



West Virginia Academy of Family Physicians

71st Annual Scientific Assembly

March 23-25, 2023

Embassy Suites, Charleston , WV

Hotel Discount Code "AFP"



Drug Diversion Training and Best Practice Prescribing of Controlled Substances:

State Data

Tracy Hendershot, MD, FAAFP

WVAFP

Charleston, WV

March 2023

Credentials

Dr. Hendershot, MD, DC, FAAFP is a past Paul Ambrose Health Policy Fellow. He trained at Marshall University's Joan C. Edwards School of Medicine with completion of a family practice residency at the same.

He's worked in private practice as a chiropractor from 1996-2004, observing the WV opioid crisis develop from the vantage point of a non-prescribing provider. Since becoming an MD he's worked at the Ebenezer Clinic- a free clinic blocks from Huntington, WV's initial opioid epicenter. He's been CMO of a rural FQHC and Past Chair of the WV PCA CMO committee. He's now employed in the WVU Medicine Health System. At each location he's been handed his share of chronic opioid patients. He manages < 30 chronic opioid patients in the outpatient setting.

Finally, Dr. Hendershot has served as Past President of the WVAFP, currently serving as WVAFP Delegate to the AAFP Congress of Delegates. He also serves as chair of the WVAFP Legislative Committee.

Disclaimers

Dr. Hendershot has **no** conflicts of interest or disclaimers to announce.

The use of brand specific names are not meant as an endorsement,
But to ensure familiarity of the prescriber with the common opioid
products.

I receive no remuneration from any manufacturer.

Objectives

1. Review the climate and trends in WV that contribute to opioid overdose deaths.

Why We Are Here...its required

Mandatory Controlled Substance CME for all Licensees

(SB 437 passed 2012)

“Physicians who have prescribed, administered, or dispensed any controlled substance in any jurisdiction in the two year license cycle preceding renewal, are required to complete three hours of Board-approved CME in drug diversion and best practices prescribing of controlled substances **during each reporting period. This is not a one-time only requirement.**

A physician who has **not prescribed any controlled substances whatsoever during the reporting period may seek a waiver** of this requirement by attesting on the renewal application that he or she has not prescribed, administered or dispensed any controlled substances whatsoever since July 1, 2016.”

Why We Are Here...its a state objective

The screenshot shows a web browser window with the URL <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/Reports-and-Data.aspx>. The page content includes a sidebar with 'WV.gov' and 'Health Resources' logos, and a main area with a navigation menu (HOME / ABOUT / EXPERT PAIN MANAGEMENT) and a 'Guidelines' section. The 'Guidelines' section contains the text 'Please click the links below to download the complete PDF document of our' followed by a red line. To the right, a table titled 'Expert Pain Management Panel Members' lists 17 members with their names and organizations. A red oval highlights the table and the 'Guidelines' section. A separate box on the right contains the text: 'West Virginia Expert Pain Management Panel Safe & Effective Management of Pain Guidelines 2016'.

Panel Member	Organization
Mark Garofoli, PharmD, MBA (Coordinator)	West Virginia University (WVU)
Timothy Deer, MD (Chairperson)	Centers for Pain Relief
Richard Vaglianti, MD (Vice Chairperson)	WVU Pain Management
Rahul Gupta, MD	West Virginia DHHR, Public Health
Ahmet Ozturk, MD	Marshall University
Denzil Hawkinberry, MD	Community Care Centers
Bradley Hall, MD	WV Medical Professionals Hospital
Matt Cupp, MD	Board Certified
Michael Mills, DO	West Virginia Office of Health
Jimmy Adams, DO	Active Physician
Richard Gross, PhD	WVU Pain Management
Jason Roush, DDS	West Virginia
Stacey Wyatt, RN	St. Francis
Vicki Cunningham, RPh	WV Bureau of Medical
Felice Joseph, RPh	PEIA
Stephen Small, RPh, MS	Rational Drug
Patty Johnston, RPh	Colony Drug & Wellne
Charles Ponte, PharmD, CPE	WVU School
James Jeffries, MS	WV DHHR, Division of Inf
Michael Goff	West Virginia Prescription

West Virginia Expert Pain Management Panel
Safe & Effective Management of Pain Guidelines
2016

WVBM and WVBOM Approved Courses:

The Boards of Medicine maintain a list of all three-hour courses that have been approved..

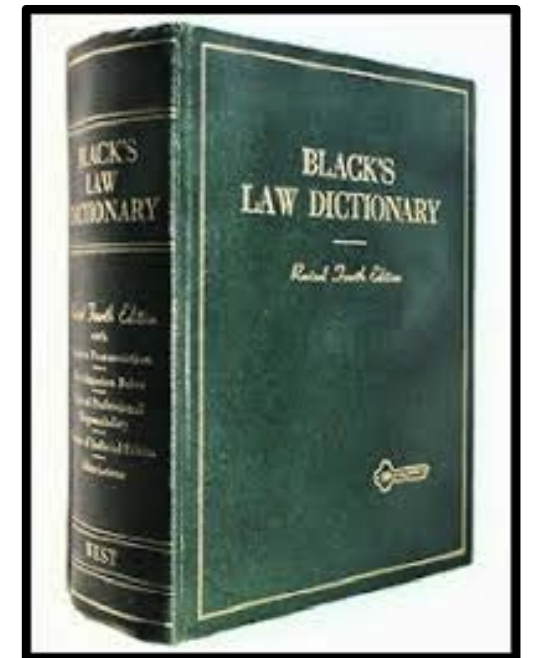
-Thank you for attending **this** lecture

The screenshot displays the website for the West Virginia Board of Osteopathic Medicine. The main navigation bar includes links for Legislative Rules, Calendar, News, About, IMLCC, and Contact. A secondary navigation bar features 'LOOK UP A DOCTOR OR PA', 'LICENSURE', 'LAWS & RESOURCES', 'COMPLAINT PROCESS', and 'PUBLIC'. The page title is 'Licensure' and the breadcrumb trail is 'Home / Continuing Education / 2022 Renewal CME Courses'. A left sidebar lists 'Licensing Options' for 'OSTEOPATHIC PHYSICIANS', including Application, Emergency Temporary Permit, Application Status, Renewal, Print Licensure Card, CSL Application, CSL Renewal, CSL Print Licensure Card, and CME. The main content area is titled '2022 Renewal CME Courses' and includes a description: 'List of Board-approved CME courses which satisfy the 3-hour Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training requirement for medical doctors whose last names begin with the letters A through L, and who will be renewing on or before June 30, 2022.' Below this is a table with three columns: Course Name, Sponsor, and Location / Date.

Course Name	Sponsor	Location / Date
Pain & Addiction, Best Practices & Proper Prescribing: Changing a Culture by Changing the Culture of Medicine	WVU School of Medicine and WV Medical Professionals Health Program	ONLINE COURSE # Expires 01/01/2022
From Prescription Drug Abuse to Street Heroin...The Tale of West Virginia's Drug Abuse Epidemic	CAMC Health Education and Research Institute	ONLINE COURSE #
Prescribing Opioids, Providing Naloxone, and Preventing Drug Diversion: The West Virginia Requirement, #91601 or #91602	NetCe	ONLINE COURSE # Expires 03/19/2022

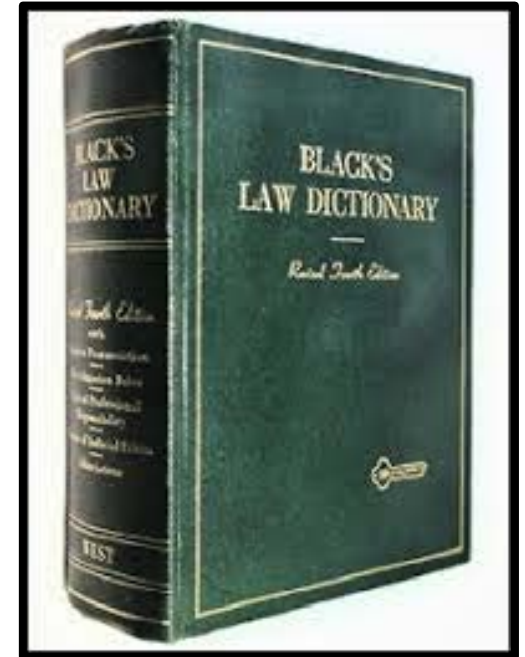
Common Terms:

- **Opiates:** refer to **natural** opioids such as heroin, morphine, and codeine.
- **Opioids:** refers to **all** natural, semisynthetic (hydrocodone, oxycodone, hydromorphone..), and synthetic opioids (excludes methadone, includes tramadol and fentanyl)
- **MAT:** Medication assisted treatment for opioid use disorder when combined with counseling and behavioral therapies.
- **MME:** Morphine milligram equivalents, accounts for different drug types and strengths.



