

STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

April 24, 2024

SENT VIA ELECTRONIC MAIL

The Honorable Donny Lambeth, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 620, Legislative Office Building Raleigh, NC 27603

The Honorable Larry Potts, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 307B1, Legislative Office Building Raleigh, NC 27603 The Honorable Joyce Krawiec, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 308, Legislative Office Building Raleigh, NC 27603

Dear Chairmen:

NC General Statute 90-113.75B requires the Department of Health and Human Services to submit an annual report on data reported to the controlled substances reporting system. This report is due to the Joint Legislative Oversight Committee on Health and Human Services, the NC Medical Board, the NC Board of Podiatry Examiners, the NC Board of Nursing, the NC Dental Board, the NC Veterinary Medical Board, and the NC Board of Pharmacy. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

—DocuSigned by:

on behalf of Kody H. Kinsley
65A1EF320AD6419...
Kody H. Kinsley

Secretary

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER KODY H. KINSLEY **GOVERNOR** SECRETARY

April 24, 2024

SENT VIA ELECTRONIC MAIL

Thomas Mansfield, Chief Legal Officer NC Medical Board PO Box 20007 Raleigh, NC 27619

Tracy Steadman, Executive Secretary NC Board of Podiatry Examiners 1500 Sunday Drive, Suite 102 Raleigh, NC 27607

Tod Schadler, Executive Director NC Veterinary Medical Board Raleigh, NC 27606

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Crystal Tillman, Chief Executive Officer NC Board of Nursing

PO Box 2129 Raleigh, NC 27602

Bobby White, CEO NC State Board of Dental Examiners 2000 Perimeter Park Dr., Suite 160 Morrisville, NC 27560

Jay Campbell, Executive Director NC Board of Pharmacy 6015 Farrington Rd., Suite 201 Chapel Hill, NC 27517

Dear Board Executives:

NC General Statute 90-113.75B, requires the Department of Health and Human Services, to submit an annual report on data reported to the controlled substances reporting system. This report is due to the Joint Legislative Oversight Committee on Health and Human Services, the NC Medical Board, the NC Board of Podiatry Examiners, the NC Board of Nursing, the NC Dental Board, the NC Veterinary Medical Board, and the NC Board of Pharmacy. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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Sincerely,

DocuSigned by:

Marie T. Som homo on behalf of Kody H. Kinsley

Kody H. Kinsley

Secretary

2024 Controlled Substances Reporting System Annual Report

NCGS 90-113.75B Amended by Session Law 2017-74, Section 12



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 24, 2024

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 of 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 Controlled Substances Reporting System (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, 15,621,985 controlled substance prescriptions were dispensed in 2023. In 2022, 16,153,455 prescriptions for controlled substances were dispensed. There was a decrease of 3.3% in the total number of controlled substances dispensed from 2022 to 2023. The largest decline observed is the dispensation of schedule II and IV controlled substances for human patients. Schedule II controlled substances were the most dispensed in 2023, accounting for 46% of all controlled substance dispensations. Compared to 2022, the number of Schedule II controlled substances dispensed decreased by 4.8% but still accounts for a higher percentage of all controlled substances dispensed. This is followed by prescription dispensations in Schedule IV, accounting for 38% of all controlled substance prescriptions dispensed. The most common type of drugs in Schedule II and Schedule IV are opioids and benzodiazepines respectively. See Exhibit 6 for further information.

In 2023, the proportion of human prescriptions listed as uncategorized ("data missing") was 2.9%, an increase from the previous year. The proportion of veterinary prescriptions listed as uncategorized was 11.6%, a decreased rate from the 14% reported in 2022. This can be attributed to a variety of systemic factors such as the formal classification of new products and improved data systems to capture information.

