Controlled Substances Reporting System Annual Report

G.S. § 90-113.75B

Report to the

Joint Legislative Oversight Committee on Health and Human Services

North Carolina Medical Board

North Carolina Board of Podiatry Examiners

North Carolina Board of Nursing

North Carolina Dental Board

North Carolina Veterinary Medical Board

North Carolina Board of Pharmacy

By

North Carolina Department of Health and Human Services

March 26, 2025

INTRODUCTION

G.S. § 90-113.75B *Annually on February 1, beginning February 1, 2019, the Department shall report to the Joint Legislative Oversight Committee on Health and Human Services, the North Carolina Medical Board, the North Carolina Board of Podiatry Examiners, the North Carolina Board of Nursing, the North Carolina Dental Board, the North Carolina Veterinary Medical Board, and the North Carolina Board of Pharmacy on data reported to the controlled substances reporting system.*

BACKGROUND

G.S. § 90-113.75B requires an annual report to the General Assembly and licensing boards (as specified in the introduction above) to be delivered on February 1st of each year beginning in 2019. The report must include at least all the following information about targeted controlled substances reported to the system during the preceding calendar year:

(1) The total number of prescriptions dispensed, broken down by Schedule.
(2) Demographics about the ultimate users to whom prescriptions were dispensed.
(3) Statistics regarding the number of pills dispensed per prescription.
(4) The number of ultimate users who were prescribed a controlled substance by two or more practitioners.
(5) The number of ultimate users to whom a prescription was dispensed in more than one county.
(6) The categories of practitioners prescribing controlled substances and the number of prescriptions authorized by each category of practitioner. For the purpose of this subdivision, medical doctors, surgeons, palliative care practitioners, oncologists and other practitioners specializing in oncology, pain management practitioners, practitioners who specialize in hematology, including the treatment of sickle cell disease, and practitioners who specialize in treating substance use disorder shall be treated as distinct categories of practitioners.
(7) Any other data deemed appropriate and requested by the Joint Legislative Oversight Committee on Health and Human Services, the North Carolina Medical Board, the North Carolina Board of Podiatry Examiners, the North Carolina Board of Nursing, the North Carolina Dental Board, the North Carolina Veterinary Medical Board, or the North Carolina Board of Pharmacy.

DATA COLLECTION AND EXPLANATORY NOTES

Pharmacies in North Carolina are responsible for submitting data on any Schedule II-V controlled substances dispensed no later than the close of the next business day after the prescription is delivered. The data is provided in a standard American Society for Automation in Pharmacy (ASAP) format, which includes details on the transaction such as the patient, prescriber, and pharmacy.

Prescriber specialty is based on self-reported specialties in the National Plan and Provider Enumeration System (NPPES), the Drug Enforcement Agency (DEA), the North Carolina Medical Board, and the North Carolina Controlled Substances Reporting System (NC CSRS). As such, the quality of the prescription data is dependent on the accuracy of pharmacist submissions.

EXHIBITS AND NOTES

Exhibit 1: Prescriptions by Schedule

In total, 17,007,424 dispensations were reported to the NC CSRS in 2024.[1] In 2023, 15,621,985 dispensations were reported. There was an increase of 8.1% in the total number of dispensations from 2023 to 2024. This increase can be attributed to the requirement that Gabapentin dispensations be reported to the NC CSRS as a drug of concern. In 2024, over 2 million dispensations of Gabapentin were reported. Gabapentin is not a controlled substance; rather, it is unscheduled, and all dispensations are categorized in the Data Missing category.

In 2024, the proportion of human prescriptions listed as uncategorized ("data missing") was 13%, an increase from 2023. The proportion of veterinary prescriptions listed as uncategorized was 33%, an increased rate from 2023. This can be attributed to a variety of factors, such as the reporting requirement related to Gabapentin in 2024 and the emergence of new drugs without formal classifications. For example, if Gabapentin prescriptions were excluded in 2024, there would be 153,825 uncategorized human controlled substance dispensations and 12,579 uncategorized veterinary controlled substance dispensations. Compared to 2023, the number of uncategorized human controlled substance dispensations excluding Gabapentin decreased by 66% and the number of uncategorized veterinary controlled substance dispensations excluding Gabapentin decreased by 8%.

