

# Sunhealth



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## WORRIED ABOUT YOUR DRINKING?

IF you are worried about your, or a loved one's, drinking the GP is often the best place to start. They can determine if there are any underlying issues such as depression that can be treated, offer medication and refer you to local treatment services. You can also get in touch with these without a GP referral. Use the NHS website or type into a search engine "NHS alcohol services" and your nearest town. You could also try support ser-

VICES including Drinkline on 0300 123 1110 or Alcoholics Anonymous at alcoholics-anonymous.org.uk. If you are looking for urgent support contact the Samaritans, who are available at all times on 116 123 or jo@samaritans.org. The NHS Drink Free Days helps you track your units, recommending no more than 14 units per week. If you have become physically dependent on alcohol, then stopping suddenly could be harmful, and you should seek medical advice.



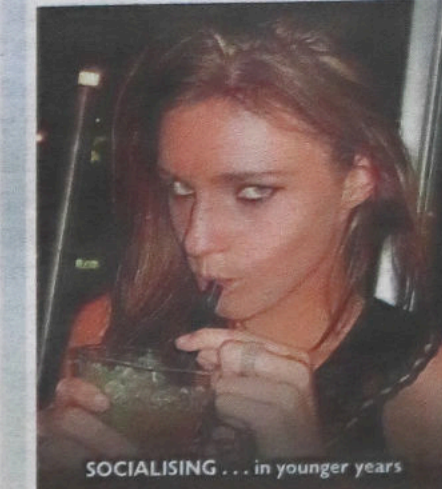
By ANNABEL FENWICK ELLIOTT

**IF you had told me during the depths of my worst drinking episodes that one day I would be able to enjoy half a glass of wine and tip the dregs down the sink, I would not have believed you.**

I knew I had a dysfunctional relationship with alcohol throughout my twenties and thirties. I also knew that I would have to give it up some day. You either drink yourself to death, I was led to believe, or you join a 12-step programme and aim for life-long abstinence. Neither appealed to me and so I remained stuck in a cycle of throwing back a bottle of wine a night or abstaining completely for weeks at a time. What I did not know was that there could be a middle way – the "Ozempic for problem drinkers" – a drug called naltrexone. It eliminates cravings by blocking the brain's opioid receptors, making alcohol less pleasurable and curbing the desire to drink – much like Ozempic numbs food cravings by promoting feelings of fullness. The solution is so absurdly simple it should be the first line of defence for anyone struggling with addiction. And yet, until recently, most GPs had not seemed to have heard of it. Within a week of me trying it in early 2024, the desire to drink had vanished entirely. Now, wine is rarely in my house or on my mind. Before, on paper, I would have been classed as an alcoholic. Not that you would have guessed it, for I was a highly accomplished wreck head. At university – and I could not be less proud of this – I was affectionately known as the "designated drunk driver", the only person able to drive us all home without incident even under the influence. My tolerance was high. I did not slur my words or wobble when I walked.

### Good luck getting it on the NHS

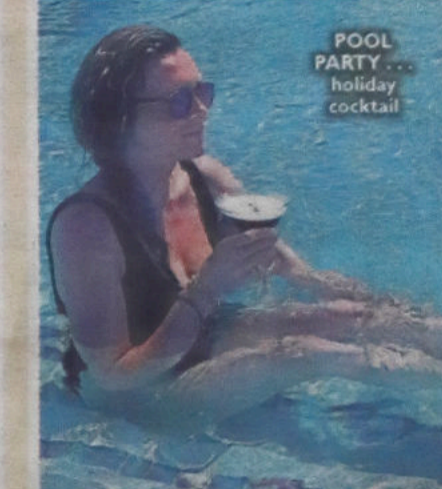
But I could be (and regularly was all throughout adulthood) in a full-blown state of blackout and still be able to engage in seemingly sober conversation, despite recalling nothing in the morning. What drove me to drink was how painful I often found mundane conversation. As someone with severe ADHD, the chatter inside my head has always been exhausting. I can not stand people who talk too slowly, or engage in small talk, so socialising is painful. Unless, that is, I have stupefied myself to sufficient levels with alcohol. The volume of chatter in my head is deafening too. When I'm home alone (so particularly during lockdown), I was doing the majority of my drinking with no witnesses. It made laundry less boring, and sleep came more easily. Inevitably, I would start tucking into the wine earlier and earlier in the day, until it started interfering too much with my life. At this point, I would cut it out entirely for various lengths of time and "white-knuckle" my way through. I did eyes up programmes such as Alcoholics Anonymous a few times, but as a staunch atheist, I could never have taken seriously the prospect of praying, chanting mantras or "surrendering to a higher power". Naltrexone has a clinical success rate of 85 per cent at getting users to drastically cut back or eliminate alcohol use (of those who go to AA, 24 per cent were sober after one to five years, dropping to 13 per cent by ten years, a 2014 study by the organisation showed). It has few side effects – for me, there were none – and does not



