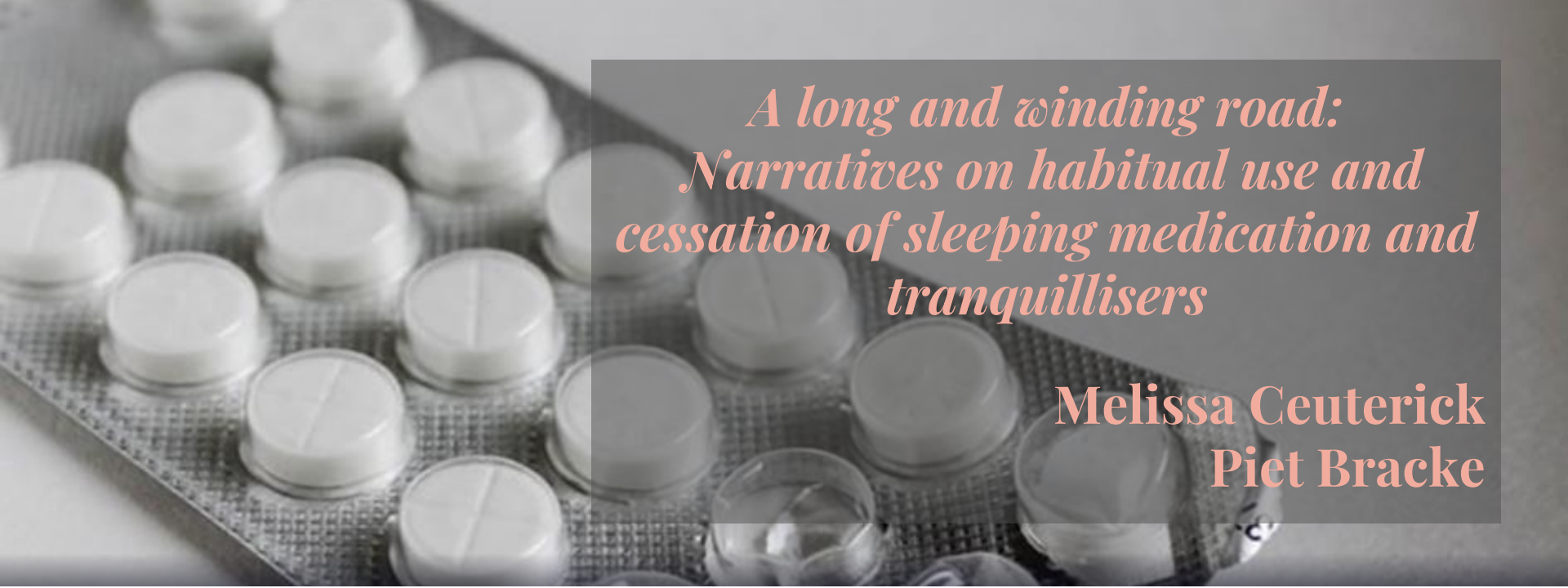

A long and winding road: Narratives on habitual use and cessation of sleeping medication and tranquillisers

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European Sociological Association

GHENT UNIVERSITY

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Projectendatabank FEDRA

- Presentatie
- Onderzoeksacties
- Personen
- Zoeken

Onderzoek en toepassingen > Projectendatabanken > Gegevensdatabank FEDRA

Perception, habitual use and cessation of benzodiazepines: a multi-method nethnography (BENZO-NET)

Onderzoeksproject DR/81 (Onderzoeksactie DR)

- Beschrijving
- Documentatie

Personen :