Common Terms:

- **Illicit drugs:** drugs prohibited by law or illicitly manufactured drugs, i.e. fentanyl, ecstasy.
- **Drug Misuse:** The use of drugs in a manner other than prescribed by a doctor.
- **Tolerance:** Reduced response to a drug with repeated use.
- **Dependence:** adaption to a drug that produces symptoms of withdrawal when drug is stopped.
- **Drug addiction:** Preferred term is **Substance Use Disorder**, a problematic pattern of opioid use that causes significant impairment or distress.
 - Unsuccessful efforts to reduce.
 - Use resulting in personal, social, and/or work problems

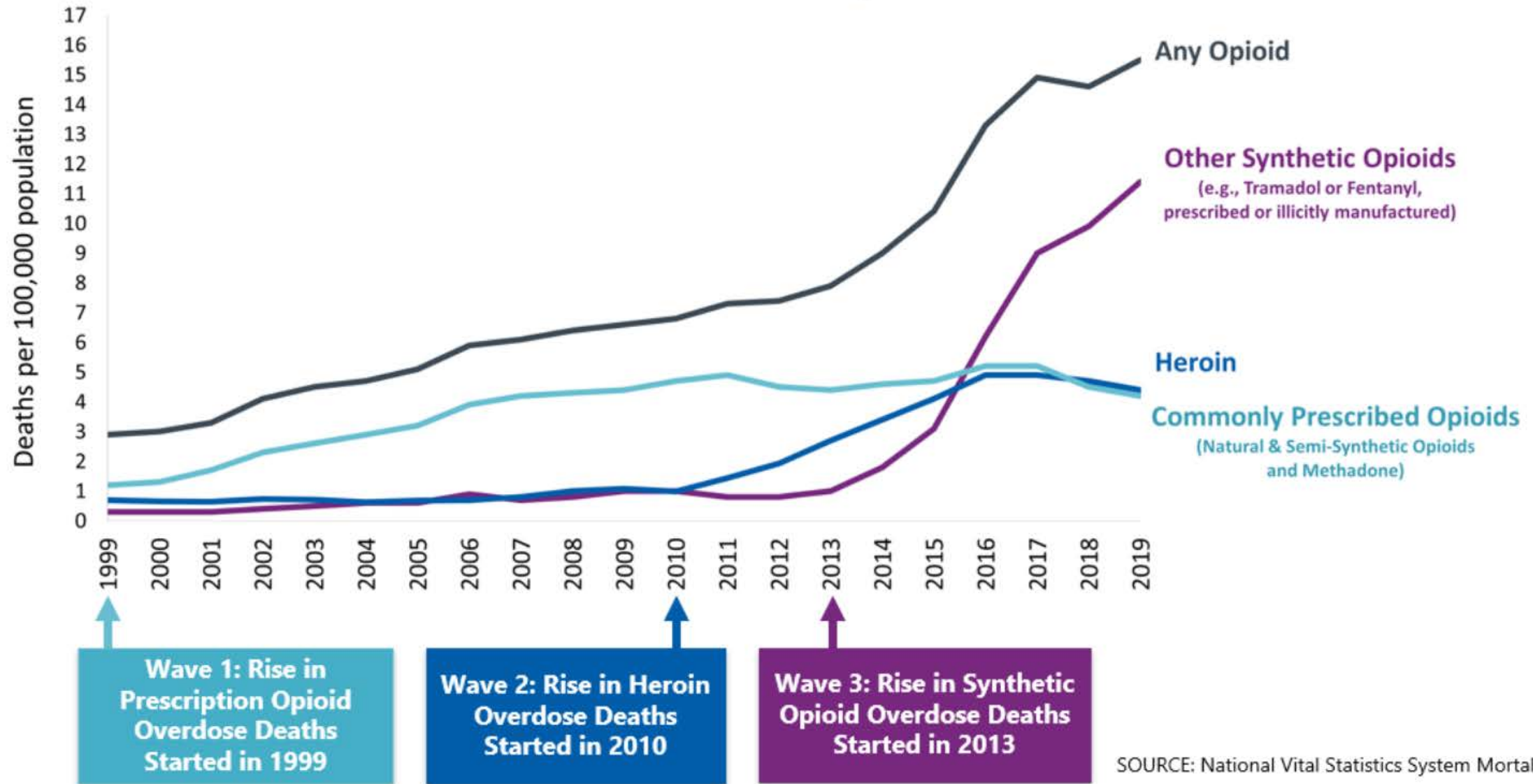


The Opioid Crisis

Nearly **841,000 people have died since 1999** from a drug overdose.
In 2019, **70,630** drug overdose deaths occurred in the United States.
The age-adjusted rate of overdose deaths **increased by over 4%** from
2018 (20.7 per 100,000) to
2019 (21.6 per 100,000).



Three Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

Current National Trends

The COVID-19 pandemic worsened the Opioid Crisis.

While there was a **4.6% drop** from 2017 (21.7 per 100,000) to 2018 (20.7 per 100,000).

Recent provisional data available from the CDC indicated that approximately 81,230 drug overdose deaths occurred in the United States in the 12-months ending in May 2020.

This represents a worsening of the drug overdose epidemic in the United States and is the largest number of drug overdoses for a 12-month period ever recorded.

Synthetic opioids (other than methadone)—remain the main driver of drug overdose deaths.

67.0% of opioid-involved overdose deaths involve synthetic opioids.

Current National Trends

In 2020, WV lead the nation with **the highest rates of drug overdose deaths.**

West Virginia (81.4 per 100,000 or 1330 persons),

District Of Columbia (58.1 per 100,000 or 424 persons),

Kentucky (49.2 per 100,000 or 2083 persons),

Delaware (47.3 per 100,000 or 444 persons),

Ohio (47.2 per 100,000 or 5204 persons),

Tennessee (45.6 per 100,000 or 3034 persons), and

Maryland (44.6 per 100,000 or 2771 persons).

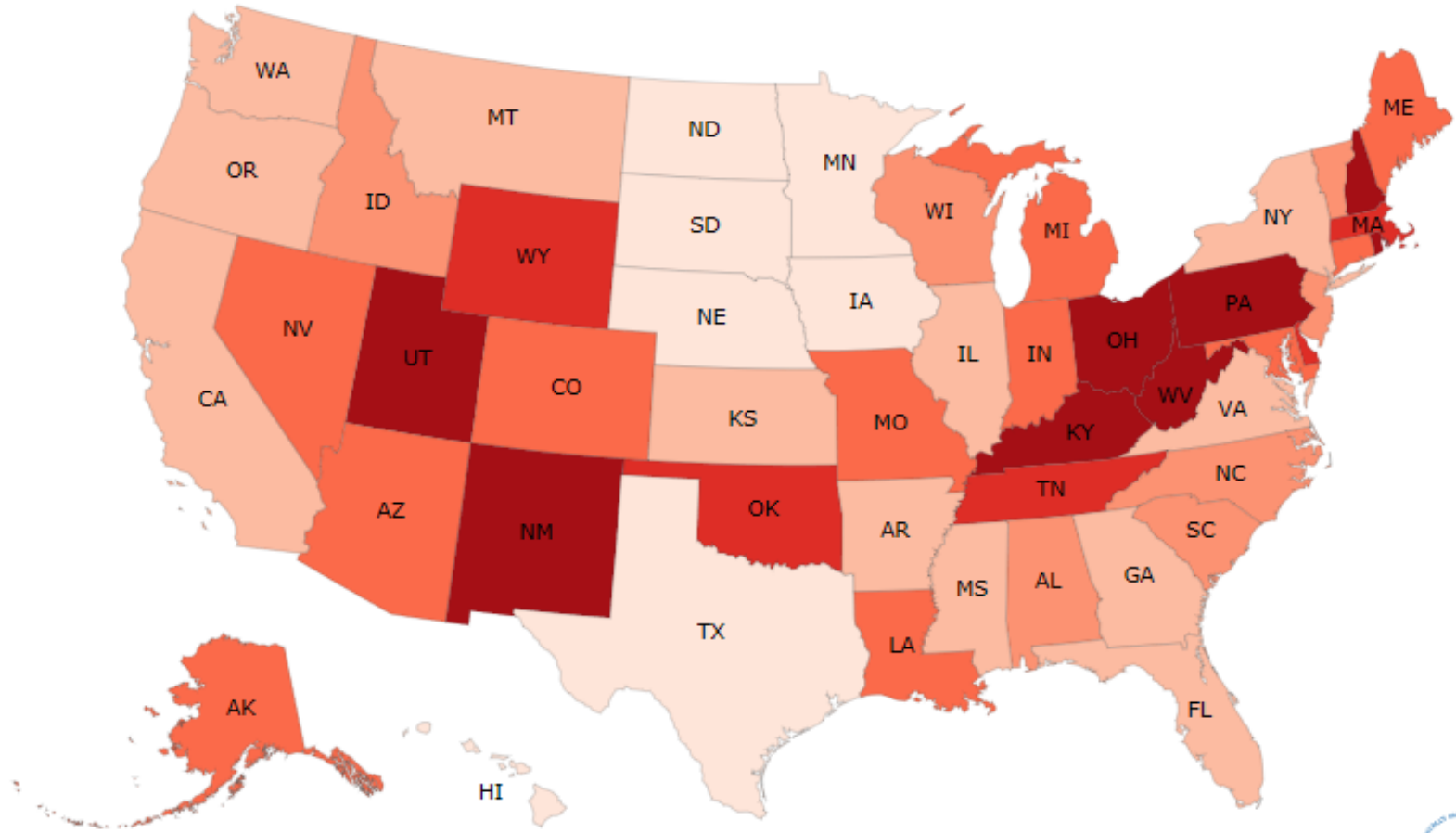
California and Florida lead actual losses with 8908 and 7231 respectively

