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## I cured my alcoholism by continuing to drink

After years of trying to give up through willpower alone, I found a lesser-known treatment for alcohol use disorder that changed everything



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Katie Herzog rewired her relationship with alcohol by taking a pill called naltrexone, which is sometimes referred to as ‘Ozempic for drinkers’ Credit: Daniel Berman

**Katie Herzog**

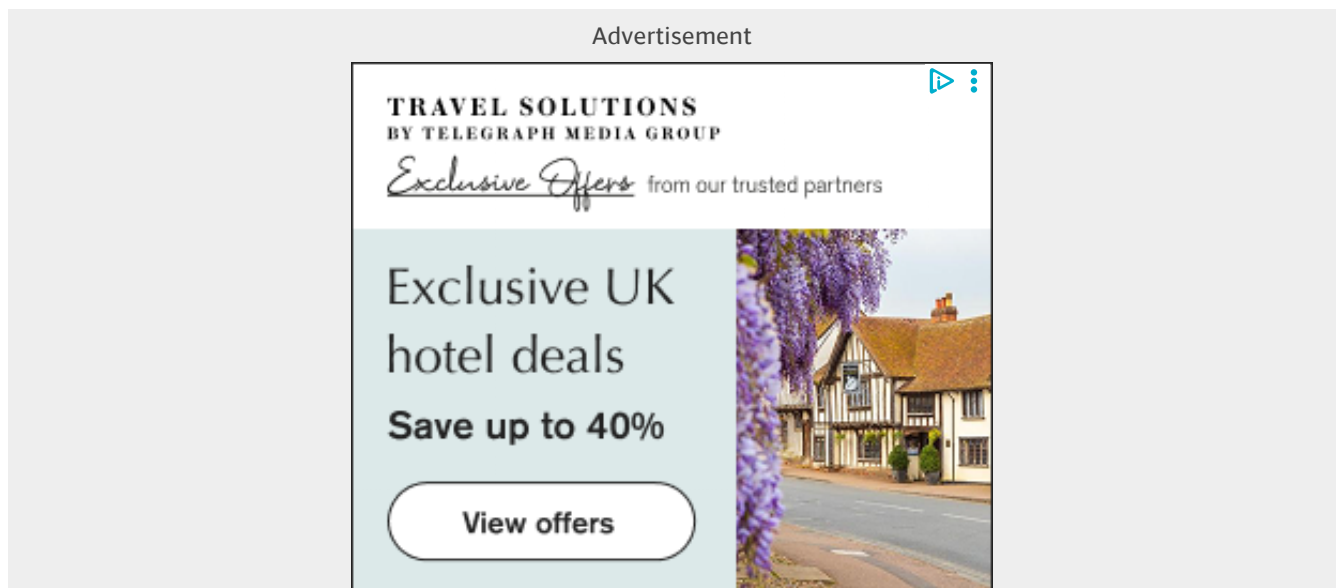
30 September 2025 6:00pm BST

In chapter three of the “Big Book,” the foundational text of Alcoholics

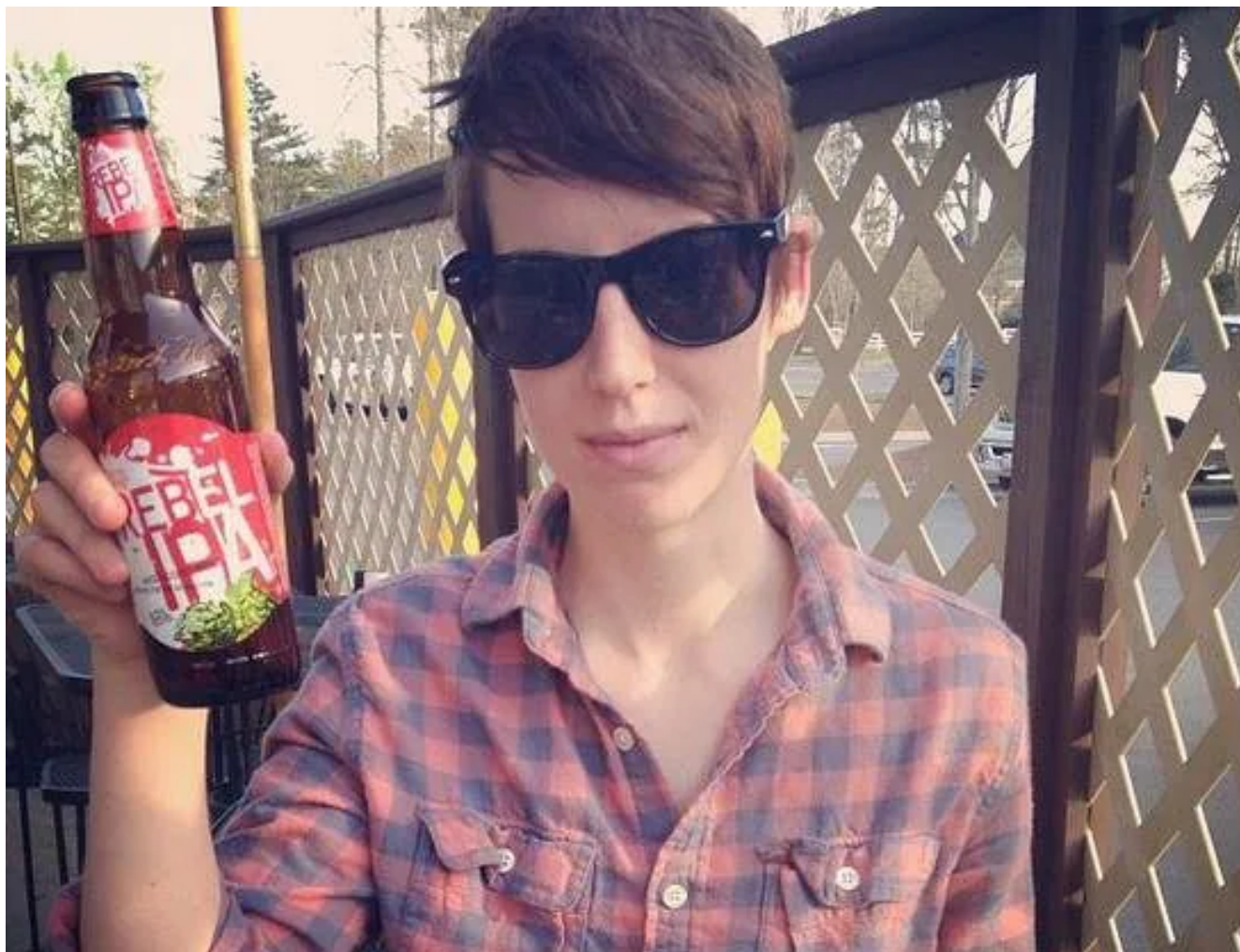
Anonymous, it says: “There is no such thing as making a normal drinker out of an [alcoholic](#). Science may one day accomplish this, but it hasn’t done so yet.”

This is wrong. Science has accomplished what is impossible through sheer force of will – and I know, because I did it.

I had been a [heavy drinker](#) since my teens, but in my late 20s, I hit what felt like rock bottom (although in my case, there wasn’t just one “rock bottom”). I was averaging 10 to 12 pints of cheap industrial lager per night. I couldn’t keep a job, so I was incredibly broke, and what little money I had I spent on alcohol.



One night, I crashed my bike on the way home from a bar and ended up in hospital, and on another I burnt down a porch. But most of the time, it wasn’t dramatic, it was just sad: not being able to get out of bed until noon every day. Being constantly sick and [hungover](#).



Herzog says she reached rock bottom in her 20s, averaging 10 to 12 pints a day

For two decades I tried everything to [curb my problem drinking](#), from periods of sobriety to therapy to Alcoholics Anonymous (AA). But nothing actually took away my *desire* to drink. The issue was that no matter how long I managed to stay sober – and frankly it was never for very long – I wanted to keep drinking. If only I’d known that all along my [alcoholism](#) could be cured not by abstinence, but by continuing to drink.

