

From Crisis to Action: Eliminating Opioid-Related Deaths Across West Virginia, Activating a Coordinated Overdose Prevention System

Executive Summary

Worldwide, about 600,000 deaths were attributable to drug use in 2019. Close to 80% of these deaths are related to opioids, with about 25% of those deaths caused by opioid overdose. According to WHO estimates, approximately 125 000 people died of opioid overdose in 2019. Opioid overdoses that do not lead to death are several times more common than fatal overdoses. Opioid use can lead to death because of opioids on the part of the brain that regulates breathing. (World Health Organization, 2023)

West Virginia continues to have the highest rate of opioid overdose deaths in the country, with synthetic opioids like fentanyl causing record-breaking deaths in the state's rural and underprivileged regions. West Virginia has experienced a 183% increase in drug overdose deaths since 2010 and a 459% increase since 2001, while nationally, rates have only increased by roughly 175% and 317%, respectively (Hodges et al., 2023). Major obstacles, like restricted rural access, dispersed outreach, and sluggish bureaucratic procedures, keep life-saving devices from getting to those who need them most, even with the existence of naloxone distribution programs and treatment facilities. Through increased naloxone education, quicker distribution, and coordinated local participation, this policy brief suggests the start of a statewide, community-centered overdose prevention program with the goal of lowering or, if possible, eliminating the number of deaths caused by opioids. West Virginia can close important service delivery gaps, equip local communities with harmful resources, and save hundreds of lives annually through focused and early interventions by establishing a unified overdose response network.

Aim

Starting a 'Stay Alive' overdose prevention program that increases access to naloxone, broadens community education, and fortifies response efforts in high-risk and underserved communities, we want to lower the number of opioid-related deaths in West Virginia.

What is the issue

West Virginia is experiencing a serious and protracted public health disaster brought on by the opioid crisis. The state has seen a tragic rise in overdose deaths in recent years due to easy access to powerful synthetic opioids, particularly fentanyl. The rate of overdose-related to the use of illicit opioids has drastically increased in the United States and the epicenter has been West Virginia with the highest overdose rate accounting for 41.5 deaths

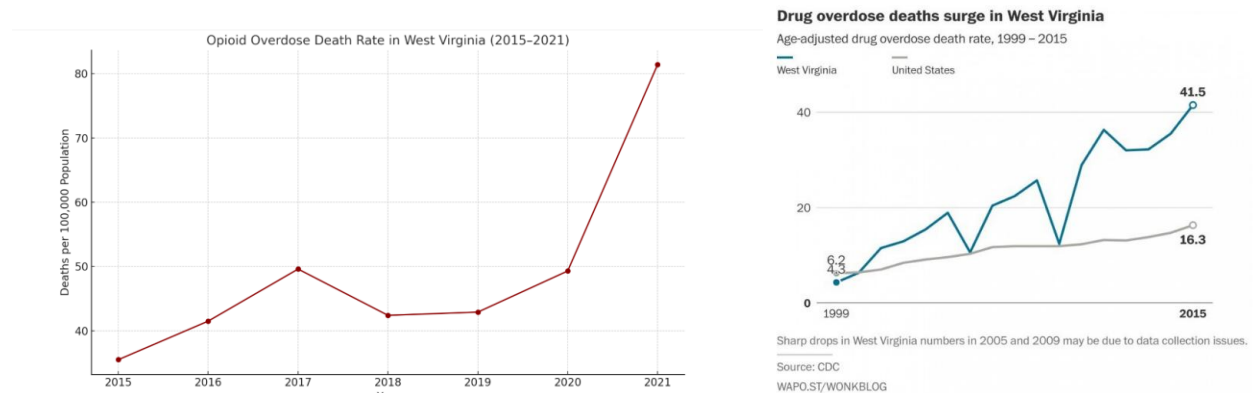
per 100 000 people among the 33,091 deaths in 2015. (et al., 2016). Many of these deaths take place in low-resource or rural areas where naloxone, treatment services and harm reduction education are still scarce or infrequently available. West Virginia used to be economically prosperous due to its booming mining industry, but as other energy sources have grown, it has seen economic decline, high rates of unemployment, and significant poverty. Even though current initiatives have made significant progress, they are frequently dispersed, underfunded, and challenging for local organizations to manage or maintain.

The state is still bearing the social and financial burden of avoidable fatalities, families are losing loved ones, and emergency services are overburdened. Patients aged 26–35 years accounted for 50% of cases. (Massey et al., 2017). To address this issue, immediate and concerted legislative action is required to bridge the loopholes that permit overdoses to go unchecked, support local preventive initiatives, and provide access to life-saving resources.

