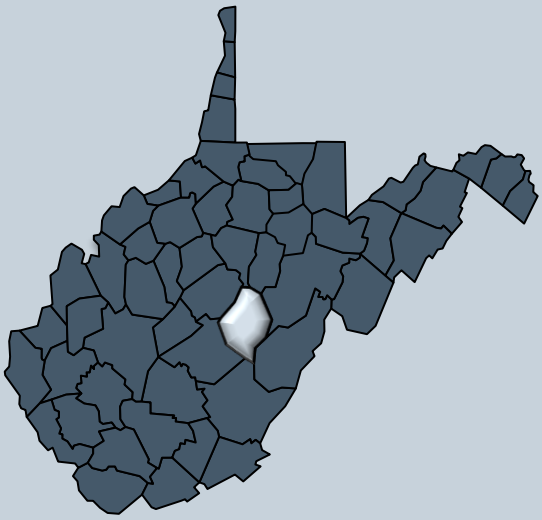
Webster County
2025



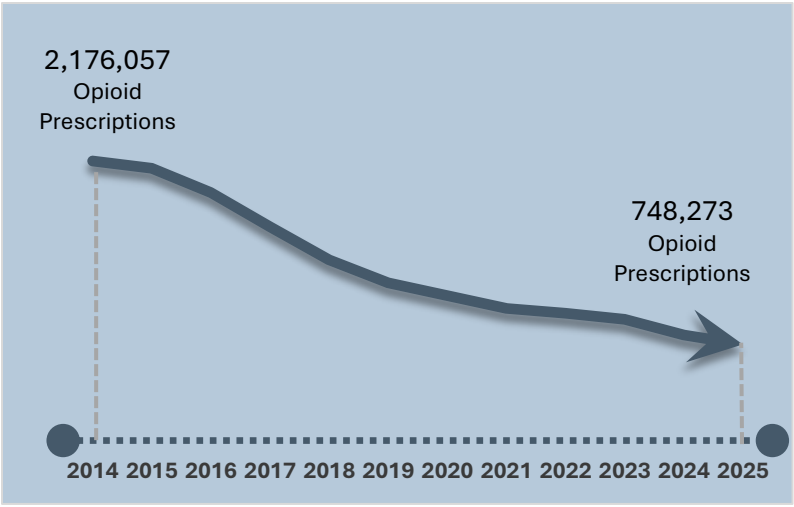
West Virginia Board of Pharmacy
Controlled Substance Monitoring Program
Prescription Opioid Indicators Report

Prescription Opioid Trends in West Virginia: A 2025 Spotlight on Webster 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 Webster County to understand its unique challenges and successes.

Webster County 2025 Snapshot: Key Prescription Metrics

This section provides a high-level overview of controlled substance prescription patterns in Webster 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	Webster County	West Virginia
Percentage of residents with a controlled substance prescription	23.2%	21.0%
Percentage of residents with an opioid prescription	14.8%	12.0%
Percentage of residents with a benzodiazepine prescription	5.5%	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.

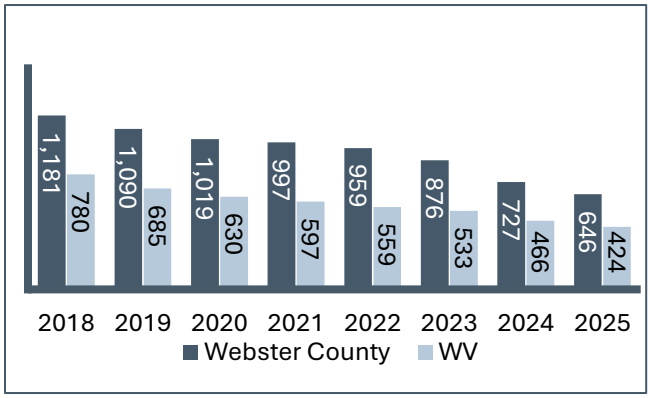
Deep Dive: Analysis of CDC Opioid Prescribing Indicators (2018-2025)

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 Webster 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.

