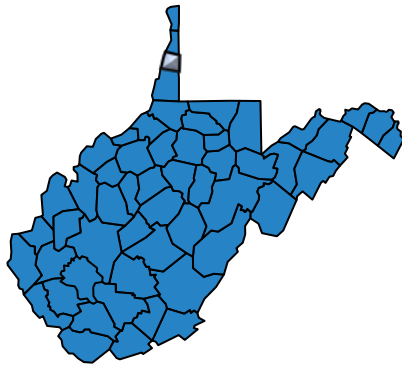


West Virginia Board of Pharmacy Prescription Opioid Indicators Report Ohio County – 2021

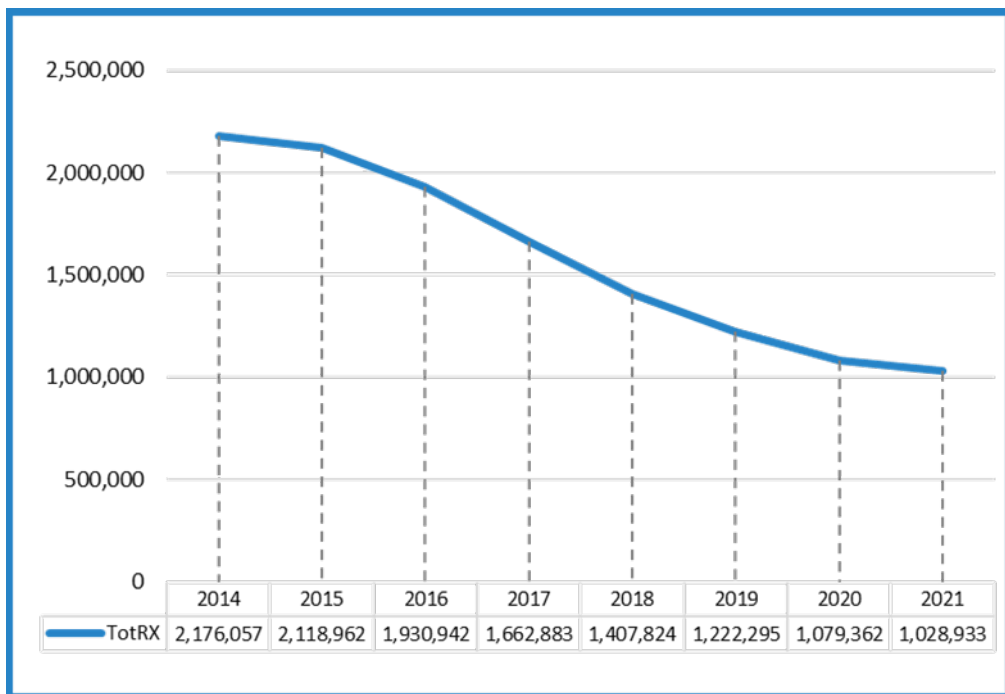


Within the West Virginia Department of Health and Human Resources' (DHHR) Bureau for Public Health, the West Virginia Violence and Injury Prevention Program (WV VIPP), in collaboration with the West Virginia Board of Pharmacy, under the direction of the Centers for Disease Control and Prevention (CDC), 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 West

Virginia Health Statistics Center shows that in 2020, more than 1,330 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 82.01 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 **53% decrease** in opioid prescriptions in West Virginia.

Over **4 million** fewer doses were given in 2021 than in 2020.



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 Ohio 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, Ohio County, 2014-2021