Number and age-adjusted rates of drug overdose deaths by state, US 2014

West Virginia

35.5 per 100,000

627 total deaths

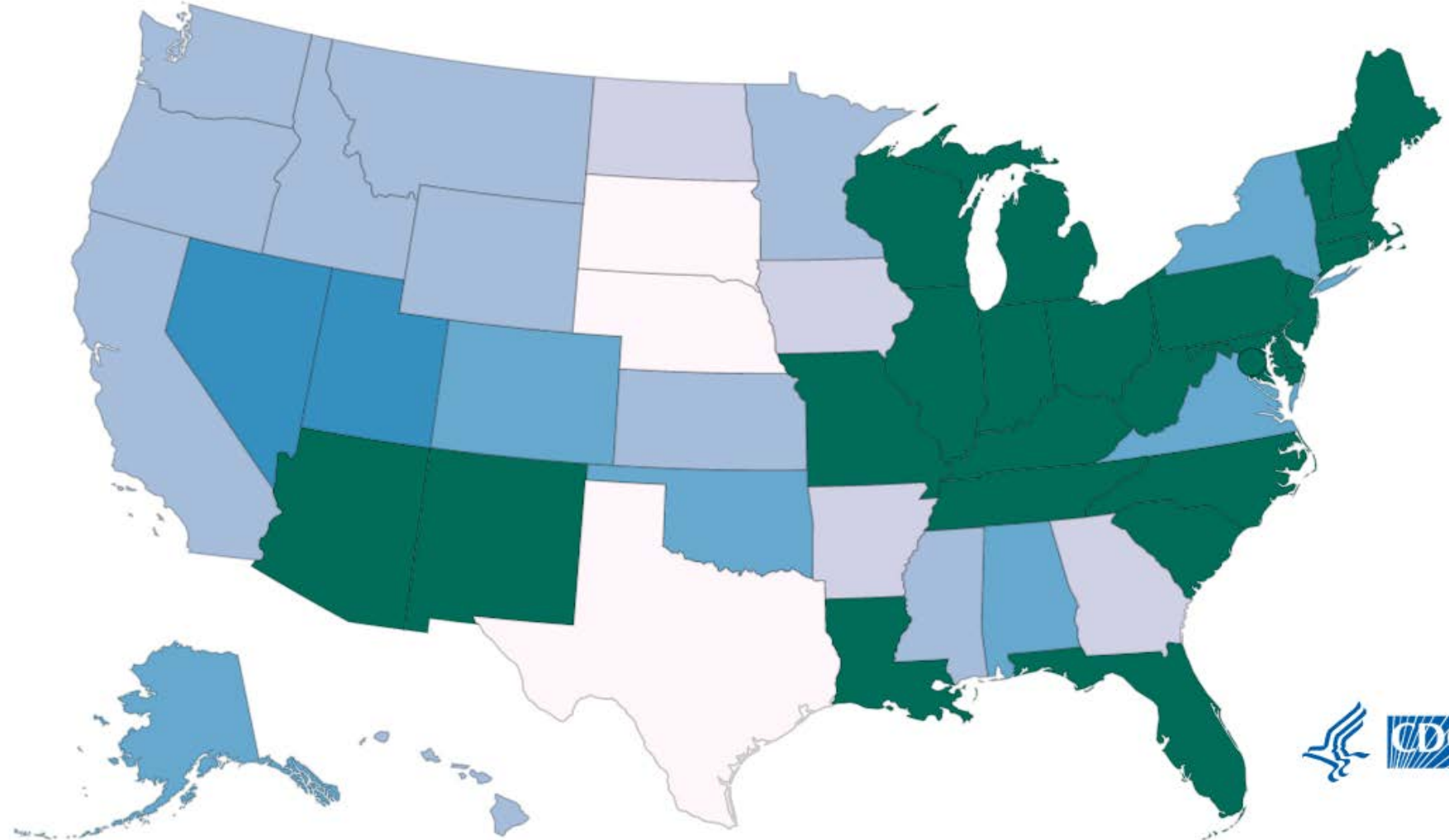


Number and Age-adjusted Rates of Drug Overdose Deaths by State, US 2020

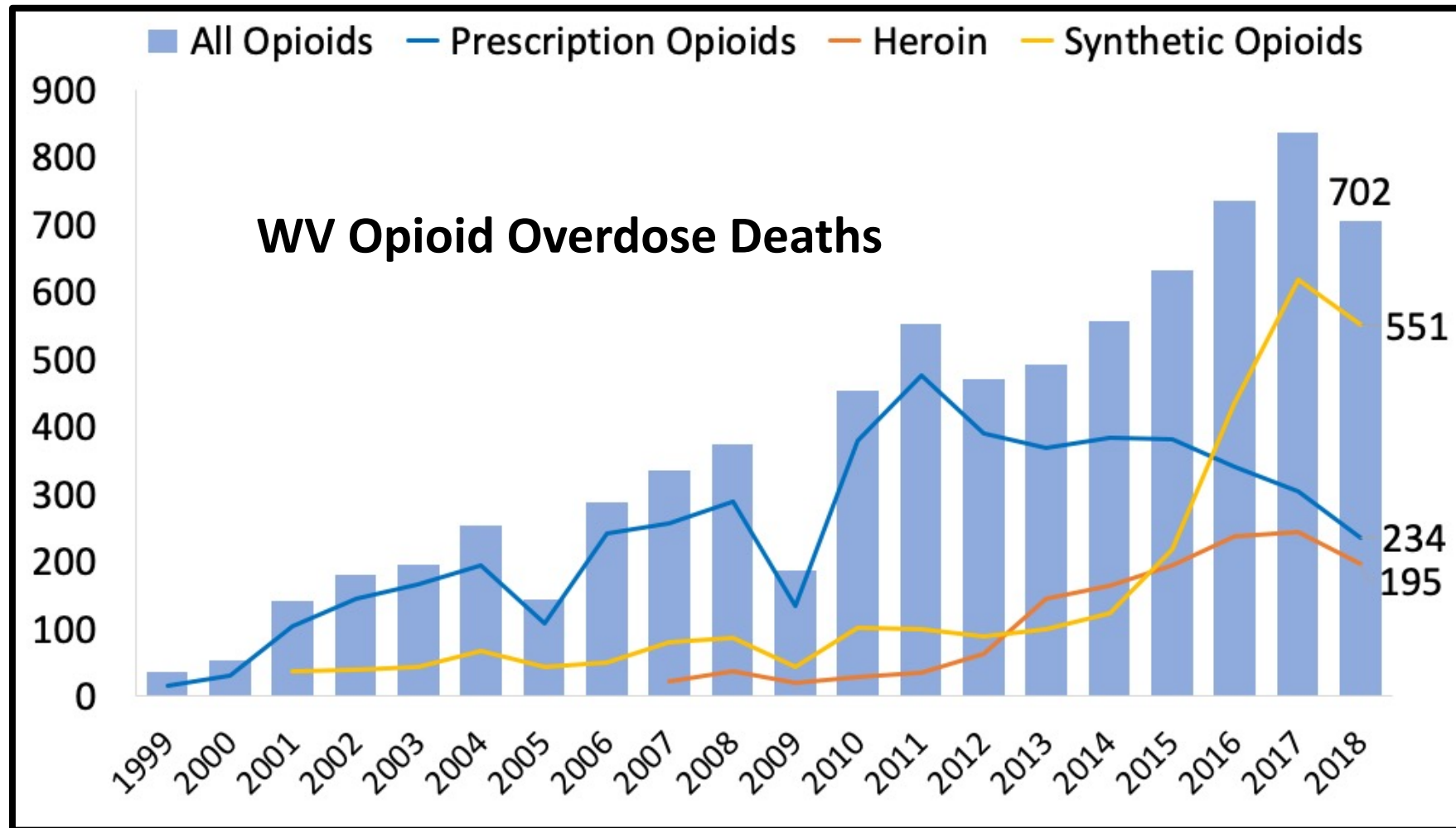
