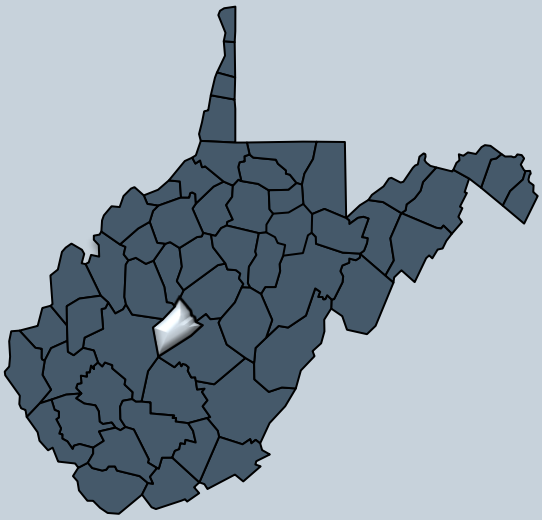
Clay County
2025



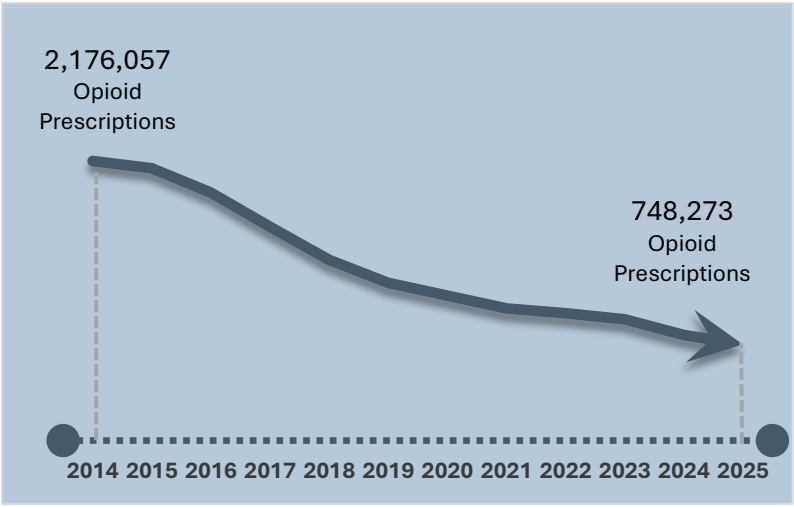
West Virginia Board of Pharmacy
Controlled Substance Monitoring Program
Prescription Opioid Indicators Report

Prescription Opioid Trends in West Virginia: A 2025 Spotlight on Clay County

The State of the Opioid Epidemic in West Virginia

The prescription drug overdose epidemic continues to represent a significant public health crisis in West Virginia. Preliminary data for 2024 reveals that more than 800 people died in association with drug misuse, a rate of 48.9 per 100,000 population which is more than two times the national average. This report is part of a crucial public health surveillance effort, representing a collaboration between the West Virginia Department of Health, the West Virginia Board of Pharmacy, and the Centers for Disease Control and Prevention (CDC). Its purpose is to analyze key opioid prescribing indicators at the county level, enabling the identification of high-risk areas and informing targeted intervention strategies and community education initiatives.

Statewide efforts to combat this epidemic have yielded significant progress. According to the West Virginia Controlled Substance Monitoring Program, there has been a **66% decrease** in the total number of opioids dispensed in West Virginia since 2014. This downward trend continued into the most recent year, with nearly **6 million fewer opioid doses** dispensed in 2025 than in 2024.



While these statewide trends are encouraging, a more granular, county-level analysis is essential for effective public health action. The following analysis provides a detailed look at these trends within Clay County to understand its unique challenges and successes.

Clay County 2025 Snapshot: Key Prescription Metrics

This section provides a high-level overview of controlled substance prescription patterns in Clay County for the year 2025. These metrics offer a baseline understanding of the prevalence of controlled substance use within the community compared to the state as a whole, which is crucial for contextualizing the more detailed trend analysis that follows.

Metric	Clay County	West Virginia
Percentage of residents with a controlled substance prescription	24.6%	21.0%
Percentage of residents with an opioid prescription	16.6%	12.0%
Percentage of residents with a benzodiazepine prescription	4.8%	5.3%

The following section will explore the multi-year data behind these summary figures to provide a more comprehensive picture of prescribing trends over time.