Schedule II controlled substances were the most dispensed in 2024, accounting for 41% of all reported dispensations. Compared to 2023, the number of Schedule II dispensations decreased by 1.4% but continues to account for a higher percentage of all reported dispensations. This is followed by controlled substance dispensations in Schedule IV, accounting for 34% of all reported dispensations. The most common type of drugs in Schedule II and Schedule IV are opioids and benzodiazepines respectively. See Exhibit 6 for further information.

Table 1.1 - Total Prescriptions by Schedule in 2024

Schedule	Human Rx	Veterinary Rx	Total
II	7,035,041	15,778	7,050,819
III	1,221,559	1,511	1,223,070
IV	5,651,424	75,023	5,726,447
V	774,196	4,129	778,325
*Data Missing	2,180,882	47,881	2,228,763
Total	16,863,102	144,322	17,007,424

*Data Missing indicates that the prescription did not have sufficient data to classify it as a Schedule II-V controlled substance. Gabapentin and its proprietary names are included in Data Missing. Compounded drugs will be classified by the schedule of the controlled substance as an active ingredient component.

Schedule II substances are currently recognized for medical use but have a high potential for abuse, which may lead to severe psychological or physical dependence. Examples include Hydrocodone, Oxycodone, Fentanyl, Amphetamine Salts and Cocaine.

[1]This data is accurate as of 15 January 2025. Some variation may occur due to late submissions.

Schedule III substances have a potential for abuse, that is less than that associated with Schedule II and may lead to moderate dependence. Examples include Buprenorphine, Ketamine, Tylenol with codeine, Testosterone, and Anabolic Steroids.

Schedule IV substances have a lower potential for abuse compared to schedule III. Examples include benzodiazepines such as alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), and diazepam (Valium®).

Schedule V substances have lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics and are generally used for antidiarrheal, antitussive, and analgesic (pain relief) purposes. Examples include Robitussin AC, Lomotil, and Lyrica.

A drug of concern and reportable drugs are substances other than a controlled substance that are identified as demonstrating a potential for abuse or misuse and is designated as a drug of concern in rules and regulations. For example, Gabapentin is a drug of concern and reportable drug required to be reported to the NC CSRS. Gabapentin is an anticonvulsant that has a risk of misuse and addiction potential; Gabapentin's potential for fatal overdoses is similar to opioids.[2]

Exhibit 2: Demographics

The data reflected below has been aggregated by two demographic categories: Counties (Table 2.1) and Age Group and Gender (Table 2.3). These tables contain a combination of human and veterinary prescriptions due to the small numbers in the veterinary category. These tables contain all reported dispensation data including controlled substances and Gabapentin. The count of unique patients may differ from the sum of all categories because patients may have moved between counties during the reporting period causing them to be indicated in more than one county.

As reflected in Table 2.1, Mecklenburg and Pasquotank counties have the smallest reported dispensation per patient ratio of all North Carolina counties (4.93 and 5.10 prescriptions per patient respectively) while Richmond and Mitchell counties have the highest (7.55 and 7.52 prescriptions per patient respectively). Swain County has the highest rate of prescriptions per 1,000 residents (2,697.53 per 1,000).

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2024

NC County	Prescriptions	Patients	Rx per Patient	Rx per 1,000 population
Alamance	251,868	44,899	5.61	1,383.07
Alexander	82,403	11,241	7.33	2,077.68
Alleghany	20,664	3,460	5.97	1,768.12
Anson	34,254	6,067	5.65	1,354.61
Ashe	53,834	8,181	6.58	1,840.42
Avery	35,087	5,426	6.47	1,945.82