- Dhr. BRACKE Piet - Universiteit Gent (UGent)
  Betoelaagde Belgische partner
  Duur: 15/12/2018-15/3/2021
- Mevr. CEUTERICK Melissa - Universiteit Gent (UGent)
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  Duur: 15/12/2018-15/3/2021
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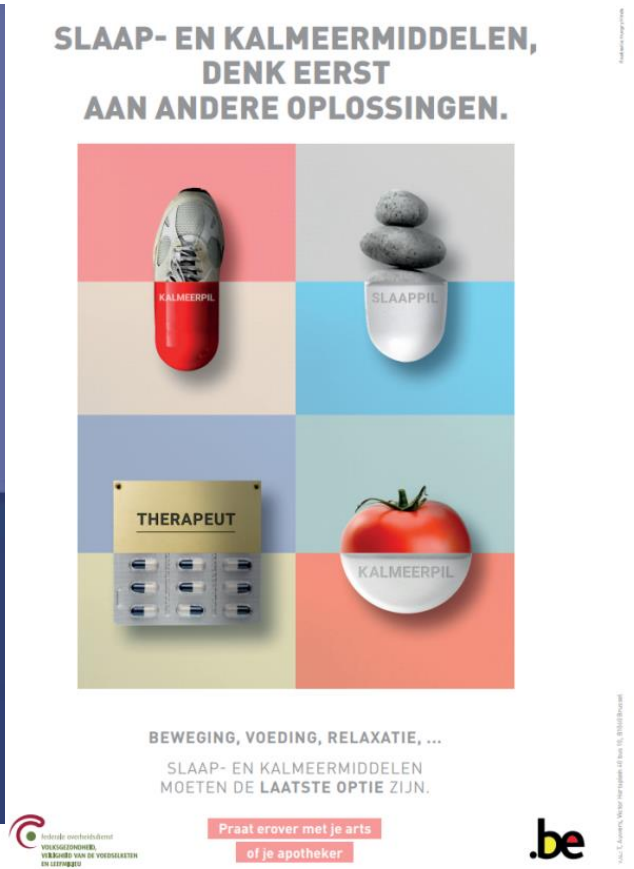
  Duur: 15/12/2018-15/3/2021
- Dhr. CHRISTIAENS Thiery - Universiteit Gent (UGent)
  Betoelaagde Belgische partner
  Duur: 15/12/2018-15/3/2021

BACKGROUND


SLAAP- EN KALMEERMIDDELEN,
DENK EERST
AAN ANDERE OPLOSSINGEN.
KALMEERPIL
SLAAPPIL
THERAPEUT
KALMEERPIL
BEWEGING, VOEDING, RELAXATIE, ...
SLAAP- EN KALMEERMIDDELEN
MOETEN DE LAATSTE OPTIE ZIJN.
Praat erover met je arts
of je apotheker
.be

Aims

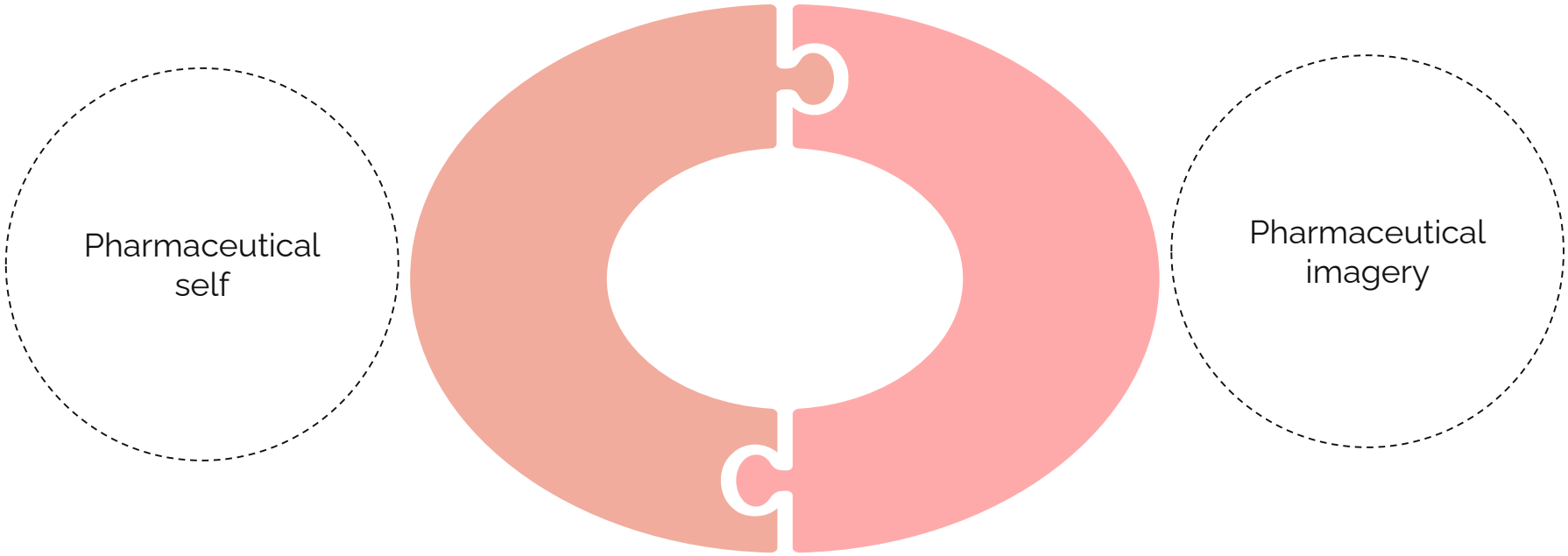
- understand how habitual long-term users perceive their ***medication use*** and what ***meaning*** they attribute to these drugs,
- and how this is linked to their *personal* ***health identities*** in their ***narratives*** on their personal medication trajectory
- explore the ***discursive backdrop*** of the contemporary normative imagery of the use of BZD/Z against which these user narratives are formed.

