

# ANALYSIS OF THE IMPORTANCE OF SLEEPING PILLS IN THE MEDICAL COMMUNITY, AS WELL AS THE DISADVANTAGES AND SIDE EFFECTS OF THEIR USE

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**Abstract:** One controversial topic is the pharmaceuticalization of sleep. The possibility for dependence and other adverse effects, including studies showing higher mortality risks for long-term users, give sleep aids a "bad press." However, comparatively little qualitative social science research has been done on how people comprehend and deal with using or not using sleep aids in their daily lives. This study uses data from focus groups conducted in the UK to gather opinions and experiences on prescription hypnotics in a variety of social settings. We demonstrate that respondents used a variety of moral repertoires to present themselves and their connections to hypnotics in various ways. The "deserving" patient, the "responsible" user, the "compliant" patient, the "addict," the "sinful" user, and the "noble" nonuser are the six different repertoires regarding hypnotic use that are recognized in this context. These users and non-users are formed using ambivalence, reflexivity, and cross-cutting themes of addiction and control. These topics are then examined in light of current sociological discussions about the pharmaceuticalization and de-pharmaceuticalization of daily life and medicine use in the UK.

**Key words:** Sleep, pharmaceuticals and pharmaceutical businesses, medications and drugs, pharmaceuticalization.

**Introduction.** Sleep, both the meanings we assign to it and the methods we handle it in our daily/nightly lives, is a moral issue as much as a personal or political one. The various meanings and ethical implications of sleep aids in day-to-day and nighttime life are examined in further detail in this research. In this sense, our work sits at the nexus of contemporary social scientific research on sleep issues, broader sociological discussions about the pharmaceuticalization and medicalization of life, and other medical sociology and related disciplines like science and technology studies (STS) on the cultural scripts, meanings, and applications of pharmaceuticals and other socio-technological items. It is controversial to redefine sleep as a medical condition that calls for medication [1,2,3,4]. The possibility for dependence and other adverse effects, including studies showing higher mortality risks for long-term users, give sleep aids a "bad press." In terms of medicine, long-term hypnotic usage is not recommended because of negative side effects, including as fatigue, disorientation, and cognitive and psychomotor impairment, which have been linked to fractures, falls, and traffic accidents, as well as issues with tolerance and reliance. The UK's NICE (National Institute for Health and Clinical Excellence) warned doctors about these dangers in 2004 and suggested using it only for severe insomnia and not for longer than four weeks. Similar recommendations regarding the dependence potential of benzodiazepines, including those sold as sleeping tablets, had previously been made by the Department of Health and Social Security in the 1980s. However, in 2013, over 9.7 million hypnotics, including 6.3 million "z drugs," mainly zopiclone, and 2.9 million benzodiazepines, were still prescribed in the UK (HSCIC 2014). Contrary to NICE's (2004) recommendations, about 25% of these prescriptions were for four weeks or longer. Few sociological studies have examined the experiences of patients who take sleeping drugs [5-11]. According to these studies, the use of benzodiazepine hypnotics in daily life and its prescription in primary care are both highly moralized concerns. Among other aspects, social scientific research on drugs in general has highlighted how people perceive and

use pharmaceuticals in daily life. Social interactions, cultural repertoires, the medical condition being treated, and the identities of the consumers all influence how pharmaceutical technologies are used. Thus, they are infused with both strong social and cultural scripts for their proper use as well as technical meanings related to their medicinal activities. Users are becoming more and more acknowledged as aware and reflective individuals who weigh the advantages and disadvantages of using medications and base their decisions on what authors refer to as "lay pharmacology" on side effects, safety, and effectiveness [12-18]. Sometimes specialists are consulted when making such decisions, and other times they are not. In this paper, we intend to investigate how the use or non-use of prescription hypnotics is understood and negotiated in everyday life and how this is linked to moral discourses about medicines, as a further contribution to these moral matters concerning medicines in general and sleep medicines in particular. Using focus group data, we examine general opinions and experiences regarding the use of hypnotics in various social settings, focusing on the moral aspects of respondents' discourse and the strategies they employ to defend and legitimize the use of hypnotics or their non-use in treating sleep issues. We refer to a somewhat cohesive set of definitions for "characterizing and evaluating actions, events, and other phenomena" as "repertoire." The fact that "the same person may use different repertoires in different contexts and for different functions" must be acknowledged. Furthermore, we contend that how users interact with hypnotics in their daily lives is a crucial but little-studied aspect of comprehending the dynamics of pharmaceuticalization in a time when people are actively managing their own health and illness through the use of medications, whether they are related to sleep or not [21,26].