[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC3404313/

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2024				
NC County	**Prescriptions**	**Patients**	**Rx per Patient**	**Rx per 1,000 population**
Beaufort	107,354	15,599	6.88	2,258.94
Bertie	31,115	5,278	5.90	1,587.26
Bladen	60,744	9,025	6.73	1,774.43
Brunswick	284,274	47,126	6.03	1,780.89
Buncombe	430,267	71,268	6.04	1,542.09
Burke	164,203	24,271	6.77	1,760.59
Cabarrus	340,204	56,030	6.07	1,455.13
Caldwell	180,415	26,572	6.79	2,109.92
Camden	12,701	2,357	5.39	1,152.12
Carteret	142,385	20,753	6.86	1,934.87
Caswell	22,142	3,253	6.81	935.64
Catawba	321,437	51,188	6.28	1,953.43
Chatham	69,778	12,548	5.56	824.84
Cherokee	65,077	9,326	6.98	2,086.14
Chowan	22,978	4,381	5.24	1,655.36
Clay	23,022	3,564	6.46	1,799.44
Cleveland	215,027	31,832	6.76	2,118.20
Columbus	124,294	17,252	7.20	2,210.89
Craven	197,463	30,244	6.53	1,889.38
Cumberland	437,539	75,931	5.76	1,307.54
Currituck	25,467	4,622	5.51	858.66
Dare	62,481	11,008	5.68	1,625.29
Davidson	276,071	42,245	6.53	1,563.91
Davie	89,593	13,608	6.58	1,938.19
Duplin	71,086	12,475	5.70	1,188.01
Durham	357,456	67,930	5.26	1,055.57
Edgecombe	76,855	13,959	5.51	1,481.03
Forsyth	593,650	103,823	5.72	1,495.05
Franklin	97,732	16,915	5.78	1,309.94
Gaston	458,338	67,502	6.79	2,001.41
Gates	10,746	1,958	5.49	878.80
Graham	15,066	2,438	6.18	1,734.72
Granville	73,483	12,298	5.98	1,128.70
Greene	19,202	3,368	5.70	912.25
Guilford	772,203	137,661	5.61	1,352.42

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2024				
NC County	**Prescriptions**	**Patients**	**Rx per Patient**	**Rx per 1,000 population**
Halifax	89,513	14,214	6.30	1,811.75
Harnett	186,738	28,579	6.53	1,280.44
Haywood	126,344	18,864	6.70	1,921.29
Henderson	196,143	33,265	5.90	1,568.65
Hertford	31,061	5,252	5.91	1,293.94
Hoke	60,077	10,089	5.95	1,000.43
Hyde	8,135	1,239	6.57	1,606.12
Iredell	365,272	57,733	6.33	1,877.09
Jackson	48,561	9,007	5.39	1,035.26
Johnston	288,562	47,335	6.10	1,221.64
Jones	22,424	3,257	6.88	2,198.65
Lee	118,297	19,517	6.06	1,825.94
Lenoir	84,256	14,977	5.63	1,550.82
Lincoln	171,044	27,106	6.31	1,849.18
Macon	65,278	11,126	5.87	1,696.28
Madison	38,645	5,995	6.45	1,623.26
Martin	43,318	6,675	6.49	1,917.66
McDowell	78,749	12,740	6.18	1,642.66
Mecklenburg	1,238,276	251,004	4.93	1,015.64
Mitchell	35,772	4,757	7.52	2,338.50
Montgomery	40,969	6,602	6.21	1,468.95
Moore	164,692	27,987	5.88	1,499.22
Nash	143,942	25,540	5.64	1,488.60
New Hanover	403,259	66,953	6.02	1,586.83
Northampton	28,099	4,619	6.08	1,439.87
Onslow	280,437	44,333	6.33	1,308.47
Orange	210,991	37,302	5.66	1,364.20
Pamlico	21,426	3,220	6.65	1,605.06
Pasquotank	51,096	10,010	5.10	1,290.07
Pender	112,714	17,762	6.35	1,629.14
Perquimans	21,111	3,740	5.64	1,540.27
Person	58,170	9,909	5.87	1,415.26
Pitt	285,990	45,793	6.25	1,536.78
Polk	25,934	4,430	5.85	1,154.73
Randolph	212,735	34,079	6.24	1,424.15

