

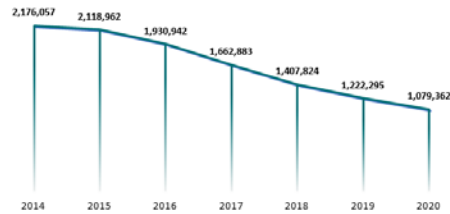
## West Virginia 2020 County Profiles – Executive Summary

Despite West Virginia being at the forefront of the opioid epidemic, it is clear that opioid prescribing in the state has improved from 2014-2020, as shown below. However, not all counties in the state follow the same trend. Understanding where West Virginia counties stand in comparison to the state is vital in combating the opioid epidemic at the local level. Data from the West Virginia Board of Pharmacy's Controlled Substance Monitoring Program (CSMP) was analyzed to calculate rates or percentages for the indicators below.

The following are aggregate data for the State of West Virginia based on the indicators required for reporting for the prior Centers for Disease Control and Prevention (CDC) grant-funded, Overdose Data to Action (OD2A) grant. The purpose of these indicators is to gain an understanding of the prescription opioid burden in the state and to identify high-risk areas.

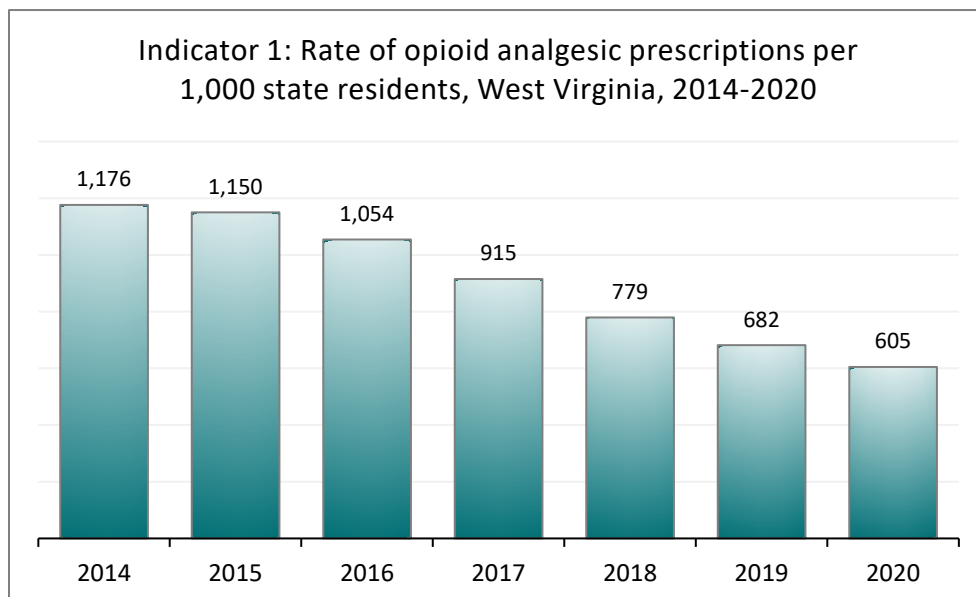
There was a  
**50% decrease**  
in opioid prescriptions  
filled from 2014-2020...

Source: West Virginia Controlled Substance Monitoring Program



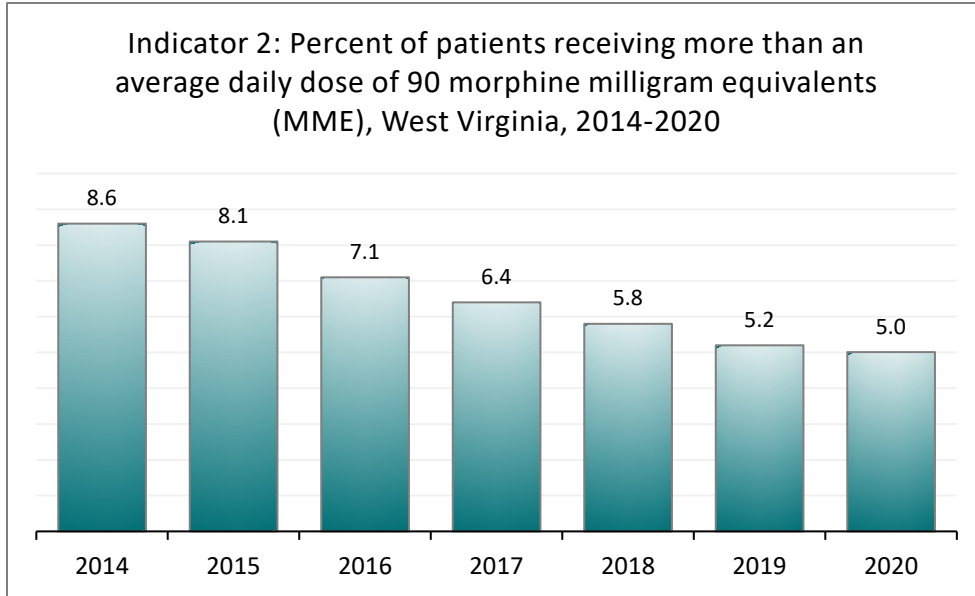
...with over **10 million** fewer  
opioid pills dispensed from 2019 to  
2020 in West Virginia.

