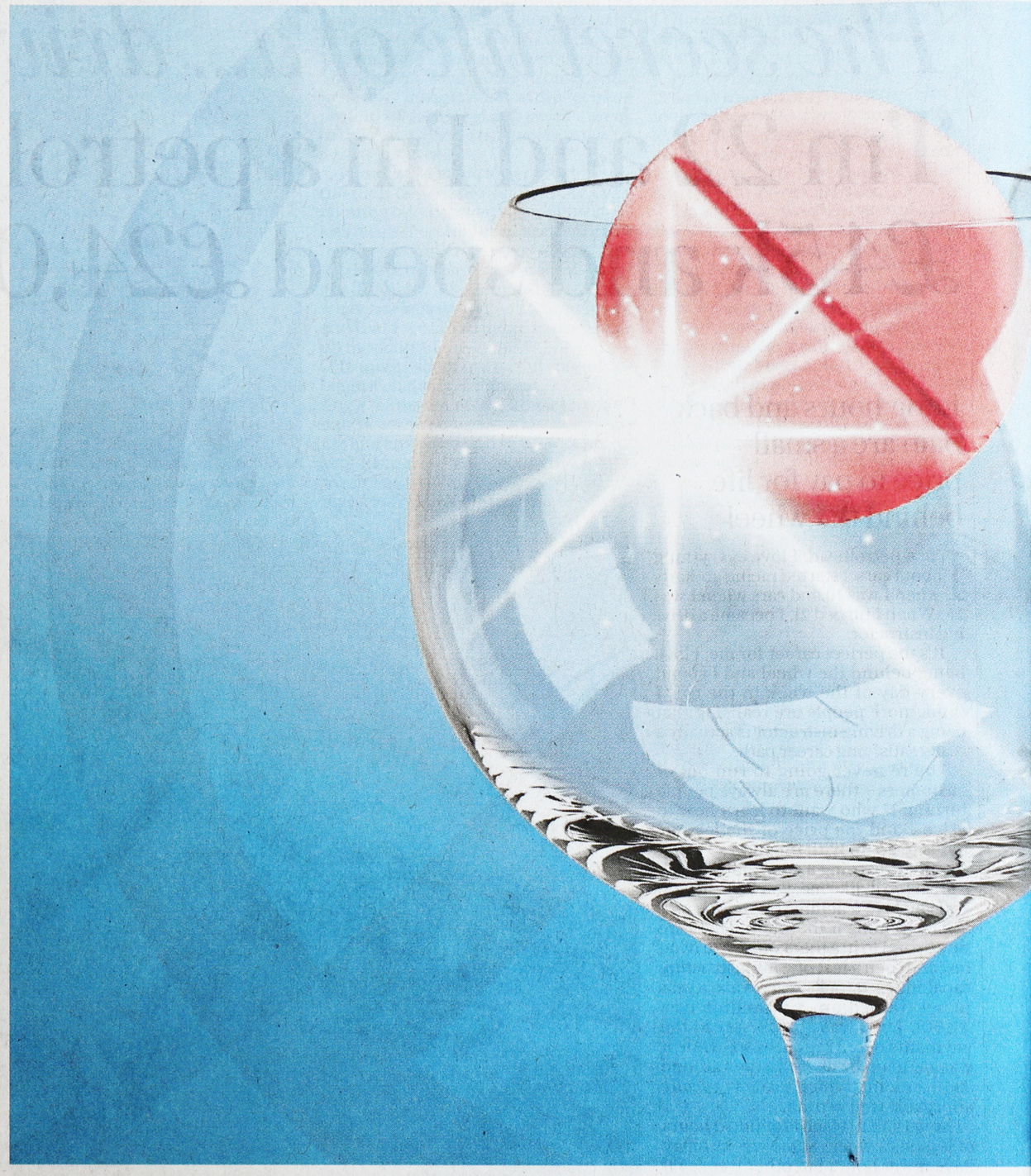
The little-known pill that fixed my drinking problem

It's the Ozempic for hard drinkers that has an 80 per cent success rate – why is this drug so under-prescribed? By Annabel Fenwick Elliott



Am I an alcoholic? It's a question I've asked myself many times over more than a decade. That alone is enough for most addiction counsellors to confirm that yes, I probably fulfil the criteria. Along with an estimated 10 million adults in England who regularly exceed government guidelines on alcohol consumption, and a further 600,000 who are dependent on it.

Until very recently, I hadn't even heard of Naltrexone, the drug that could solve this for me – much like the weight loss benefits of the Type 2 diabetes Ozempic. Or the Sinclair Method, which uses this pill in direct contradiction to the traditional abstinence model promoted by Alcoholics Anonymous (AA), because it actually requires you to keep drinking; rewiring the neural pathways in your brain as you do, until your relationship to booze fundamentally changes.

But back, first, to the extent of my former drinking problem. Lest you assume it was a relatively tame case, here are some of the things I have done that would classify me as alcoholic. Regularly exceed the recommended allowance, as per the NHS, of 14 units (or six glasses of wine) a week. Blacked out, many times. Been dishonest about my drinking. Had a dose of "hair of the dog" in the morning to stave off withdrawals. Snuck vodka onto a plane in a water bottle. Sipped wine in the cubicle of a public bathroom.