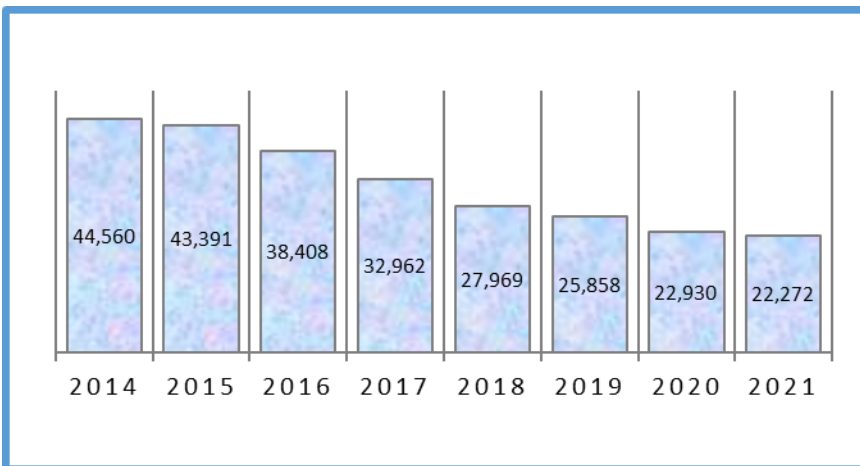
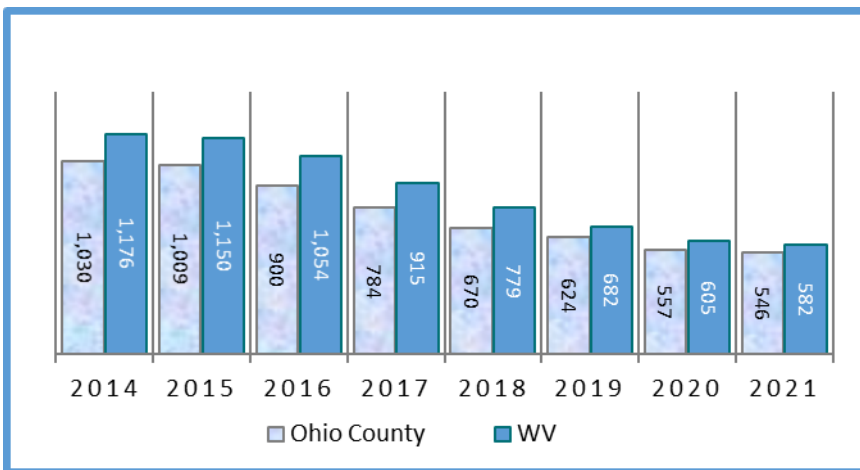


Figure 2
Rate of Opioid Analgesics per 1,000 Population in Ohio County and WV, 2014-2021



Source: West Virginia Controlled Substance Monitoring Program

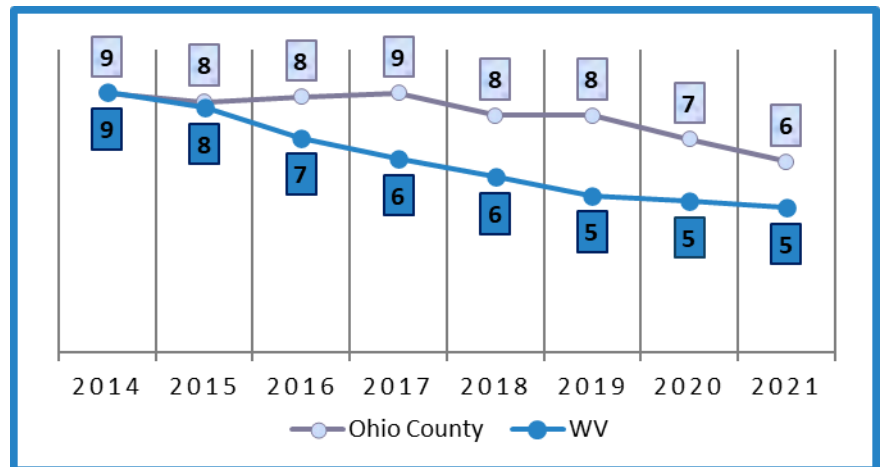
What Does This Mean?

This indicator is important because it provides information about prescription opioid use for each county. 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 Ohio County and in West Virginia from 2014-2021.

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 percent of patients with greater than an average daily dose of 90 MMEs in Ohio County compared to the state during 2014-2021.

Figure 3
Percent of Patients
Receiving More than an
Average Daily Dose of 90
MME, Ohio County and WV,
2014-2021



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 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 2014-2021, Ohio County's percent of patients receiving more than an average daily dose of 90 MMEs is higher than the state average but has decreased over 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 Schedule II, III, IV, or V.

