



Prescription hypnotics in the news: A study of UK audiences



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ABSTRACT

In 2012 the UK media reported the results of a paper in the *British Medical Journal Open*, including the finding that hypnotics increase the risk of ‘premature death’. Taking this media coverage as a case study, the paper explores UK people’s responses and assesses the implications for the debate about the (de)pharmaceuticalisation of sleep. Two hundred and fifty one posts to the websites of 6 UK newspapers were analysed thematically, along with 12 focus group discussions ($n = 51$) of newspaper coverage from one UK newspaper. Four thematic responses were identified: bad science/journalism, Hobson’s choice, risk assessment and challenging pharmaceuticalisation. We found that most people claimed that the story did not worry them, even if they stated that they were using sleeping pills, and that focus group members generally appeared to respond in terms of their pre-existing views of hypnotics. The way in which lay expertise was drawn on in responding to the coverage was one of the most striking findings of the study. People referred to their own or others’ experience of taking hypnotics to recognise the legitimacy of taking them or to weigh up the risks and benefits, as reflexive users. Overall, our case study cautions against making strong claims about the power of the media to legitimate de-pharmaceuticalisation. While the media may have such a role, this is in the main only for those who are receptive to such a message already.

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1. Introduction

Sleep is in the news for all sorts of reasons these days. Scarcely a day goes by without some sleep-related story appearing on life in a ‘chronically sleep deprived society’, from the stresses and strains of living in a wired 24/7 world to excessive daytime sleepiness (Kroll Smith, 2003; Seale et al., 2007; Williams, 2005; Williams et al., 2008).

One important strand and long-running saga here concerns media coverage of sleep medicines, particularly prescription hypnotics or sleeping pills, which have tended over time to receive a bad press (Gabe and Bury, 1988, 1991, 1996a, 1996b). For example, after a generally enthusiastic welcome in the 1960s, benzodiazepine sleeping pills have been increasingly criticised for causing addiction, dependence and even psychosis, and as examples of a ‘pill-popping way of life’ (Montagne, 1991).

In this paper we shed further critical light on these matters, with particular reference to debates on the (de)pharmaceuticalisation of

sleep, taking recent media coverage of a *British Medical Journal Open* article on the raised mortality risks of long-term prescription hypnotics as our case study. In contrast to much previous work of this kind, our focus here is on people’s responses to this breaking, newsworthy storyline, through online posts and follow up focus groups. Key questions include the following: how did readers process this story? did they feel more concerned about taking sleeping tablets as a result of this news report, did they dismiss such a report as an example of media exaggeration, and did they respond according to their pre-existing views about the merits (or otherwise) of taking such medications?

The paper, as such, is dually situated at the nexus of newly emerging and long overdue attention to sleep matters in the social sciences, medically related or otherwise, and other recent debates in sociology and cognate fields regarding the ‘pharmaceuticalization’ of life (Abraham, 2010; Williams et al., 2011; Bell and Figert, 2012), of which sleep of course is a vital part. Our focus in this paper is on the extent to which media coverage of the negative effects of sleeping tablets might contribute to the de-pharmaceuticalisation of sleep. Before we consider our data on this issue we review the literature on the pharmaceuticalisation of

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sleep and discuss the case study and methods underpinning our study.

2. The pharmaceuticalisation of sleep

Pharmaceuticalisation has been employed as an explanatory concept in the social sciences for some time, being first used in anthropology by Nichter in 1989 (cited in Bell and Figert, 2012) and in sociology by Abraham in 2007 (Abraham, 2007; Gabe et al., 2015). It refers to a process whereby human conditions, capabilities and capacities are translated into opportunities for pharmaceutical intervention (Williams et al., 2011). While overlapping with medicalisation (the use of pharmaceuticals as treatment is a feature of both theories and both recognise that doctors can be gatekeepers for medications) pharmaceuticalisation is distinct in that it encompasses the non-medical use of pills (e.g. for lifestyle, recreation or enhancement purposes) and access to them from outside the medial arena (including over-the-counter purchases to procurement on the Internet and black market). Relations between pharmaceuticalisation and medicalisation are therefore complex and contingent (Williams et al., 2011), especially in the case of sleeping pills, which are predominately under medical control as prescription medications.

A key conveyor or amplifier of the process of pharmaceuticalisation, according to Williams et al. (2011), is the mass media who may celebrate the introduction of new drugs, publicise particular pharmaceutical regimes and generate various levels of public support for their adoption (Biehl, 2007). For instance, as noted above, the media in the US and UK gave benzodiazepine sleeping pills an enthusiastic welcome as a new drug heralding a new era when they first arrived on the market in the 1960s (Gabe and Bury, 1996b). Similarly, others have found media coverage of new (cancer) drugs to be biased in favour of reporting benefits, indeed perhaps even overemphasising or exaggerating these, to the exclusion of non-pharmaceutical therapeutic options (Davis, 2015). However, once potential dangers in the form of side effects or misuse have been detected, media coverage often takes a more critical stance (Williams et al., 2011). Sleeping pills, particularly benzodiazepines, have received a 'bad press' for many years, being associated with side effects, dependence and addiction. The role of the mass media in conveying processes of de-pharmaceuticalisation through such 'scare stories' highlighting dangers and risks associated with pharmaceutical use has not, to our knowledge, been examined empirically to date.

