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

April 9, 2026

INTRODUCTION

G.S. § 90-113.75B mandates that *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.*

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, 15,855,179 dispensations were reported to the NC CSRS in 2025.[1] In 2024, 17,007,424 dispensations were reported. This is a decrease of 6.8% in the total number of reported dispensations from 2024 to 2025.

Table 1.1 shows the total reported dispensations to the NC CSRS in 2025 by drug schedule. Drugs are classified by the DEA into distinct categories called schedules, depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. Drug schedules include substances from multiple drug classifications including opioids, benzodiazepines, stimulants, sedatives, and muscle relaxants.

Schedule II controlled substances had the highest quantity of reported dispensations in 2025, accounting for 41% of all reported dispensations. Compared to 2024, the quantity of Schedule II dispensations decreased by 8%. Schedule IV controlled substances had the second highest quantity of reported dispensations, accounting for 34% of all reported dispensations. This is a 13% decrease in the quantity of reported Schedule IV controlled substances compared to 2024. The Schedule II and Schedule IV reported dispensations include drugs from multiple drug classes. See Exhibit 6 for further information.

In 2025, the number of reported dispensations listed as uncategorized ("data missing") accounted for 15.1% of all reported dispensations. Compared to 2024, there is an increase of 7.7% in the total number of uncategorized reported dispensations. The proportion of uncategorized human prescriptions was 14.1%, a slight decrease (1%) from 2024. The proportion of veterinary prescriptions listed as uncategorized was 69.2%, a significant increase (334.6%) from 2024. This increase, and the increase in the total number of uncategorized reported dispensations, can be partially attributed to the veterinary Gabapentin reporting requirement that became effective March 2025.

Table 1.1 - Total Prescriptions by Schedule in 2025

Schedule	Human Rx	Veterinary Rx	Total
II	6,519,411	16,368	6,535,779
III	1,108,228	1,345	1,109,573
IV	4,996,814	69,815	5,066,629
V	737,698	4,953	742,651
*Data Missing	2,192,451	208,096	2,400,547
Total	15,554,602	300,577	15,855,179

*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, Methadone, Amphetamine Salts (Adderall®), Ritalin, and Cocaine.

[1]This data is accurate as of 15 January 2026. Some variation may occur due to late submissions.

Schedule III substances have a potential for abuse that is less than Schedule II and may lead to moderate physical or psychological 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 Ativan, Ambien, Tramadol, 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. 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 (4.76 and 4.85 prescriptions per patient respectively) while Richmond, Alexander and Scotland counties have the highest (7.28, 7.18, and 7.18 prescriptions per patient respectively). Swain County has the highest rate of prescriptions per 1,000 residents (2,492.57 per 1,000) and Chatham County has the lowest rate of prescriptions per 1,000 residents (780.80 per 1,000).

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2025

NC County	Prescriptions	Patients	Rx per Patient	Rx per 1,000 population
Alamance	237,563	44,193	5.38	1,292.03
Alexander	78,399	10,922	7.18	1,965.38
Alleghany	18,109	3,410	5.31	1,543.95
Anson	32,021	5,637	5.68	1,266.35
Ashe	49,287	8,024	6.14	1,669.33
Avery	34,611	5,442	6.36	1,919.63
Beaufort	93,825	15,028	6.24	1,973.89