Table 1.1 - Total Prescriptions by Schedule in 2023					
Schedule	Human Rx	Veterinary Rx	Total		
II	7,136,981	16,853	7,153,834		
III	1,269,244	1,290	1,270,534		
IV	5,998,742	83,173	6,081,915		
V	759,228	3,030	762,258		
*Data Missing	457,790	13,740	471,530		
Total	15,621,985	118,086	15,740,071		

^{*}Data Missing indicates that the prescription did not have sufficient data to classify it as a Schedule II-V controlled substance

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.

Schedule III substances have a potential for abuse that is less than 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®).

¹This data is accurate as of 15 January 2024. Some variation may occur due to late submissions.

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.

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. This 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 Chowan counties have the smallest controlled substance prescription per patient ratio of all North Carolina counties (4.84 and 4.93 prescriptions per patient respectively) while Mitchell and Swain counties have the highest (7.16 and 6.93 prescriptions per patient respectively). Swain County has the highest rate of prescriptions per 1,000 residents (2,702.29 per 1,000).

Table 2.1 - Number of Controlled Substance Prescriptions Dispensed by County	y
of Patient Residence in 2023	

NC County	Prescriptions	Patients	Rx per Patient	Rx per 1,000 population
Alamance	222,438	42,338	5.25	1,233.35
Alexander	72,337	10,496	6.89	1,834.38
Alleghany	19,698	3,373	5.84	1,691.69
Anson	31,754	6,036	5.26	1,255.64
Ashe	49,798	7,888	6.31	1,718.95
Avery	29,259	4,990	5.86	1,622.80
Beaufort	98,436	14,747	6.67	2,071.68
Bertie	27,346	5,015	5.45	1,395.28
Bladen	50,806	8,308	6.12	1,481.92
Brunswick	264,009	45,144	5.85	1,689.64
Buncombe	398,294	68,494	5.82	1,442.98
Burke	149,438	22,825	6.55	1,608.02
Cabarrus	314,364	53,588	5.87	1,371.99
Caldwell	166,739	25,376	6.57	1,960.39
Camden	12,294	2,353	5.22	1,121.51
Carteret	132,469	20,578	6.44	1,812.16
Caswell	19,170	2,951	6.50	810.02
Catawba	305,660	49,511	6.17	1,869.03
Chatham	62,446	11,682	5.35	753.48

Table 2.1 - Number of Controlled Substance Prescriptions Dispensed by County of Patient Residence in 2023

NC County	Prescriptions	Patients	Rx per Patient	Rx per 1,000 population
Cherokee	58,917	8,975	6.56	1,906.14
Chowan	19,707	3,994	4.93	1,415.02
Clay	23,590	3,762	6.27	1,869.70
Cleveland	198,666	30,770	6.46	1,961.16
Columbus	110,312	16,561	6.66	1,962.15
Craven	178,266	28,874	6.17	1,707.30
Cumberland	420,296	75,159	5.59	1,256.78
Currituck	24,214	4,458	5.43	828.25
Dare	55,131	10,474	5.26	1,441.33
Davidson	250,912	39,702	6.32	1,432.85
Davie	84,575	13,238	6.39	1,852.28
Duplin	66,674	12,085	5.52	1,114.60
Durham	321,210	64,466	4.98	961.54
Edgecombe	69,903	13,024	5.37	1,343.51
Forsyth	551,197	100,658	5.48	1,400.52
Franklin	87,227	15,865	5.50	1,186.63
Gaston	445,088	66,412	6.70	1,958.94
Gates	9,899	1,812	5.46	810.20
Graham	15,014	2,390	6.28	1,728.73
Granville	65,411	11,652	5.61	1,016.25
Greene	16,476	3,104	5.31	782.71
Guilford	719,025	133,596	5.38	1,274.42
Halifax	78,028	13,308	5.86	1,567.96
Harnett	172,024	27,575	6.24	1,196.93
Haywood	118,606	17,995	6.59	1,817.05
Henderson	185,584	32,609	5.69	1,499.46
Hertford	27,026	4,861	5.56	1,125.80
Hoke	54,143	9,707	5.58	918.35
Hyde	6,582	1,119	5.88	1,293.38
Iredell	340,181	55,448	6.14	1,772.23
Jackson	48,889	9,030	5.41	1,053.80
Johnston	258,658	45,041	5.74	1,122.41
Jones	19,697	3,090	6.37	1,931.65
Lee	111,790	18,761	5.96	1,741.30
Lenoir	71,294	13,649	5.22	1,302.44