**The primary aim of the manuscript.** This clinical evaluation offers a chance to assess current guidelines on duration of use limitations in light of new drug classes and more recent long-term research.

**Types of sleeping drugs that are prescribed.** You may be able to fall asleep more easily, stay asleep longer, or do both with the help of prescription sleeping drugs. Different prescribed sleeping drugs may have different hazards and advantages. Schedule a visit with your healthcare practitioner if you frequently struggle to fall or remain asleep, a condition known as insomnia. The cause of your insomnia determines the course of treatment. It is often possible to identify and treat an underlying reason, such as a medical disease or a sleep-related issue, which is far more successful than only treating the insomnia symptom. For persistent insomnia, cognitive behavioral therapy is usually the most effective way to modify behavior. Regular sleep, regular exercise, avoiding caffeine later in the day, avoiding naps during the day, and managing stress [27,28,29]. However, there are instances in which using prescription sleeping drugs could help you get the rest you need. There are hazards associated with any prescribed sleeping drugs, particularly for older folks and those with certain medical conditions including liver or kidney illness. Before attempting a new insomnia remedy, always with your doctor. Here are some details about some of the most widely used prescription sleeping aids available today [30,31,32].

**Prescription sleeping medication side effects.** Before choosing which sleeping drugs to use, always consult your doctor about any possible adverse effects. Depending on the kind, adverse effects from prescription sleeping drugs could include: Lightheadedness or dizziness that could cause falls, A headache, Nausea or diarrhea, Prolonged drowsiness, especially when using sleep aids, severe allergic response, Sleep-related habits, such eating or driving while partially asleep. Hallucinations, agitation, difficulty recalling events, suicidal thoughts, and strange behavior are examples of changes in thinking and behavior. Memory and performance issues during the day [11-17].

**Are Sleeping Pill Side Effects Dangerous?** Some of the aforementioned side effects should raise concerns right away, and all of them have the potential to be harmful. These include allergic reactions, parasomnias, and drug dependence or misuse. The most prevalent sleep aid-related parasomnias. In addition to making sure that biological products, medical devices, and pharmaceuticals for humans and animals are safe, effective, and secure, the FDA is also in charge of making sure that our country's food supply, cosmetics, and radiation-emitting goods are safe.

See Sleep walking, sleep chatting, sleep eating, and sleep driving are some of the sources. It may even intensify night terrors and intense dreams/nightmares. It's crucial to simply take the medication because these behaviors may become more frequent with higher dosages. Sleeping drugs might potentially cause an adverse reaction, just like any other medication. One or more of the following side symptoms could indicate an allergic response. See a doctor right away and stop taking the drug [33-38].

**Dependence.** Some persons may use sleeping pills for a longer period of time, even though the majority are only intended for short-term usage (a few weeks or less). Longer-term use raises the possibility of tolerance development. This leads to more significant side effects because some people wind up misusing the sleeping medication or increasing their dosage. A sleeping tablet may frequently be a temporary solution to an underlying problem that is producing insomnia [21,24,25,27].

**Healthy sleep can be encouraged by developing sound sleeping habits.** Sleep is basic and necessary for optimal health. This time will be used by the body and brain to rejuvenate and improve your mood the next day. However, a lot of people struggle to fall asleep and turn to sleeping drugs to help them. Are these sleeping drugs actually safe, though? A lot of people who take sleeping medications for a long time develop dependence and become unable to fall asleep without them. Users of sleeping tablets might not become aware of their dependence until they stop taking them suddenly, which might have negative repercussions on their everyday lives. Users of sleeping pills might not be aware that they are addicted to them until they attempt to stop using them, which could lead to adverse effects from trying to stop using drugs suddenly until it affects their day-to-day functioning. Learning how to fall asleep on your own, gradually stopping sleeping drugs, and following a rigorous treatment plan with an expert are the best ways to treat insomnia. This will enable you to live a quality life once more and restore your physical and emotional well-being [28-33].