● West Virginia

81.4 per 100,000

1330 total deaths

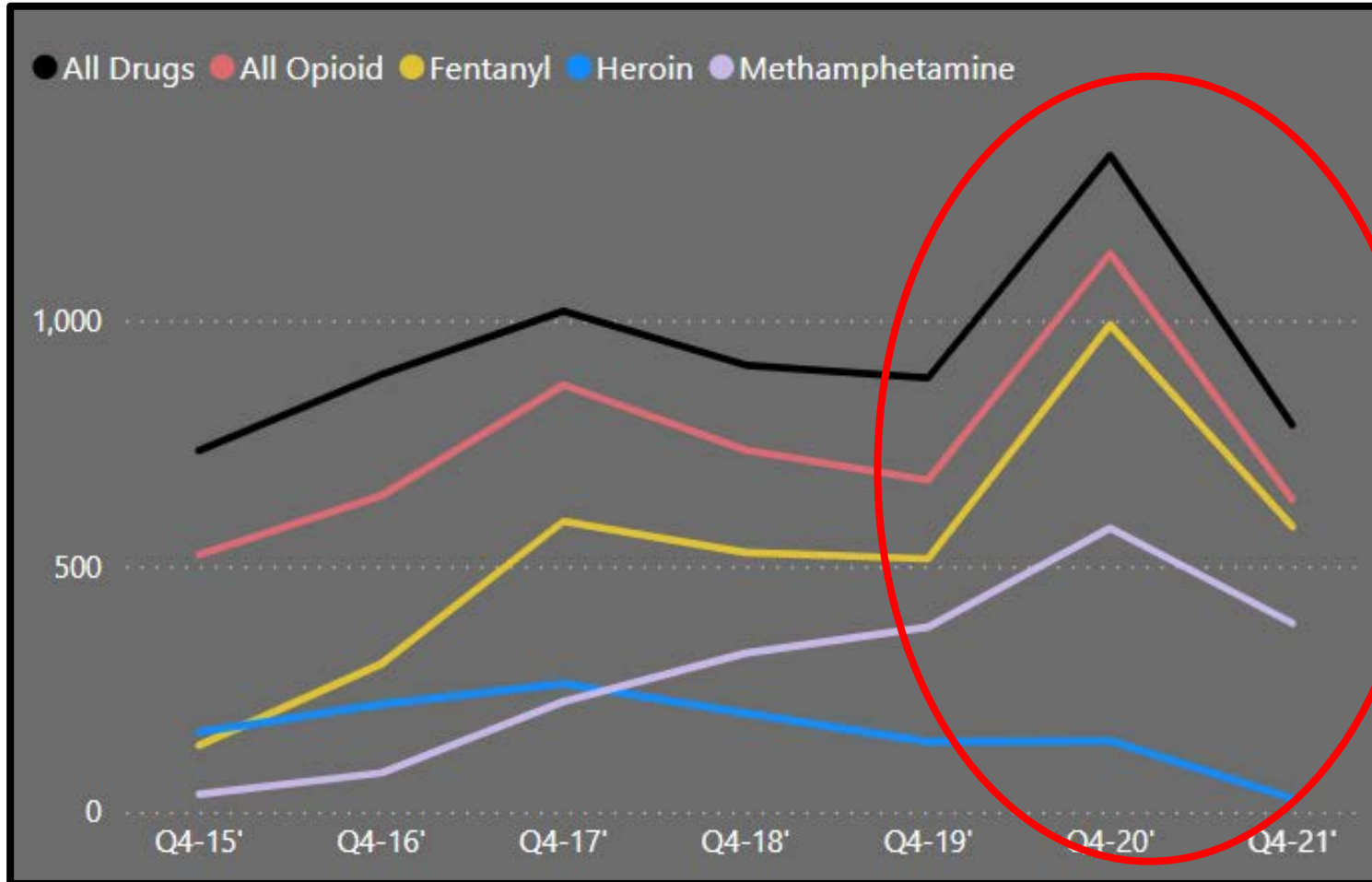


Pre-COVID WV Trends



..WV follows national picture.

Recent WV Overdose Trends

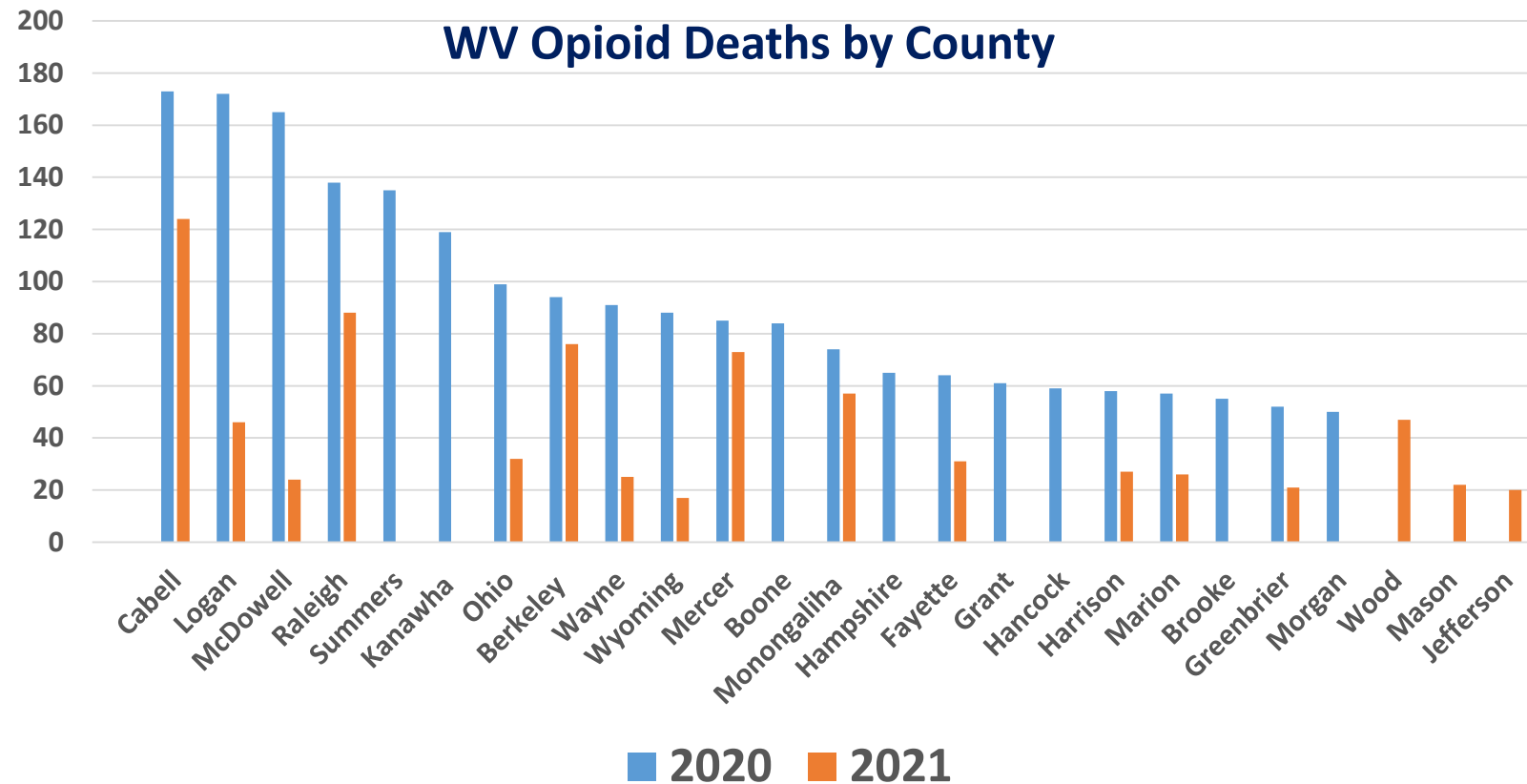


CDC data has lagged; and,

State data may not be directly comparable.