Table 2.1 - Number of Controlled Substance Prescriptions Dispensed by County of Patient Residence in 2023

NC County	Prescriptions	Patients	Rx per Patient	Rx per 1,000 population
Lincoln	161,081	26,034	6.19	1,757.93
Macon	58,398	10,462	5.58	1,533.28
Madison	34,651	5,639	6.14	1,470.38
Martin	40,401	6,381	6.33	1,779.62
McDowell	73,069	12,226	5.98	1,532.20
Mecklenburg	1,182,242	244,080	4.84	985.84
Mitchell	33,007	4,607	7.16	2,158.73
Montgomery	34,454	6,167	5.59	1,237.31
Moore	134,691	25,180	5.35	1,245.36
Nash	134,454	24,069	5.59	1,392.66
New Hanover	386,859	66,074	5.85	1,544.88
Northampton	22,905	4,280	5.35	1,160.57
Onslow	263,910	42,750	6.17	1,245.85
Orange	188,244	35,477	5.31	1,229.14
Pamlico	18,386	3,077	5.98	1,378.98
Pasquotank	49,769	9,687	5.14	1,256.19
Pender	104,422	17,392	6.00	1,534.85
Perquimans	18,996	3,530	5.38	1,388.49
Person	56,284	9,828	5.73	1,373.92
Pitt	265,966	44,190	6.02	1,439.02
Polk	25,567	4,441	5.76	1,146.04
Randolph	192,355	32,674	5.89	1,295.46
Richmond	88,223	12,767	6.91	1,972.21
Robeson	236,465	36,004	6.57	1,833.82
Rockingham	172,219	26,383	6.53	1,874.80
Rowan	226,932	35,766	6.34	1,569.64
Rutherford	130,109	18,939	6.87	1,856.37
Sampson	91,544	15,584	5.87	1,411.65
Scotland	61,721	9,286	6.65	1,733.88
Stanly	109,398	18,057	6.06	1,663.67
Stokes	97,816	14,186	6.90	2,115.95
Surry	150,128	22,740	6.60	2,050.06
Swain	37,170	5,366	6.93	2,702.29
Transylvania	60,414	9,873	6.12	1,646.43
Tyrrell	4,614	826	5.59	1,082.84

Table 2.1 - Number of Controlled Substance Prescriptions Dispensed by County of Patient Residence in 2023

NC County	Prescriptions	Patients	Rx per Patient	Rx per 1,000 population
Union	306,469	58,861	5.21	1,176.42
Vance	60,915	10,754	5.66	1,309.30
Wake	1,441,108	281,362	5.12	1,227.72
Warren	16,139	3,076	5.25	825.52
Washington	18,260	3,200	5.71	1,555.63
Watauga	50,388	8,871	5.68	823.02
Wayne	155,160	28,474	5.45	1,203.26
Wilkes	116,733	18,638	6.26	1,635.95
Wilson	111,400	19,416	5.74	1,324.88
Yadkin	77,069	11,631	6.63	2,011.25
Yancey	36,117	5,248	6.88	1,871.06
Out of State	685,566	155,834	4.40	
Unspecified	6,916	1,039	6.66	
Total	15,740,071	2,789,303	5.64	1,431.83

Table 2.2- Summary of North Carolina Dispensing Metrics in 2022 and 2023						
	2022			2023		
Dispensing Metrics	Lowest Value	Highest Value	Total	Lowest Value	Highest Value	Total
Prescriptions	4,524	1,452,939	15,450,271	4,614	1,441,108	15,054,505
Patients	824	278,231	2,631,776	826	281,362	2,633,469
Rx per patient	4.94	7.06	5.79	4.84	7.16	5.64
Rx per 1,000 population	764.42	2,743.07	1,486.56	753.48	2,702.29	1,431.83

The data reflects a decrease in the total number of prescriptions, prescriptions per patient and the prescriptions per 1,000 population in North Carolina from 2022 to 2023. 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 North Carolina.

