

Thematic analysis of beliefs and attitudes around substance use in people with co-occurring sleep disturbance and chronic pain

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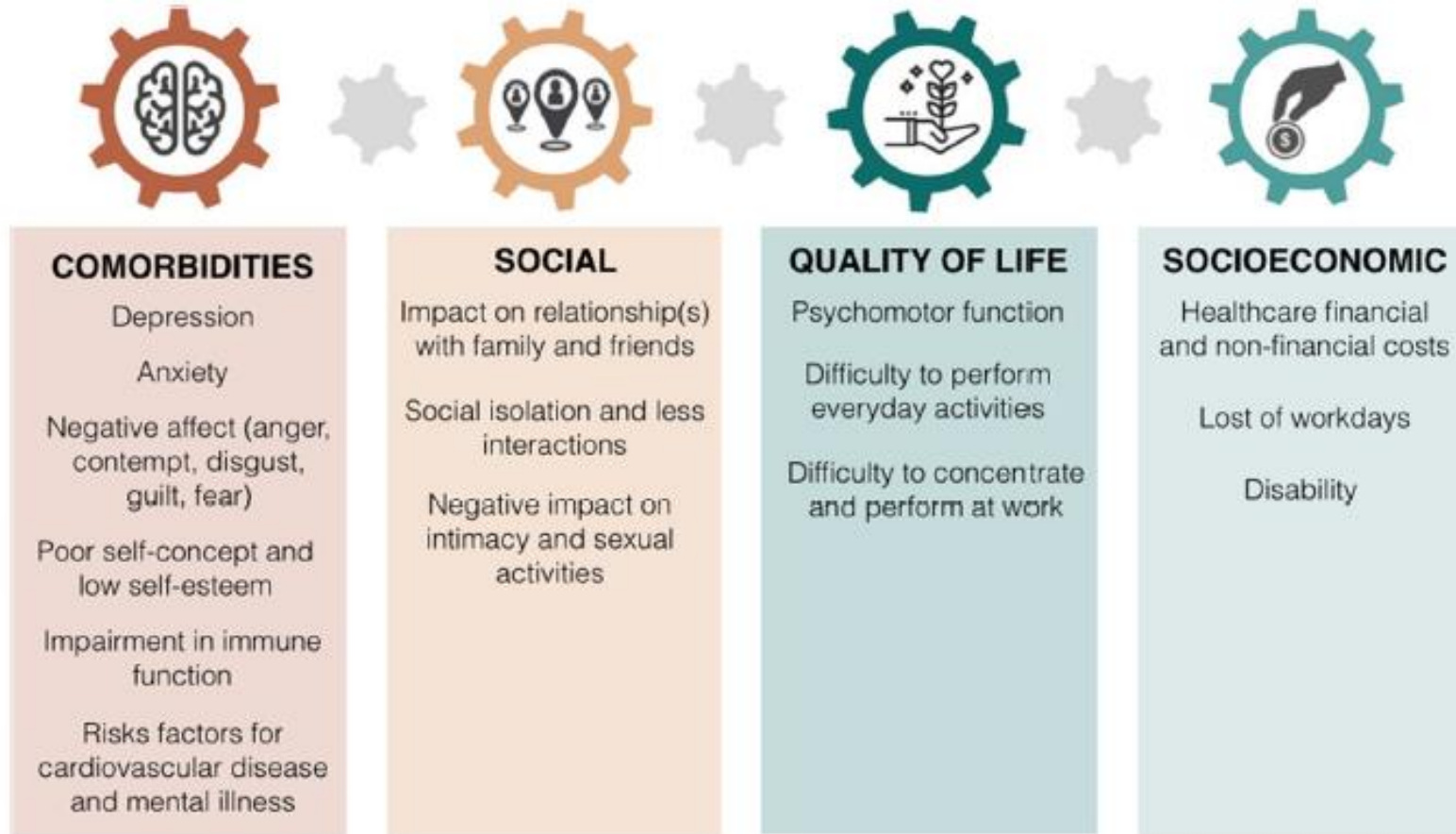
MONASH University

Thank you

- Interviewees – THANK YOU!
- The sleep laboratory team at Box Hill Eastern Health
- Turning Point, Eastern Health and Monash University research teams
- The Eastern Health Research Foundation

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Why does this matter?



Aims

1. Measure the prevalence of CNCP in adults undergoing polysomnography (PSG) – 60% prevalence, 72% in women
2. Assess the impact of CNCP on sleep measured by PSG
3. Study the patterns of usage of substances including but not limited to prescription medication, alcohol and illicit drugs in the setting of CNCP and sleep disturbance

Substance Use

Non-prescribed use of prescription medication (N=7)*

- Taking more than prescribed (N=2)
- Taking medication prescribed to someone else (N=2)
- Taking pain medication for the purposes of sleep (N=3)

Current potentially risky use of alcohol (N=3)

- Drinking to manage sleep (N=1)
- Drinking to manage mood (N=1)
- Excessive drinking (20-30std drinks/week), states recreational (N=1)

Previous use of alcohol for sleep or mood (N=3)

Non-prescription cannabis use (N=5)

*does not include cannabinoids

Overarching themes

1. Dissatisfaction with clinical outcome
2. Financial disadvantage
3. Life stress and function
4. Physical changes
5. Non-medicinal coping

Sub-themes related to substance use

"I literally couldn't function for nearly six months because I was so bombed out." (43, F)

"I did have some [cannabis] overseas like in the oil form. I found that quite helpful. With the regulation here, it's sort of out of reach over the counter... if available it would be something I would definitely try as a sleep aid." (27, M)

"I certainly had two or three glasses of wine every night with dinner... that would not be enough to really get a buzz on, but it was something I did because, I don't know, it just felt a little bit better to do that." (54, M)

"My Mum was addicted to... pain medication and she had trouble sleeping. So I just don't want to go down the medication thing if I can possibly help it." (65, F)

"Ohh Jesus, I don't know how to like... sometimes I used to drink to go to sleep, but you can't drink with these tablets. I'd be catatonic." (64, M)

Key messages

- Non-prescribed use of medication for pain and sleep is common
- A “try before you buy” attitude potentially exposes risks of drug-drug interactions
- Education about potentially risky use of alcohol or medication should be performed early
- De-stigmatisation and open conversations are everybody’s business