### Indicator 1: Number and rate of opioid analgesic prescriptions per 1,000 state residents.



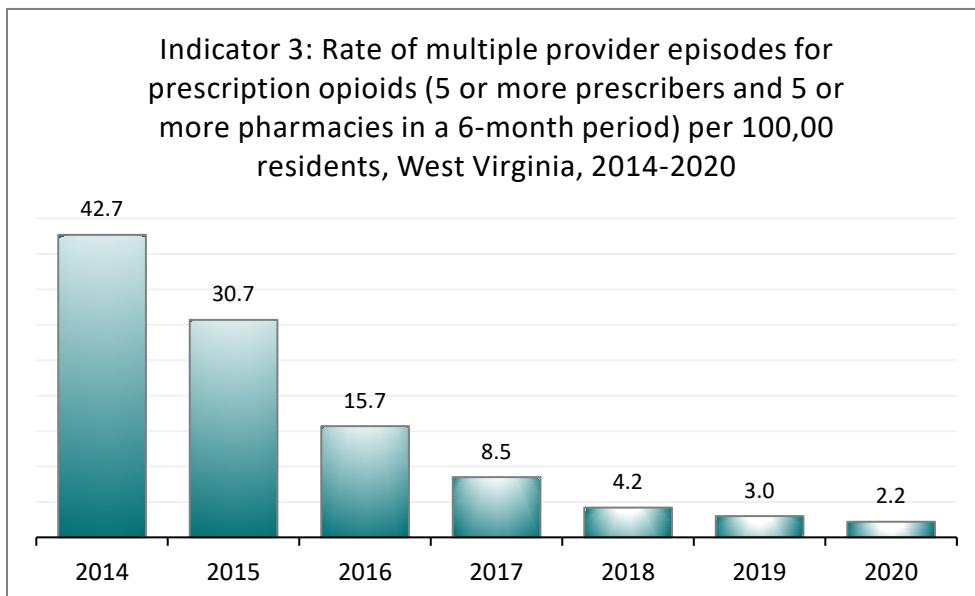
This indicator includes all opioid prescriptions that are classified as either II, III, IV or V in the state.

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



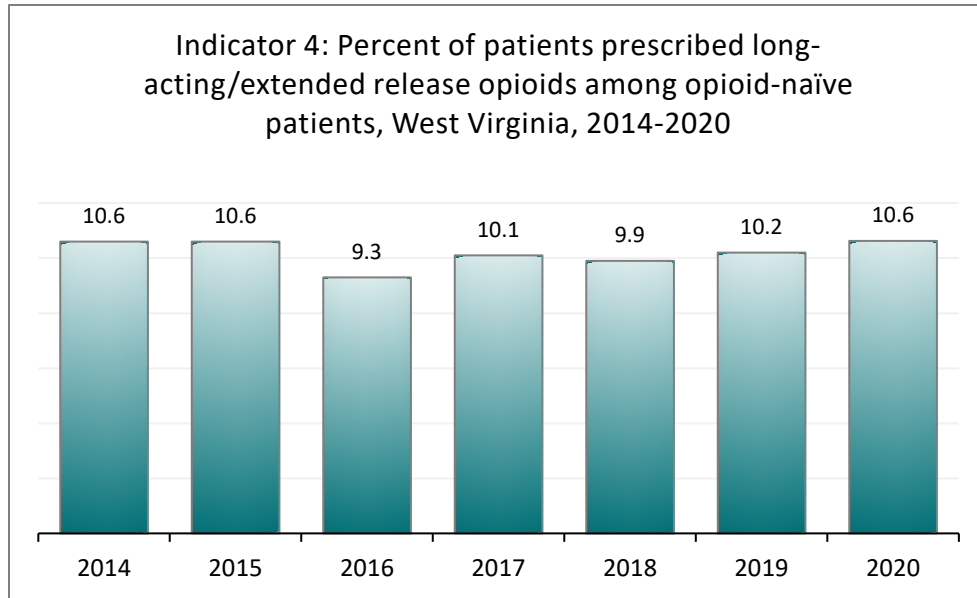
This indicator shows the total average daily dose of MMEs taken by a patient. It includes all opioid prescriptions that are classified as either II, III, IV or V. MMEs are used as a measure to describe the potency of an opioid. Calculating MMEs is important to determine which patients may be at risk for an overdose.