Table 2.3- Number of Prescriptions Dispensed by Age and Gender in 2023						
Age Range	Male	Female	Unknown	Total		
0-9	252,579	120,709	4,982	378,270		
10-19	514,434	368,786	4,185	887,405		
20-29	381,212	619,422	2,320	1,002,954		
30-39	762,949	1,246,771	2,639	2,012,359		
40-49	879,294	1,536,466	3,478	2,419,238		
50-59	1,139,571	1,864,932	4,249	3,008,752		
60-69	1,273,696	1,864,850	3,269	3,141,815		
70-79	811,829	1,206,661	1,695	2,020,185		
80+	288,436	579,805	837	869,078		
Unknown	0	0	15	15		
Total	6,304,000	9,408,402	27,669	15,740,071		

As reflected in Table 2.3 above, the highest volume of controlled substance prescriptions dispensed occurred from ages 30 to 69. The steepest increase occurs between the age groups 20-29 and 30-39. There is an approximate 101% increase in prescriptions dispensed from 20-29 to 30-39 for females and 100% increase for males from 20-29 to 30-39. The number of controlled substance prescriptions dispensed continues to increase from that point through the 60-69 age range, after which the numbers significantly decline, approximately 35% for females and 36% for males. By gender, females consistently have a higher number of dispensed prescriptions for controlled substances than males beginning at the 20-29 age group continuing through the 80+ age group. Approximately 60% of controlled substance prescriptions are dispensed to females.

Exhibit 3: Pill Statistics

The classification of controlled substance with the highest number of prescriptions dispensed in 2023 was in the category titled "No CDC Class," followed by Opioids and Benzodiazepines, 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. Most controlled substance prescriptions (48%) are dispensed in quantities of 30 pills or less. The category No CDC Class was the most dispensed controlled substance for quantities of 1-30 and 31-60 days. Opioids were the most dispensed controlled substance for quantities greater than 60 days up to 181 days.

Table 3.1 – Pill Quantity by Classification							
Quantity Range	Benzo	Muscle Relaxant	Opioid	Sedative	Stimulant	^No CDC Class	Total
1-30	1,058,282	694	2,050,613	707,392	1,549,137	2,227,788	7,593,906
31-60	589,768	639	932,653	22,803	359,957	1,164,438	3,070,258
61-90	335,472	837	752,798	74,407	116,612	692,914	1,973,040
91-120	68,353	267	783,038	228	16,675	173,982	1,042,543
121-150	8,337	14	108,016	595	3,094	24,488	144,544
151-180	20,503	21	136,051	571	8,671	118,950	284,767
181+	9,755	37	50,304	34	2,170	82,825	145,125
Not Pills	18,040	0	541,165	78	9,132	917,431	1,485,846
Data Missing	10	0	5	0	1	26	42
Total	2,108,520	2,509	5,354,643	806,108	2,065,449	5,402,842	15,740,071

No CDC Class – The Center for Disease Control does not have a classification on file for the drug

Exhibit 4: Patients with Multiple Prescribers

The data indicates that 56.49% of human patients saw one prescriber for their dispensed controlled substances. This is similar to the percentage noted in the 2022 data (56.83%). Pet and animal owners were more likely to receive controlled substance prescriptions for their animals from one veterinarian.

