

I used to down a bottle of wine. Now I stop at one glass thanks to a £3 pill that's like Ozempic for drinkers

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# INSPIRE

## I used to down a bottle of wine a night. Now I can stop at one glass – thanks to a £3 pill that's like Ozempic for drinkers

by Annabel Fenwick Elliott  
 NOT long ago I had a serious drinking problem. For more than a decade I was either knocking back a bottle of wine every night or I was white-knocking it in a stone-cold-sober phase. There was no in-between – I had lost control. But now, thanks to an astonishingly effective pill, I can drink a single glass of wine and leave it there. I am 37 and, for the first time since my early 20s, I can sip half a cocktail, leave the rest on the bar and happily drive home. What I have found is, I believe, a bit like Ozempic but for people who drink too much, rather than those who over-eat. Yet many GPs know nothing about it. And despite it being safe and effective, the NHS is reluctant to prescribe it for anything other than obesity – gambling addiction. We have all witnessed the cascade of suddenly awake men and women who have, after a lifetime of falling to control their calorie intake in traditional ways, finally found a cure in the new world of weight-loss pills. Ozempic users often say the drug 'silences the noise' around eating and stops them even thinking about food. Well, I have been through a similar transformation myself – except with alcohol. TURN TO NEXT PAGE

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 drink. I simply do not obsess over alcohol any more. Allow me to introduce a pill called naltrexone. When taken regularly, an hour before consuming alcohol, it has close to an 80 per cent success rate at getting patients to drastically reduce or eliminate drinking altogether. (For context, rehabilitation methods, with Alcoholics Anonymous (AA) being the most widely used, yield success rates of less than 15 per cent, according to the World Health Organisation.)

Naltrexone is not prohibitively expensive, at £3.57 a pill, and it didn't make me feel ill. So how does it work? It rewires your neural pathways while you drink so that the reward loop is broken and you cease to crave more. You still feel the effects of the alcohol, and you'd still test positive on a breathalyser, but the dopamine rush is blocked and your appetite for another drink is suppressed. I've never identified with the term 'alcoholic', even though, at various points of my life when my drinking was at its worst, I certainly fulfilled all the criteria. Did I ever black out? Yes, frequently. You'd never have known it if you'd been at a party with me – I wasn't falling into gutters – but you might have clicked the next day when I had no memory of conversations we'd had. Was I dishonest about my drinking? Of course, it is not a badge of honour, especially as a woman, to have the tolerance of Captain Jack Sparrow. Did I conceal alcohol? I did. Every time I flew long-haul I smuggled duty-free vodka in a water bottle because a thimble or two of wine from the drinks cart was never going to anaesthetise me sufficiently. I got away with all of this, for the most part, because I was 'high functioning'. Like so many of my hard-drinking peers, I was reasonably successful in my career as a journalist.

on it fast enough. Knowing from the article that there was little point asking my GP for it, I went straight to Sinclair Method UK, a private clinic that specialises in alcohol use disorder (they steer clear of the term 'alcoholism'). Packages here start at £449 (holism). Packages here start at £449 for the phone consultation and prescriptions (the pills cost an extra £100 for 28 tablets) and three months of counselling. Not cheap, but not nearly as expensive as an ongoing alcohol problem. Although first approved for use in 1984, it wasn't until Dr John David Sinclair, an addiction specialist at the Finnish Foundation for Alcohol Studies, used it to treat rats, and then patients, that his programme, The Sinclair Method (TSM) was born. TSM is based on the theory of classical conditioning, and the famed Pavlov's Dog Experiment of 1897, which demonstrated how easy it is to train a dog to salivate at the sound of a bell, rung just before food is given. What is key is that, just as easily, this behaviour can be 'unlearned'.

THINK of alcohol as the bell. In The Sinclair Method, a 50mg dose is taken an hour before drinking. By blocking the dopamine receptors that deliver that euphoric ring-a-ding rush we get from booze – the element that makes it so moreish – our brain soon stops associating the drink with the reward. Repeated enough times, we cease to salivate at the sound of the bell (or, in my case, the pop of a cork). I tried my first tablet in July – and an hour later poured a glass of wine and started cooking dinner. I took a sip and waited for that familiar chemical hit... but nothing. A few more sips, in between chopping onions. Still it didn't come. The wine tasted the same, the ceremony of it was soothing, I felt a little looser, in a pleasant rather than euphoric way, but before I'd even finished the glass I felt 'full', and within half an hour tipped the last few inches down the sink. It was both momentous and bafflingly uneventful. I persevered for a few nights at home, alone, where I used to do most of my drinking, but the motivation was quickly banished. Without the warm, fuzzy feelings, all I was left with was the sour taste in my mouth and, later, the lingering sense that poison had invaded my veins. After that, I stopped wanting to drink and stopped taking the naltrexone. What it did was stop alcohol taking up so much of my attention – whether resisting it or chasing it. The biggest test would be a social occasion. And so I took a naltrexone and went to a children's birthday party full of adults I'd never met – my idea of hell. I refused the first offers but later agreed to a single glass of wine. The familiarity of that glass in my hand, and the relaxing effect, which the drug doesn't block, was enough to do the trick. I didn't crave another. I have since taken naltrexone before social events where I know alcohol will be on tap, and at last I can join in yet have just one cocktail. While some doctors advise one tablet daily, according to The Sinclair Method, I

