

Prescription Opioid Misuse in West Virginia

DEFINITIONS

Prescription opioids: medications prescribed by doctors, usually in pill form, to treat moderate to severe pain. Commonly prescribed opioids include oxycodone (OxyContin), hydrocodone (Vicodin), morphine, tramadol and methadone.¹

Pharmaceutical fentanyl: a synthetic opioid pain reliever, in transdermal patch or lozenge form, for treating severe pain. It is 50 to 100 times more potent than morphine.²

Heroin: an illegal, highly addictive opioid drug processed from morphine.²

Prescription opioid misuse is the use of prescription opioids without a prescription or in a manner other than as directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor.²

SCOPE OF THE PROBLEM

Prescription opioid misuse is a growing problem nationally and in West Virginia. In West Virginia:

- In 2015-2016, 3.6% of people ages 12-17 reported misuse of prescription opioids in the past year; for ages 18-25, 8.1% reported past year misuse; for ages 26 and older, 3.8% reported past year misuse (annual averages based on the 2015-2016 National Survey on Drug Use and Health (the most current state-level data available)).³
- The number of opioid prescriptions dispensed in 2016 was 96 prescriptions per 100 people – almost enough for each person to have a prescription. The US average in 2016 was 66.5 per 100 people.⁴
- In 2016, the latest year for which state data from the Treatment Episode Data Set (TEDS) is available, there were 1,036 admissions for opiates, and an additional 760 admissions for heroin. Together, these admissions accounted for 39.7% of all treatment admissions in West Virginia in 2016.⁵
- In 2016, West Virginia had the highest rate of mortality from drug overdose in the United States, with at least 83% of these deaths caused by opioid overdose.⁶
- The number of people who died in 2016 (884) from drug overdose is more than four times the number of people who died in 2001 (212)⁷. Of those who died in 2016, 67% were male and 33% female.⁷
- Prior to 2012, drug overdose deaths were predominately due to prescription drugs, such as methadone and oxycodone, being used for nonmedical purposes. Since 2013, the trend has shifted to selected opioids and injected heroin, some laced with fentanyl, carfentanil, and

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benzodiazepines.⁷ Since 2014, the percent of overdose deaths involving fentanyl or fentanyl analogs has increased tremendously, from 9% of overdose deaths to 41% of overdose deaths in 2016, nearly a five-fold increase.⁷ As of October 16, 2017, 57% of overdose deaths occurring in 2017 were related to fentanyl.⁷ Still, in the past 5 years, the number of deaths per year from prescription opioid poisoning has increased by 42% (474 deaths in 2012; 671 deaths in 2016).⁴

WHO IS AT RISK

Some risk factors make people particularly vulnerable to prescription opioid abuse and overdose. According to the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies, these individual risk factors include⁸:

- Obtaining overlapping prescriptions from multiple providers and pharmacies;
- Taking high daily dosages of prescription pain relievers;
- Having mental illness or a history of alcohol or other substance abuse; and
- Living in rural areas and having low income.

The Centers for Disease Control and Prevention also list the following risk factors for individuals⁹:

- Lack of knowledge about the potential dangers of prescription opioid misuse;
- Access to prescription drugs, including drugs prescribed to others (family members, friends);
- Chronic pain;
- Large dosage prescribed to a patient;
- Obtaining overlapping prescriptions from multiple providers and pharmacies; and
- High potency drugs prescribed to a patient.

HOW CAN OUR COMMUNITY HELP REDUCE PRESCRIPTION DRUG MISUSE AND CONSEQUENCES?

Working together, community members play an important role in preventing the misuse and abuse of prescription opioids, and in intervening and providing resources for those affected by opioid use.

Who	Actions
Parents	<ul style="list-style-type: none">• Understand the dangers of prescription opioid misuse and communicate the dangers to your children.¹⁰• Safely store your medications, and properly dispose of unused medications.¹⁰• Do not share your medications with family members, friends, or others.
Youth	<ul style="list-style-type: none">• Understand the harm/dangers of prescription opioid misuse.¹⁰• Safely store your medications, and properly dispose of unused medications.¹⁰• Do not share your medications with family members, friends or others.¹⁰
Patients	<ul style="list-style-type: none">• Follow the directions for using prescription opioid as explained on the label or by your doctor or pharmacist. Don't stop or change a dosing regimen without first discussing it with your doctor.¹⁰• Be aware of potential interactions with other drugs as well as alcohol.¹⁰

