



Research Brief

Self-reported Prescription Opioid Use Among Participants with Chronic Spinal Cord Injury

Introduction

The United States (US) opioid crisis and overdose epidemic is a public health emergency that has contributed to a significant number of overdoses and deaths. Recent studies have found that compared to the general US population, individuals with spinal cord injury (SCI) are more likely to use opioids and are prescribed higher opioid dosages. Findings suggest that chronic opioid use, high dosages, and concurrent use of opioids and benzodiazepines are of concern among individuals with SCI due to increased risk of adverse outcomes. Although the risks of opioids among those with SCI is apparent, there is limited data on self-reported frequency of use. The objective of the study is to examine the frequency of self-reported prescription opioid use among participants with SCI and the relationship with demographic, injury, and socioeconomic characteristics.

Key Findings

- Almost half of participants used at least one prescription opioid over the last year (47%).
 - The most frequently used opioid was hydrocodone (22.1%).
- Nearly 30% of participants used at least one opioid weekly.
- A lower odd of use of at least one opioid over the past year was observed for Veterans and those with a bachelor's degree or higher.
 - o In addition, those with incomes ranging from \$25,000-75,000+ were less likely to use at least one substance daily or weekly.

Conclusion

Individuals with SCI are at risk for the adverse outcomes of opioid usage. Prescription opioids were used weekly or daily by more than 28% of the participants, with nearly 50% reporting at least one use annually. Given the negative consequences opioids, alternative treatments are needed for those with the heaviest, most regular usage.

The contents of this research brief were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) grant no. 90DPHF0009 and from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) grant 90RT5003. The contents do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.