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2024				
NC County	**Prescriptions**	**Patients**	**Rx per Patient**	**Rx per 1,000 population**
Richmond	100,728	13,340	7.55	2,256.20
Robeson	280,799	38,585	7.28	2,186.55
Rockingham	191,955	27,431	7.00	2,089.58
Rowan	243,726	37,164	6.56	1,676.52
Rutherford	144,152	19,626	7.34	2,047.18
Sampson	100,189	16,364	6.12	1,542.63
Scotland	72,000	9,869	7.30	2,024.46
Stanly	120,933	19,201	6.30	1,824.99
Stokes	104,730	14,639	7.15	2,267.28
Surry	158,571	23,117	6.86	2,165.32
Swain	36,878	5,378	6.86	2,697.53
Transylvania	63,131	9,865	6.40	1,706.66
Tyrrell	5,047	903	5.59	1,185.02
Union	317,974	59,978	5.30	1,192.73
Vance	70,486	11,657	6.05	1,512.02
Wake	1,544,609	293,088	5.27	1,291.86
Warren	18,453	3,379	5.46	949.08
Washington	19,320	3,281	5.89	1,657.66
Watauga	56,854	9,761	5.82	916.22
Wayne	176,791	30,296	5.84	1,362.75
Wilkes	127,229	19,049	6.68	1,775.85
Wilson	118,941	19,928	5.97	1,405.82
Yadkin	84,078	11,987	7.01	2,193.07
Yancey	39,268	5,448	7.21	2,016.54
Out of State	715,685	163,840	4.37	.
Unspecified	6,909	1,029	6.71	.
Total	17,007,424	2,902,051	5.86	1,530.50

Table 2.2- Summary of North Carolina Dispensing Metrics in 2023 and 2024						
Dispensing Metrics	2023			2024		
	Lowest County Value	Highest County Value	Statewide Total	Lowest County Value	Highest County Value	Statewide Total
Prescriptions	4,614	1,441,108	15,054,505	5,047	1,544,609	16,291,739
Patients	826	281,362	2,633,469	903	293,088	2,738,255
Rx per patient	4.84	7.16	5.64	5	8	5.86
Rx per 1,000 population	753.48	2,702.29	1,431.83	825	2,698	1,530.50

Table 2.2 includes controlled substance dispensation data reported in the 2023 Annual Report and 2024 data includes reported dispensations to the NC CSRS including controlled substances and Gabapentin, showing the lowest and highest values for a given metric in the 100 NC counties, as well as the statewide totals for metrics in 2023 and 2024.

The data reflects increases in the total number of prescriptions, total prescriptions per patient and total prescriptions per 1,000 population in the State from 2023 to 2024. The observed increases in each category are less than ten percent and can be attributed to the inclusion of over 2 million Gabapentin dispensation records in 2024. The information in Table 2.2 excludes Out-of-State prescriptions and patients; these are excluded from this table to show dispensing metrics of patients with a county residence within the State.

Table 2.3- Number of Reported Dispensations by Age and Gender in 2024				
Age Range	Male	Female	Unknown	Total
0-9	253,647	124,747	6,560	384,954
10-19	507,015	362,560	5,223	874,798
20-29	378,781	616,264	2,859	997,904
30-39	787,138	1,273,545	3,128	2,063,811
40-49	932,457	1,628,464	4,091	2,565,012
50-59	1,197,759	1,999,536	5,614	3,202,909
60-69	1,403,127	2,080,189	4,161	3,487,477
70-79	943,913	1,419,755	2,375	2,366,043
80+	355,782	707,799	919	1,064,500
Unknown	0	1	15	16
Total	6,759,619	10,212,860	34,945	17,007,424