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

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2025				
NC County	**Prescriptions**	**Patients**	**Rx per Patient**	**Rx per 1,000 population**
Bertie	27,985	4,871	5.75	1,427.81
Bladen	58,069	8,608	6.75	1,699.02
Brunswick	261,851	47,128	5.56	1,606.50
Buncombe	421,671	73,573	5.73	1,495.27
Burke	162,125	24,463	6.63	1,732.12
Cabarrus	321,226	55,844	5.75	1,347.42
Caldwell	167,400	26,027	6.43	1,948.44
Camden	11,973	2,397	4.99	1,080.69
Carteret	132,934	20,506	6.48	1,794.51
Caswell	19,880	3,010	6.60	840.09
Catawba	302,208	50,383	6.00	1,825.35
Chatham	67,396	12,769	5.28	780.80
Cherokee	56,730	8,672	6.54	1,802.67
Chowan	20,869	4,145	5.03	1,508.64
Clay	18,995	3,322	5.72	1,464.76
Cleveland	201,633	30,969	6.51	1,982.86
Columbus	112,740	16,433	6.86	2,005.34
Craven	182,229	28,774	6.33	1,742.23
Cumberland	390,127	72,506	5.38	1,165.36
Currituck	25,384	5,209	4.87	843.74
Dare	57,088	11,033	5.17	1,478.04
Davidson	249,425	40,570	6.15	1,401.76
Davie	81,312	13,837	5.88	1,737.88
Duplin	64,228	11,830	5.43	1,073.08
Durham	342,075	67,994	5.03	996.67
Edgecombe	67,986	13,086	5.20	1,313.66
Forsyth	549,011	102,702	5.35	1,370.49
Franklin	92,313	16,892	5.46	1,219.35
Gaston	413,643	64,943	6.37	1,790.72
Gates	10,149	1,957	5.19	829.44
Graham	13,754	2,264	6.08	1,583.47
Granville	65,663	11,943	5.50	997.25
Greene	17,547	3,413	5.14	833.67
Guilford	727,746	134,984	5.39	1,259.17
Halifax	77,438	13,302	5.82	1,578.85

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2025				
NC County	**Prescriptions**	**Patients**	**Rx per Patient**	**Rx per 1,000 population**
Harnett	161,710	27,066	5.97	1,092.93
Haywood	119,722	19,201	6.24	1,807.23
Henderson	188,421	33,733	5.59	1,492.05
Hertford	28,109	4,895	5.74	1,170.92
Hoke	54,480	9,814	5.55	890.92
Hyde	6,313	1,128	5.60	1,251.83
Iredell	339,101	57,403	5.91	1,719.25
Jackson	48,651	9,333	5.21	1,025.94
Johnston	271,309	47,580	5.70	1,121.60
Jones	21,173	3,179	6.66	2,076.60
Lee	106,498	18,618	5.72	1,628.98
Lenoir	80,405	15,063	5.34	1,491.16
Lincoln	157,109	26,763	5.87	1,682.07
Macon	56,855	10,469	5.43	1,462.36
Madison	37,257	6,071	6.14	1,549.34
Martin	37,873	6,214	6.09	1,684.89
McDowell	77,693	12,900	6.02	1,611.92
Mecklenburg	1,185,336	249,039	4.76	955.67
Mitchell	33,152	4,692	7.07	2,166.80
Montgomery	40,058	6,454	6.21	1,433.97
Moore	160,183	28,841	5.55	1,436.18
Nash	132,774	24,424	5.44	1,371.19
New Hanover	388,161	67,692	5.73	1,505.43
Northampton	24,874	4,474	5.56	1,285.74
Onslow	259,695	43,647	5.95	1,197.76
Orange	200,806	37,515	5.35	1,285.78
Pamlico	18,906	3,070	6.16	1,414.48
Pasquotank	47,049	9,692	4.85	1,188.05
Pender	105,675	17,641	5.99	1,502.30
Perquimans	19,376	3,639	5.32	1,410.50
Person	56,245	9,935	5.66	1,364.08
Pitt	253,233	44,284	5.72	1,351.50
Polk	23,874	4,500	5.31	1,056.18
Randolph	195,818	33,397	5.86	1,303.10
Richmond	92,395	12,691	7.28	2,073.64

Table 2.1 - Number of Reported Dispensations by County of Patient Residence in 2025				
NC County	**Prescriptions**	**Patients**	**Rx per Patient**	**Rx per 1,000 population**
Robeson	257,590	36,716	7.02	2,014.09
Rockingham	180,891	26,797	6.75	1,969.12
Rowan	225,459	36,637	6.15	1,540.77
Rutherford	133,162	18,983	7.01	1,882.31
Sampson	92,152	15,592	5.91	1,417.07
Scotland	67,805	9,448	7.18	1,908.28
Stanly	114,048	18,677	6.11	1,708.00
Stokes	95,527	14,087	6.78	2,069.39
Surry	143,237	22,412	6.39	1,955.91
Swain	33,899	5,365	6.32	2,492.57
Transylvania	57,904	9,780	5.92	1,552.93
Tyrrell	4,324	851	5.08	1,014.79
Union	302,588	60,416	5.01	1,109.84
Vance	62,498	10,865	5.75	1,338.43
Wake	1,465,529	290,985	5.04	1,203.61
Warren	16,644	3,146	5.29	860.51
Washington	15,846	2,967	5.34	1,369.34
Watauga	57,260	10,477	5.47	910.54
Wayne	160,103	28,892	5.54	1,226.72
Wilkes	118,178	18,599	6.35	1,642.89
Wilson	105,675	19,050	5.55	1,241.21
Yadkin	76,146	11,198	6.80	1,985.45
Yancey	36,613	5,283	6.93	1,864.02
Out of State	657,842	150,357	4.38	.
Unspecified	7,352	1,101	6.68	.
Total	15,855,179	2,846,725	5.57	1,411.47

