# Sleep Management Among Patients with Substance Use Disorders

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**KEYWORDS**

• Sleep initiation and maintenance disorders • Substance-related disorders
• Alcoholism • Cocaine-related disorders • Marijuana abuse
• Opioid-related disorders

**KEY POINTS**

- Insomnia is linked with substance use and withdrawal.
- Cognitive behavioral therapy for insomnia has shown promise as an intervention for insomnia in individuals with alcohol and possibly other drug use disorders.
- Sleep-disordered breathing should be considered in the differential diagnosis of sleep maintenance insomnia, especially for patients misusing opioids and alcohol.
- Abstinence from substance use should be recommended for those with short-term insomnia.
- A referral to a sleep medicine clinic should be considered for insomnia disorder or other intrinsic sleep disorders, especially during abstinence.

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## INTRODUCTION: SLEEP AND ITS ASSOCIATION WITH SUBSTANCE USE DISORDERS

A disturbance of sleep continuity has effects on next-day functioning and behavior. One such behavior is the use of psychoactive substances. Disturbed sleep is also a frequent complaint among persons using alcohol and illicit drugs. Further, sleep dysfunction in the context of substance misuse may contribute to increased severity of substance use disorder (SUD), impaired quality of life, comorbid psychiatric complaints, suicidal behavior, and psychosocial problems.[1,2] This narrative review focuses on the identification and treatment of sleep disorders in persons with comorbid SUDs.

## ASSESSMENT AND DIAGNOSIS OF SUBSTANCE USE AND SLEEP DISORDERS

### *Substance Use and Substance Use Disorder*

Various aspects of substance use are relevant to sleep. Drugs can have an acute impact on sleep by either increasing or decreasing arousal. Pharmacologically specific sleep-related withdrawal symptoms may occur on cessation or reduction of heavy, sustained periods of substance use.[3] Problematic patterns of substance use also may lead to distress, which may in turn impact sleep via nonpharmacological mechanisms. Commonly used substances in the context of sleep-related problems include alcohol, cocaine, cannabis (marijuana), opioids, and sedative-hypnotic-anxiolytic medications.

## APPROACH TO THE ASSESSMENT OF PATIENTS WITH SLEEP DISORDERS

Patient complaints related to sleep most often consist of difficulty falling asleep, difficulty staying asleep, or impaired daytime functioning. Symptoms of impaired daytime functioning may include mood disturbance, fatigue, problems with concentration, or daytime sleepiness. The common sleep-related disorders evaluated in the context of substance use include the following:

1. Insomnia
2. Circadian rhythm disorder–delayed sleep phase type (CRSD-DSP)
3. Sleep-related breathing disorder (SRBD)

**Fig. 1** explains a strategy for screening patients in a clinical setting, especially in the context of a primary care setting when substance use is suspected or confirmed.

### *Insomnia*

Insomnia is a disorder characterized by complaints of poor sleep continuity (ie, difficulty falling asleep and/or staying asleep), early morning awakening, and impairment of daytime functioning.[4] Insomnia may be assessed using a structured rating instrument, such as the Insomnia Severity Index or a sleep diary. The sleep diary should be prospectively completed for a week or more and yields multiple indices, see **Table 1**. Acute insomnia denotes a recent onset of insomnia, less than 3 months in duration and commonly precipitated by a psychosocial stressor, that may be treated with reassurance, close monitoring, or with medications. Acute insomnia also is common in the acute withdrawal phase from substances. However, most of the hypnotic medications approved by the Food and Drug Administration (FDA), such as temazepam or zolpidem, may be contraindicated in patients with SUD. For those with chronic insomnia ($\geq$3 months in duration), behavioral interventions, such as cognitive behavioral therapy for insomnia (CBT-I), are the recommended first-line intervention. Insomnia comorbid with active substance use is optimally treated in a substance misuse program or primary care setting staffed by clinicians with experience in