

# OPIOID USE AFTER SPINAL CORD INJURY

Listening to people with lived experience and healthcare workers



## Background

Many people with spinal cord injury (SCI) experience ongoing pain and opioid medications are often used to help with this. **We wanted to understand more about how opioids are used by people with a SCI and how pain care could be better improved.** To learn about this, we spoke to people with SCI and health workers who are based in Queensland from March to September 2025.

**A total of 23 people took part in an interview including:**

9

people with SCI who had used opioids for pain



14

health workers including specialists, general practitioners, nurses and allied health staff



## Pain is personal



**Pain after SCI was different for everyone but was difficult for many.** Some described pain as burning, spasms or feelings of being crushed.

There were challenges described for balancing the benefits of opioids (pain relief) with their side effects like constipation, slow wound healing and poor cognition. Some described the positives of using opioids, such as it being good not to be in pain but there were concerns about the potential for addiction to these medications.

**Education about pain and opioids was important** for setting expectations for people with SCI and could help them accept their pain.

## The health system can help or be an obstacle!

Clinicians had limited time to address pain. Priority had to be given to other aspects of SCI care (for example, bladder or bowel management)



**“we didn’t have much time to discuss pain”** (healthcare worker)

Opioids became the ‘norm’ in the acute ward, especially after surgery. Pain medicines were managed by junior doctors, who often didn’t know how to determine the type of SCI-specific pain, or know when and how to wean doses of opioids. **This sometimes made it hard to get people off opioids when they were transferred to the inpatient rehabilitation setting.**



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## Being out there on their own after hospital

**People felt isolated and alone after leaving the support of specialist rehabilitation.** People described it being difficult when they were trying to get back into the community and settle into life after their SCI:



***“There was no follow-up [to] see how you're going, how you're coping.... That's what I found hard.”*** (person with a SCI)

The bulk of care in the community was pushed to general practitioners (GPs) who had little time or experience with SCI to be able to manage pain well.

Supports were important including family, friends and peers. But funded supports were not always there! Finances and funding bodies often made it difficult for people to access services in the community that would help them manage their pain. For example physiotherapy, psychology or more care hours. **Without good supports, people sometimes had to rely on opioids for pain relief.**



## What can be improved?

1

**In hospital...**develop guides that recognise SCI complexity and support junior physicians with SCI pain management in acute wards

2

**For people with SCI...**

- Create accessible resources for self-managing pain
- Empower people in their pain journey

3

**In the community...**

- Build specialist support networks for GPs
- Develop resources for GPs to help them coordinate pain management

## Find out more



 ResearchGate



This work was part of a PhD project of Samantha Borg, conducted through the Queensland University of Technology, with support from the Jamieson Trauma Institute. For more information, contact Samantha at [sam.borg@qut.edu.au](mailto:sam.borg@qut.edu.au)

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