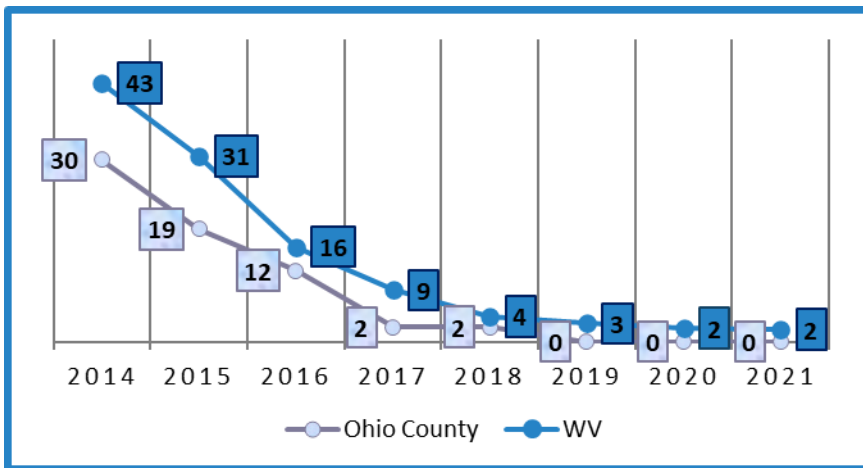


Figure 4
Rate of Multiple Provider Episodes (MPE) for Prescription Opioids per 100,000 Population, Ohio County and WV, 2014-2021

Source: West Virginia Controlled Substance Monitoring Program

What Does This Mean?

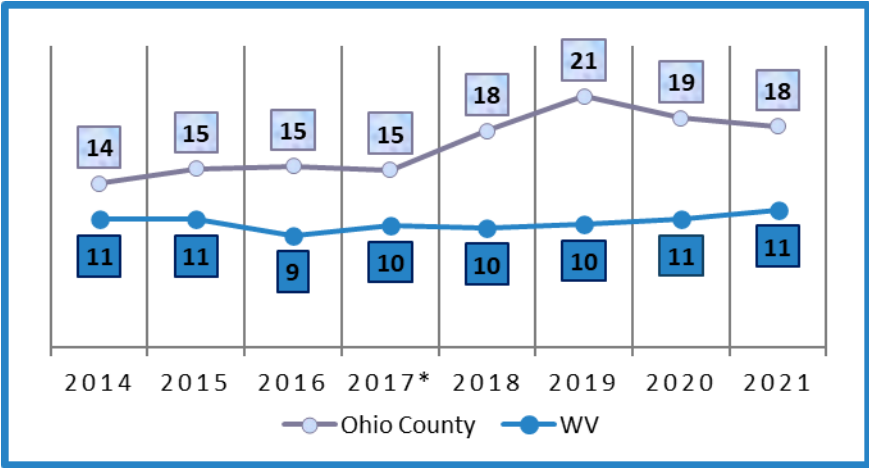
This indicator is important because provides valuable information on prescription filling behaviors. Patients who receive prescriptions from more than five doctors and who fill at more than five pharmacies are at greater risk of drug overdose. This indicator helps determine patients who may have drug-seeking habits (i.e., “doctor shopping”). From 2014-2021, West Virginia and Ohio County have had a considerable decrease in the rate of patients who qualified as having an MPE. Ohio County has had no cases of MPEs during the past three years.

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 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 Patients Prescribed LA/ER Opioids among Opioid-Naïve Patients, Ohio County, 2014-2021



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 2014-2021, Ohio County has had an overall increase in patients who were opioid-naïve prescribed LA/ER opioids.

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 period were dispensed, among all prescription days. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.

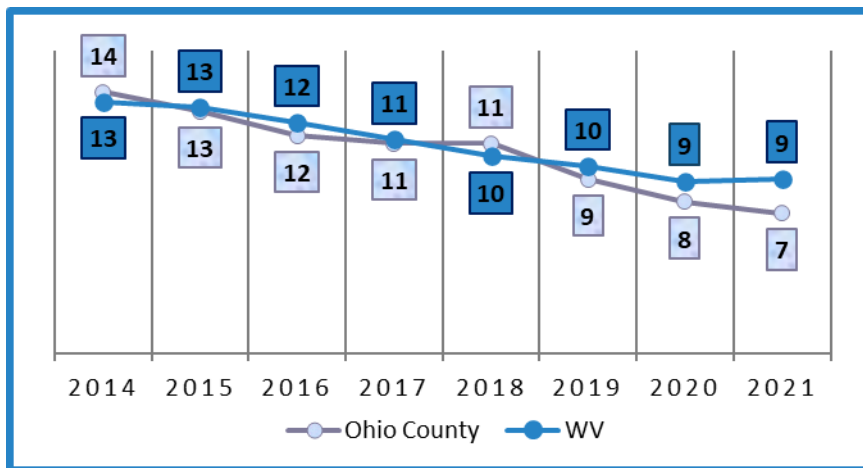


Figure 6
Percent of Patient Prescribed Days Overlap Between Opioid Analgesics, Ohio County and WV, 2014-2021

