Difficulty sleeping – including insomnia – is common during methadone maintenance treatment (MMT). This can be of great concern, since lack of sleep can upset daytime activities and possibly influence drug relapse.

There are some simple steps you can take yourself to help deal with sleep problems, and your clinic medical staff also may be of help.

This brochure discusses some recommendations.

**What is insomnia?**

Practically everyone occasionally has problems sleeping. These include trouble falling asleep, staying asleep, and/or sleeping until rested.

Unfortunately, sleep can be seriously disrupted by many factors, such as mental or medical disorders, effects of medicines or substance abuse, or a hectic lifestyle. Also, the quality of sleep often worsens naturally with age.

Persistent sleep difficulties are called “insomnia.” Some people claim they rarely sleep at all, but they are usually describing a lack of sound sleep and/or frequent awakenings throughout the night.

**How common are sleep problems?**

Up to half of all Americans suffer from sleep disturbances. Persons who abuse alcohol and other drugs are at greater risk, which may continue even in addiction recovery.

During methadone maintenance treatment (MMT), as many as 8 out of 10 patients may have sleep difficulties to some extent. It is unclear whether these are due to methadone itself or to the anxiety, depression, body aches, or other disorders often experienced by formerly drug-addicted persons. Probably, all of these factors contribute.
What can you do?

Developing good sleep habits can help you gain better, more refreshing sleep. Here are some tips:

☐ **Set a Sleep Schedule** – go to bed at the same time each night and get up at the same time each morning. No daytime napping, since it robs you of sleep at night.

☐ **Control the Sleep Area** – which should be separate from work or recreation areas, at a comfortable temperature, and with both noise and lighting at a minimum to allow for relaxation.

☐ **The Bed is for Sleeping** – and should not be used for working, watching TV, reading, or eating. Such activities train your mind to stay alert in bed, which defeats falling asleep.

☐ **Relax Before Bed** – a warm bath or other calming routine can make it easier to fall asleep. Avoid eating meals, especially spicy or heavy foods, or drinking large quantities of liquid close to bedtime.

☐ **Avoid Caffeine, Nicotine, and Alcohol** – caffeine is a stimulant that keeps people awake. Smokers tend to sleep lightly and often wake up early due to nicotine withdrawal. Alcohol prevents deeper more relaxing sleep.

☐ **Don’t Just Lie in Bed Awake** – the anxiety of being unable to fall asleep can actually contribute to insomnia. So, leave the bedroom and do something else, like reading or listening to soft music until you feel drowsy. Relaxation or meditation techniques help some people, if properly done.

☐ **Exercise** – at least 20 to 30 minutes of daily exercise often helps. However, a workout soon before bedtime may interfere with sleep, so try to exercise about 5 to 6 hours before going to bed.

These recommendations can work better if all of them are used together.

What else can you do?

Drugstore sleep-aid products often contain antihistamines that can disturb natural sleep patterns and cause morning drowsiness. Most prescription sleep medications are intended for only brief use and can be addicting. Newer medications are becoming available that may be better for long-term use and have less addiction potential.

Consult your doctor before taking any substance or product to help improve sleep.

Are there medications for insomnia?

Many medications are available that can help; however, they must be used very cautiously.

For further information on addiction and recovery issues, visit the Addiction Treatment Forum website at www.atforum.com.