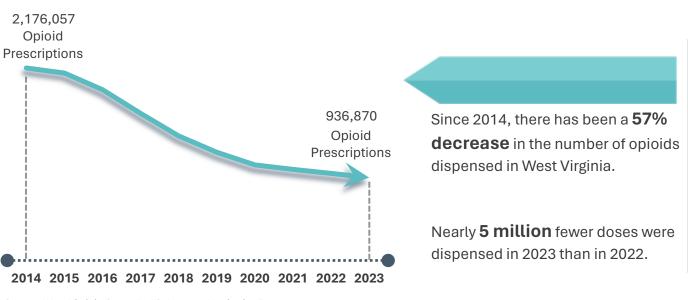
West Virginia Board of Pharmacy Prescription Opioid Indicators Report

Summers County 2023



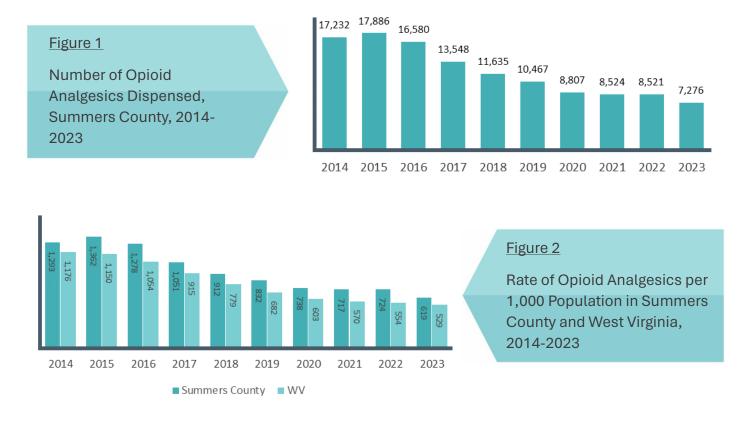
Within the West Virginia Department of Health (DH) Bureau for Public Health, the West Virginia Violence and Injury Prevention Program (WV VIPP), in collaboration with the West Virginia Board of Pharmacy, under the direction of the Centers for Disease Control and Prevention (CDC), continues to work to 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 DH's Heath Statistics Center shows that in 2022, more than 1,400 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 86.1 per 100,000 population. This is over two and a half times the national average. To help combat this epidemic, CDC provided specific opioid prescribing indicators to identify high-risk areas within the state to allow for intervention and community education.



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 Schedule II, III, IV, or V. The figures below show the total number of opioid prescriptions for Summers County and the rate per 1,000 population compared to the state. Population estimates were obtained from US Census data.



What does this mean?

This indicator is important because it provides information about prescription opioid use for each county. This 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 there are large quantities of opioids that are out in the community. Positively, there was an overall decrease in both the rate and number of opioids being prescribed in Summers County and in West Virginia from 2014-2023.

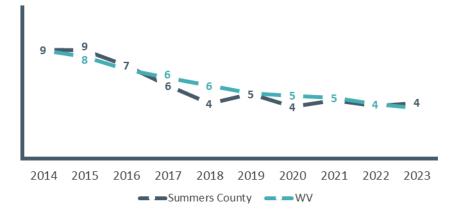
Indicator 2: Percent of patients receiving more than an average daily dose of 90 morphine milligram equivalents (MME)

This indicator shows the total average daily dose of MMEs that a patient is taking. It includes all opioid prescriptions that are classified as 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 percentage of patients with greater than an average daily dose of 90 MMEs in Summers County compared to the state during 2014-2023.

*Note that the MME conversion factors for fentanyl, hydromorphone, methadone, and tramadol were updated in the 2022 Opioid Prescribing Guidelines in November 2022.