Table 2.2- Summary of North Carolina Dispensing Metrics in 2024 and 2025						
Dispensing Metrics	2024			2025		
	Lowest Value	Highest Value	Statewide Total	Lowest Value	Highest Value	Statewide Total
Prescriptions	5,047	1,544,609	16,291,739	4,324	1,465,529	15,189,985
Patients	903	293,088	2,738,255	851	290,985	2,695,295
Rx per patient	4.93	7.55	5.86	4.76	7.28	5.57
Rx per 1,000 population	825	2,698	1,530.50	781	2,493	1,411.47

The data in Table 2.2 above reflects decreases in the total number of prescriptions, prescriptions per patient and total prescriptions per 1,000 population in North Carolina from 2024 to 2025. This information excludes Out of State prescriptions and patients; these are excluded from this table to show dispensing metrics of patients with a county residence within North Carolina.

Table 2.3- Number of Reported Dispensations by Age and Gender in 2025				
Age Range	Male	Female	Unknown	Total
0-9	242,472	123,065	13,000	378,537
10-19	482,805	345,646	10,876	839,327
20-29	350,451	563,700	9,524	923,675
30-39	722,948	1,159,750	13,867	1,896,565
40-49	873,894	1,511,294	14,248	2,399,436
50-59	1,080,488	1,826,446	18,186	2,925,120
60-69	1,289,123	1,915,279	15,398	3,219,800
70-79	896,077	1,350,575	8,084	2,254,736
80+	344,398	671,242	2,314	1,017,954
Unknown	1	3	25	29
Total	6,282,657	9,467,000	105,522	15,855,179

Table 2.3 shows the number of reported dispensations by age and gender in 2025. Reported dispensations by gender have shown females consistently receiving a higher number of dispensations than males beginning at the 20-29 age group continuing throughout the 80+ age group. In 2025, approximately 60% of reported dispensations were dispensed to females.

The dispensation data shows the highest volume of reported dispensations occurred from ages 40 to 79. The steepest increase in reported dispensations among age groups, occurs for females between the age groups 0-9 to 10-19 (181%) and from 20-29 to 30-39 for males (106.3%). In 2025, there is an observed uniform increase, in reported dispensations, for both observed genders between the age groups 20-29 to 30-39; with a 105.7% increase in reported dispensations for females and a 106.3% increase for males. The uniformed increase of reported dispensations from 20-29 to 30-39 for females and males is consistent with the 2024 data. The number of reported dispensations continues to increase from the 20-29 age group

through the 60-69 age group, after which the number of reported dispensations decline from the 60-69 age group through the 80+ age group: 185% for females and 274% for males. Compared to 2024, the quantity of reported dispensations in all age ranges decreased for males and females.

Exhibit 3: Pill Statistics

Drugs are categorized by drug classification based upon their chemical structure, mechanism of action, and therapeutic usage. Drug classes can include drugs from any drug schedule. Dispensations in the No CDC Class category include all drugs for which the Centers for Disease Control and Prevention does not have a classification on file. Examples of drugs in No CDC Class include anticonvulsants, steroids, Pregabalin and drugs of concern such as Gabapentin.

The drug classification with the highest quantity of reported dispensations in 2025 was the category titled "No CDC Class" followed by Opioids and Stimulants, respectively as reflected in Table 3.1 below. Compared to 2024, dispensations for "No CDC Class" increased by 5.6%, Opioid dispensations decreased by 16.1%, and Stimulant dispensations decreased by 8.8%. In 2024, Stimulant dispensations increased significantly (49%) compared to 2023 but in 2025 have decreased. Most controlled substance prescriptions (45%) were dispensed in quantities of 30 pills or less. The category, No CDC Class, had the most reported dispensations for pill quantities up to 90 days and pill quantities greater than 150 days. Opioids had the most reported dispensations for pill quantities greater than 90 days up to 150 days.

