

Medications that can help problem drinkers achieve moderation goals

Naltrexone (Revia) is a medication that has been used in the treatment of opiate dependence for some 30 years. It is a “pure opiate antagonist of high affinity” which means, in English, that naltrexone occupies opiate receptors on brain cells, and holds on tight. So if a person on naltrexone shoots 5 bags of heroin, nothing happens because the morphine (that heroin breaks down to in the body) cannot get into the receptors, which are “blocked” by naltrexone molecules.

In 1995, several studies of the highest quality (“double-blind, placebo controlled”) demonstrated that people with alcoholism who took naltrexone while in group treatment (Coping Skills Training in O’Malley’s study and cognitive-behavioral treatment in Volpicelli study) did better in several areas of recovery. Compared to patients receiving the placebo + group therapy, the patients on naltrexone:

- 1) Had significantly lower craving scores,
- 2) Stayed in treatment longer
- 3) Had better outcomes (less problems related to drinking)
- 4) Some patient in both placebo and naltrexone groups “slipped” and had drinking episodes. But the reaction to the alcohol was VERY different between the two groups. The alcoholics on placebo who had a drinking episode did what alcoholics usually do when they break their abstinence – they got drunk and went on binges of various intensities. The naltrexone group, on the other hand, tended to have a couple of drinks and stopped. When asked why they stopped drinking, the reasons tended to be positive. For example, “It was late and I had to get up early the next day,” or “I felt full,” or “I just felt like going home.” This is in radical contrast to the alcoholics on placebo who, when asked why they stopped gave the usual negative reasons, like, “My sponsor will be disappointed with me,” “my wife will kill me,” and “knew I should not drink and felt guilty.”
- 5) Finally, the naltrexone group did better with tests of cognitive (thinking) function, which has not been explained (to my knowledge).

In my own experience naltrexone can be a major help in the early months of their recovery. One patient, in treatment at a traditional treatment center, but pursuing moderation, not abstinence, had been on naltrexone and stopped it after a few months. She told me that after stopping the medication she found herself thinking about drinking more, fighting urges to drink beyond her limits, and the like. This woman is still successfully moderating having completed treatment. She told me that while on naltrexone moderate alcohol use felt the same as it did without naltrexone; that is, on naltrexone she found she could more easily stay with the MM limits, and that naltrexone did not interfere with her enjoyment of social drinking.

The second patient found that taking naltrexone made it MUCH easier to stay within MM guidelines even in situations where a lot of heavy drinking was going on. He credits naltrexone with helping him gain experience of non-abusive drinking felt like, and that in this way, the medication facilitated his recovery process.

Both of these patients, to my knowledge, are now off naltrexone now and have not returning to abusive/binge drinking.

We think that naltrexone is blocking the abnormal surge in endorphins in response to alcohol that distinguishes problem drinkers from normal drinkers, thereby making the problem drinker's response to alcohol more similar to that of non-problem drinkers. It is the endorphin surge that we think causes that strong urge to have another drink and another drink that characterizes binge/problem drinkers and alcoholics.

So naltrexone can help some people in early Moderation Management recovery achieve their 30-day abstinence period, and help others stick to the MM limits more easily and with less struggling. I think a short course of naltrexone, say 3 months, can help people to learn what it feels like to drink without compulsion and get used to moderate drinking.

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January, 2001**