Table 4.1 Prescriber counts (Human patients)				
Prescribers	Patients	Percentage		
1	1,550,215	56.49%		
2	633,510	23.09%		
3	291,043	10.61%		
4	137,147	5.00%		
5	65,985	2.40%		
6	32,212	1.17%		
7	16,160	0.59%		
8	8,184	0.30%		
9	4,291	0.16%		
10+	5,277	0.19%		
Total	2,744,024			

Table 4.2 Prescriber counts (Veterinary)				
Prescribers	Patients	Percentage		
1	38,343	83.00%		
2	5,976	12.94%		
3	1,487	3.22%		
4	315	0.68%		
5	62	0.13%		
6	10	0.02%		
7	2	0.00%		
8	0	0.00%		
9	0	0.00%		
10+	1	0.00%		
Total	46,196			

Exhibit 5: Patients with Multiple County Dispensing

The largest percentage of patients had controlled substance prescriptions dispensed in only one county (Tables 5.1 and 5.2 below). While there was a slight decrease in the percentage of human patients receiving controlled substance prescriptions in one county from 2022 to 2023, the data remained consistent with the patterns observed in 2022.

Table 5.1 - Dispenser Counties					
(Human pat	(Human patients)				
Counties	Patients	Percentage			
1	2,466,827	89.90%			
2	246,899	9.00%			
3	26,677	0.97%			
4	3,120	0.11%			
5	429	0.02%			
6	59	0.00%			
7	8	0.00%			
8	4	0.00%			
9	0	0.00%			
10+	1	0.00%			
Total	2,744,024				

Table 5.2 - Dispenser Counties					
(Veterinary	(Veterinary patients)				
Counties	Patients	Percentage			
1	45,867	99.29%			
2	319	0.69%			
3	8	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	46,196				

Exhibit 6: The categories of practitioners prescribing controlled substances and the number of prescriptions authorized by each category of practitioner

Of the specialties identified, the largest category of practitioners, for both controlled substance prescriptions 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 controlled substances prescribed and dispensed. Prescribers specializing in Pain Management are the third most frequent prescribers of controlled substances.

Of the identified specialties, Substance Use Disorder² and Pain Management provide the highest prescription ratio per patient compared to other specialties. Dentists have the lowest rate of prescriptions per patient.

Table 6.1 – Number of controlled substance prescriptions dispensed by prescriber specialty					
Specialty	Prescriptions	*Patients	Rx per Patient		
Dentist	261,085	204,846	1.27		
Hematology	7,271	2,511	2.90		
Medical Doctor	5,885,145	1,297,093	4.54		
Oncology	63,988	19,859	3.22		
Pain Management	257,899	49,076	5.26		
Palliative Care	21,014	6,214	3.38		
Substance Use Disorder	19,912	3,396	5.86		
Veterinary	116,831	45,884	2.55		
+Other	8,908,143	1,768,138	5.04		
Unspecified	198,783	58,154	3.42		
Total	15,740,071	2,789,303	5.64		

⁺Specialty other than those in this list (e.g., Nurse Practitioner, Prescribing Pharmacist, et. al.)

Based upon the 2023 data, No CDC Class was the most prescribed and dispensed controlled substance category overall, followed closely by Opioids. Veterinarians and Medical Doctors prescribed the highest quantities of controlled substances falling into the No CDC Class. Opioids were the most prescribed and dispensed controlled substances by all other specialties. Drugs falling into the Benzodiazepine class and Stimulants are the third and fourth most prescribed and dispensed controlled substances (See Table 6.2 below).

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^{*}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.

² 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	40,320	197,598	8	329	296	22,534	261,085
Hematology	637	4,335	0	81	255	1,963	7,271
Medical Doctor	882,516	1,709,813	1,111	721,477	424,971	2,145,257	5,885,145
Oncology	6,434	39,129	3	493	1,692	16,237	63,988
Pain							
Management	8,656	197,563	110	2,184	2,022	47,364	257,899
Palliative Care	3,471	11,747	0	106	104	5,586	21,014
Substance Use							
Disorder	1,457	11,929	0	1,400	380	4,746	19,912
Veterinary	12,251	11,030	0	103	28	93,419	116,831
+Other	1,130,646	3,113,634	1,216	1,317,482	365,661	2,979,504	8,908,143
Unspecified	22,132	57,865	61	21,794	10,699	86,232	198,783
Total	2,108,520	5,354,643	2,509	2,065,449	806,108	5,402,842	15,740,071

No CDC Class – The Center for Disease Control (CDC) does not have a classification on file for the drug

Exhibit 7: Number of Users of the NC CSRS

This exhibit reflects the number of users of the NC CSRS, by role. The North Carolina CSRS system was accessed by 79,999 practitioners and pharmacists in 2023, resulting in over 10 million total searches.