The increase in total quantity of reported dispensations in the No CDC Class category can be partially attributed to the emergence of new drugs without formal classification, pharmacologically distinct drugs and the NC Gabapentin dispensation reporting requirements.

Table 3.1 – Pill Quantity by Classification

Quantity Range	Benzo	Muscle Relaxant	Opioid	Sedative	Stimulant	^No CDC Class	Total
1-30	759,330	511	1,501,328	520,179	1,902,422	2,479,648	7,163,418
31-60	365,834	500	662,075	18,768	628,126	1,251,195	2,926,498
61-90	214,312	606	585,666	61,499	187,672	1,308,545	2,358,300
91-120	43,252	129	636,394	229	20,843	307,378	1,008,225
121-150	5,135	17	102,327	496	4,052	42,829	154,856
151-180	11,616	44	101,733	485	13,702	325,898	453,478
181+	5,767	30	28,360	15	3,126	388,240	425,538
Not Pills	14,970	0	470,498	4	48,878	830,465	1,364,815
Data Missing	9	0	7	1	3	31	51
Total	1,420,225	1,837	4,088,388	601,676	2,808,824	6,934,229	15,855,179

^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 in 2025 61.07% of human patients saw one prescriber for their prescriptions. This is an increase from the percentage noted in the 2024 data (58.23%). Pet and animal owners were more likely to receive prescriptions for their animals from one veterinarian. These tables include controlled substance and drugs of concern (Gabapentin) dispensation data.

Table 4.1 Prescriber counts (Human patients)

Prescribers	Patients	Percentage
1	1,642,806	61.07%
2	626,822	23.30%
3	245,751	9.14%
4	99,416	3.70%
5	41,467	1.54%
6	18,029	0.67%
7	8,131	0.30%
8	3,750	0.14%
9	1,781	0.07%
10+	1,966	0.07%
Total	2,689,919	

Table 4.2 Prescriber counts (Veterinary)

Prescribers	Patients	Percentage
1	145,581	91.47%
2	11,520	7.24%
3	1,694	1.06%
4	300	0.19%
5	43	0.03%
6	8	0.01%
7	1	0.00%
8	0	0.00%
9	0	0.00%
10+	2	0.00%
Total	159,149	

Exhibit 5: Patients with Multiple County Dispensing

In 2025, over 90% of human and veterinary patients received reportable dispensations in only one county (Tables 5.1 and 5.2 below). The data remained consistent with the patterns observed in 2024. These tables include controlled substance and drugs of concern (Gabapentin) dispensation data.

Table 5.1 - Dispenser Counties (Human patients)

Counties	Patients	Percentage
1	2,444,581	90.88%
2	217,490	8.09%
3	24,491	0.91%
4	2,944	0.11%
5	354	0.01%
6	40	0.00%
7	12	0.00%
8	6	0.00%
9	1	0.00%
10+	0	0.00%
Total	2,689,919	

Table 5.2 - Dispenser Counties (Veterinary patients)

Counties	Patients	Percentage
1	158,337	99.49%
2	800	0.50%
3	11	0.01%
4	1	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	159,149	

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

Table 6.1 includes all 2025 reported dispensations to the NC CSRS including controlled substances and drugs of concern (Gabapentin).

The specialty category of practitioners with the highest quantity, for both reported dispensations and patients, is *Other* followed by *Medical Doctor* as reflected in Table 6.1 below. These two specialties account for 56.5% (*Other*) and 37% (*Medical Doctor*) of all reported dispensations. Prescribers specializing in *Veterinary Medicine* are the third most frequent prescribers of reportable substances. This is a shift from previous trends, where *Pain Management* prescribers have been the third most frequent prescribers of reportable dispensations. The increase in *Veterinary* prescribers reported dispensations can be partially attributed to improved data systems and the Veterinarian Gabapentin reporting requirements that went into effect on March 1, 2025.

Of the identified specialties, *Substance Use Disorder*[3], and *Pain Management* have the highest reported dispensation ratio per patient compared to other specialties. *Dentists* have the lowest rate of prescriptions per patient. These trends are consistent with the data from 2024.

