West Virginia Board of Pharmacy Prescription Opioid Indicators Report

A look at West Virginia Counties



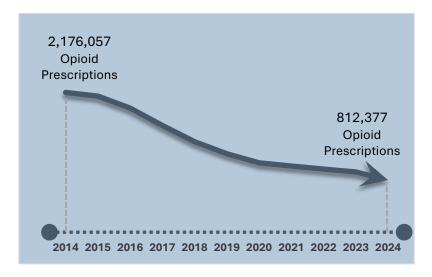
March 2025

Mercer County 2024



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 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 2023, more than 1,300 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 81.9 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.

*Please note that this report shows the trends from 2018. To view trends from 2014, please check out the previous county profile reports <u>here</u>.



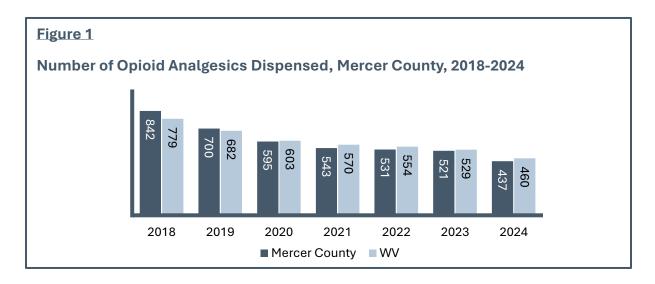
Source: West Virginia Controlled Substance Monitoring Program

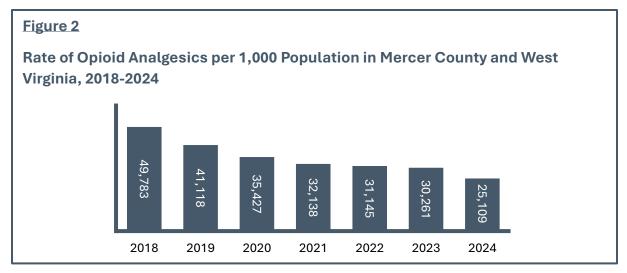
Since 2014, there has been a **63% decrease** in the number of opioids dispensed in West Virginia.

Nearly **10 million** fewer opioid doses were dispensed in 2024 than in 2023.

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 Mercer County and the rate per 1,000 population compared to the state. Population estimates were obtained from US Census data.





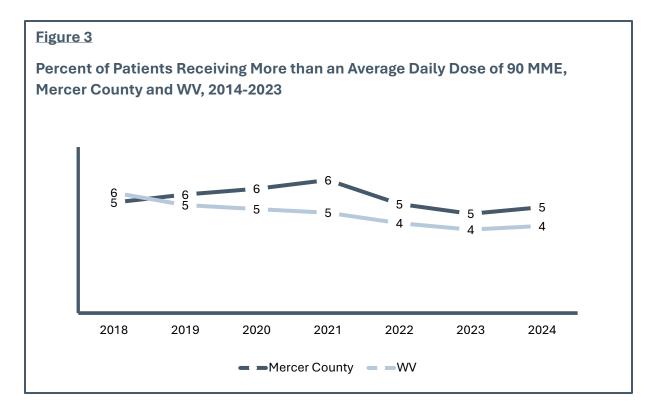
What does this mean?

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. There was an overall decrease in both the rate and number of opioids being prescribed in Mercer County and in West Virginia from 2018-2024.

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 Mercer 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.

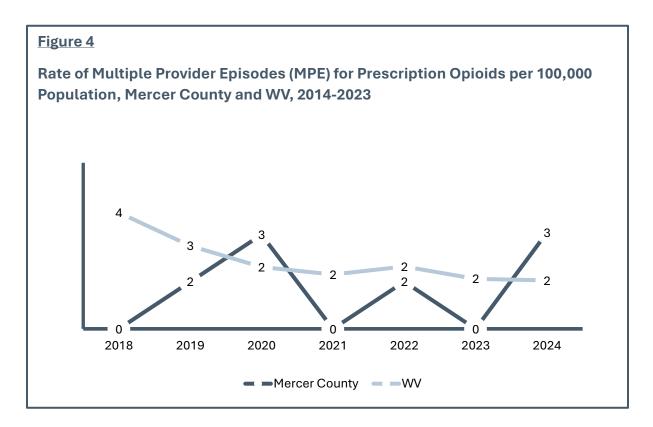


What does this mean?

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 2018-2024, Mercer County's percentage of patients receiving more than an average daily dose of 90 MMEs was higher than the state average and had increased over this time.

Indicator 3: Rate of multiple provider episodes for prescription opioids (five or more prescribers and five or more pharmacies in a six 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.

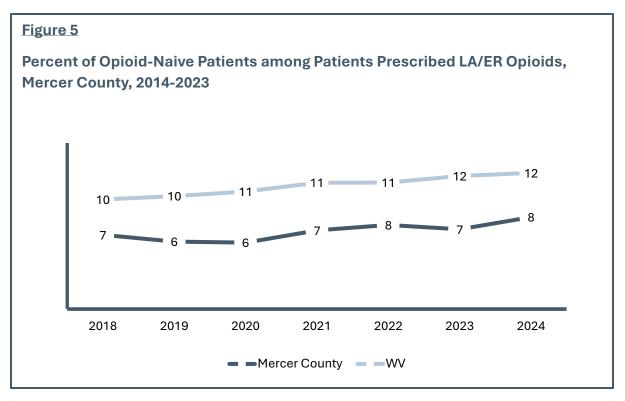


What does this mean?