## **Materials and Methods**

The methodology of this study involved a qualitative analysis of the use of prescription sleep aids, focusing on their perceived necessity, effectiveness, and associated risks. Data was collected through focus groups conducted in the UK, allowing participants to share their experiences and opinions regarding hypnotic medications in different social settings. The study identified six primary user profiles: the "deserving" patient, the "responsible" user, the "compliant" patient, the "addict," the "sinful" user, and the "noble" non-user, illustrating varying attitudes towards pharmaceutical sleep aids. The research examined how individuals rationalized their use or non-use of these medications, considering the moral and societal implications. Data analysis was guided by a thematic approach, exploring recurring patterns related to dependency, control, and the medicalization of sleep. The study also reviewed existing literature on pharmaceuticalization and de-pharmaceuticalization, analyzing trends in prescription rates, regulatory guidelines, and long-term consequences of hypnotic use. Statistical data on prescription trends in the UK were considered to contextualize the discussion on the overuse of sleeping pills despite official recommendations limiting long-term use. The study further examined alternative approaches such as cognitive behavioral therapy for insomnia (CBTi) and other non-pharmacological interventions, assessing their perceived effectiveness. Findings highlighted a dynamic interaction between medical authority, personal health management, and societal norms regarding sleep medication, contributing to the broader discourse on the role of pharmaceuticals in everyday life. The methodology ensured a comprehensive exploration of the complex relationship between sleep disorders, medical treatment, and individual agency in managing sleep health.

**Results and Discussion.** Participants in our study used a variety of moral repertoires to illustrate themselves and their relationships with hypnotics in their conversations. The "deserving" patient, the "responsible" user, the "compliant" patient, the "addict," the "sinful" user, and the "noble" or moral non-user are the six repertoires that are clearly visible. It is evident that these repertoires share many characteristics with the moral repertoires found in prior research on drug use. In their study of Finland's oldest elderly, Lumme-Sandt et al. discovered that their respondents portrayed themselves as moral and responsible drug users by downplaying the severity of their use and favorably contrasting it

with the presumed level of use by others. Our research has revealed a wider range of repertoires that have been refined to justify the use or non-use of hypnotic drugs, while still drawing from the previously mentioned ones. Sin and virtue were more prominent in our study on addiction than in Lumme-Sandt et al.'s, and we discovered a wider range of repertoires pertaining to the "restoration of function" (deserving user, obedient user) than Dew et al. Yet, similar to Dew et al., we also discovered signs of resistance to the disordering substance (the responsible user), the disordering self (the addict), and a disordered society (the virtuous nonuser) [1-8]. These discrepancies might be somewhat explained by the fact that we have concentrated on repertoires associated with hypnotics, a particular class of drugs. Although the data revealed a variety of unique moral repertoires, in actuality, we discovered that individuals tended to favor several repertoires, frequently stacked one on top of the other. The way these repertoires were used changed over time, in reaction to what other people disclosed about their own drug regimens, and in response to the focus group's moral discussion around the use of hypnotics. For instance, during a follow-up conversation, the same individual who had first portrayed themselves as a worthy patient claimed to be both a responsible and a sinful user. Reflectivity was the last cross-cutting concept. The fact that a large number of our focus group members rejected the idea of the passive pharmaceutical consumer was a clear indication of this. In order to defend their personal medication-taking behaviors, they favored reflexively engaging with the many normative frameworks and discourses around medicine usage [9-15]. They frequently appeared to evaluate the drug's safety, effectiveness, and adverse effects in the capacity of "lay pharmacologists." Similar to past research, our study's participants developed their own medicine regimens by consulting a variety of sources, including medical guidance, when needed. Therefore, on a larger scale, our data provide credence to conceptualizations of pharmaceuticalization as a dynamic, two-way process that encompasses different types of expert patient/consumer resistance to pharmaceuticalization [21-28]. On the one hand, people may refuse to use medications to treat sleep issues and change their home treatment plans in a way that excludes or substitutes pharmaceuticals with non-pharmacological methods. However, by continuing to portray themselves as deserving and in need of pharmaceuticals, challenging medical authority and knowledge, and occasionally seeking prescription drugs outside of the medical encounter through practices like sharing with friends, purchasing, etc., they may also pose a number of obstacles to GPs' attempts (in accordance with current mandates) to reduce or restrict the use of prescription hypnotics in primary care [33-38].

**Conclusions.** Even though there aren't many documented cases of depharmaceuticalization, the process is best understood as being in flux when it comes to hypnotics used to treat sleep issues, especially in light of advancements in more cognitive behavioral forms of intervention. However, doctors may not always view Cognitive Behaviour Therapy for Insomnia (CBTi) as a medication substitute. Therefore, it is still unclear and up for debate to what extent sleep issues will eventually be (de)pharmaceuticalized.

Medical students, especially those in their preclinical years, are most likely to abuse sleeping pills. Thus, raising awareness about the abuse of sleeping pills is essential. Campaigns, workshops, and educating students about the risks of sleeping pill abuse in the classroom can accomplish this.

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