Table 6.1 – Number of Reported Dispensations by Prescriber Specialty

Specialty	Prescriptions	Patients	Rx per Patient
Dentist	214,455	169,253	1.27
Hematology	10,342	3,260	3.17
Medical Doctor	5,860,155	1,267,225	4.62
Oncology	60,950	18,609	3.28
Pain Management	263,077	50,431	5.22
Palliative Care	20,868	6,510	3.21
Substance Use Disorder	20,056	3,251	6.17
Veterinary	297,733	158,191	1.88
+Other	8,961,453	1,700,052	5.27
Unspecified	146,090	38,909	3.75
***Total**	15,855,179	2,846,725	5.57

+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	32,610	143,954	3	403	181	37,304	214,455
Hematology	661	5,054	0	112	243	4,272	10,342
Medical Doctor	583,486	1,277,520	705	975,134	315,063	2,708,247	5,860,155
Oncology	4,631	31,819	7	897	1,068	22,528	60,950
Pain Management	7,375	167,728	55	3,184	2,314	82,421	263,077
Palliative Care	3,333	9,714	0	348	117	7,356	20,868
Substance Use Disorder	683	9,656	0	4,066	317	5,334	20,056
Veterinary	9,511	10,392	0	1,402	59	276,369	297,733
+Other	764,343	2,405,573	1,053	1,789,066	275,638	3,725,780	8,961,453
Unspecified	13,592	26,978	14	34,212	6,676	64,618	146,090
Total	1,420,225	4,088,388	1,837	2,808,824	601,676	6,934,229	15,855,179

^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. Drug class categories include drugs from any drug schedule. Gabapentin is a drug of concern in NC and not a federally controlled substance; it is not classified in a drug class or scheduled. All Gabapentin dispensations are captured under the No CDC Class category.

The 2025 data indicate the highest quantity of prescribed and dispensed reportable prescriptions as categorized in the No CDC class, followed by the Opioids class. Providers in the *Other* specialty category had the highest total quantity of prescribed reported dispensations (56.5%) and the highest prescribed reported dispensations for all drug classes, except Sedatives. The *Other* specialty category includes all providers that are practicing in specialties not listed in Table 6.2.

After the *Other* specialty, *Medical Doctor* and *Veterinary* were the provider specialties prescribing the second and third highest quantities of reported dispensations categorized as No CDC Class. Compared to 2024, *Medical Doctors* prescribing of drugs in No CDC Class increased by 2.4% and their prescribing of opioids decreased by 15.7%. *Veterinarian* providers, compared to 2024, increased reported dispensations of drugs in No CDC Class by 130.6% and decreased prescribing of opioids by 11.7%. While there is a significant increase in the number of reported dispensations by *Veterinarians*, compared to 2024, *Veterinary* dispensations account for only 1.9% of the total NC CSRS reported dispensations in 2025.

Opioids were the most prescribed and dispensed drug class by all other identified specialties. Drugs categorized as Stimulants and Benzodiazepines are the third and fourth most prescribed and dispensed reportable substances. Drugs categorized as Muscle Relaxants had the fewest prescribed reported dispensations (See Table 6.2 above).

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 70,215 practitioners and pharmacists in 2025, resulting in over 19 million total searches. Compared to 2024 this is a 22.5% decrease in the number of active users but a 20.4% increase in the number of total searches by active users. This relationship indicates that active practitioners and pharmacists accessed more prescription histories and other clinical diagnosis tools to assist in prescribing and dispensing decisions. In 2025, the NC CSRS team engaged with the North Carolina Licensing Boards, launched new program initiatives, developed user guides and support documents, produced a user video series, 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 2025

Role	Active Users	Total Searches	Searches per Active User
Prescriber	55,941	10,553,501	188.65
Pharmacist	13,503	8,421,539	623.68
Other	790	37,163	47.04
Total	70,215	19,012,203	270.77

Summary and Discussion

In 2025, over 15 million prescription dispensations were reported to the NC CSRS. This is a 6.8% decrease in the total number of prescription dispensations reported to the NC CSRS in 2024 and a 13.8% decrease in the total number of prescription dispensations reported to the NC CSRS since 2018. This decrease is inclusive of Gabapentin, a drug of concern, which added 2,168,821 reported dispensations in 2025.