As reflected in Table 2.3 above, the highest volume of reported dispensations occurred from ages 30 to 69. The steepest increase, and yearly observed trend, occurs between the age groups 20-29 and 30-39. For 2024, there is an approximate 106.6% increase in prescriptions dispensed from 20-29 to 30-39 for females and 107.8% increase for males from 20-29 to 30-39. These percentages are higher than in 2023, indicating that the proportion of dispensations to the 30-39 age group was higher than for the 20-29 age

group. The number of reported dispensations continues to increase from that point through the 60-69 age range, after which the numbers significantly decline, approximately 31.7% for females and 32.7% for males. Compared to 2023, the number of reported dispensations in these age ranges increased. The increases in dispensation quantity among age ranges can be attributed to the inclusion of Gabapentin dispensations in 2024. By gender, females consistently have a higher number of dispensations than males beginning at the 20-29 age group continuing through the 80+ age group. Approximately 66% of reported dispensations in 2024 were to females.

Exhibit 3: Pill Statistics

The classification of reported dispensations with the highest number of prescriptions in 2024 was in the category titled "No CDC Class" followed by Opioids and Stimulants, respectively, as reflected in Table 3.1 below. No CDC Class denotes that the Center for Disease Control does not have a classification on file for the drug in question. Compared to 2023, dispensations for "No CDC Class" increased by 21%, Opioid dispensations decreased by 9%, and Stimulant dispensations increased by 49%. Historically, Benzodiazepines have had the third highest dispensation quantity. In 2024, Stimulants dispensations increased significantly, and Benzodiazepine dispensations decreased by 17% compared to 2023. Most controlled substance prescriptions (49%) are dispensed in quantities of 30 pills or less. The category No CDC Class had the largest number of reported dispensations for quantities up to 90 days and quantities greater than 150 days. Opioids were the most dispensed controlled substance for quantities greater than 90 days up to 150 days.

The increase in the pill quantity dispensed in No CDC Class for 2024 can be partially attributed to the Gabapentin reporting requirement to the NC CSRS resulting in an inclusion of 2,062,359 additional dispensations. As noted above, Gabapentin is a drug of concern and is not a controlled substance; it is not classified in a drug class or scheduled. All Gabapentin dispensations are captured under the No CDC Class category.

Table 3.1 – Pill Quantity by Classification

Quantity Range	Benzo	Muscle Relaxant	Opioid	Sedative	Stimulant	^No CDC Class	Total
1-30	903,030	517	1,775,900	645,381	2,098,532	2,289,445	7,712,805
31-60	470,886	607	800,171	22,676	676,250	1,220,321	3,190,911
61-90	270,485	654	683,847	70,373	205,295	1,300,818	2,531,472
91-120	54,700	170	738,069	245	22,751	291,870	1,107,805
121-150	6,504	7	109,886	580	4,592	41,480	163,049
151-180	15,214	24	120,132	564	14,332	319,891	470,157
181+	7,244	38	38,674	27	3,444	380,917	430,344
Not Pills	17,555	0	605,710	17	53,974	723,453	1,400,709
Data Missing	40	0	46	10	6	70	172
Total	1,745,658	2,017	4,872,435	739,873	3,079,176	6,568,265	17,007,424

^No CDC Class – The Center for Disease Control does not have a classification on file for the drug. Gabapentin and its proprietary names are included in No CDC Class.

Exhibit 4: Patients with Multiple Prescribers

The data indicates that 58.23% of human patients saw one prescriber for their prescriptions. This is an increase from the percentage noted in the 2023 data (56.49%). Pet and animal owners were more likely to receive prescriptions for their animals from one veterinarian. These tables include controlled substance and Gabapentin data.

Table 4.1 Prescriber counts (Human patients)		
Prescribers	**Patients**	**Percentage**
1	1,657,044	58.23%
2	664,430	23.35%
3	285,977	10.05%
4	127,526	4.48%
5	57,812	2.03%
6	26,674	0.94%
7	12,846	0.45%
8	6,369	0.22%
9	3,314	0.12%
10+	3,829	0.13%
Total	2,845,821	

Table 4.2 Prescriber counts (Veterinary)		
Prescribers	**Patients**	**Percentage**
1	49,399	86.10%
2	6,319	11.01%
3	1,326	2.31%
4	262	0.46%
5	48	0.08%
6	14	0.02%
7	3	0.01%
8	0	0.00%
9	0	0.00%
10+	1	0.00%
Total	57,372	

Exhibit 5: Patients with Multiple County Dispensing

The largest percentage of patients had reported dispensations in only one county (Tables 5.1 and 5.2 below). The data remained consistent with the patterns observed in 2023. These tables include controlled substance and Gabapentin data.

