

Medications that can Help Us Avoid Relapse in Early Recovery

Handout for Patients

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10/22/1996.

Getting sober is difficult, staying sober is even harder. In the early weeks and months of recovery, many of us experience distressing physical, mental and emotional symptoms such as insomnia, anxiety, depression, irritability, difficulty concentrating, headaches, assorted body aches and pains, fatigue, etc. While these symptoms almost always go away within weeks or months of starting treatment, they can be very upsetting and can lead back to drugs and alcohol even while we want to get sober and stay sober.

While slips and relapses are often learning experiences, they can be very painful ones. We can hurt ourselves or others, end up in jails or hospitals, lose jobs and families, and sometimes die. But even if we seem to 'get away with it,' repeatedly getting sober and relapsing becomes very discouraging. Each time we pick ourselves up and get back into recovery, the little voice in our heads that says, 'I talk a good game in the beginning but always pick up sooner than later' becomes louder and louder.

So the question of early recovery becomes: 'What can I do to stay sober long enough that I can clear up enough to start getting something out of treatment and make progress on my underlying problems and issues, feel better about myself and others, and start enjoying life more.'

Unfortunately, there is no drug that can cure us of alcoholism and drug addiction; however there are several medications that can help us avoid slips and relapses in early recovery and allow us to begin to heal mentally, physically, and spiritually.

ANTABUSE (for alcoholism)

Antabuse (disulfiram) is a medication which has no effect on how you feel at all, unless you drink alcohol. If you do drink while taking Antabuse, you will experience the 'Antabuse reaction.' How severe the Antabuse reaction is depends on the dose of Antabuse you are taking and how much alcohol you drink. The dose I usually use is 250 mg per day (the lowest dose). If you were to have one drink while on Antabuse you would get a feeling of fullness in your head or a headache, your heart would beat a little faster, you might break into a sweat, and you might feel sick to your stomach. If you were

to continue to drink, you'd feel worse and worse, becoming dizzy, vomiting, pounding headache, and so on. These symptoms go away by themselves in four to six hours.

The point is, you would not enjoy the alcohol, and knowing that alcohol would make you sick you won't take that first drink. Antabuse teaches your body what your mind is already learning in treatment: "alcohol makes me sick and miserable." Most people who take Antabuse experience a sense of relief and less craving - they know they can't drink so they don't have to fight a drink all day long. It is far easier to make the decision not to drink once a day in the morning than to have to make 10 or 20 decisions not to drink all day long.

Another great thing about Antabuse is that it continues to work even if you don't take it for four to seven days. That is, you might get into such a rotten state of mind that you decide you want to go back to drinking, but the Antabuse will make you sick if you drink even if you don't take it for four to seven days! Usually though, that rotten state of mind won't last 4 to 7 days and you will be able to choose again; choose to be happy instead of miserable, to live and grow instead of dying the slow soul-sick death of alcoholism.

Finally, Antabuse can help in your relationship with your spouse or 'significant other.' By taking the medication in the presence of your loved-one in the morning you are making a symbolic statement: "By taking this pill I make a commitment to myself to stay sober today and I make a commitment to you to stay sober today." Then neither of you has to worry about whether you are sneaking drinks. This can help in families where trust has been shattered by the lying and relapsing that so often accompanies our disease.

Antabuse can help cocaine addicts too. The number one cause of cocaine relapse is having a few drinks. Many cocaine addicts experience powerful craving for cocaine after drinking alcohol. If you are taking Antabuse, you won't drink, and therefore will be much less likely to take cocaine either. Also, many cocaine addicts use alcohol to medicate the 'crash' - that horrible craving for more cocaine and jitteriness that occur after taking cocaine when you can't get any more to continue the 'run' after you run out of money. Knowing that you won't be able to drink yourself down from a coke binge is a pretty awful prospect for most cocaine addicts.