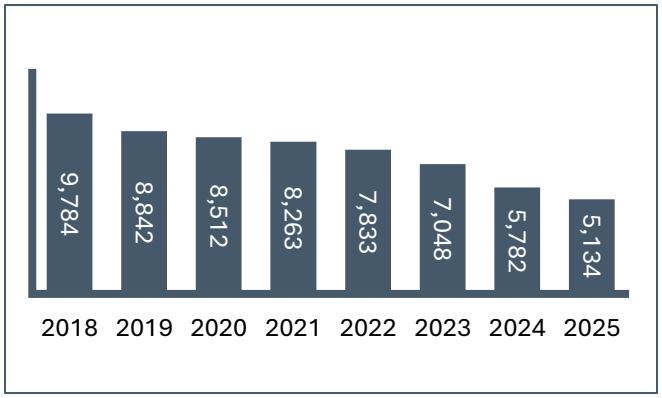
**Please note that this report shows the trends from 2018. To view trends from 2014, please check out the previous county profile reports here.*

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

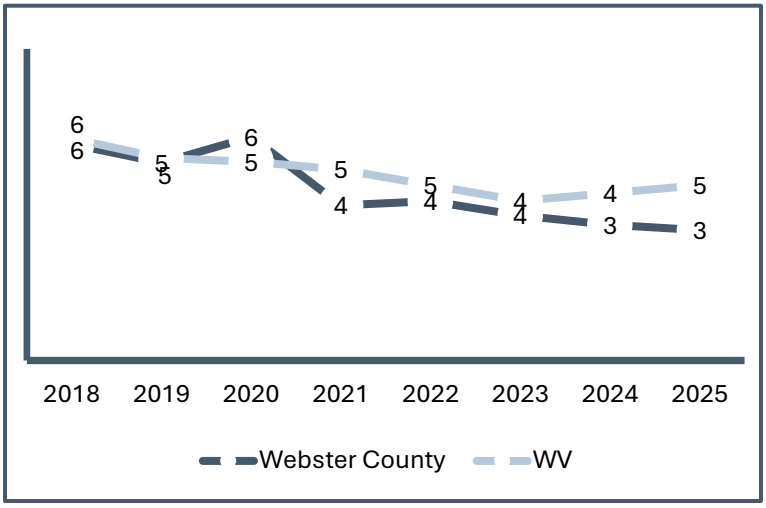
From 2018 to 2025, there was a considerable and consistent overall decrease in the rate of opioids prescribed in both Webster County (from 1,181 to 646 per 1,000 residents) and West Virginia as a whole (from 780 to 424 per 1,000 residents). This follows the statewide trend of reduced volume, representing a continued shift toward cautious prescribing practices.

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 consistent downward trend shows progress in reducing the amount of opioids available, a key step in preventing misuse. This reduction suggests that healthcare providers are increasingly prioritizing safer pain management alternatives.

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.*



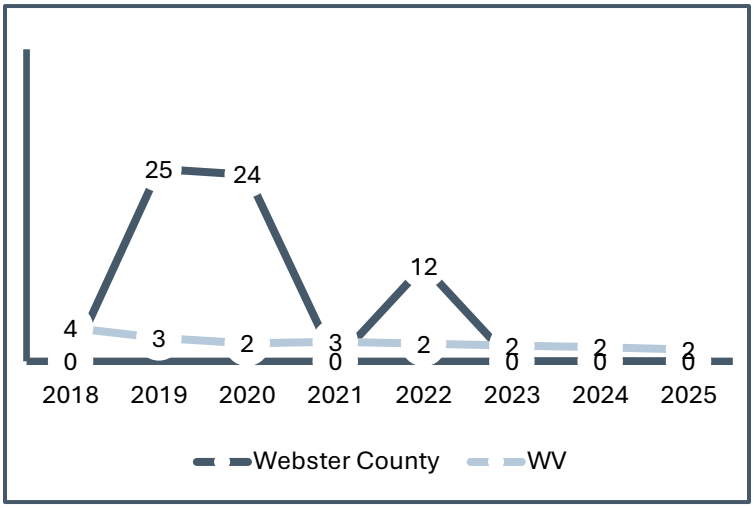
Percentage of patients ≥90 MME/day

In Webster County, the percentage of patients receiving high-dose opioids decreased from 5.6% in 2018 to 3.3% in 2025. This downward movement is consistent with the broader clinical shift toward using the lowest effective dose for pain management.

Key Takeaway: High-dose prescriptions carry increased risks for patients, such as accidental overdose. Continued monitoring is necessary to ensure that dosage levels remain as low as safely possible and follow clinical guidelines.