Table 5.1 - Dispenser Counties (Human patients)		
Counties	**Patients**	**Percentage**
1	2,552,436	89.69%
2	254,790	8.95%
3	33,649	1.18%
4	4,358	0.15%
5	512	0.02%
6	69	0.00%
7	6	0.00%
8	1	0.00%
9	0	0.00%
10+	0	0.00%
Total	2,845,821	

Table 5.2 - Dispenser Counties (Veterinary patients)		
Counties	**Patients**	**Percentage**
1	56,886	99.15%
2	475	0.83%
3	9	0.02%
4	2	0.00%
5	0	0.00%
6	0	0.00%
7	0	0.00%
8	0	0.00%
9	0	0.00%
10+	0	0.00%
Total	57,372	

Exhibit 6: The Categories of Practitioners Prescribing Substances and the Number of Prescriptions Authorized by Each Category of Practitioner

Table 6.1 includes all 2024 reported dispensations to the NC CSRS including controlled substances and Gabapentin.

Of the specialties identified, the largest category of practitioners, for both reported dispensations and patients, is *Other* followed by *Medical Doctor* as reflected in Table 6.1 below. These two specialties account for 57% (*Other*) and 37% (*Medical Doctor*) of all reported dispensations. Prescribers specializing in *Pain Management* are the third most frequent prescribers of reportable substances.

Of the identified specialties, Substance Use Disorder[3] and Pain Management provide the highest prescription ratio per patient compared to other specialties. Dentists have the lowest rate of prescriptions per patient. These trends are consistent with the data from 2023.

Table 6.1 – Number of Reported Dispensations by Prescriber Specialty

Specialty	Prescriptions	Patients	Rx per Patient
Dentist	240,996	189,682	1.27
Hematology	10,436	3,308	3.15
Medical Doctor	6,316,361	1,354,755	4.66
Oncology	68,835	20,586	3.34
Pain Management	315,750	56,864	5.55
Palliative Care	23,274	6,679	3.48
Substance Use Disorder	20,711	4,011	5.16
Veterinary	142,134	56,782	2.50
+Other	9,703,436	1,833,873	5.29
Unspecified	165,491	47,740	3.47
***Total**	17,007,424	2,902,051	5.86

+Specialty other than those in this list (e.g., Nurse Practitioner, Prescribing Pharmacist, et. al.)
*This is the total of unique patients and differs from the sum of all categories because unique patients may see more than one practitioner specialty.

[3] The classification of Substance Use Disorder specialty contains data from prescriptions dispensed at a pharmacy by a patient and does not include data from Substance Use Treatment services that dispense medications on site or less than 48 hours supply.

Table 6.2 – Number of prescriptions dispensed by prescriber specialty and drug class							
Specialty	**Benzo**	**Opioid**	**Muscle Relaxant**	**Stimulant**	**Sedative**	**^No CDC Class**	**Total**
Dentist	36,833	167,232	7	458	246	36,220	240,996
Hematology	650	5,307	0	134	248	4,097	10,436
Medical Doctor	719,026	1,516,317	763	1,056,195	379,952	2,644,108	6,316,361
Oncology	5,587	37,622	12	938	1,448	23,228	68,835
Pain Management	9,370	211,815	98	4,252	2,933	87,282	315,750
Palliative Care	4,544	11,346	0	311	80	6,993	23,274
Substance Use Disorder	1,305	10,022	0	3,771	377	5,236	20,711
Veterinary	10,181	11,775	0	275	40	119,863	142,134
+Other	944,641	2,861,268	1,129	1,971,900	346,238	3,578,260	9,703,436
Unspecified	13,521	39,731	8	40,942	8,311	62,978	165,491
Total	1,745,658	4,872,435	2,017	3,079,176	739,873	6,568,265	17,007,424

^No CDC Class – The Center for Disease Control (CDC) does not have a classification on file for the drug. Gabapentin and its proprietary names are included in No CDC Class.
+Specialty other than those in this list (e.g., Nurse Practitioner, Prescribing Pharmacist, et. al.)