These are examples taken from phases of heavy drinking. Before I became a mother, I alternated between knocking back a bottle of chardonnay every night after work and going weeks without any at all (white-knuckling, as it's known in sobriety-speak). Indeed I long ago came to the reluctant conclusion that I couldn't moderate. Or rather, I didn't want to. I was either in a situation where I could drink as much as I liked (on holiday, at a party, or post-parenthood, not in charge of my toddler) or I abstained entirely.

Annabel habitually alternated between binge-drinking and 'white-knuckle' sobriety

I had no interest in having "a glass of wine here or there". If I couldn't consume enough to reach my sweet spot – a cosy corner of my otherwise chaotic brain where the blinds come down, the sirens muffle, and all my worries slip quietly from the room – then I didn't wish to partake at all. Because it requires at least a bottle of wine to unlock that cave (a quantity that has crept upwards over the years); anything less felt akin to having an itchy nose but not quite being able to follow through on a sneeze. Torment.

I didn't want to be like this. So when I read about a medication that has a near 80 per cent success rate in clinical trials at getting patients to drastically reduce or stop their drinking altogether, I was intrigued. (This figure, for context, compares with abstinence-based rehabilitation methods, which yield significantly lower success rates.)

When I discovered, first through research and then from experimenting with it myself, that this pill works, in such an astoundingly simple way – like ibuprofen for headaches – I was baffled as to why it isn't common knowledge.

Naltrexone is an opioid antagonist, which blocks the dopamine reward you get from alcohol. It doesn't reduce any of its other effects, so you will still feel "drunk" – it just won't be rewarding. It doesn't work solely on alcohol, but any stimulus that produces an addictive rush. I found that it reduced my craving for junk food, too, which is why it is also added to certain weight loss medications.

Taken under the guidance of the Sinclair Method – more on this in due course – at least an hour before drinking alcohol, Naltrexone will, over time (in my case, within a matter of days), break the association between the taste of alcohol and the rush that makes it so moreish.

It is not a new drug; it was first approved in 1984. It's not expensive; costing between £1-3 a pill. There are few side effects (for me, there were none). It works on people who would simply like to cut down a little, all the way across the spectrum to full-blown addicts. Why, then, is this not the first line of treatment for alcoholics? Where is all the hype? This is, as I mentioned before, essentially the Ozempic for problem drinkers, and hardly anyone knows about it.

The reason, in part, is tangled up in red tape. Worldwide, it is out of patent, so there is no real money to be made by Big Pharma. In the UK, Naltrexone is tricky for GPs to prescribe thanks to licensing. For reasons too convoluted to go into, it is approved only for gambling addiction. To address alcohol dependence, it has to be prescribed by the NHS "off label", which GPs are penalised for because there's such a limited budget for it.

It was enough of a revelation for Dr Janey Merron, who prescribed me the medication, to leave the NHS and join a private clinic so she could administer it freely. "I practised in a very deprived area with a high rate of alcohol misuse and was so fed up with not being able to treat people with this simple drug. It was incredibly disempowering," she tells me.

Dr Merron was the first doctor to join Sinclair Method UK, a clinic formed in 2019 that prescribes opioid blockers alongside counselling to those who wish to reduce or eliminate their drinking. Packages start at £345 for the private GP phone consultation, the ongoing prescriptions (the pills cost an extra £90 for 30) and three months of counselling.

The Sinclair Method (TSM) was developed by Dr John David Sinclair, an addiction specialist at the Finnish Foundation for Alcohol Studies, and later confirmed in over 90 clinical trials worldwide. It uses Naltrexone to produce an effect known as "pharmacological extinction". By blocking the dopamine hit we get every time we consume alcohol, the brain soon learns there is no point in chasing that rush with more and more booze.

Essentially, it works according to Pavlov's Dogs theory; the famed 1897 experiment which proved how classical conditioning can be used to make or break habits. Pavlov showed how easy it was to get a dog to drool at the sound of a bell. Naltrexone, using the same principle, stopped me from salivating over the prospect of chardonnay.

An hour after I first took the pill, I poured a glass of wine and was astounded by the results. It looked like wine. It tasted like wine. It offered the same mild relaxation effect, but the euphoria didn't kick in. I kept taking another sip, waiting for the chain reaction to fire off; the one that usually takes me to the end of the bottle, but it never did. I took a larger gulp, then half an hour later, did something I hadn't done in as long as I can remember – I tipped the rest down the sink.

A small part of me felt sad that I no longer had the key to my cosy cave that evening. But mostly, it felt like a miracle had occurred, and an overwhelming relief took over.

I repeated this several times, in the interests of the experiment, at home, alone, where I used to do most of my drinking, but the motivation was quickly banished. All it left me with was sour breath, and that feeling, later, of lingering poison in the veins.