Health identity (Fox and Ward)

Health identities *emerge from health related practices. Specific aspects of* ***embodiment****, such as the consumption of medicines, are embedded in a web of associations from which health identities are constructed*

Fox, N. J., & Ward, K. J. (2008). What are health identities and how may we study them?. *Sociology of health & illness*, *30*(7), 1007-1021.

Theoretical background: Jenkins



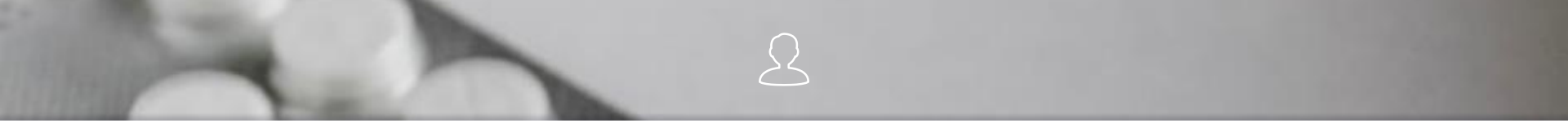
Jenkins, J. H. (2012). The Anthropology of psychopharmacology: commentary on contributions to the analysis of pharmaceutical self and imaginary. *Culture, medicine and psychiatry*, *36*(1), 78.

Methodology: narrative analysis

- Two-phased method
  1. Individual narratives
  2. Thematic analysis

Bissell, P., Ryan, K., & Morecroft, C. (2006). Narratives about illness and medication: a neglected theme/new methodology within pharmacy practice research. Part I: conceptual framework. Pharmacy world and science, 28(2), 54-60.

Ryan, K., Bissell, P., & Morecroft, C. (2007). Narratives about illness and medication: a neglected theme/new methodology within pharmacy practice research. Part II: medication narratives in practice. *Pharmacy world & science*, *29*(4), 353-360.



16 14

Age 20 – 86 (Av. 57,6)


14,6
Average years of use

Longterm 15 (10/5)
Former 7

Tapering-off 4
Instrumental (sporadic) 2
Relapsed 2

Two types of narratives

Long-term use stories

- elaborate medication stories
- many side-lines,
- often no clear starting point
- often confused or unclear chronology: narrator moves from one point in time to another with no clear introduction or indication of these time lapses.
- long and associative story, not organized in an orderly manner over time.