Regardless, **The COVID crisis resulted in an increase in opioid overdosing.**

WV Opioid County Deaths

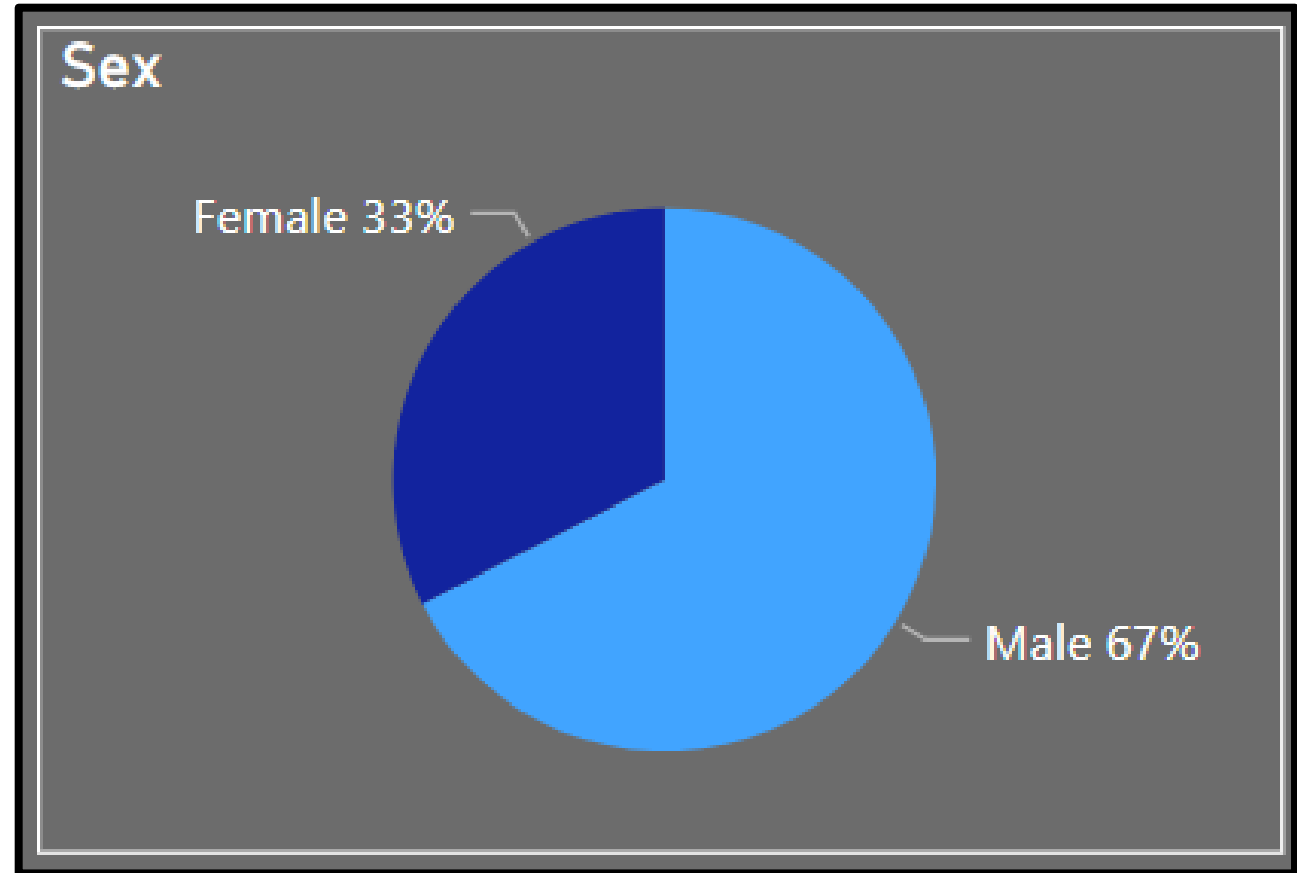
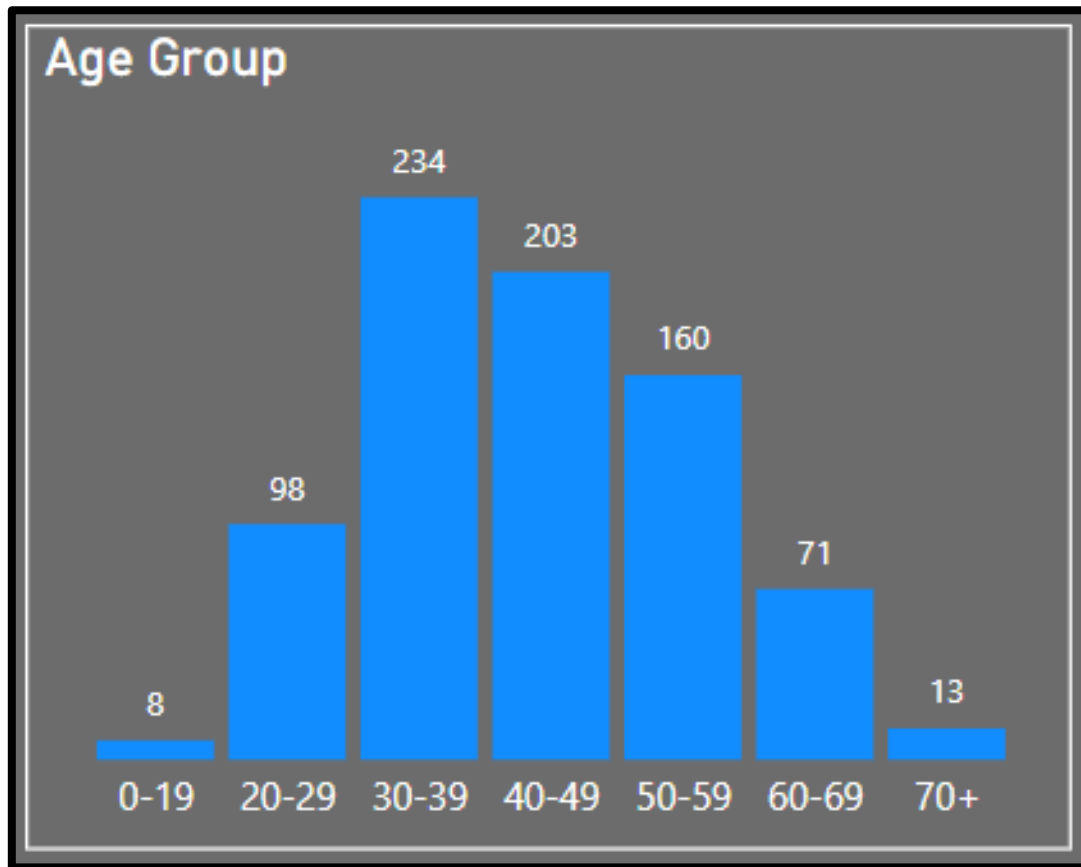


Not CDC Data.

2021 data is incomplete as pending deaths have not been confirmed.

WV Demographics 2021

WV Fatal Overdoses by age and sex



Fentanyl is Leading Opioid Deaths

It continues to be **illegal opioid** deaths, **not prescription opioids**, that drive the current national epidemic.

- 72.9% of overdose deaths are from synthetic opioids.
- Deaths involving psychostimulants such as **cocaine and methamphetamine are increasing** with and without synthetic opioid involvement.

Drug overdose deaths have shifted geographically.

- From 2018 to 2019, the largest increase in death rates involving synthetic opioids occurred in the West (67.9%).
- The largest increase in death rates involving psychostimulants occurred in the Northeast (43.8%).

Current National Trends

The overall national opioid prescribing rate has declined from 2012 to 2020.

In 2012 the national rate was **81.3** prescriptions per 100 persons.
In 2020 the rate had fallen to **43.3** prescriptions per 100 persons.

However,
the prescribing rates continued to remain high in a
few counties across the country.

In 3.6% of U.S. counties the rate is still 100:100

(this is a drop from 11% in 2018)

WV Trends?

In 2020, West Virginia providers wrote:

53.7 opioid prescriptions for every 100 persons,

(**The 13th highest rate in the U.S.** that year)

Positive news?

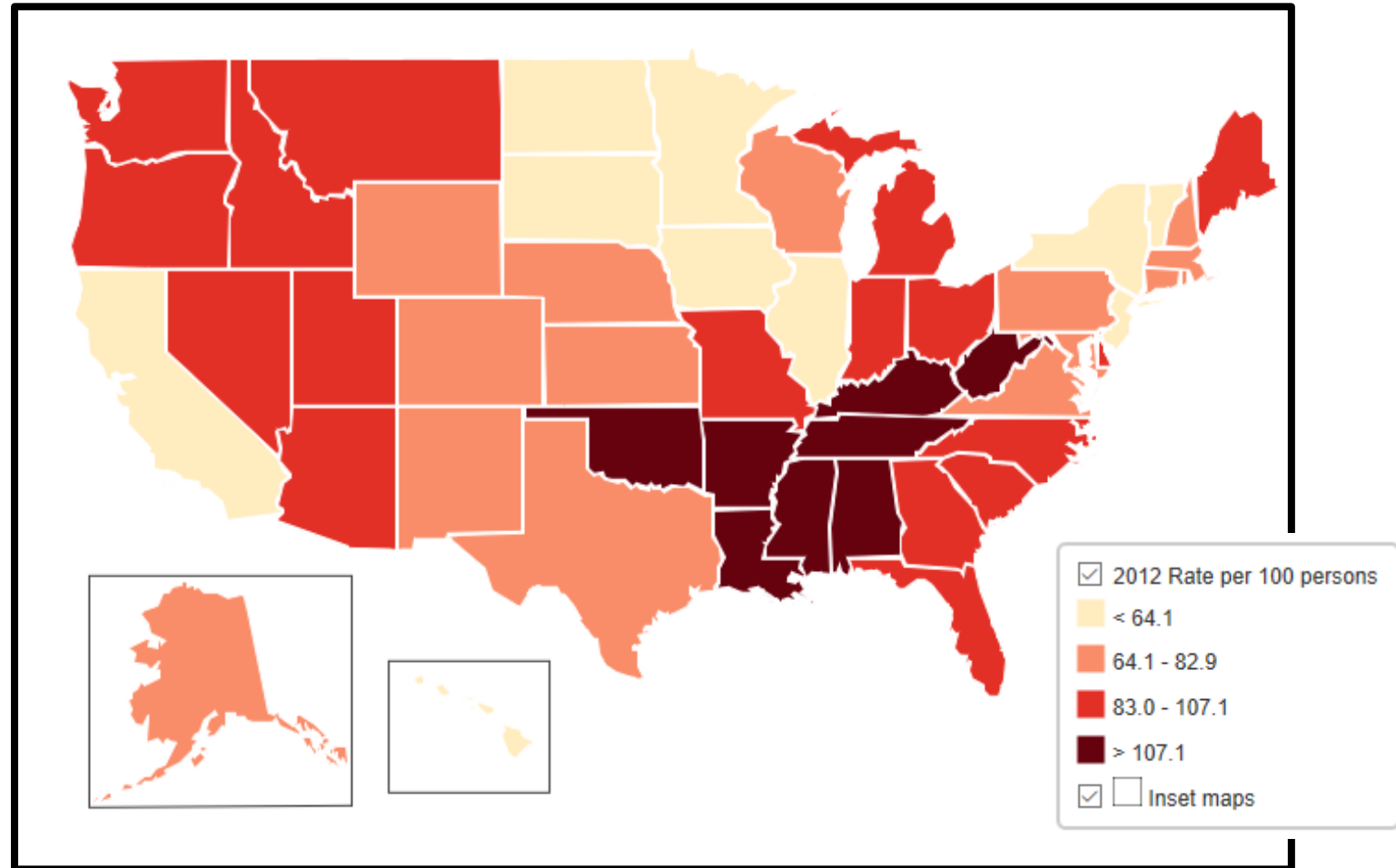
**This was the lowest WV rate since data became available in
2006**



