports, follow the link below:

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