SOCIALISING... in younger years



STUDIES... drinking at university



POOL PARTY... holiday cocktail

induce awful symptoms when mixed with booze (like drug Antabuse, which is seldom used today). At £100 for a one-month supply – around £3 a day – it's relatively affordable, too. Good luck getting it on the NHS, though. Naltrexone is classed as an off-label medication for alcohol addiction, which means GPs do not have the budget to prescribe it. I got mine from Dr Janey Merron at the Sinclair Method UK Ltd, a clinic that specialises in administering it. Dr Merron left the NHS to go private out of sheer frustration because she saw how effective the drug could be and wanted to help more patients. Packages at this clinic cost from £345 for the phone consultation, the prescriptions and three months of counselling. The fact that this is not being widely prescribed by the NHS is a travesty, particularly given that alcohol-related deaths have jumped to a record high in the UK, according to the Office for National Statistics. Alcohol also plays a part in nearly half of all violent

**NHS**

HM Government

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**Ask Dr Zoe**

Your health questions answered  
See page 30



HAPPIER NOW... Annabel

## WRITER ON PILL THAT CURED HER ADDICTION



**I even downed wine to get through the laundry... until £3 'booze Ozempic' cured me**

**"I could be in a full-blown blackout and still be able to engage in seemingly sober conversation"**

crimes worldwide, meaning society at large would benefit enormously from this medication being better known. Helen Harberts, a retired American prosecutor who appears in a documentary about naltrexone called One Little Pill, states: "This stuff works. It's malpractice not to use it." So what is naltrexone and how does it work? First approved in 1984, the drug temporarily blocks the dopamine rush we get from alcohol and other substances. It can also destroy the "reward loop" we get from behaviours, including overeating (which is why it is added to some weight-loss medications) or hitting the casino (naltrexone is approved by the NHS to treat gambling addicts). It was five years after the drug hit the market that Dr John David Sinclair, an addiction specialist at the Finnish Foundation for Alcohol Studies, recognised its potential in treating alcoholics, and The Sinclair

Method was born. When on The Sinclair Method, I was told to keep drinking, which is contrary to almost every other treatment method out there. But I had to take naltrexone first, one hour before consumption. The point is to break the cycle of associating alcohol with pleasure. I had been compelled to drink because I had learned that it made me feel good through repetition and reinforcement. But naltrexone unravelled that. I "unlearned" the association between booze and pleasure – a process known as "pharmacological extinction". Naltrexone only lasts eight to 12 hours and does not stop the physical effects of alcohol. I can drink enough to relax, which takes the edge off in social scenarios. But it kills the moreishness, so one glass is all I feel like drinking. Within a week, the drug had worked its magic on me. I was given a 30-day supply on my prescription, but the rest are

sitting in my medicine cabinet. According to the Sinclair Method, you should take a dose every time you drink – which for me, initially, was every evening. However, I've now drunk socially a few times since treatment and have not taken it – the effect was the same, I couldn't finish my second glass. I find myself almost forcing the wine down. On one hand, it is nice to get that dopamine hit again, but on the other, my brain no longer associates the taste with a good response, so it feels bitter on my tongue, much like it did all the way back in my teens when alcohol was still new. My tolerance has still been reset. Another close family member,

who has been locked in a duel with alcoholism for most of their life, followed suit and at long last beat the bottle, too. Of course, taking the pill before you drink still requires willpower, just like turning up to 12-step meetings. But I find it infinitely easier to swallow a tablet when I still have good intentions, knowing that for the next eight hours or so, it will be impossible to get that high from drinking. I find this simpler than resisting on a moment-by-moment basis. Dr Merron sees me as a typical patient. She says: "The majority of the people I treat are high-functioning, high-achieving professionals whose associates would never guess how much they drink." She also stresses the importance

of therapy during treatment by the Sinclair Method. And that is the warning note I will leave on. While naltrexone cured my drinking problem with astounding speed, I did have to stare down the reality of no longer having a numbing agent for the problems that have always accompanied me. And I had to find other coping mechanisms. I socialise far less now, because small talk continues to haunt me. I have swapped wine for podcasts to ease the boredom of laundry. I am on medication for ADHD and have regular therapy. Since I first wrote about naltrexone, the clinic I used has been inundated with requests, from an average of 12 per week to hundreds per day. This is the first step in what I hope will be a revolution in the way alcoholism is treated. It changed my life immeasurably, and if you are anything like I was, it could well transform yours, too.