The real test was my next social engagement. One of the many reasons I always avoided AA (aside from its cultish rhetoric and the group's insistence that you "surrender to a higher power") – even during phases when I really wanted the cycle to stop – is because I couldn't face the prospect of being sober at events or parties forevermore. I'm an introvert. I despise small talk. I find socialising boring, scary and pointless. If it was up to me, I'd never go

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to another wedding or festival or dinner with strangers ever again, but alas, I have a very outgoing husband and sometimes it's expected of me.

And so I took a Naltrexone and went to a children's birthday party full of adults I'd never met – in other words, my iteration of hell. I turned down the first few offers of a boozy beverage because I genuinely didn't feel like one, but later I accepted a glass of wine. Perhaps it was the placebo effect of having that familiar, cold prop in my hand, or the alcohol's central nervous system depressant effect, which the drug doesn't block. Possibly a combination of both, but found it relaxed me. Enough to have a reasonably good time. What it didn't do was light up that dopamine reward path. I didn't finish that glass or crave another. It was, and continues to be, game-changing.

I spoke to several friends who are in AA – the programme, developed in 1935, which argues there is no cure for alcoholics but lifelong abstinence – and most were sceptical. AA had worked for them, after all.

I also consulted Jan Gerber, CEO of Paracelsus Recovery, an addiction clinic in Zurich which I'd visited and written about several years ago. "We use naltrexone for alcohol use disorders and gambling to reduce craving and to reduce consumption," he confirmed. "But I feel it should always be used in the context of a wider treatment strategy, since it does not address the root cause of the dependence; trauma, personality disorders, stress, depression, all being common."

He's entirely right about this. Everyone who drinks too much does so for a reason. I'm fortunate enough to have had enough therapy over the years to understand my demons. Furthermore, when I was at Paracelsus, I was diagnosed with ADHD; a condition that very often leads to problems with alcohol, since it's the only readily-available tonic capable of quickly sedating the symptoms.

But while understanding all this, getting the support and "doing the work", made a huge difference to my life, that neurological bond I had to alcohol, cultivated over half a lifetime, was still active, like a goblin on the sidelines. And taking Naltrexone severed the tie.

Of course, actually swallowing the pill before you drink alcohol requires willpower, especially in the early stages of treatment, just as abstinence does. But I have found that popping a tablet while I still have good intentions, thus removing any opportunity to get hammered for the rest of the night, is a whole lot easier than having to resist on a minute-by-minute basis.

I have to believe that with enough coverage of such impressive success rates, the NHS might be motivated to take another look at its approach to this medication. Of the 600,000 aforementioned alcohol-dependent people in England alone, a staggering 82 per cent are not even in treatment, according to a recent report. And if the government can't bring themselves to care about these addicts, The Department for Health and Social Care has estimated, at last count, the total cost of alcohol harm for the NHS and the wider public to exceed £25 billion a year. It is thought, additionally, to play a part in nearly half of all violent crimes.

Dr Merron, alas, thinks it's unlikely that the NHS will have an epiphany anytime soon. Until then, patients will have to go private if they want access to Naltrexone. And perhaps here's where the revolution starts. Following a recent article on this very topic in the national press, demand at Sinclair Method UK went through the roof. There were more than 500 enquiries within a few hours of the story being published; where previously the clinic had an average of 12 a week. Dr Merron is currently busy training several new doctors to help tackle the waiting list.

All cards on the table, am I going to allow myself the occasional debauched, Naltrexone-free knees-up? Yes. Those are one of life's great pleasures, are few and far between, and have never been a problem for me. It's the insidious, bottle-a-night spell that needed breaking. It is no exaggeration, therefore, to say that this little-known, woefully under-prescribed tablet has changed my life.

I should reiterate here that while such medication is capable of taking the cravings away, it does nothing to address the underlying reasons as to why one might be regularly anaesthetising themselves in the first place. I've addressed mine in depth, which is perhaps why Naltrexone was so seamlessly the last piece of the puzzle for me. Regardless, the more people that learn about this tool, the better. Not just for drinkers and their loved ones, but for society as a whole.

Medication might take the cravings away, but it does nothing to address the underlying reasons why one might want to anaesthetise oneself on a regular basis

Middle-aged binge drinking: the facts

You might be slightly less likely to throw up on a night bus or consume a dodgy post-pub kebab than you were in the Nineties but your body's ability to cope with binge drinking has otherwise plummeted. "A range of factors amplify the effect of any given amount of alcohol for older people," says Katherine Severi, the chief executive of the Institute For Alcohol Studies. These include:

A reduction in lean body mass reduces the volume of distribution of alcohol (leading to a higher peak blood concentration of alcohol)

Liver enzymes may process alcohol more slowly, leading to longer-lasting levels of alcohol

The central nervous system may be more sensitive to alcohol's effects

Older people are more likely to be taking medication that might interact with alcohol Consequences such as falls are more likely and have a greater risk of serious consequences

"In addition, the risk of illness linked to alcohol, such as cancer of the mouth, throat and bowel, combined with other risk factors, for example smoking and being overweight or obese, all increase with age," says Severni. "Finally, the link between alcohol use, mental health problems and suicide appears – more strongly in men than women."

Alcohol unit guide