Source: West Virginia Controlled Substance Monitoring Program

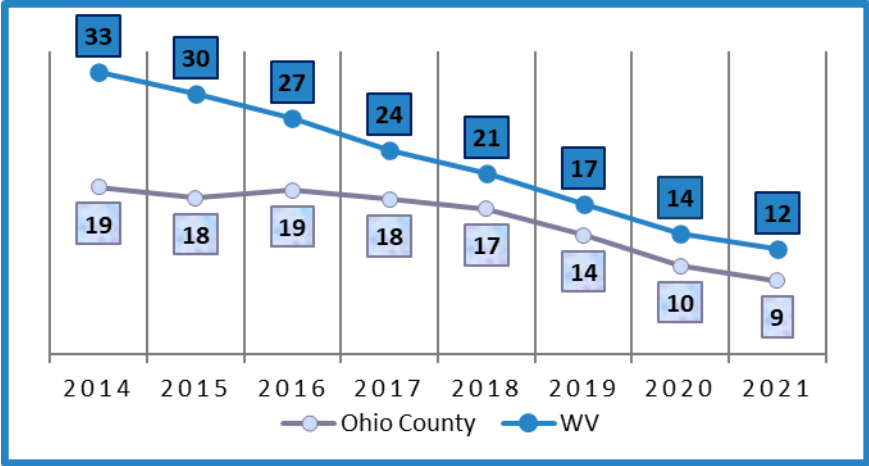
What Does This Mean?

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 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. During 2014-2021, Ohio County had a lower percent of prescription overlap compared to the state average. Additionally, there has been a steady decrease at both the county and state level since 2014.

Indicator 6: Percent of patient prescription 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 Schedule II, III, IV, or V.

Figure 7
Percent of Patient Prescribed Opioid Days that Overlap with Benzodiazepine Prescriptions, Ohio County and WV, 2014-2021



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 2014-2021, Ohio County had a lower percent 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 2014.