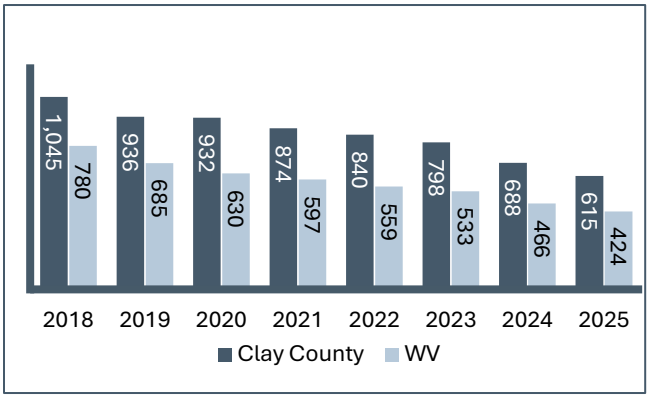
Deep Dive: Analysis of CDC Opioid Prescribing Indicators (2018-2025)

To understand the dynamics of the opioid crisis at a local level, CDC has identified several key prescribing indicators that serve as markers for risk. This section systematically analyzes six of these indicators for Clay County from 2018 to 2025, comparing local trends to the statewide average. This comparative analysis helps to identify areas of clear progress and those that may warrant potential concern and further investigation.

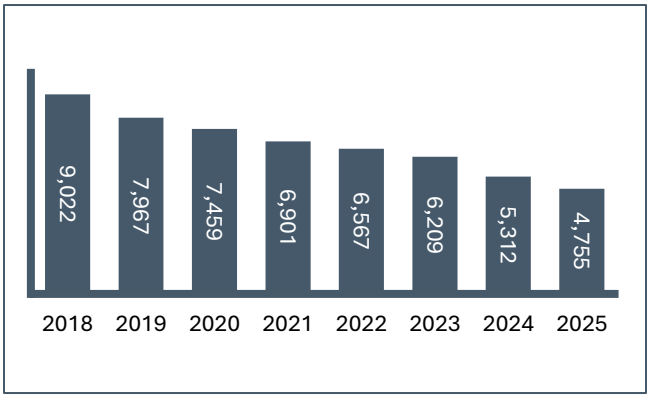
**Please note that this report shows the trends from 2018. To view trends from 2014, please check out the previous county profile reports here.*

Indicator 1: Number and Rate of Opioid Prescriptions

This indicator measures the number rate of all opioid analgesic prescriptions classified as Schedule II, III, IV, or V per 1,000 residents. It provides a direct measure of the volume of prescription opioids in the community, helping to identify areas with high quantities of available opioids that could be misused or diverted.



Rate of opioid prescriptions per 1,000 population



Number of opioid prescriptions dispensed

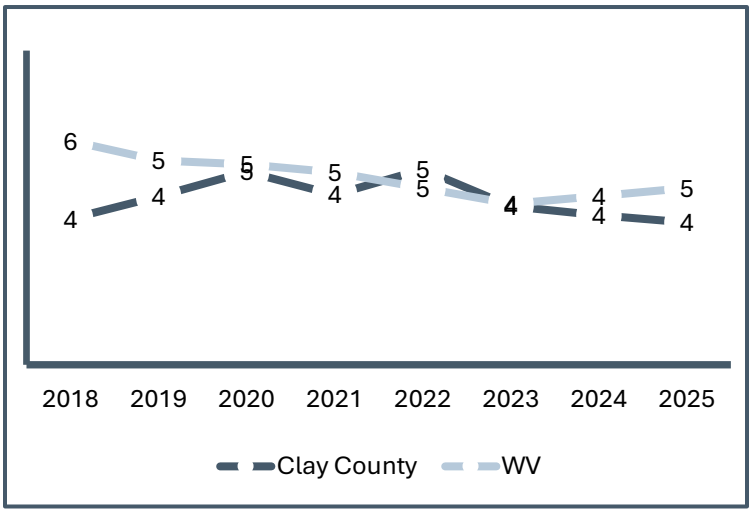
From 2018 to 2025, there was a significant and consistent overall decrease in the rate of opioids prescribed in both Clay County (from 1,045 to 615 per 1,000 residents) and West Virginia as a whole (from 780 to 424 per 1,000 residents). This change reflects local efforts to manage prescribing volume.

