

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

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Introduction: Chronic non-cancer pain (CNCP) is the leading cause of disability globally, affecting 20% of adults in Australia. It is associated with poor sleep and increased substance use including prescription medications. This thematic analysis investigates attitudes and beliefs of people attending a tertiary referral sleep laboratory with regards to pain, sleep and substance use.

Method: Fifteen participants with CNCP were recruited from a tertiary sleep laboratory following diagnostic sleep study. Questionnaires (Brief Pain Inventory and Pain Sleep Questionnaire [75mm+I]) indicated probable CNCP. Participants underwent a 30-minute semi-structured interview incorporating validated questionnaires (Pain Beliefs and Attitudes toward Sleep) and open-ended questions. Polysomnography results in this cohort are consistent with a broader group of people with sleep disturbance and CNCP (data not shown).

Key Findings: Interview themes included non-medicinal coping included the interaction between alcohol and prescribed medication, alcohol use, alternative therapies and openness to cannabis use. Other themes were activity changes, the effect of pain on others, life stress and function, financial stress, and dissatisfaction with clinical outcome including experiences of stigma. Varying patterns of problematic substance use were disclosed during interviews. Nine participants described taking more medication than prescribed, medication prescribed to others, or pain medication for sleep. Six disclosed current or past problematic use of alcohol or cannabis.

Discussions: The results of this study indicate widespread biopsychosocial impacts of CNCP and sleep disturbance. Life stress and function, with frustrations related to clinical treatment and outcomes, contributed to worsening mental and physical health including substance use. Non-prescribed medication use, particularly that prescribed to someone else was described as "try before you buy", leading to an increased risk of drug-drug interactions, especially if undisclosed to treating clinicians. None of the interviewees were currently engaged with psychologists, contrary to first line treatment recommendations for sleep and CNCP.

Implications for Practice or Policy: Substance use, including alcohol and cannabis, in people experiencing CNCP and disordered sleep, is common. Education about risks, early screening and identification can mitigate negative outcomes. Screening for alcohol use in this setting should be routine care, and acknowledging the reality and temptation to self-medicate should be communicated without judgement.

Disclosure of Interest Statement: