9.8 Naltrexone helps heavy drinkers gain control

Findings A Spanish study suggests that naltrexone can augment a controlled drinking programme, potentially extending its role from people seeking treatment at alcohol clinics to moderately dependent, 'binge' drinkers identified in hospitals and primary care.

Of 214 male primary care patients referred to the research project, 74 were judged suitable for a controlled drinking programme (not so dependent as to require detoxification and free of liver, neurological or psychiatric illness). 60 began three months of weekly individual therapy, for a randomly selected half supplemented by daily naltrexone. Typically patients were young (average 30 years) and moderately dependent, drinking heavily when they did drink but not every day. Abstinence was advised for the first month. All but three complied. In the next two months strategies learned in the first were deployed to control drinking. The following year patients were seen monthly by their therapists and quarterly by researchers to assess outcomes.

During therapy few patients drank heavily. Though naltrexone patients reported less desire to drink, this was reflected only in a non-significant trend to drink less. In the following year they not only continued to crave alcohol less but also drank significantly less. In both groups about four in ten resumed heavy drinking but those who had taken naltrexone did so on fewer days (once versus twice a week) and consumed less (under two units a week compared to over four).

In context This is the only controlled study specifically to test naltrexone with patients who regularly drink to excess but are not severely dependent. One weakness is that patients and therapists knew they were using naltrexone and the controls were not given placebos. This means the study is closer to normal practice but also that patients' and doctors' expectations could have contributed to the results.

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Naltrexone's main effect is to 'normalise' drinking and to prevent lapses becoming relapses rather than to prevent drinking altogether. It seems to work by dampening the experienced and anticipated rewards of intoxication. These features should make it specially suitable for people who want to curb their 'positive' desires to drink to excess, rather than for patients drinking continuously to avoid negative states such as withdrawal or anxiety. Severely dependent drinkers with low social support and unstable lifestyles may not take naltrexone regularly enough, and the entrenched, multi-faceted nature of some alcoholics' problems can mean that it adds little or nothing to conventional treatment. For these patients, abstinence may be the only sustainable way out of their dependence, a route which naltrexone seems less able to promote.

Practice implications Naltrexone shows promise as an adjunct to controlled drinking programmes for drinkers who regularly drink to excess but are not continuous, physically dependent drinkers. Such programmes could be among the interventions available to GPs (probably by referral), occupying an intermediate position between brief interventions for risky drinkers and referral to detoxification and treatment for the more severely dependent. Suitable patients should include those who when they start drinking find difficulty stopping but who have sufficient stability, motivation and support to take the medication. Research suggests that naltrexone is best combined with skills-based therapies aimed at preventing lapses becoming relapses, and that after an initial period it can be taken 'as needed'.

Two major UK studies at alcohol clinics have provided greater support for naltrexone than for acamprosate, the main alternative medication. Side-effects are more common and more troubling with naltrexone, but the major contraindications (opiate dependence and significant liver disease) are unlikely to disbar drinkers thought suitable for a controlled drinking programme. Though not licensed for alcohol treatment in the UK, naltrexone is used in some treatment centres.

Featured studies Rubio G. *et al*. "Naltrexone improves outcome of a controlled drinking program." *Journal of Substance Abuse Treatment*: 2002, 23, p. 361–366. Copies: apply Alcohol Concern.

Additional reading O'Malley S. *Naltrexone and alcoholism treatment*. US Dept. of Health and Human Services, 1998. Download from http://hstat.nlm.nih.gov.

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