Key Takeaway: 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. The sustained downward trend in the overall volume of opioid dispensing represents a significant public health success for both Clay County and the state, reflecting a broad shift towards more cautious prescribing practices. Though the overall numbers were higher than the state, the trend shows progress in reducing the amount of opioids available, a key step in preventing misuse

Indicator 2: High-Dosage Prescriptions (>90 MME)

This indicator is the percentage of patients receiving an average daily dose of more than 90 morphine milligram equivalents (MME). MME is a standard clinical measure used to calculate the potency of different opioids relative to morphine, which helps identify patients who may be at a higher risk for overdose. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.

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



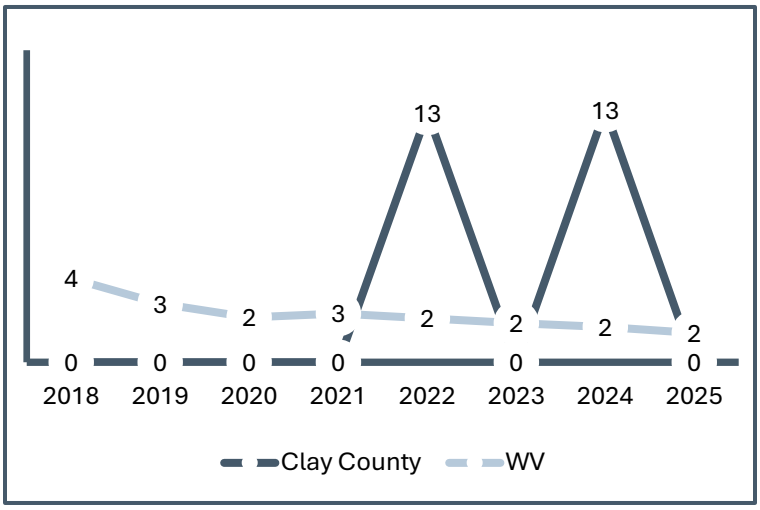
Percentage of patients ≥90 MME/day

In Clay County, the percentage of patients receiving high-dose opioids moved from 3.7% in 2018 to 3.6% in 2025. This stability indicates that the proportion of patients on high-dose therapy has remained consistently low over the eight-year period.

Key Takeaway: Limiting the use of high-potency opioids to the most necessary cases is critical. Maintaining this level is an important way to protect patients from long-term risks, and this impressive decline serves as a protective factor for the community.

Indicator 3: Rate of multiple provider episodes (MPE)

This metric tracks the rate of patients utilizing five or more prescribers and five or more pharmacies within a six-month period, calculated per 100,000 residents. It is a critical indicator for identifying potential drug-seeking habits (i.e., “doctor shopping”), a behavior strongly associated with a greater risk of overdose.



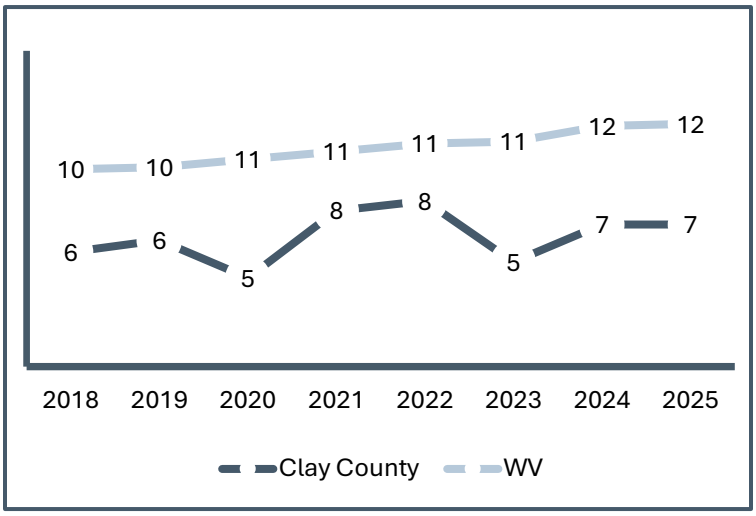
Rate of MPE per 100,000 population

At the state level, West Virginia has seen a considerable decrease in the MPE rate, falling from 4 to 2 per 100,000 residents between 2018 and 2025. The data for Clay County has shown a fluctuating but overall downward trend, with the rate moving from 12.9 in 2024 to 0.0 in 2025.