Serious gaps still exist in the fight against the epidemic, despite initiatives like medication-assisted treatment (MAT) programs and naloxone standing orders:

- There is a lack of naloxone and medical professionals in rural and Appalachian areas.
- Distribution of life-saving naloxone kits is sometimes delayed by the lengthy and bureaucratic application process.
- Only a small percentage of pharmacists are certified to administer naloxone without a prescription, and their involvement varies.
- Bystanders are unable to respond adequately to overdoses due to stigma and fear of legal repercussions.

Below are graph figures depicting the growth of Opioid overdose death from 1999 through to 2015 and from 2015 through to 2021; there is a massive increase in number of deaths from very few though to massive number of deaths



Why is it important

A study published in *JAMA Network Open* reported that among 422,605 unintentional opioid toxicity deaths in the U.S. between 2011 and 2021, the median age was 39 years (IQR: 30–51), and 69.7% were male. Most were identified as experiencing homelessness at the time of death. In addition to being a public health issue, West Virginia's opioid crisis poses a serious and growing threat to the future of the state as well as the welfare of families and communities. West Virginia is at the center of an avoidable epidemic, with overdose death rates far higher than the national average. From fatalities and distraught families to overworked emergency rooms, overcrowded hospitals, and higher expenses for the legal and medical systems, the effects are felt throughout the state. Access to emergency care and treatment is particularly difficult in rural areas, and stigma and legal concerns frequently discourage locals from getting treatment. Legislators can directly lower the number of opioid-related deaths and improve the safety and health of all West Virginians by passing well-thought-out policies that increase access to naloxone, encourage harm reduction tactics, and bolster community-level response. Now is the moment for decisive, coordinated action.

Recommendations

There were 107,968 drug overdose deaths in the United States in 2022 (34.6 deaths per 100,000 standard population), a 1.2% increase from 2021. There were also 1,335 overdose deaths in West Virginia in 2022, as well as 80.9 overdose deaths per 100,000 people (age-adjusted) in West Virginia in 2022. CDC appropriated \$5,427,190 for overdose prevention activities in the state of West Virginia in FY23. Centers for Disease Control and Prevention (2024). West Virginia deserves a 'Stay Alive' overdose prevention program

The state should implement an automatic qualification procedure for organizations serving high-risk neighborhoods in place of the current application process to guarantee that naloxone reaches at-risk groups without needless delay. This will ensure that there are no administrative obstacles, and that naloxone is easily accessible. First responders, medical professionals, educators, and public health specialists should all be required to complete standardized naloxone and overdose response training. To ensure continuous and widespread overdose prevention capabilities, these workers should be mandated to complete yearly training sessions and have their certification overseen by the state's public health system.

Creating a Statewide Program to Prevent Overdoses is one important recommendation to be considered. Under the West Virginia Department of Health development and finance, a

coordinated overdose prevention program is to be initiated and should reach underprivileged populations by centralizing naloxone teaching, distribution, and harm reduction programs.

The state should fund mobile outreach teams that are prepared to administer naloxone, provide overdose prevention education, and link people to treatment alternatives to address the disproportionate burden of opioid overdoses in underserved and rural communities. These units should collaborate closely with local communities, Tribal nations, and faith-based organizations, giving priority to places with inadequate access to healthcare. Resources for naloxone distribution and short intervention training should also be made available to local harm reduction teams, guaranteeing that people in high-risk regions are directly involved and equipped to handle the situation locally.

Promoting naloxone distribution through community-based initiatives is essential to increasing naloxone access and strengthening local communities. Changes in the proportion of opioid prescription fills with a naloxone coprescription fill attributable to the laws varied across states. In 4 states (New Jersey, New Mexico, Rhode Island, and Virginia), laws were associated with 0.8 (95% CI=0.3, 1.3) to 4.4 (95% CI=3.4, 5.4) percentage point increases in the proportion of opioid prescriptions with a naloxone coprescription fill ($p<0.05$). (Tormohlen et al., 2024). This can be achieved by providing easily accessible, user-friendly training materials, such as instructional videos and pamphlets, to equip residents with the knowledge to administer naloxone in an overdose emergency. Furthermore, it is critical to raise public knowledge of West Virginia's Good Samaritan Law so that people are aware of their legal protection when helping someone who is overdosing. We can increase the efficiency of secondary distribution efforts and lessen potential bystanders' concern of legal ramifications by enclosing multilingual instructions and QR codes to video tutorials with each naloxone kit.

In conclusion, the opioid crisis in West Virginia demands urgent, unified action. By investing in a statewide, community-centered overdose prevention program that expands access to naloxone, educates the public, and empowers local responders, the state can break the cycle of preventable deaths. Legislators, healthcare providers, and community leaders must act now to bridge existing gaps, dismantle stigma, and deliver life-saving resources to those most in need. Every life lost to opioid overdose is a tragedy that can be prevented with swift, coordinated, and sustained action, West Virginia can lead the nation in turning this epidemic around.

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