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 2018-2024, Mercer County had a considerable increase in the rate of patients who qualified as having an MPE while the state saw a decrease during this time.

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.



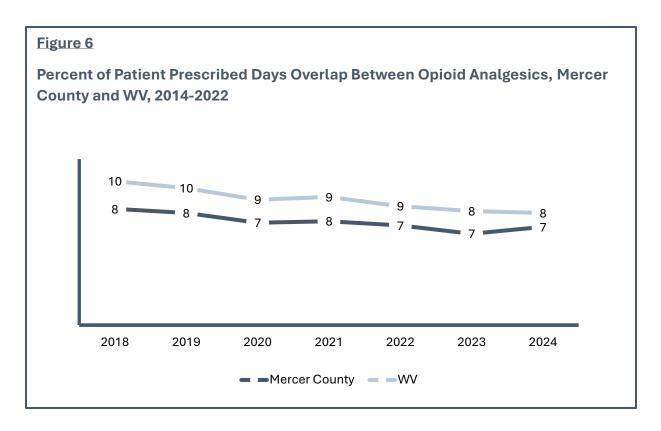
^{*}Note that data for 2018 and 2019 may differ from previous reports as buprenorphine was excluded.

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 2018-2024, Mercer County and the state had an overall increase in patients who were opioid-naïve and prescribed LA/ER opioids.

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.

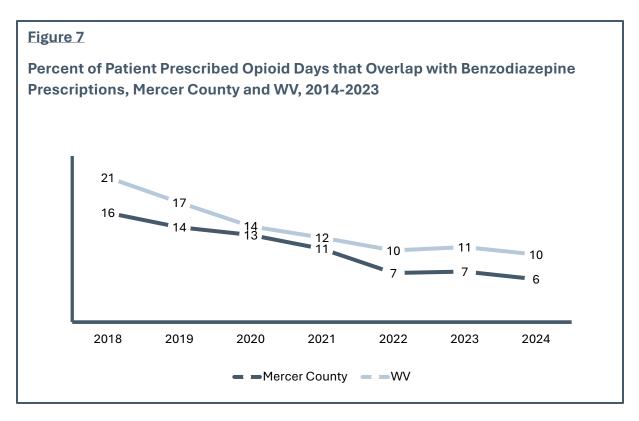


What does this mean?

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 2018-2024, Mercer County had a lower percentage of prescription overlap compared to the state average and both saw a decrease during this time.

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.



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 2018-2024, Mercer County had a lower percentage of days where there was an overlapping opioid and benzodiazepine prescription than the state average. Additionally, there has been a steady decrease at both the county and state level since 2018.

County Rankings by Indicator

Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6
14	14	40	15	18
8	11	47	3	41
49	3	16	53	6
22	14	33	19	21
25	4	36	8	30
	14	8	33	4
	14	14		20
				49
5	14	12	9	52
35	14	16	29	44
19	14	52	29	47
38	14	55	11	12
13	14	27	27	38
7	14	16		46
27	14	10		53
				49
				21
				33
				34
				19
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				37
				44
				30
				16
				51
44	14	45	55	42
53	14	54	29	54
53 15	14	54 48	29 22	54 5
53 15 46	14 14	54 48 50	29 22 24	54 5 40
53 15 46 18	14 14 14	54 48 50 16	29 22 24 21	54 5 40 47
53 15 46 18 31	14 14 14 14	54 48 50 16 12	29 22 24 21 49	54 5 40 47 32
53 15 46 18 31 32	14 14 14 14 14	54 48 50 16 12 51	29 22 24 21 49	54 5 40 47 32 55
53 15 46 18 31 32 39	14 14 14 14 14 14	54 48 50 16 12 51 6	29 22 24 21 49 15 41	54 5 40 47 32 55
53 15 46 18 31 32 39 24	14 14 14 14 14 14 14	54 48 50 16 12 51 6	29 22 24 21 49 15 41	54 5 40 47 32 55 10
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^{*}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 Mercer County residents with a controlled substance prescription

22.6%

Percentage of West Virginia residents with a controlled substance prescription

21.7%

Percentage of Mercer County residents with an opioid prescription

13.2%

Percentage of West Virginia residents with an opioid prescription

13.0%

Percentage of Mercer County residents with a benzodiazepine prescription

6.7%

Percentage of West Virginia residents with a benzodiazepine prescription

5.9%

To access the individual 2024 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.

Contact Information:

Nathan Wood, CSMP Epidemiologist

Phone: (304) 414-0789

Email: Nathan.G.Wood@wv.gov

Justin Lee, CSMP Epidemiologist

Phone: (304) 414-0537

Email: <u>Justin.A.Lee@wv.gov</u>

Mike Goff, Board of Pharmacy Executive Director

Phone: (304) 558-8411

Email: Michael.L.Goff@wv.gov