U.S. State Prescribing Rates, 2009

West Virginia

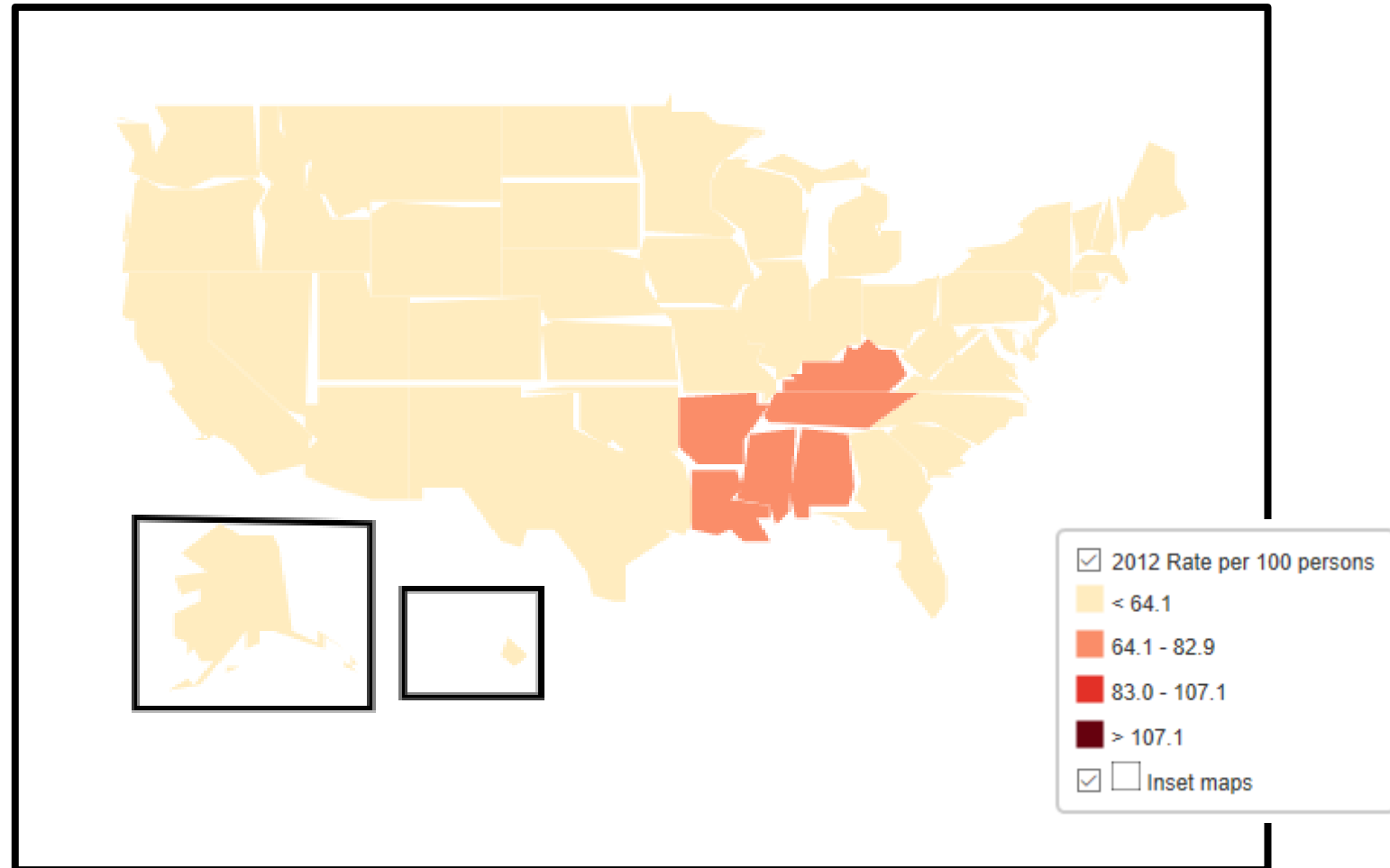
146.9



U.S. State Prescribing Rates, 2020

West Virginia

53.7



WV County Rx Data

By 2009 individual WV county physicians began to respond to the crisis.

At that time, **Mingo county** lead the state in Rx rates-With **nearly triple** the rate of other high prescribing counties.

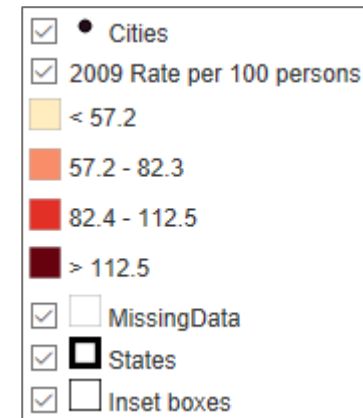
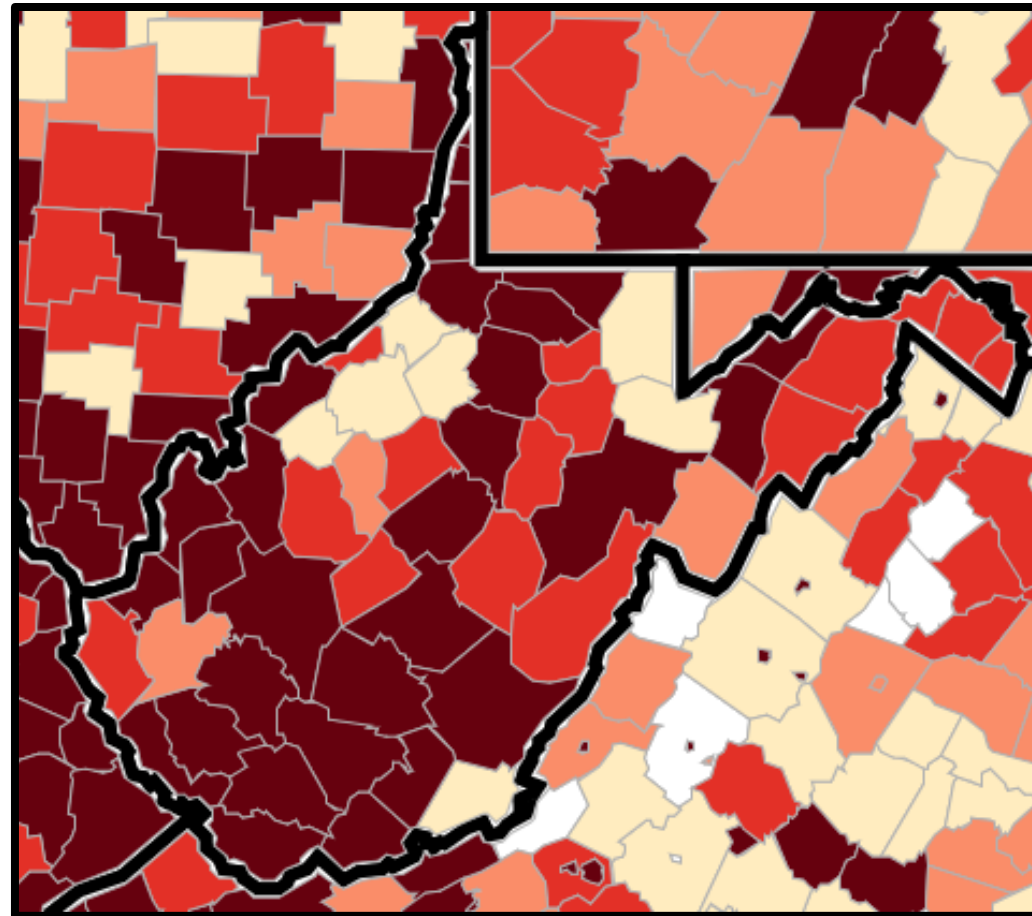
This abruptly stopped by 2010 and **Logan county** alone drove the WV outlier status.