REVIA (for alcoholism)

Revia (naltrexone) has been around for decades as a treatment for heroin addiction (see discussion below). In 1995, several excellent research studies found it to be very useful in the treatment of alcoholism as well. It is very different from Antabuse in that it does not make you sick if you drink alcohol while taking it. Rather, when compared to people who took a placebo pill, patients on Revia had less craving for alcohol, stayed in treatment longer, had better treatment outcomes, and had fewer 'slips'. Most interestingly, patients on Revia who did drink tended to stop after a few drinks while patients on the placebo pill who drank tended to do what alcoholics in recovery usually do on a 'slip' - get drunk. When asked why they stopped drinking after the first or second drink, the Revia patients said that the alcohol didn't feel right and that after one or two drinks they decided to stop.

As we all know, most alcoholics who have one or two drinks find it very difficult to stop and their power of decision in the matter is much reduced.

How does Revia work for alcoholics? To explain this you need to understand a little brain chemistry. You've probably heard of endorphins, natural chemicals in your brain that are very similar to narcotic drugs like heroin. They help to keep you calm, emotionally balanced, and motivated to do rewarding behaviors in life. Alcoholics have lower levels of endorphins compared to non-alcoholics and, when given alcohol, alcoholics respond with a surge in endorphins; non-alcoholics do not. This endorphin surge in response to the first drink is what makes alcoholics want and need to take the next drink and the next. This is what AA means by the saying, "it's the first drink that makes you drunk." Revia makes alcohol feel less stimulating, less reinforcing. It will not prevent you from drinking like Antabuse usually will and you can still get drunk and experience whatever consequences that usually brings you. It does seem to help people control their drinking somewhat.

Like Antabuse, Revia can help cocaine addicts who also drink alcohol because Revia seems to have anti-craving properties in general. Also, as discussed above, you are less likely to drink to excess on Revia, and therefore less likely to make the stupid decision to use cocaine (see the discussion of Antabuse above).

REVIA (for opiate addiction)

Revia (naltrexone) can also be very helpful in recovery from heroin addiction. In addition to the general anti-craving effects discussed above, Revia can help recovering heroin addicts in two ways. First, it is an opiate blocker. Heroin works by attaching to opiate receptors in the brain. Revia occupies these receptors and prevents heroin from attaching. So if you are taking Revia you cannot get high on heroin or any other opiate drug. Go ahead, take a few bags of heroin. Nothing happens. You just wasted your money; not an experiment you're likely to want to run more than once. This can help you stay sober the same way Antabuse can help a recovering alcoholic - if you know you can't get high you are less likely to crave and less likely to relapse.

Revia can also help in another important way. The brain is changed both chemically and physically by chronic heroin abuse. Endorphin and testosterone levels are depressed and more opiate receptors are produced. When the patient stops heroin, these brain changes cause insomnia, anxiety, depression, sexual problems, memory and thinking problems, fatigue, and lack of interest in and enjoyment of life. This 'protracted abstinence syndrome' is a major cause of relapse. Revia corrects the abnormal brain chemistry and anatomy quickly by boosting endorphin and testosterone levels and decreasing the number of excess opiate receptors. We think this will help patients feel better quicker and get more out of treatment and life.

If you have been on Revia (naltrexone) for some time and then stop naltrexone and return to opiate use, BE VERY CAREFUL! There have been reports of patients becoming super-sensitive to opiates after dis-continuing naltrexone. Always wait at least 72 hours

after your last naltrexone pill to resume opiate use, AND BE EXTREMELY CAUTIOUS ABOUT DOSAGE - START WITH MUCH LESS THAN YOU USUALLY WOULD.

Finally, while it is technically possible to overcome naltrexone blockade by administering massive doses of morphine or other opiate drug, THIS REQUIRES A HOSPITAL AND ANESTHESIOLOGIST - TRYING THIS AT HOME IS FATAL!!!

I hope this handout has been helpful to you.

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Addiction, Pain, & Public Health website - www.doctordeluca.com/