This is a 61% increase in the number of active users from 2022, indicating that more practitioners and pharmacists accessed prescription histories and other clinical diagnosis tools to assist in prescribing and dispensing decisions.

Table 7.1- Number of Searches and Active Users by Role in 2023					
Role	Active Users	Total Searches	Searches per Active User		
Prescriber	63,337	6,369,709	101		
Pharmacist	16,034	4,143,707	258		
Other	637	15,778	25		
Total	79,999	10,529,194	132		

⁺Specialty other than those in this list (e.g., Nurse Practitioner, Prescribing Pharmacist, et. al.)

Summary and Discussion

In 2023, over 15 million dispensed controlled substance prescriptions were entered into the North Carolina Controlled Substances Reporting System. There has been a significant decline (15%) in the number of dispensed controlled substance prescriptions entered into the CSRS since 2018.

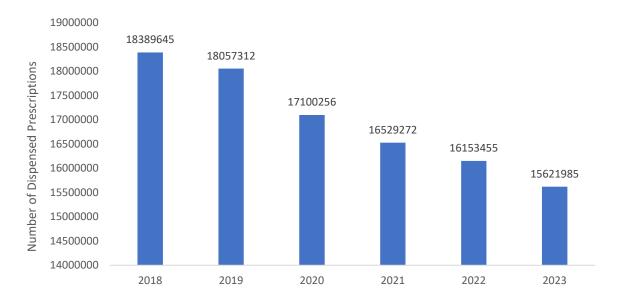


Figure 1 Annual Trend in Controlled Substances Dispensed

The data reflected herein is consistent with most trends found in the previous year's report, including a decrease in the number of dispensed opioids. The total number of opioids dispensed decreased 6% from the data reported in the 2022 Annual Report. When compared to the total number of dispensed Opioids from the 2019 Annual Report (7,181,632 opioids) the number of dispensed opioids in 2023 has decreased by 25%. This data indicates trends that the overall amount of opioid prescribing is decreasing; future reports will continue to follow these trends carefully.

The continued decline in the total number of prescribed substances dispensed from 2022 to 2023 indicates additional progress in achieving goals established in the *NC Department of Health and Human Services 2021-2023 Strategic Plan*. Goal #4 *Turn the tide on North Carolina's opioid and substance use crisis*, measures the number of people receiving prescribed opioids as a metric for success. The 2023 data supports an overall decrease in opioid prescribing and dispensing in North Carolina.

In 2023 the North Carolina licensing boards began to receive comprehensive reports on controlled substance prescribers not registered with the NC CSRS. Since the start of the reports in April 2023, the Medical Board has seen a 76% decrease in the number of non-registered prescribers and the Nursing Board has seen a 21% decrease in the number of non-registered prescribers since August.

S.L. 2023-65 amended G.S. 90-113.73(b) adding gabapentin to the list of substances to be reported into the CSRS, by practitioners, effective March 1, 2025; this law requires veterinarians to report prescriptions of gabapentin effective March 1, 2025. S.L. 2023-65 amends GS 90-106 to require a practitioner to electronically prescribe all controlled substances in GS 90-93(a)(1)a (not more than 200 milligrams of codeine or any of its salts per 100 milliliters or per 100 grams) effective January 1, 2024. This report covers the preceding calendar year; as such, the changes implemented via S.L. 2023-changes are not reflected herein.

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.