This because it has a larger population than other outliers and because its rate is triple the other outliers. (36,000 pop and 15th in WV)

WV County Prescribing Rates, 2009

Mingo, WV

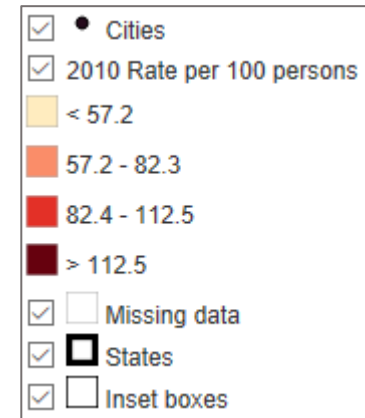
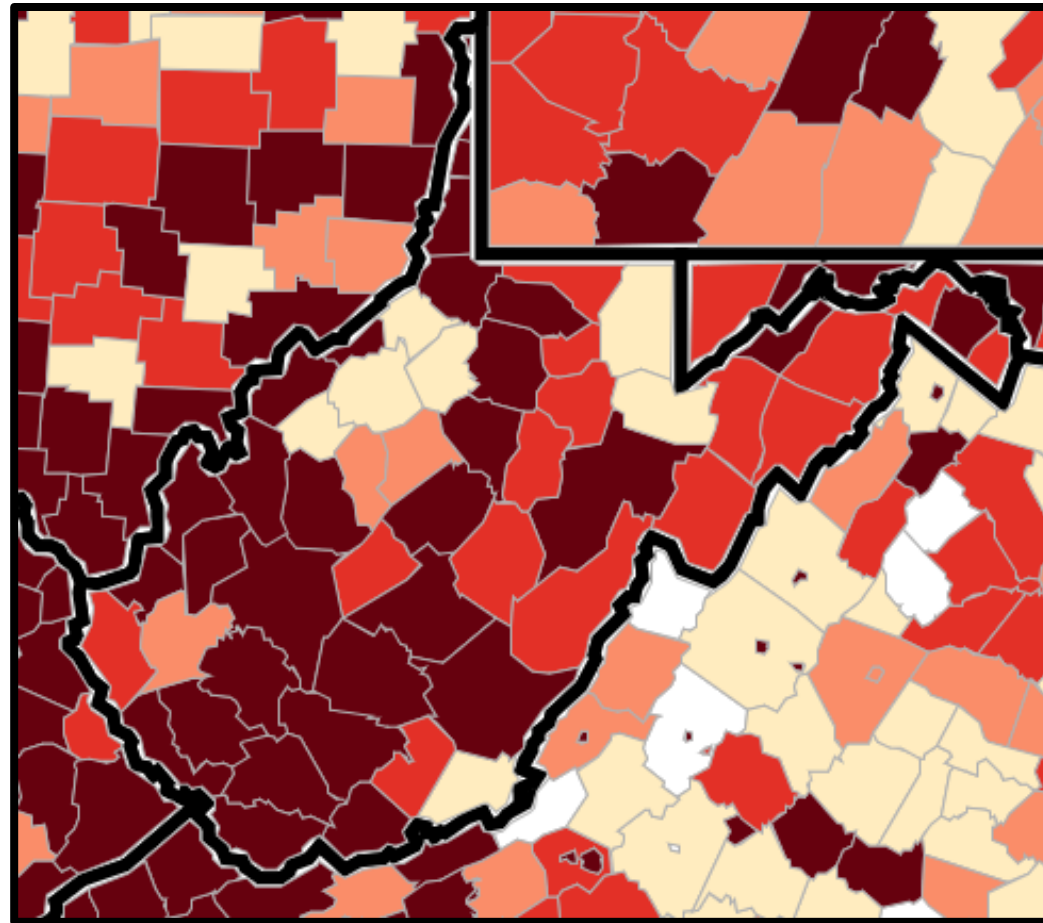
437.2



WV County Prescribing Rates, 2010

Logan, WV

287.4



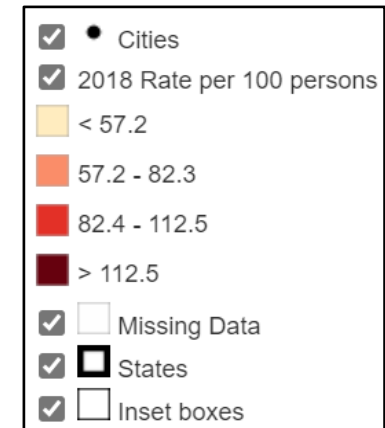
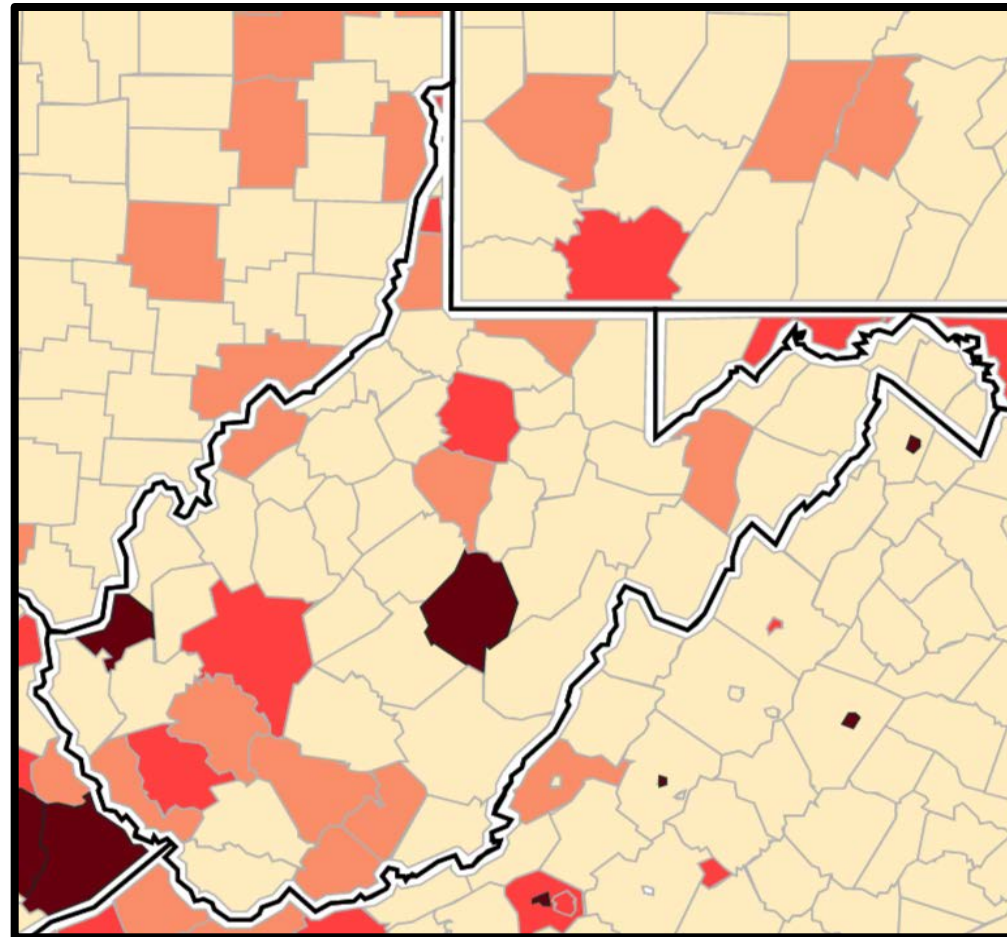
WV County Prescribing Rates, 2019

