**What is the Controlled Substances Reporting System?**

The Controlled Substances Reporting System (CSRS) was created between 2005 and 2007, through the CSRS Act, “to improve the State’s ability to identify people who abuse and misuse prescription drugs classified as schedule II-V.”[[1]](#endnote-1) The system was created to address the general increase in overdose and misuse of prescription drugs in North Carolina.

**CSRS Purpose and Rationale**

One of the major ideas behind the CSRS is to try to stop opioid abuse by giving prescribers and dispensers a database to monitor these prescriptions. *Health Affairs* completed a review of prescription drug monitoring programs, including the CSRS in North Carolina, and found that implementation of these programs were “associated with the prevention of one opioid related death every two hours, on average, nationwide.”[[2]](#endnote-2)

The CSRS has a set of goals laid out by the North Carolina Department of Health and Human Services (DHHS), such as to “identify and prevent diversion of prescribed controlled substances, to reduce mortality from unintentional drug overdoses, to assist clinicians in identifying and referring patients who abuse controlled substances for treatment, and to inform the public of use and abuse trends of controlled substances.”[[3]](#endnote-3)

**What Changes Have Been Made since the Bill was Introduced?[[4]](#endnote-4)**

* 2008- Law enforcement is given broader access to the CSRS.[[5]](#endnote-5)
* 2013- DHHS can alert directly to prescribers about patterns of abuse.[[6]](#endnote-6)
* 2014- Prescribers are given the ability to delegate access of the system to staff.[[7]](#endnote-7)[[8]](#endnote-8)
* 2014- Shorten mandatory pharmacist reporting time to be within 7 days.[[9]](#endnote-9)
* 2016- Mandatory continuing education for prescribers and dispensers of controlled substances.[[10]](#endnote-10)

**What is going on in 2016?[[11]](#endnote-11)**

The General Assembly amended the budget it had previously passed in 2015, allocating money to the CSRS. First, lawmakers provided $600,000 to upgrade the system to allow it to better communicate with similar systems in neighboring states and within the NC statewide Health Information Exchange (HIE) network.[[12]](#endnote-12) These funds also keep it consistent with the current “standards of the American Society for Automation in Pharmacy and Prescription Monitoring Information Exchange.”[[13]](#endnote-13) The budget also gave $375,000 in recurring funds and $653, 400 in non-recurring funds for contracted hours to develop and fix programs to help the system complete its goals.[[14]](#endnote-14) Finally, the budget requires prescribers who renew their licenses to register with the CSRS within 30 days or risk suspension or loss of their license.[[15]](#endnote-15)

**My Opinion**

 I am not a medical professional, but I come from a family of them, therefore, I understand the pressures, constraints and limited time that doctors face every day. I understand that it is important for prescribers and dispensers to use the CSRS, however I do not think it should be made a felony for prescribing without checking the database. Of the changes to the system, I most favor the delegation to another practitioner, such as a nurse, to check the database for doctors who prescribe opioids, as this would be a great help to physicians.

**Sources**

"Chapter 90 - Article 5." Chapter 90 - Article 5. 1971. Accessed June 21, 2016. <http://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5.htm>.

"Chapter 90 - Article 5E." Chapter 90 - Article 5E. 2005. Accessed June 21, 2016. <http://www.ncga.state.nc.us/enactedlegislation/statutes/html/byarticle/chapter_90/article_5.html>.

Sen. 734, 2016 Gen. Assem., Reg. Sess. (NC 2016)

"Strengthen the Controlled Substance Reporting System (CSRS)." Fact Sheet. 2014. Accessed June 21, 2016.

Stephen Keene, JD, MBA, General Council, Deputy EVP NC Medical Society, Presentation at the Sampson County Medical Society: Medicaid and Legislative Update (May 4, 2016).

"NC DHHS.” NC Controlled Substances Reporting System. Accessed June 21, 2016. <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-controlled-substances-reporting-system>

H.R. 1030, 2016 Gen. Assem., Reg. Sess. (NC. 2016) <http://www.ncleg.net/Sessions/2015/Budget/2016/H1030vCCR.pdf>

"North Carolina Medical Society." North Carolina Medical Society. 2016. Accessed June 21, 2016. <http://www.ncmedsoc.org/nc-senate-budget-addresses-use-of-csrs/>.

Patrick, Stephen W., Carrie E. Fry, Timothy F. Jones, and Melinda B. Buntin. "Implementation Of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates." Health Affairs 35, no. 6 (June 2016). Accessed June 27, 2016.

1. NC Controlled Substances Reporting System. Accessed June 21, 2016. <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-controlled-substances-reporting-system>. *The Federal Government has established a “schedule” level, and drugs classified as schedule II-V, those listed as part of the reporting system, are prescription drugs with a potential for abuse, such as all opioids, hydrocodone, morphine and oxycodone, but still have a valued and accepted medical use.* [↑](#endnote-ref-1)
2. Stephen Patrick, “Implementation of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates." Health Affairs [↑](#endnote-ref-2)
3. "NC DHHS.” NC Controlled Substances Reporting System. Accessed June 21, 2016. <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-controlled-substances-reporting-system> [↑](#endnote-ref-3)
4. *Since the bill was introduced, and the system was created, there have been changes to the law, which attempted to make the monitoring system stronger, and easier to use since doctors had reported low use.* [↑](#endnote-ref-4)
5. Stephen Keene, Medicaid and Legislative Update, May 4, 2016. [↑](#endnote-ref-5)
6. Strengthen the Controlled Substances Reporting System, Fact Sheet Accessed June 21, 2016. *This amendment gives doctors more control over their end of the system and their prescribing because doctors can see if there is actually a pattern of abuse.* [↑](#endnote-ref-6)
7. Id. *Doctors can delegate the task of looking up patient history on the system to nurses, which would streamline doctors’ efforts with the system and potentially increase use of the system.* [↑](#endnote-ref-7)
8. "NC DHHS.” NC Controlled Substances Reporting System. Accessed June 21, 2016. <http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-controlled-substances-reporting-system>. *Under the original law, only certain people are granted access to the CSRS, and there is a formal application process provided by the DHHS for individuals to receive access to the system. People designated to have access to the system include practitioners and dispensers of controlled substances, special agents of the North Carolina State Bureau of Investigation, North Carolina Courts (with court orders), the Division of Medical Assistance, certain licensing boards, and medical examiners.* [↑](#endnote-ref-8)
9. Id [↑](#endnote-ref-9)
10. Keene, Medicaid and Legislative Update [↑](#endnote-ref-10)
11. Senate Bill 734, NC General Assembly. *On June 20th, 2016, Senate Bill 734 was signed into law. The bill authorizes the State Health Director to prescribe Naloxone, an opioid antagonist as a state-wide standing order for all pharmacies. Naloxone is a prescription drug, but with this legislation, pharmacists have a standing order to give the drug to anyone at risk of experiencing an opioid over-dose, or to someone in the position to help someone having an overdose, like a friend or relative. This bill was written as a further response to the increased deaths from prescription drug overdoses. Naloxone works by blocking opioid receptors in the brain and would stop an over-dose.* [↑](#endnote-ref-11)
12. NC General Assembly, House Bill 1030, <http://www.ncleg.net/Sessions/2015/Budget/2016/H1030vCCR.pdf> [↑](#endnote-ref-12)
13. Id [↑](#endnote-ref-13)
14. Id [↑](#endnote-ref-14)
15. Id [↑](#endnote-ref-15)