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Who	Actions
	<ul style="list-style-type: none"> • Never use another person's prescription, and never give your prescription medications to others.¹⁰ • Safely store and dispose of unused medications.¹⁰
Community	<ul style="list-style-type: none"> • Create a community coalition to work together across sectors focused directly on the opioid misuse and abuse. Recruit members from such diverse sectors of the community, such as: employers, youth serving agencies, family members and friends of people who misuse opioids, faith community leaders, school administrators, local college or university prevention staff, teachers and counselors, public health and human services personnel, the local medical examiner or coroner, treatment professionals, professional or volunteer first responders, law enforcement and county court services personnel, local pharmacists, and doctors, and county administrators, as well as other committed individuals, including people from the recovering community. Coalitions can disseminated relevant information, develop and implement action plans, and conduct educational sessions and informational campaigns throughout the communities.¹¹
Law Enforcement	<ul style="list-style-type: none"> • Establish drug diversion task forces dedicated to sharing information and investigations to combat prescription fraud and illegal trafficking of prescription painkillers.¹¹ • Become educated on how to identify and respond to overdoses, including the administration of naloxone (Narcan) for reducing opioid overdoses.¹¹ Law enforcement overdose reversal training and naloxone supply are particularly critical to rural, tribal, and other high-risk settings where professional emergency medical response may be significantly delayed by geographic, resource, and other factors.¹²
First Responders	<ul style="list-style-type: none"> • Become educated on how to identify and respond to overdoses, including the administration of naloxone (Narcan) for reducing opioid overdoses.¹¹
Dispensers	<ul style="list-style-type: none"> • Help patients understand instructions for taking their medications.¹⁰ • Be watchful for prescription falsifications or alterations.¹⁰ • Consistently use the Prescription Drug Monitoring System to help track opioid-prescribing patterns in patients.¹⁰
Prescribers	<ul style="list-style-type: none"> • Incorporate evidence-based screening tools for nonmedical use of prescription drugs into routine medical visits.¹⁰ • Recognize signs of addiction or drug diversion in patients, and provide resources for encouraging rapid connection to treatment.¹⁰ • Educate patients about the appropriate use of prescription opioids, risks associated with prescription opioids and alternatives available for pain management.¹⁰ • Curtail retail access to prescription opioids by¹⁰: <ul style="list-style-type: none"> ○ following appropriate prescribing guidelines for opioids (<i>CDC Guideline for Prescribing Opioids for Chronic Pain</i>), and ○ consistently using your state's Prescription Drug Monitoring System to help track opioid-prescribing patterns in patients.
Hospitals and Emergency Departments	<ul style="list-style-type: none"> • Educate patients about the about the appropriate use of prescription opioids, risks associated with prescription opioids and alternatives available for pain management.^{13,14} • Ensure clinicians are educated about appropriate prescribing practices and correctly following the guidelines.¹⁴

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Who	Actions
	<ul style="list-style-type: none"> Develop a process to screen for opioid misuse that includes services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or who actively have, an opioid use disorder.¹³ Offer appropriate resources and treatment options for patients with an opioid use disorder.¹⁴ Be vigilant about preventing drug diversion within the organization.¹⁴ Strengthen external partnerships with other organizations such as law enforcement, primary care practices and drug rehab facilities to come up with comprehensive solutions for the prevention of opioid misuse and abuse.¹⁴
Public Health Officials and Policy Makers	<ul style="list-style-type: none"> Develop public awareness campaigns about the dangers of prescription opioid misuse.¹⁵ Avoid stigmatizing language, and include information about the effectiveness of treatment for opioid use disorders, when communicating with the public about opioid use disorders. How the opioid epidemic is discussed and how people with opioid-use disorders are portrayed affects support for effective prevention and interventions¹⁴. Develop a local resource directory for prescription opioid prevention, intervention and treatment programs and efforts.¹⁵ Develop ordinances and places for safe drug disposal.¹¹ Disseminate information about state laws that encourage intervention. Good Samaritan laws protect citizens when they intervene to save a life due to an opioid overdose. Drug overdose amnesty laws allow people to call 911 when a friend or family member is overdosing without fear of being arrested themselves for opioid use or possession.¹¹ Build awareness about the state's prescription drug monitoring program (PDMP). These efforts are critical to cutting down on "doctor shopping" and preventing opioid overdoses, but are sometimes underused for a variety of reasons. Cities and counties can involve local doctors and pharmacies to build awareness of PDMPs and remove barriers to implementing them fully.¹¹ Facilitate the adoption of policies to stock and distribute naloxone, and educate citizens about how to administer it. Encourage training for first responders in the use of naloxone (Narcan) for reducing opioid overdoses.¹¹ Ensure adequate access to effective opioid abuse treatment for those with an opioid use disorder.¹⁵ Invest in local surveillance of fatal and non-fatal opioid overdoses, and opioid misuse and use disorders, including information about supply sources. Such surveillance helps to quantify the size and characteristics of who is at-risk for adverse outcomes related to opioid use. This data in turn fosters understanding of the effectiveness of prevention programs, and informs allocation of resources for prevention, as well as for harm reduction and treatment.¹⁵

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