While a major focus has been on the growth in pharmaceuticalisation, particularly in OECD countries, the process should be viewed as bi-directional; in other words it is also possible for de-pharmaceuticalisation to take place (Williams et al., 2011). For example, doctors and/or patients/health consumer groups might advocate a drug's withdrawal and replacement with non-drug therapies, and this critical stance might be legitimated by the mass media, as happened with the benzodiazepines in the 1980s and 90s (Gabe and Bury, 1988, 1996b). While it is more likely in practice for a new generation of drugs to replace a previous generation rather than being phased out as an area of intervention, the latter remains a possibility (Gabe et al., 2015). And of course there is evidence of resistance to pharmaceuticals and pharmaceuticalisation amongst lay people (e.g. Pounds et al., 2005; Murdoch et al., 2013), who may demonstrate a sophisticated 'lay pharmacology' about the safety, efficacy and side effects of prescribed medications (Webster et al., 2009).

In the case of sleep there is considerable evidence that Britons are suffering from sleep problems for which a medical solution might be sought. It has recently been reported that up to one third of Britons are suffering from insomnia at any one time, and that at

least one in ten can be characterised as a chronic insomniac (MHF, 2011). Having sleep problems also seems to be a persistent issue with 74% in a longitudinal study reporting continuing problems one year on and 46% claiming these difficulties three years on. In a UK study of 17,000 respondents, one third reported that they had less than 6.5 h sleep a night on average and 12% indicated that they regularly had less than 6 h sleep a night (Understanding Society, 2011).

Faced with such sleep problems it is perhaps not surprising that people have turned to doctors for advice and, as a result, have frequently been prescribed a hypnotic. It has been reported that around a tenth of people aged 16 and over take sleeping tablets three or more times a week (9% men and 10% women) and the likelihood of taking such a medication increases with age, although varying by gender (Understanding Society, 2011). For example, in the recent Understanding Society survey, 25% women and 15% men over 85 years of age reported taking a hypnotic three or more nights a week, although this included both prescription and over-the-counter medications. Interestingly, current rates of hypnotic prescribing in the UK are less than they were 35 years ago (13.6 million prescriptions for hypnotics were issued in 1980, source: Morgan and Clarke, 1997). While there was a marked increase in prevalence between 1993 and 2000, rates remained stable between 2000 and 2007 at around 10 million items prescribed per year (Calem et al., 2012), although they have been declining a little more recently (to around 9.5 million items in 2014, HSCIC, 2015).

The market for sleeping tablets in the UK has traditionally been dominated by the benzodiazepines like temazepam and nitrazepam but these have now been replaced as market leaders by the so-called Z drugs like Zopiclone and Zolpidem. In 2014 almost 6.5 million prescriptions for z drugs were dispensed (primarily Zopiclone) and nearly 2 million benzodiazepines were prescribed as sleeping tablets (temazepam being the market leader with 1.7 million prescriptions) (HSCIC, 2015). The majority of these sleeping tablets have been prescribed for four weeks or more; that is contrary to guidance from the UK National Institute for Healthcare Excellence (NICE, 2004), which has consistently warned about the dangers of dependence on these medications, especially the benzodiazepines. Similar advice about the dependence potential of benzodiazepines, including as sleeping tablets, was issued by the UK Department of Health and Social Security in the 1980s (Gabe and Bury, 1988).

Faced with such concerns, attention has been focused recently on non-pharmaceutical treatments and whether they might be as/more successful than medications. There is some evidence that cognitive behavioural therapy (CBT) can be successful (Morin et al., 1999, 2006) though this has still has to be endorsed by NICE, through a national insomnia treatment programme, despite lobbying for such guidance (NICE, 2010). CBT is also part of the UK government's programme for Improving Access to Psychological Therapies (IAPT) in England, suggesting that there has been some modest encouragement for de-pharmaceuticalisation. However, as the prescription rates suggest sleeping tablets still seem to be favoured by many patients and their doctors.

This evidence of the use of hypnotics and the possibility of alternative forms of therapy provides the context for our research into the role the mass media play in the de-pharmaceuticalisation of sleep. In our analysis we consider one aspect of this, namely, how people *respond* to media coverage of the reported risks of hypnotics. In what follows we assume that audience readings of such texts and/or reactions to them are made in relation to their biographies and the constraints of their daily lives; what Bloor (1995) has called the situated rationality approach to risk. Responses are likely to be diverse rather than uniform and may demonstrate resistance as well as alignment with dominant ideas. Certainly

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