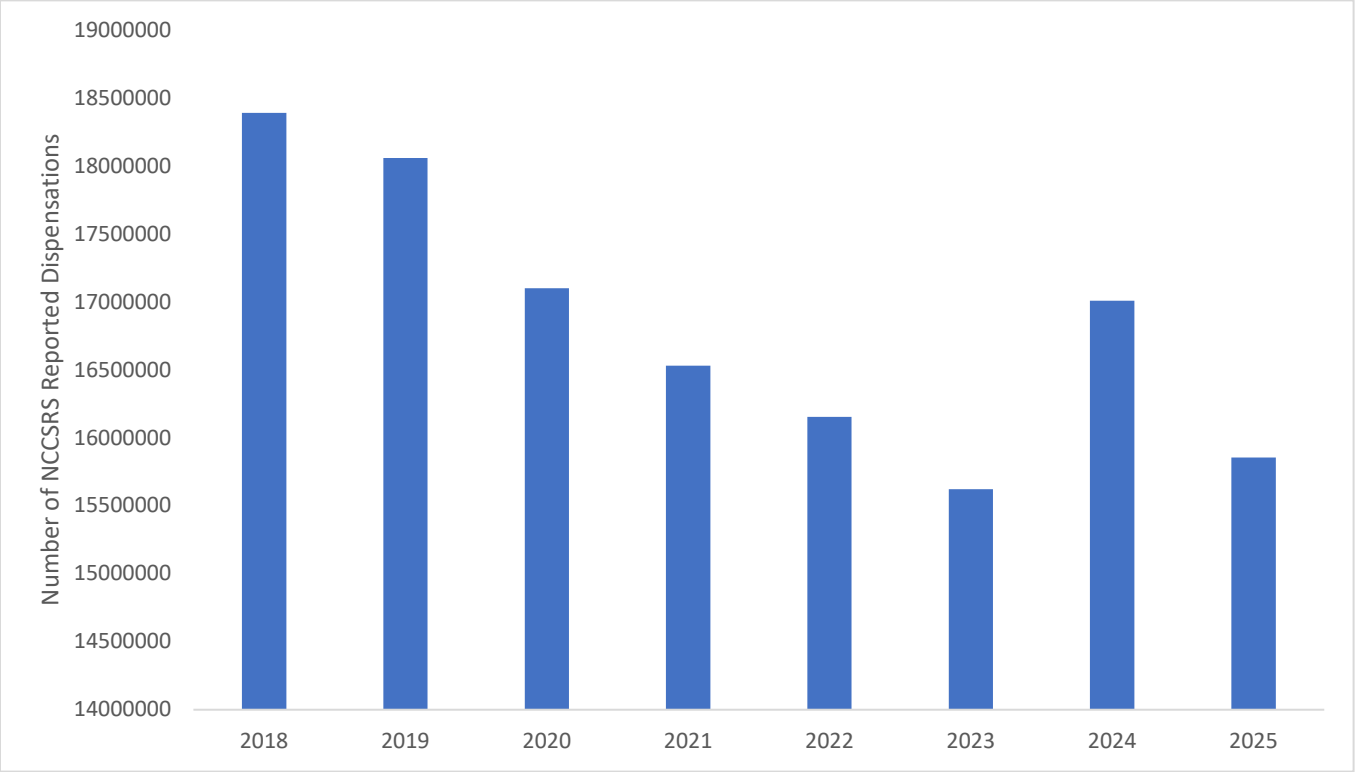

Figure 1 Annual Trend in NC CSRS Reported Dispensations

The total number of opioids dispensed decreased 16% from the data reported in the 2024 Annual Report (4,872,435 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 2025 has decreased by 43%. This data indicates a trend that the overall quantity 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, and this effort continued throughout 2025. Since the start of the reports in April 2023, the Medical Board has seen an 89% decrease in the number of non-registered prescribers and the Nursing Board, since August 2023, has seen a 93% 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. Prescribers receive an alert indicating 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) adding Gabapentin to the list of substances to be reported to the CSRS, by practitioners, effective March 1, 2024; this law also required veterinarians to report prescriptions of Gabapentin effective March 1, 2025. This report includes Gabapentin reported dispensation data for human and veterinary patients in North Carolina. As a drug of concern, Gabapentin is not federally scheduled or classified in a drug class. In 2025, 2,168,821 Gabapentin dispensations were reported to the NC CSRS, accounting for 13.7% of all reported dispensations. Compared to 2024, the quantity of reported Gabapentin dispensation increased by 5.2%. 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, adding Tianeptine to the list of Schedule II controlled substances effective September 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 or 2025.

The 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.