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# Before I'd even finished one glass of wine I felt 'full' – and tipped the last few inches down the sink

only need to take it an hour before drinking, not every day. I hate socialism – truth be told, so getting quietly hammered used to be my coping mechanism. Now a single drink will relax me enough to engage in small talk, but instead of carrying on and getting blind drunk, I leave and go home. Back to my dog, chickens, Netflix and family, where I'm happiest. I wake the next morning with no hangover and no blank spots in my memory. Yes, it requires willpower to take the medication – just as abstinence does. But I find it a lot easier to just pop a pill at the start of the evening, side in the knowledge that for the next eight to 12 hours, there's no point in knocking back drink after drink. Now I simply won't feel the euphoria that used to be the point of drinking, rather than having to resist another glass on a minute-by-minute basis. Why, then, is this medication not a first line of defence when it comes to alcoholism? An estimated ten million adults in England alone regularly exceed NHS consumption guidelines (14 units a week, or six glasses of wine) and an additional 600,000 people are dependent on alcohol. Of this number, 82 per cent are not even in treatment. The Department of Health and Social Care reckons the total cost of alcohol harm for the NHS and wider society exceeds £25 billion a year. It is thought to play a part in about half of all violent crimes.

LIKE all drugs, naltrexone can have side-effects – most commonly nausea, headache, abdominal pain, reduced appetite and tiredness – but I had none of them. The strange omission of the drug from the conventional range of treatments for alcoholism in the UK is a topic tangled in red tape. It doesn't help that the drug has been out of patent since 1998, so there's no real money to be made by Big Pharma and little incentive for them to promote it to doctors. And while it is available in the UK, because of complex licensing reasons it has to be prescribed 'off label' – when a drug is issued for a condition it is not approved for – meaning it falls outside typical GP budgets. Dr Jamey Merron, an independent GP who was the first doctor to work with Sinclair Method UK, could see huge benefits when she learnt of naltrexone – yet says that she was unable to administer it freely. 'I worked in a very deprived area, and when I discovered naltrexone and started treating patients with it off label, the success rates – within just weeks – were staggering,' she tells me. 'Just as we've seen in clinical trials around the world, around 80 per cent of them quit or cut down to safe limits of alcohol consumption.' Frustrated by the limit on the number of people she could prescribe it to, Dr Merron left the private sector. 'Most of my patients today are professionals between their 40s and 60s and are very healthy in other aspects of their lives,' she says. 'A surprising number are within the top one per cent of earners. I've treated elite athletes, doctors and entrepreneurs. They work hard and they drink hard at the end of the day, yet their colleagues would rarely guess it.' It's important to note that, without also tackling the underlying reasons that lead people to develop alcohol addictions in the first place, naltrexone can only do so much. It might stop you craving alcohol but it won't hold your hand as you face up to the problems you've been blotting out by drinking it. I've had a lot of therapy and am well acquainted with my demons. Like many of Dr Merron's patients, I was diagnosed with attention deficit hyperactivity disorder (ADHD) a few years ago, which explained a lot. I have since had to find other ways to calm the circus in my mind. AA works for some, but I don't believe it ever would for me. The belief in a higher power, the totalitarianism, the idea that you're never cured – I couldn't get on board with it. Besides, I like the fact I can still have a drink on special occasions. It was always the insidious, bottle-a-night binges that I needed to stop. So it seems that, thanks to my trusty new tablet, I get to have my cake and eat it too. PLEASE seek advice from your GP if you or someone close is struggling with alcohol issues. Also, you can contact Drinkline, a national alcohol helpline, for free and in complete confidence, on 0300 123 1110 (weekdays 9am to 5pm, weekends 11am to 4pm).



Night out: Annabel with a glass of wine before her treatment

# SO, IS IT REALLY A SILVER BULLET?

DR ANSHUL SWAMI is a consultant psychiatrist and specialist in addictions and substance misuse disorders at Priory Hospital North London and the Nightingale Hospital, also in London. He says:

NALTREXONE tends to be used in patients who are harmfully drinking alcohol, not dependently drinking it. That is, it's causing harm to their physical and mental wellbeing, but they haven't 'lost control', don't have physical withdrawal symptoms, and alcohol isn't starting to dominate and interfere with their lives. They're on the lower end of the severity scale, but they're drinking in excess of the NHS recommended weekly intake of 14 units (less than one and a half bottles of wine per week). They will typically be drinking five to seven units a day. Drugs such as naltrexone are opioid blockers – they block the warm euphoric feelings you get when you drink. As a consequence, a person on the drug may drink a little less and less often. But there's no magic tablet for an alcohol problem. Naltrexone is only modestly effective in some patients who have a lower level of excess drinking. It is taken every day as a tablet, for six to 12 months maximum, it should always be prescribed in lockstep with a few months of psychotherapy – ideally an hour a week with an addiction specialist. A good clinician would also advise lifestyle changes, and help the patient take responsibility for their struggles with alcohol. The most potential side-effects are most commonly, nausea, headache, abdominal pain, reduced appetite and tiredness, particularly in the first month. The prescribing doctor should ensure the patient has a regular liver function test, and see them every month to check how they're faring in every aspect, rather than just issue a prescription and hope for the best. If patients start drinking excessively, the medication must be stopped. Alcoholism is a complex biological, psychological and social illness requiring protracted and intensive treatment. Millions of patients recover every year by growing in insight, smashing their complex web of denial and embracing personal responsibility. The secret is to learn new techniques, create strong boundaries for yourself/others coupled to personal betterment and working through past pain and trauma.

so when I came across a newspaper article about this obscure pill that could rewrite my brain's association with alcohol, I couldn't get my hands

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- Wonderlust yellow, £50, wedgwood.com
- Gucci, £260, farfetch.com
- True Love, £110, halcyondays.co.uk