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.



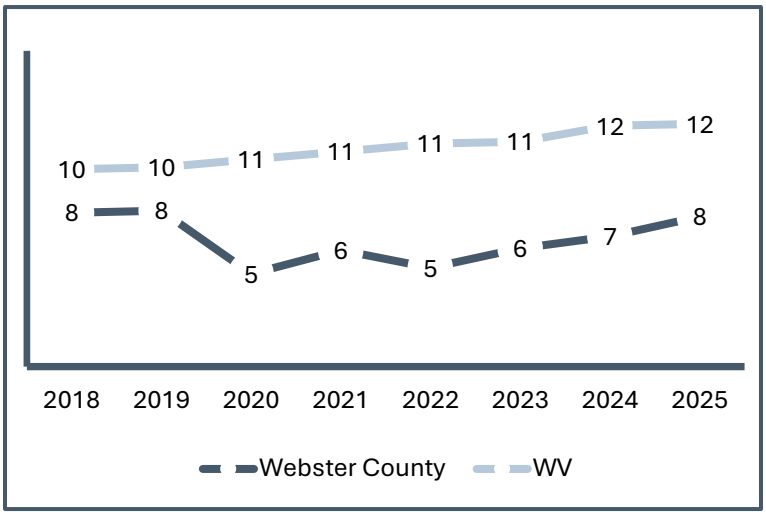
Rate of MPE per 100,000 population

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 Pendleton County is even more definitive: there have been **zero** reported cases of multiple provider episodes during the past three years.

Key Takeaway: Monitoring for potential "doctor shopping" is vital to preventing overdose risk. Continued care coordination is essential here to prevent patients from accessing controlled substances through multiple sources and to manage care effectively.

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.



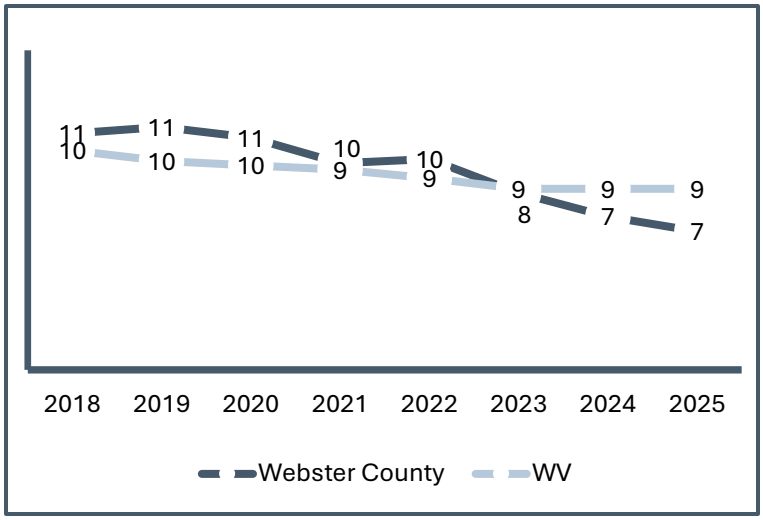
Percentage of opioid-naïve patients

Webster County demonstrated a decrease from 2018 to 2025 (from 7.8% to 7.6%). Conversely, the state has seen a continual and concerning increase over the same period, rising from 10% to 12%.

Key Takeaway: It is safest to avoid starting new patients on long-acting opioids because they increase the risk of dependence. The decrease shows that prescribers have adopted safer prescribing practices, which should continue to be monitored and improved through clinical education.

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.



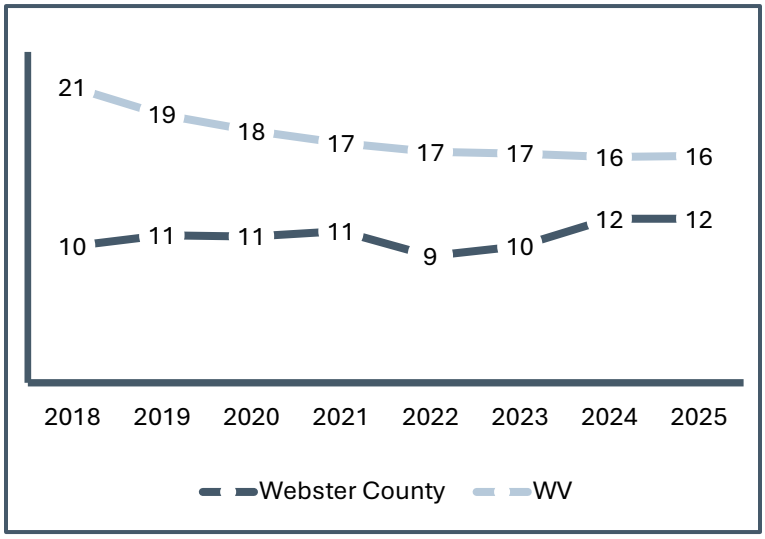
Percentage of overlapping opioid prescriptions

Webster County has consistently maintained a similar percentage of prescription overlap compared to the state average. Moreover, the county has seen a decrease, with the rate decreasing from 11.1% in 2018 to 6.5% in 2025.

Key Takeaway: Taking more than one opioid at a time is dangerous and increases the risk of accidental overdose. Monitoring these instances remains a high-priority safety effort to ensure prescriptions are used as intended and that medication interactions are minimized.

Indicator 6: Overlapping Opioid and Benzodiazepine Prescriptions

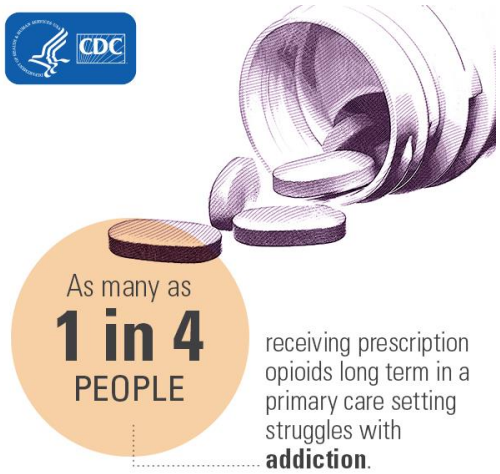
This indicator tracks the percentage of days where a patient had overlapping prescriptions for both an opioid and a benzodiazepine. This is a critical safety indicator, as the concurrent use of these two drug classes significantly increases the risk of overdose and death due to compounded central nervous 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 Webster County and West Virginia have shown a significant decrease in this dangerous co-prescribing practice from 2018 to 2025. Webster County's rate increased from 10% to 12%, while the state's rate fell from 20% to 9%.

Key Takeaway: This consistent downward trend is a major public health achievement for the state. It reflects successful education and intervention efforts aimed at prescribers and patients regarding the life-threatening dangers of this specific drug combination. However, more work needs to be done at the county level to ensure safe prescribing is happening.



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

Comparative Performance: Webster County's Statewide Ranking

To contextualize the county's progress, this section provides a comparative view of Webster 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)	4th
• Indicator 2 (High-dose >90 MME)	28th
• Indicator 3 (Multiple Provider Epidsodes)	13th
• Inidcator 4 (Opioid-Naïve on LA/ER)	14th
• Indicator 5 (Opioid Overlap)	24th
• Indicator 6 (Opioid & Benzo Overlap)	26th

This analysis reveals distinct areas of relative strength and weakness for Webster County. The county's success is notable in its ranking for the percentage of high-dose opioids (28th), placing it among the better-performing counties. However, the ranking for overall opioid prescriptions (4th), opioid-naïve patients (14th), overlapping opioid prescriptions (24th), and the co-prescribing of opioid and benzodiazepine prescriptions (26th) highlights specific areas where continued focus and targeted clinical education could help the county improve its safety profile.

Conclusion

The data presents a portrait of both success and specific challenges in Webster County. While systemic controls show effectiveness, the county's relative ranking highlights opportunities for further work.

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

1. A sustained, multi-year reduction in the overall rate of opioid prescribing.
2. A complete absence of "doctor shopping" (MPEs) over the past several years.
3. Continued commitment to minimizing high-dosage opioid use for long-term pain management.
4. Efforts to minimize overlapping opioid prescriptions for individual patients.

Despite these achievements, areas for improvement remain. The rankings suggest that focusing on overall opioid prescribing should be a priority. The insights gathered should be used to guide community education and clinical intervention efforts to ensure Webster County can address these emerging risk areas and sustain its progress.

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 Webster 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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