Key Takeaway: Monitoring for potential "doctor shopping" is vital to preventing overdose risk. Reaching zero cases is a major success, and continuing this level of care coordination is essential to maintaining this outcome.

Indicator 4: Opioid-Naïve Patients Prescribed LA/ER Opioids

This indicator measures the percentage of patients prescribed a long-acting/extended-release (LA/ER) opioid who had no other opioid prescriptions in the preceding 45 days. CDC guidelines recommend against initiating treatment with LA/ER opioids for opioid-naïve patients due to the increased risks of developing dependence and accidental overdose. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.



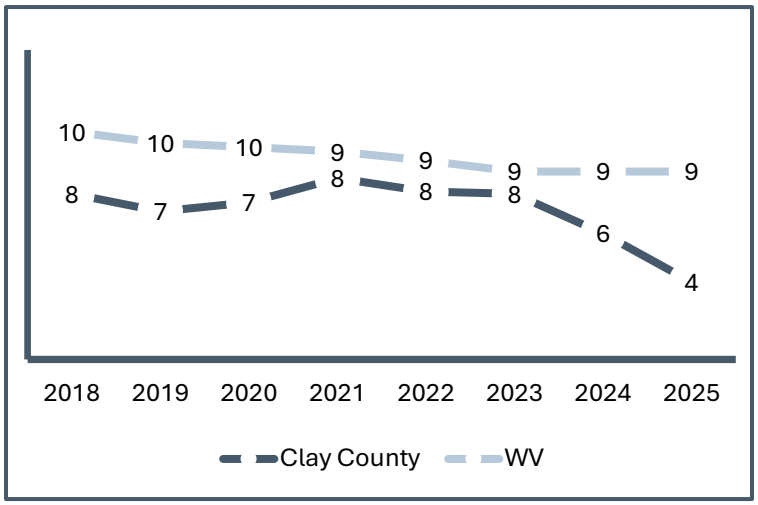
Percentage of opioid-naïve patients

The trends for Clay County and the state diverged significantly on this metric until 2023 when the gap closed. Clay County demonstrated an overall increase from 2018 to 2025 (from 5.8% to 7.2%). Similarly, the state has seen a continual and concerning increase over the same period, rising from 10% to 12%.

Key Takeaway: Avoiding LA/ER opioids for new patients is a key safety guideline. The recent increase in this practice is a concern that should be addressed through clinical education and guidance on safer starting options.

Indicator 5: Overlapping Opioid Prescriptions

This indicator measures the percentage of days where a patient had overlapping prescriptions for more than one opioid. This metric can signal that prescriptions are not being used as directed or that drug diversion may be occurring, and it elevates the risk for dependency and overdose. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V.



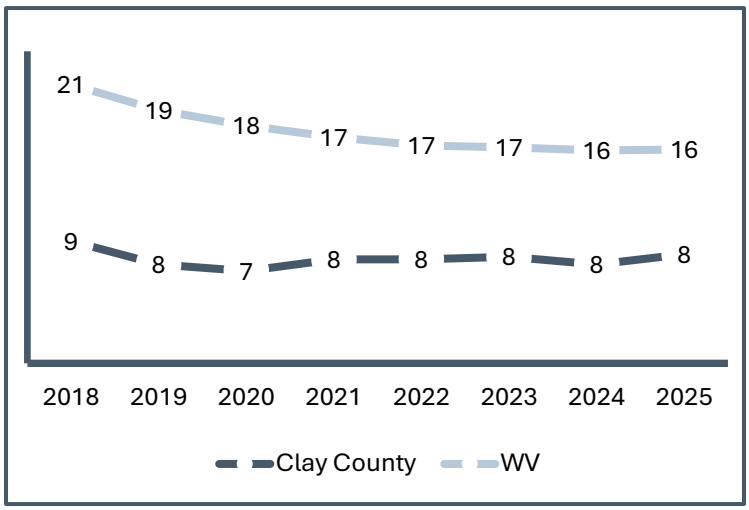
Percentage of overlapping opioid prescriptions

Clay County has consistently maintained a lower percentage of prescription overlap compared to the state average. Moreover, the county has seen an overall decrease, with the rate decreasing from 7.5% in 2018 to 3.5% in 2025.