**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 either II, III, IV or V.

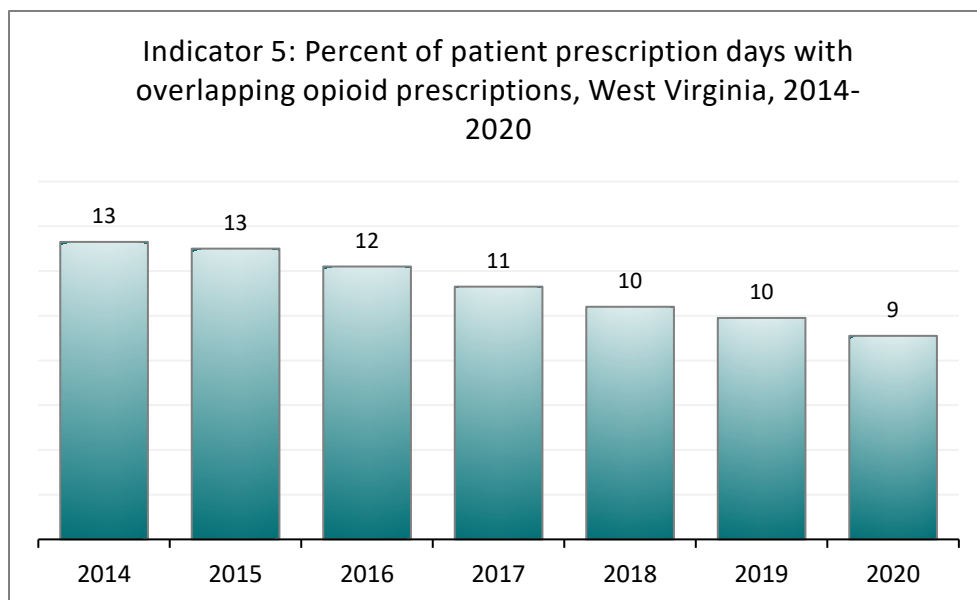
**Indicator 4: Percent of patients prescribed long-acting/extended-release opioids among opioid-naïve patients.**



*\*Definition for opioid-naïve changed in 2017 from 60 days to 45 days.*

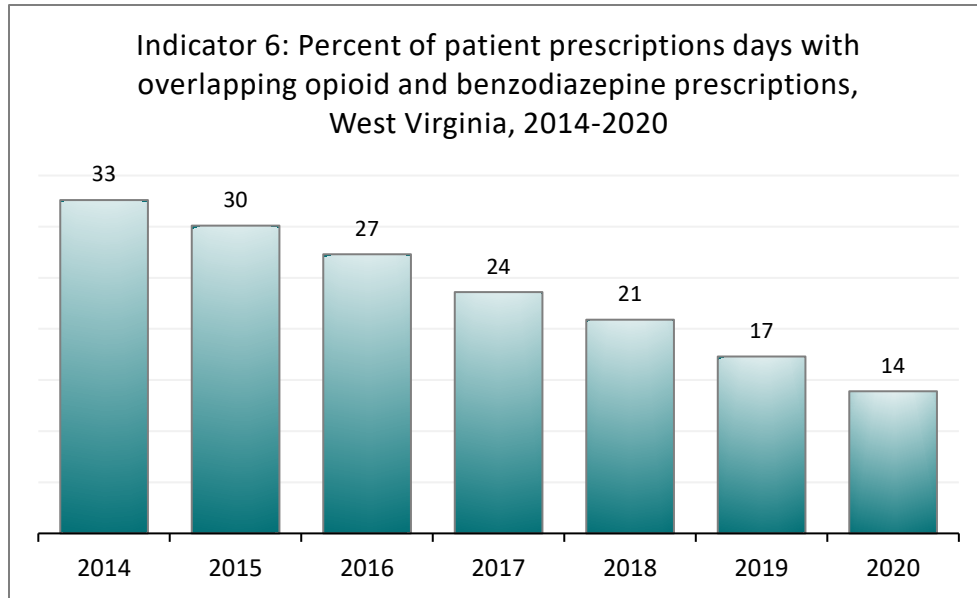
This indicator represents the percent of patients with no prescribed opioid prescriptions in the previous 60 days (changed to 45 days in 2017) who were prescribed at least one long acting/extended release (LA/ER) opioid, among all patients with LA/ER opioid prescriptions. It includes all opioid prescriptions that are classified as either II, III, IV or V. This is the only indicator that saw an increase at the state level for 2020.

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



This indicator shows the percent of days where more than one prescribed opioid prescriptions during the same time period where dispensed, among all prescription days. It includes all opioid prescriptions that are classified as either II, III, IV or V.

**Indicator 6: Percent of patient prescriptions 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 either II, III, IV or V.

To access the individual 2020 County Profile Reports, please follow the link below:

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

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