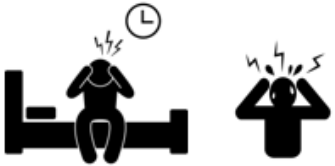
Cessation stories

- clearly delineated stories
- clear beginning
- plot (often the turning point that led to the desire to withdraw)
- clear end point (sometimes with precise start and stop dates)

Initial use = biographic disruption

n=20

n=4



n=6

Onset

- A token of concern
- Role of prescriber - social network
- Role and meaning of medication: comfort, control, safety, ease

“

*But even when I go to work, it's **in my backpack**. Just because I know when I have it with me, it is a measure of **reassurance** in case I should ... (...) I've never lost control, but I'm afraid I might lose **control of myself**.*

Man, 50, long-term use of zolpidem and prazepam

“

*It happened kind of **gradually**... I don't remember exactly how it went, but I started to take it much more frequently . Yes, in the beginning I took it every now and then, but then it started to get, um, more chronic (...) It was like I didn't want to risk it anymore to just lie down in bed and wait and... it was there and it was **easy** (...) I think in the meantime I also asked my [family member] now and then, for bromazepam.*

Woman, 35, former use of bromazepam and zolpidem

Stigma: imagery

- Society – medical world – campaigns –media in general
- Abnormality, ageism, sign of mental weakness, addiction

“

We only did what the doctor prescribed us, didn’t we? And you are ***considered an addict*** *once you are on those pills, because they [the doctors] realize that, too. And then you can't really get off. (...) And that is a very* ***big difference with drug users*** *who use that* ***recreationally*** *or use that as addicts, we are not the same person, this is a completely different input.* ***We are not addicts, we are victims****. We've become* ***dependent*** *on a drug because* ***we've done what the doctor said****. The blame is not on us, not at all.*

Woman, 64, former use of clonazepam

“

The last option… sounds very much… erm.. and then commit euthanasia, that is what it sounds like to me… Yes, ***very pedantic****, but most of all, I would become* ***very anxious****.. because if that is the last option, then there is* ***no more hope****… That is the message that I get.* ***I get the feeling that I am not doing well. It is all very stigmatising****. Pff (sighs)..*

Man, 41, long-term use of alprazolam

“

- *But again I also find this **quite a double message**, because you can choose: this or that. **And whoever takes that is just lazy, isn't it**? Because they are saying that it works. I mean, look, you have options. And you choose this... Perhaps that is right, I don't know...*

- Woman, 41, long-term use of lorazepam

Current long-term users

- Cognitive dissonance
  - Awareness of negative side-effects: minimising, comparing, trade-offs
  - Denial
  - Magnify or underline addiction

“

I realize I am dependent on medication, but I don't mind. In my case, with the medication I'm taking, I don't mind. Because I know ***if I drop that****, then it will be a* ***disaster*** *again and I just don't want that anymore, voilà. There you go.*

Woman, 49, long-term use of alprazolam

“

Tell me, why? ***Why would you change your wife, if you're fine****? Isn't that the same? Why would you push your husband aside, when he does his job, when he does what he has to do? Yes, that's my explanation of it.*

Man, 70, long-term use of lorazepam

“

*Addicted… **I am addicted to that sleeping pill**. I can't … **I can't quit**, once you start you can't quit, I have to take it on eh yes, otherwise I wouldn't sleep either (…) You're addicted to it, it’s like.. yes.. someone who can't quit smoking . Exactly like someone who cannot quit smoking.*

Woman, 84, current use of bromazepam

Cessation

- Side-effects: before, during and after withdrawal
- Main reason – recognition?
- Highlight agency of user - limited role for prescriber
- Identity conflict

Identity conflict leading to cessation

Initial biographic disruption medication started to…	‘turning-point ‘	conflicts with identity as…
Example		
perform under increasing stress (former ‘good student’)	side-effects (fainting)	professional identity (performing sub-optimally at work due to side effects)

Conclusions

- Destigmatisation
- Crucial for cessation
  - Patient's pace
  - Peer support
  - Psycho education
  - Alternatives

Thanks!

More information?

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Or visit our webpages

Credits

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