Key Takeaway: Reducing the number of days a patient takes more than one opioid at a time is key to preventing accidental overdose. The steady decrease here is a positive step for community safety.

Indicator 6: Overlapping Opioid and Benzodiazepine Prescriptions

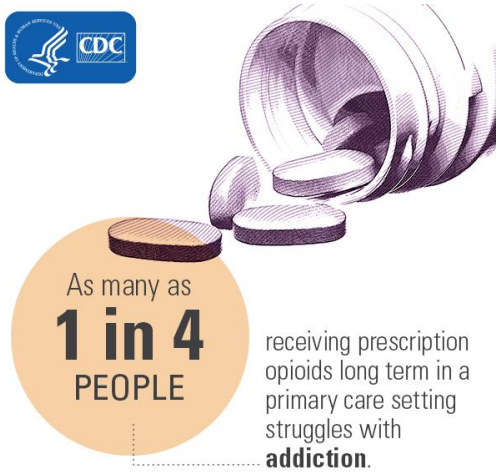
This indicator tracks the percentage of days where a patient had overlapping prescriptions for both an opioid and a benzodiazepine. This is a critical safety indicator, as the concurrent use of these two drug classes significantly increases the risk of overdose and death due to compounded central nervous system depression. It includes all opioid prescriptions that are classified as Schedule II, III, IV, or V and benzodiazepines.



Percentage of overlapping opioid and benzo prescriptions

Both Clay County and West Virginia have shown a significant decrease in this dangerous co-prescribing practice from 2018 to 2025. Clay County's rate fell from 9% to 8%, while the state's rate fell from 21% to 16%. Throughout this period, Clay County's rate has remained consistently lower than or equal to the state average.

Key Takeaway: This consistent downward trend is a major public health achievement for both the county and the state. It reflects successful education and intervention efforts aimed at prescribers and patients regarding the life-threatening dangers of this specific drug combination.



Having examined the eight-year trends, the following section contextualizes Clay County's performance by ranking it against all 55 West Virginia counties.

Comparative Performance: Clay County's Statewide Ranking

To contextualize the county's progress, this section provides a comparative view of Clay County's performance on each indicator against all 55 counties in West Virginia. In this ranking system, a rank of 1 represents the worst performance (i.e., the highest rate), and a rank of 55 signifies the best performance (the lowest rate). This analysis helps to pinpoint the county's specific challenges and successes within the broader state landscape. It is important to note that when multiple counties have identical performance (e.g., zero incidents of a behavior), they share an averaged rank.

Metric	Rank
• Inidcator 1 (Opioid Rate)	5th
• Indicator 2 (High-dose >90 MME)	41st
• Indicator 3 (Multiple Provider Epidsodes)	13th
• Inidcator 4 (Opioid-Naïve on LA/ER)	24th
• Indicator 5 (Opioid Overlap)	51st
• Indicator 6 (Opioid & Benzo Overlap)	43rd

This analysis reveals distinct areas of relative strength and weakness for Clay County. The county's success is its strong 51st place ranking for overlapping opioid prescriptions and 43rd for co-prescribing, placing it among the state's better-performing counties. Conversely, the county's rank of 5th for the rate of opioid prescriptions highlights that the county is still in the group of counties with higher rates for this major risk factor.

Conclusion

Clay County has made progress in reducing the risks associated with opioid prescribing. While systemic controls show effectiveness, the county's relative ranking highlights opportunities for further work, particularly in addressing the overall rate of prescriptions.

The county's primary successes can be summarized as follows:

1. A major success in eliminating multiple provider episodes (doctor shopping).
2. A statewide best-practice performance in minimizing high-dosage opioid use.
3. A strong performance in minimizing overlapping opioid prescriptions.
4. A significant and steady decline in the dangerous co-prescribing of opioids and benzodiazepines.

Despite these achievements, areas of concern persist, particularly where rankings remain higher. Future efforts should focus on these indicators to align with statewide progress and further address high-risk behaviors through targeted community and clinical interventions.

Ultimately, this report underscores the importance of granular, data-driven public health surveillance. The insights gathered should be used to guide targeted community education and clinical intervention efforts, ensuring that Clay County can address these emerging risk areas and sustain the hard-won progress it has made in the fight against the opioid epidemic.

To access the individual 2025 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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