Table 6.2 includes all reported dispensations to the NC CSRS, including controlled substances and Gabapentin. Gabapentin is a drug of concern and not a controlled substance; it is not classified in a drug class or scheduled. All Gabapentin dispensations are captured under the No CDC Class category.

Based upon the 2024 data, No CDC Class was the most prescribed and dispensed category overall, followed by Opioids. Medical Doctors and Veterinarians were the specialties prescribing the highest quantities of reported dispensations categorized as No CDC Class. Compared to 2023, Medical Doctors prescribing of drugs in No CDC Class increased by 23% and their prescribing of opioids decreased by 11%. Veterinarians, compared to 2023, increased prescribing of drugs in No CDC Class by 28% and increased prescribing of opioids by 6%. Opioids were the most prescribed and dispensed controlled substances by all other specialties. Drugs categorized as Stimulants and Benzodiazepines are the third and fourth most prescribed and dispensed controlled substances (See Table 6.2 above). Compared to the 2023 report, the specialty Medical Doctor's number of prescribed stimulants increased by 46% in 2024.

Exhibit 7: Number of Users of the NC CSRS

This exhibit reflects the number of users of the NC CSRS, by role. The NC CSRS system was accessed by 90,646 practitioners and pharmacists in 2024, resulting in over 15 million total searches. This is a 13% increase in the number of active users from 2023. There is an approximate 50% increase in the number of total searches by active users compared to 2023, indicating that more practitioners and pharmacists accessed prescription histories and other clinical diagnosis tools to assist in prescribing and dispensing decisions. In 2024, the NC CSRS team engaged with the North Carolina Licensing Boards, launched new program initiatives, developed user documents, provided over 1,000 technical assistance requests, and streamlined Gateway Integrations (electronic health record embedding of the NC CSRS) for prescribers and dispensers to encourage increased utilization of the NC CSRS.

Table 7.1- Number of Searches and Active Users by Role in 2024

Role	Active Users	Total Searches	Searches per Active User
Prescriber	72,926	8,899,001	122
Pharmacist	17,334	6,884,319	397
Other	386	6,195	16
Total	90,646	15,789,515	174

SUMMARY AND DISCUSSION

In 2024, over 17 million prescription dispensations were reported to the NC CSRS. This is an increase of 8.9% in the number of prescription dispensations reported to the CSRS since 2023. This increase can be attributed to the 2024 Gabapentin reporting requirement, as a drug of concern, resulting in an additional 2,062,359 dispensations to the NC CSRS. Excluding the 2024 Gabapentin dispensations; the total 2024 controlled substance dispensations are 14,945,065 a 4.3% decrease in total reported dispensations since 2023 and a 18.7% decrease in total reported dispensations since 2018.