County Rankings by Indicator

| Patient County | Indicator 1 | Indicator 2 | Indicator 3 | Indicator 4 | Indicator 5 | Indicator 6 |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|
| BARBOUR | 37 | 18 | 24.5 | 47 | 42.5 | 21.5 |
| BERKELEY | 39 | 3 | 17 | 46 | 2 | 37.5 |
| BOONE | 1 | 51 | 24.5 | 39 | 54 | 3 |
| BRAXTON | 46 | 20 | 24.5 | 19 | 11 | 28 |
| BROOKE | 24 | 30 | 24.5 | 32 | 9 | 45.5 |
| CABELL | 11 | 48 | 24.5 | 26 | 32.5 | 14.5 |
| CALHOUN | 45 | 28 | 2 | 9 | 32.5 | 47 |
| CLAY | 6 | 27 | 5 | 35 | 16.5 | 52 |
| DODDRIDGE | 54 | 6 | 24.5 | 34 | 18 | 53 |
| FAYETTE | 16 | 36 | 24.5 | 23 | 40.5 | 31.5 |
| GILMER | 50 | 25 | 4 | 2 | 14.5 | 42.5 |
| GRANT | 27 | 54 | 24.5 | 29 | 10 | 17.5 |
| GREENBRIER | 15 | 11 | 24.5 | 20 | 32.5 | 23 |
| HAMPSHIRE | 32 | 4 | 24.5 | 51 | 4 | 50 |
| HANCOCK | 13 | 22 | 24.5 | 49 | 6 | 49 |
| HARDY | 49 | 34 | 24.5 | 33 | 8 | 51 |
| HARRISON | 12 | 16 | 20 | 52 | 24 | 9.5 |
| JACKSON | 43 | 55 | 8 | 41 | 40.5 | 31.5 |
| JEFFERSON | 41 | 2 | 18 | 48 | 3 | 40.5 |
| KANAWHA | 14 | 52 | 22 | 31 | 49 | 25 |
| LEWIS | 25 | 23 | 24.5 | 21.5 | 14.5 | 36 |
| LINCOLN | 4 | 37 | 11 | 53 | 30.5 | 2 |
| LOGAN | 3 | 45 | 14 | 42.5 | 50 | 4 |
| MARION | 31 | 41 | 24.5 | 10 | 46 | 34 |
| MARSHALL | 17 | 9 | 24.5 | 13 | 30.5 | 21.5 |
| MASON | 34 | 49 | 24.5 | 15 | 51 | 19.5 |
| MCDOWELL | 8 | 8 | 10 | 37 | 18.5 | 29.5 |
| MERCER | 28 | 12 | 19 | 18 | 23 | 14.5 |
| MINERAL | 36 | 24 | 24.5 | 30 | 5 | 16 |
| MINGO | 10 | 47 | 12 | 1 | 25 | 1 |
| MONONGALIA | 55 | 15 | 23 | 27 | 16.5 | 35 |
| MONROE | 53 | 14 | 24.5 | 7.5 | 26 | 13 |
| MORGAN | 19 | 1 | 24.5 | 45 | 1 | 42.5 |
| NICHOLAS | 7 | 33 | 24.5 | 54 | 21 | 17.5 |
| OHIO | 33 | 13 | 24.5 | 7.5 | 22 | 26 |
| PENDLETON | 38 | 5 | 24.5 | 40 | 7 | 5 |
| PLEASANTS | 44 | 32 | 3 | 6 | 53 | 48 |
| POCAHONTAS | 30 | 10 | 1 | 3 | 39 | 33 |
| PRESTON | 40 | 7 | 24.5 | 44 | 12 | 39 |
| PUTNAM | 35 | 50 | 13 | 42.5 | 46.5 | 9.5 |
| RALEIGH | 29 | 31 | 15 | 16 | 36.5 | 11.5 |
| RANDOLPH | 23 | 26 | 24.5 | 25 | 46.5 | 37.5 |
| RITCHIE | 22 | 42 | 24.5 | 14 | 55 | 24 |
| ROANE | 21 | 44 | 7 | 28 | 27 | 29.5 |
| SUMMERS | 9 | 29 | 24.5 | 21.5 | 32.5 | 6 |
| TAYLOR | 26 | 39 | 24.5 | 50 | 36.5 | 19.5 |
| TUCKER | 47 | 43 | 24.5 | 36 | 38 | 55 |
| TYLER | 48 | 46 | 6 | 4.5 | 44.5 | 42 |
| UPSHUR | 52 | 17 | 24.5 | 24 | 18.5 | 54 |
| WAYNE | 51 | 35 | 24.5 | 38 | 44.5 | 7 |
| WEBSTER | 2 | 19 | 24.5 | 55 | 13 | 40.5 |
| WETZEL | 18 | 53 | 9 | 4.5 | 52 | 11.5 |
| WIRT | 20 | 40 | 24.5 | 17 | 28.5 | 45.5 |
| WOOD | 42 | 38 | 21 | 11 | 42.5 | 27 |
| WYOMING | 5 | 21 | 16 | 12 | 28.5 | 8 |

*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 Ohio County residents
with a controlled substance
prescription

22.3%

Percent of West Virginia
residents with a controlled
substance prescription

23.1%

Percent of Ohio County residents
with an opioid prescription

14.9%

Percent of West Virginia
residents with an opioid
prescription

14.5%

Percent of Ohio County residents
with a benzodiazepine
prescription

5.6%

Percent of West Virginia
residents with a benzodiazepine
prescription

6.9%

Source: West Virginia Controlled Substance Monitoring Program

To access the individual 2021 County Profile Reports, please follow the link below:

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

Contact Information:

Mike Goff, Board of Pharmacy Executive Director

Phone: (304) 558-8411

Email: Michael.L.Goff@wv.gov

Brandon Williams, CSMP Epidemiologist

Phone: (304) 414-0633

Email: Brandon.K.Williams@wv.gov

Nathan Wood, CSMP Epidemiologist

Phone: (304) 414-0789

Email: Nathan.G.Wood@wv.gov