Logan, WV

93.7

Webster, WV

124.8



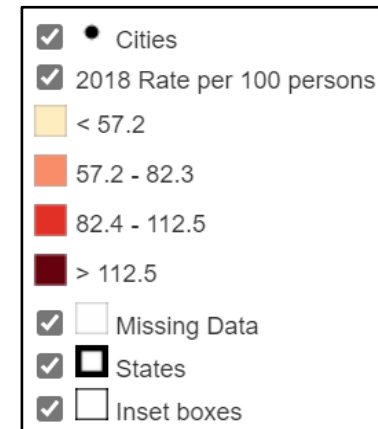
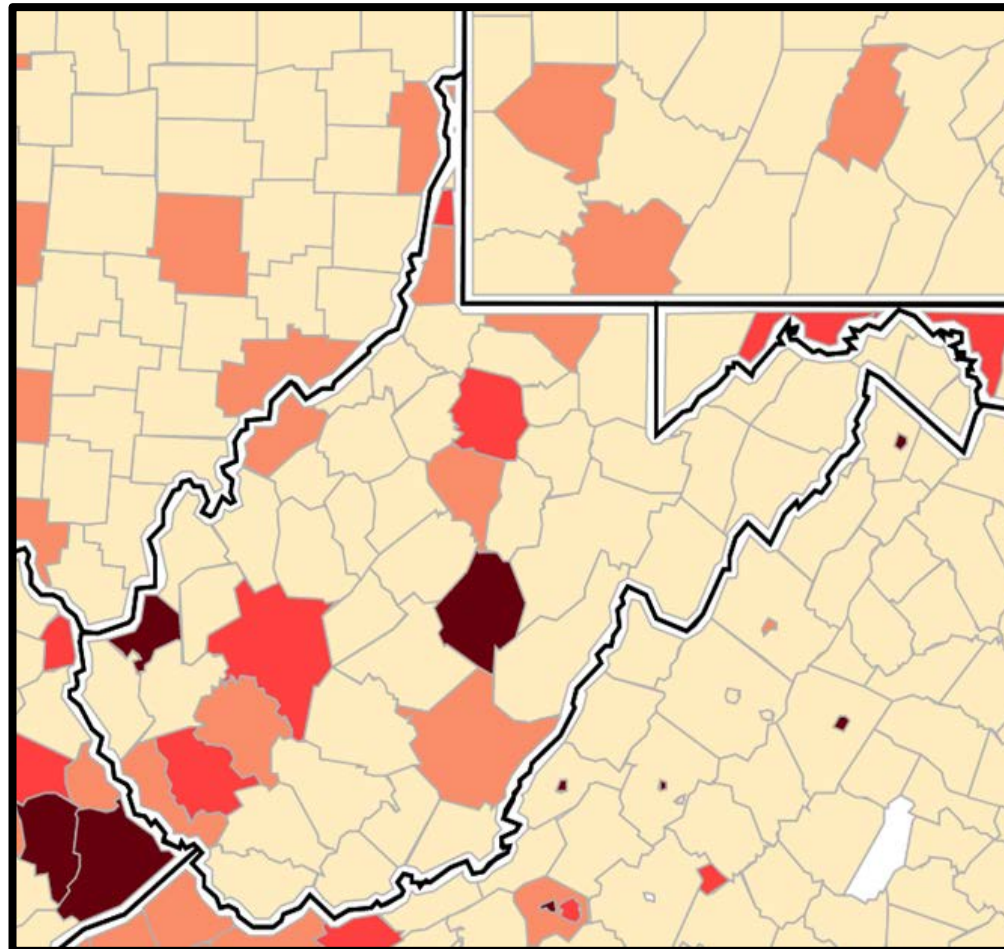
WV County Prescribing Rates, 2020

Logan, WV

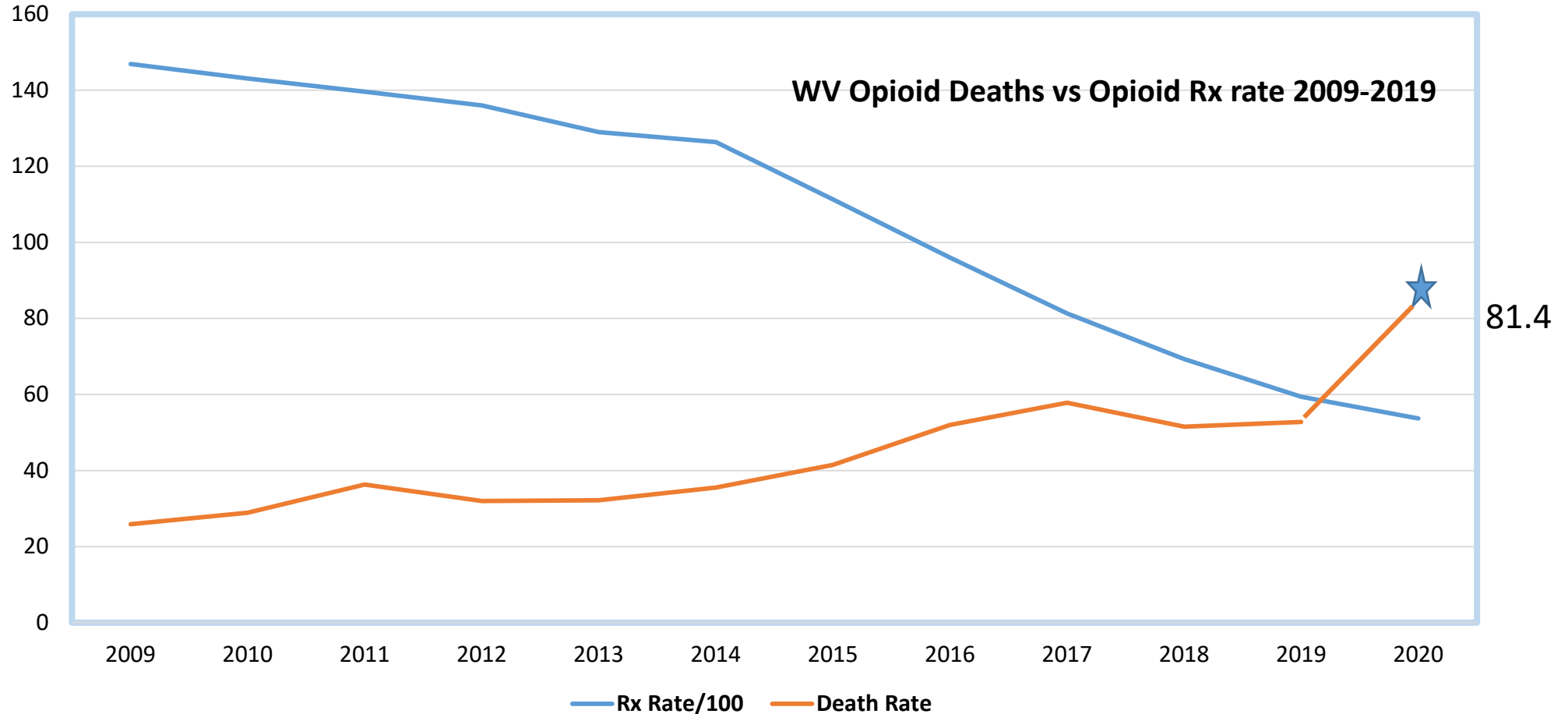
85.7

Webster, WV

118

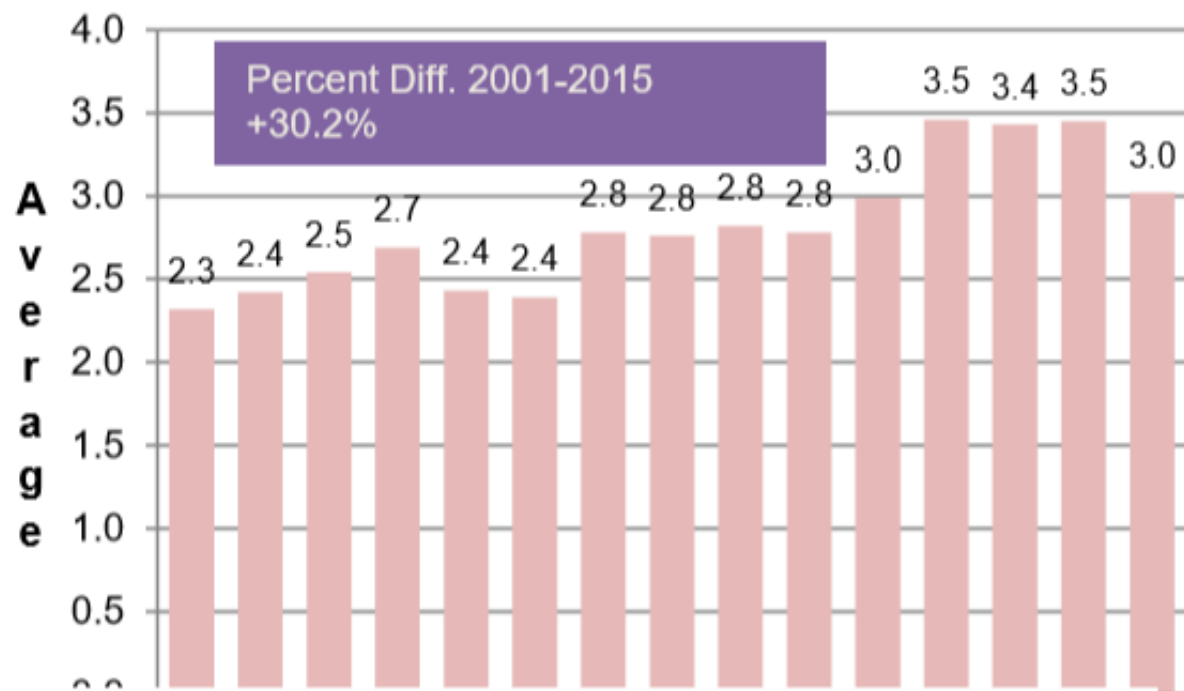


WV Opioid Reduction Not Tied to Less Deaths



Illegal and Rx Opioids Often Mixed:

Figure 2: Average Number of Drugs Involved Per Fatal Overdose West Virginia Occurrences, 2001-2015



Data Source: WV Health Statistics Center, Vital Statistics System 2013
Preliminary, 2014 Cumulative and Unedited

15

This is a primary rationale for appropriate, ongoing, prescribing education as opposed to ongoing education regarding Addiction Treatment.

A new, good, reason for ongoing training is less physician experience with chronic opioid management.