



WEST VIRGINIA FACT SHEET: OPIOIDS

**86.7% of people in West Virginia suffering from drug dependence or abuse go untreated.ⁱ
West Virginia had 884 drug related overdose deaths in 2016.ⁱⁱ**

AAFP on Prescription Drug Abuse

The opioid crisis is one of the top public health challenges of today. The American Academy of Family Physicians (AAFP) supports efforts to limit unnecessary opioid prescriptions but also understands the need for these treatments as part of a comprehensive chronic pain management regimen. Family physicians play a vital role in balancing patients' pain management needs with the risks of drug misuse and abuse. We believe that family physicians are essential to providing patients with safe, effective, and accessible pain management therapies while also safeguarding their patients against opioid abuse.

Addressing the Opioid Epidemic

Policies implemented by the Administration, Congress, state legislators and regulators are starting to curb the epidemic. Efforts to address opioid use disorder (OUD) and overdose must be built on the scientific evidence that a substance use disorder (SUD) is a chronic disease of the brain that can be effectively treated. In June 2018, the AAFP joined with five other organizations representing front-line physicians in support of a joint set of principles on opioids. We believe new legislation and regulatory approaches must:

Physicians in West Virginia Are a Part of the Solution

- West Virginia has 1,060 AAFP members who are committed to ending the opioid epidemic.ⁱⁱⁱ
- In West Virginia, there was a 37.6% decrease in opioid prescriptions from 2013-2017.^{iv}
- In West Virginia, there were 1,141,531 total prescription drug monitoring program queries in 2017.^v
- In 2017, more than 549,766 physicians^{vi} and other health professionals across the nation completed continuing medical education (CME) trainings and accessed other education resources offered by the AAFP, AMA, state and specialty societies.

Align and Improve Financing Incentives to Ensure Access to Evidence-based OUD Treatment

In 2017, West Virginia Medicaid covered two of the three medication-assisted treatment (MAT) drugs – specifically buprenorphine and naltrexone. 45% of total buprenorphine spending was financed by Medicaid in 2016.^{vii}

Reduce the Administrative Burden Associated with Providing Patients Effective Treatment

A nationwide 10-city survey found that 40% of patients with private health insurance are forced to go through burdensome prior authorization before being able to receive medication-assisted treatment (MAT).^{viii}

Incentivize More Providers to Treat SUD

As of June 2018, there are nine opioid treatment programs^{ix} and 308 authorized buprenorphine treatment practitioners^x in West Virginia.

AAFP Headquarters
11400 Tomahawk Creek Pkwy.
Leawood, KS 66211-2680
800.274.2237 • 913.906.6000
fp@aafp.org

AAFP Washington Office
1133 Connecticut Avenue, NW, Ste. 1100
Washington, DC 20036-1011
202.232.9033 • Fax: 202.232.9044
capitol@aafp.org

Advance Research to Support Prevention and Treatment of Substance Use Disorders

The National Institutes of Health currently has two opioid research projects in West Virginia receiving \$1,077,353 in funding for FY 17-18.^{xi}

Ensure a Public Health Approach to SUDs by Addressing Childhood Stress, Access to Naloxone, and Fair and Appropriate Treatment for Individuals in the Criminal Justice System and Pregnant Women

Nationwide, naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 naloxone prescriptions dispensed per week.^{xii}

Address the Maternal-child Health Impact of the Opioid Crisis

4,581 West Virginia children were placed in foster care in 2016. 16% were infants and in 47% of these placements, parental substance use was a factor.^{xiii}

Reduce Stigma Related to Substance Use Disorders

A study found that the American public holds significantly more negative attitudes toward persons with drug addiction compared with persons with mental illness. For example, 90% of people were unwilling to have a person with a drug addiction marry into their family and 78% were unwilling to work closely with them on a job.^{xiv}

Continue to Provide Comprehensive Pain Management for Patients

Common chronic pain conditions affect at least 116 million U.S. adults at a cost of \$560-635 billion annually in direct medical treatment costs and lost productivity.^{xv} Chronic pain arises from a complex web of heterogeneous illnesses and injuries, and affects a patient physically, psychologically, and emotionally. Frequently, chronic pain is associated with undue social and functional consequences, leading to lost productivity, reduced quality of life, and social stigma. Not surprisingly, addressing chronic pain requires a comprehensive approach, with an emphasis on safe and compassionate patient-centered care. Chronic pain usually cannot be managed by prescription therapy alone.

ⁱ AAP. America's Opioid Crisis: The Unseen Impact on Children. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Opioid-Factsheets.aspx>

ⁱⁱ CDC. (December 2017). CDC Drug Overdose Death Data. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

ⁱⁱⁱ AAFP. (April 2018). American Academy of Family Physicians: Member County by Chapter and Type.

^{iv} AMA. Enhancing physician education. Retrieved from <https://www.end-opioid-epidemic.org/education/>

^v Ibid.

^{vi} Ibid.

^{vii} KFF. (February 2018). Medicaid's Role in Addressing the Opioid Epidemic. Retrieved from <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

^{viii} Urban Institute. (June 2016). Coverage of Substance-Use Disorder Treatments in Marketplace Plans in Six Cities. Retrieved from www.urban.org/sites/default/files/publication/81856/2000838-Coverage-of-Substance-Use-Disorder-Treatments-in-Marketplace-Plans-in-Six-Cities.pdf.

^{ix} SAMHSA. Opioid Treatment Program Directory. Retrieved from <https://dpt2.samhsa.gov/treatment/directory.aspx>

^x SAMHSA. Buprenorphine Treatment Practitioner Locator. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

^{xi} NIH. Research Portfolio Online Reporting Tools (Report). Retrieved from https://projectreporter.nih.gov/reporter_chartResults.cfm?summ=1&icde=39981916&pChartType=bar&atab=

^{xii} AMA. Naloxone. Retrieved from <https://www.end-opioid-epidemic.org/naloxone/>

^{xiii} AAP. America's Opioid Crisis: The Unseen Impact on Children. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Opioid-Factsheets.aspx>

^{xiv} NCBI. (October 2014). Stigma, Discrimination, Treatment Effectiveness and Policy Support: Comparing Public Views about Drug Addiction with Mental Illness. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4285770/>

^{xv} NCBI. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK92510/>