Figure 3

Percent of Patients Receiving More than an Average Daily Dose of 90 MME, Summers County and WV, 2014-2023



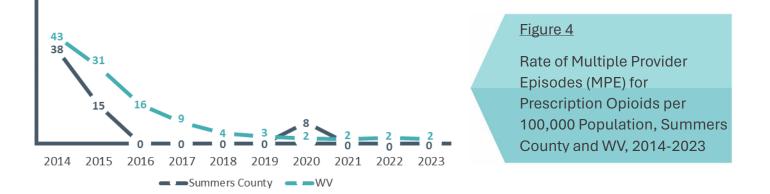
What does this mean?

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 misuse 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 2014-2023, Summers County's percentage of patients receiving more than an average daily dose of 90 MMEs is slightly lower but nearly equivalent to the state average and has decreased over this time.

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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 100,000 residents

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



What does this mean?

This indicator is important because it 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 2014-2023, West Virginia and Summers County have had a considerable decrease in the rate of patients who qualified as having an MPE. Summers County has had no cases of MPEs during seven of the last eight years.

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

This indicator represents the percentage 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 Schedule II, III, IV, or V.

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

Figure 5

Percent of Opioid-Naive Patients among Patients Prescribed LA/ER Opioids, Summers County, 2014-2023



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 long acting or extended-release opioids. From 2014-2023, Summers County had an overall decrease in patients who were opioid-naïve and prescribed LA/ER opioids despite the increase during 2017 and 2018.

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

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



Figure 6

Percent of Patient Prescribed Days Overlap Between Opioid Analgesics, Summers County and WV, 2014-2023

What does this mean?

This indicator represents 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 period increases 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. From 2014-2023, Summers County had a lower percentage of prescription overlap compared to the state average. Additionally, there has been a steady decrease at both the county and state level since 2014.

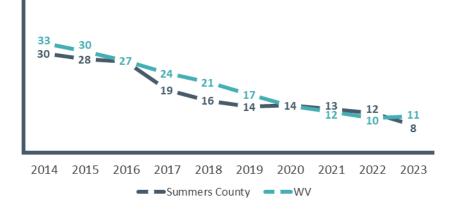
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Indicator 6: Percent of patient prescription days with overlapping opioid and benzodiazepine prescriptions

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

Figure 7

Percent of Patient Prescribed Opioid Days that Overlap with Benzodiazepine Prescriptions, Summers County and WV, 2014-2023



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 2014-2023, Summers County had a lower percentage of days where there was an overlapping opioid and benzodiazepine prescription than the state average, aside from 2021 and 2022. Additionally, there has been a steady decrease at both the county and state level since 2014.

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County Rankings by Indicator

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TYLER47311534233UPSHUR512115541454WAYNE50381530363WEBSTER41615381339WETZEL234415104721WIRT7541524032WOOD433515304015	TAYLOR				55	28	
UPSHUR512115541454WAYNE50381530363WEBSTER41615381339WETZEL234415104721WIRT7541524032WOOD433515304015	TUCKER	40	18	15	18	18	55
WAYNE50381530363WEBSTER41615381339WETZEL234415104721WIRT7541524032WOOD433515304015							
WEBSTER41615381339WETZEL234415104721WIRT7541524032WOOD433515304015	UPSHUR	51	21	15	54	14	54
WETZEL234415104721WIRT7541524032WOOD433515304015	WAYNE	50	38	15	30	36	3
WETZEL234415104721WIRT7541524032WOOD433515304015	WEBSTER	4	16	15	38	13	39
WIRT7541524032WOOD433515304015		23	44		10	47	21
WOOD 43 35 15 30 40 15	WIRT		54				
	WYOMING	8	14	15	38	45	10

*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 an equivalent rank as another county and the average rank was returned.

Percentage of Summers County residents with a controlled substance prescription



Percentage of West Virginia residents with a controlled substance prescription

23.2%

Percentage of Summers County residents with an opioid prescription

15.2%

Percentage of West Virginia residents with an opioid prescription

14.3%

Percentage of Summers County residents with a benzodiazepine prescription

Percentage of West Virginia residents with a benzodiazepine prescription

To access the individual 2023 County Profile Reports, please follow the link below:

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

Also, check out the interactive county profile dashboard here.

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