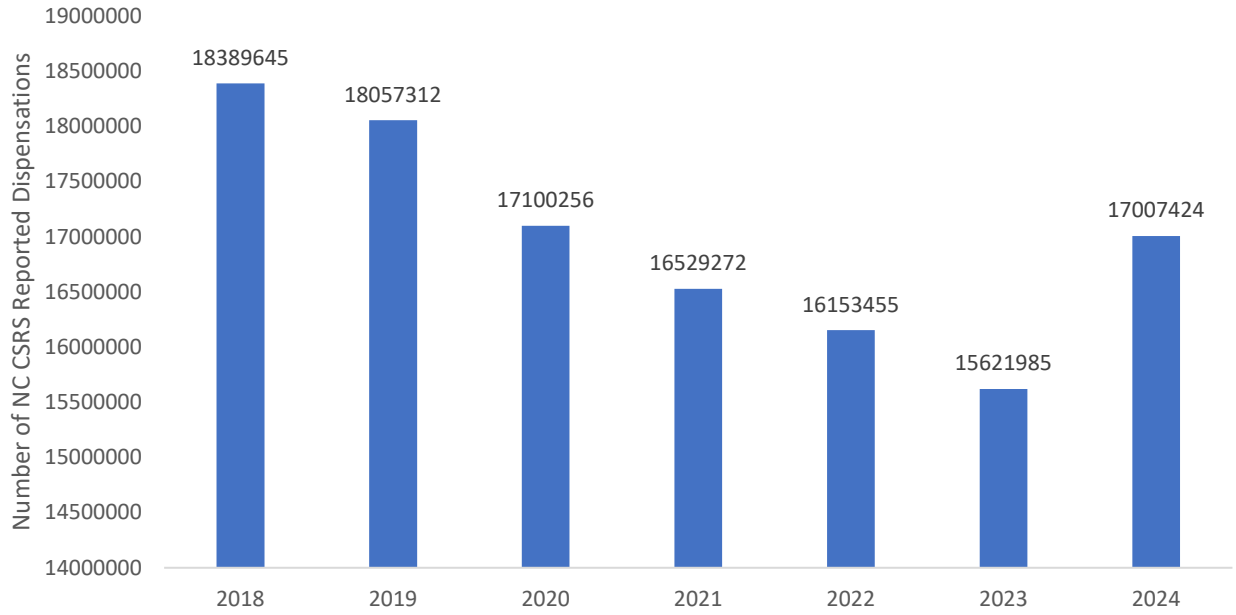

Figure 1 Annual Trend in NC CSRS Reported Dispensations

The total number of opioids dispensed decreased 9% from the data reported in the 2023 Annual Report (5,354,643 opioids). When compared to the total number of dispensed opioids from the 2019 Annual Report (7,181,632 opioids) the number of dispensed opioids in 2024 has decreased by 32%. This data indicates trends suggesting that the overall amount of opioid prescribing is decreasing; future reports will continue to follow these trends carefully.

In 2023, the North Carolina licensing boards began to receive comprehensive reports on controlled substance prescribers not registered with the NC CSRS; this effort continued throughout 2024. Since the start of these reports in April 2023, the Medical Board has seen a 79% decrease in the number of non-registered prescribers and the Nursing Board, since August 2023, has seen a 42% decrease in the number of non-registered prescribers. Prescribers of Gabapentin that do not prescribe controlled substances were excluded from these reports.

In 2024, the NC CSRS launched Clinical Alerts as a tool for controlled substance prescribers. As implemented, Clinical Alerts notified prescribers that a patient has met or exceeded set high-risk thresholds. The alerts are meant to serve as a tool for healthcare providers to identify patients potentially at risk for overdose or substance use disorders and prompt a supportive conversation between the patient and the provider.

S.L. 2023-65 amended G.S. 90-113.73(b) by adding gabapentin to the list of substances to be reported into the NC CSRS, by practitioners, effective March 1, 2024; this law requires veterinarians to report prescriptions of

gabapentin effective March 1, 2025. This report is the first report including the dispensation data of Gabapentin, by prescribers in North Carolina. There were 2,062,359 Gabapentin dispensations reported to the NC CSRS in 2024. This is 12% of the total number of reported dispensations in the State in 2024. The volume of Gabapentin dispensation data reported has resulted in variances in the annual report and long-term observed dispensation trends. Future reports will continue to follow these trends carefully and will provide additional information on Gabapentin dispensations.

S.L. 2024-43 amended G.S. 90-90 by adding Tianeptine to the list of Schedule II controlled substances effective December 1, 2024, requiring any dispensation to be reported to the NC CSRS. There were no reported dispensations of Tianeptine to the NC CSRS in 2024.

The NC CSRS plays a key role in providing the medical community with accurate and up-to-date information on prescribing trends to encourage clinical decision making that will ultimately result in more informed prescribing of controlled substances and drugs of concern.