Research Brief

Opioid Use Among Individuals With SCI: Prevalence Estimates Based on State Prescription Drug Monitoring Program Data

Introduction

Due to the current opioid epidemic, there has been increased focus on opioid use and risk of poor outcomes (opioid misuse, overdose, and death) among those with spinal cord injury (SCI). Individuals with SCI commonly experience secondary health conditions, including pain, spasticity, and depression, which may involve treatment with high-risk prescription medications. Our purpose was to identify the frequency of opioid use among the 503 people in our study with chronic SCI living in South Carolina. We focused on opioid prescription fills, prescribed dosages, and patterns of fills among a cohort of individuals with chronic SCI (>1y postinjury) by linking administrative records from 2 statewide databases.

Key Findings

- Over half (53.5%) of the 269 study participants filled at least 1 opioid prescription during their second or third year after SCI.
- In total, there were 3386 opioid fills during the 2-year study.
- The average daily morphine milligram equivalents (MME) *per prescription fill* was 58.9.
- On average, the total number of days supplied by opioid prescriptions over the two years was 293±367.
- The average coverage period (from the first day a prescription was filled, until the last day they had medication on hand) was 389±290 days. The average daily MME during the coverage period was 41±70 MME.
- Of those who filled an opioid prescription, 23% had high-risk fills (>50 MME), and 38% had concurrent prescriptions for benzodiazepines, sedatives, or hypnotics.

Conclusion

We found a high usage of opioid prescription fills, as well as high dosages (MME) among individuals living with chronic SCI in South Carolina, higher than observed in the general population. The rates of high-risk fills, based on MME and concurrent benzodiazepine, sedative, or hypnotic use, place these individuals at increased risk for adverse outcomes. Taken together with earlier findings, this data may be used by health care providers and researchers to assess and monitor opioid use better, decrease concurrent high-risk medication use, and reduce the risks of adverse outcomes, including misuse, overdose, and death.