Allow me to explain. After years of trying to stop drinking through willpower alone, I discovered a lesser-known treatment for alcohol use disorder that involves taking a pill called naltrexone, which is sometimes referred to as “[Ozempic](#) for drinkers”. You take the pill, wait an hour, and then continue to drink moderately. Over time, the very nature of your relationship with alcohol changes – often to the point where you’re cured of the desire to drink in the first place.

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I know this sounds too good to be true. I certainly didn't know about naltrexone when I first realised I had a problem with alcohol in my early twenties. I'd been dumped by a partner, my first serious break up, after she discovered that I had cheated on her. What would lead me to do something that would destroy my life as I knew it? The answer was alcohol.

## Alcohol was the best thing in my life

My life centred around drinking. I'd started drinking as a young teenager and moved to England to study at 19 because I knew I could drink there. American campuses don't have pubs in the students' unions like they do in the UK. Naturally, I spent almost all my time there drinking lager. It was an important part of my identity: the first thing people would know about me is that I was a party girl, a barfly. All my friends were drinkers too so removing myself from that seemed impossible.

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Even after that breakup in my early twenties, I went back to living in a

state of denial. I'd go to AA meetings and listen to people talk about how much better life was sober but I simply didn't believe them. I'd also started seeing a psychiatrist, who gave me a diagnosis of [bipolar type-1](#). That allowed me to attribute my problems to a mental illness, rather than the thing that was patently wrong: that I was an alcoholic.

Somehow by my thirties, I was able to fake it better and was holding down a staff job at a local paper in [Seattle](#), and was in a serious relationship. I'd stopped going to bars as much but traded it for drinking at home. The public drunkenness had turned into private benders.

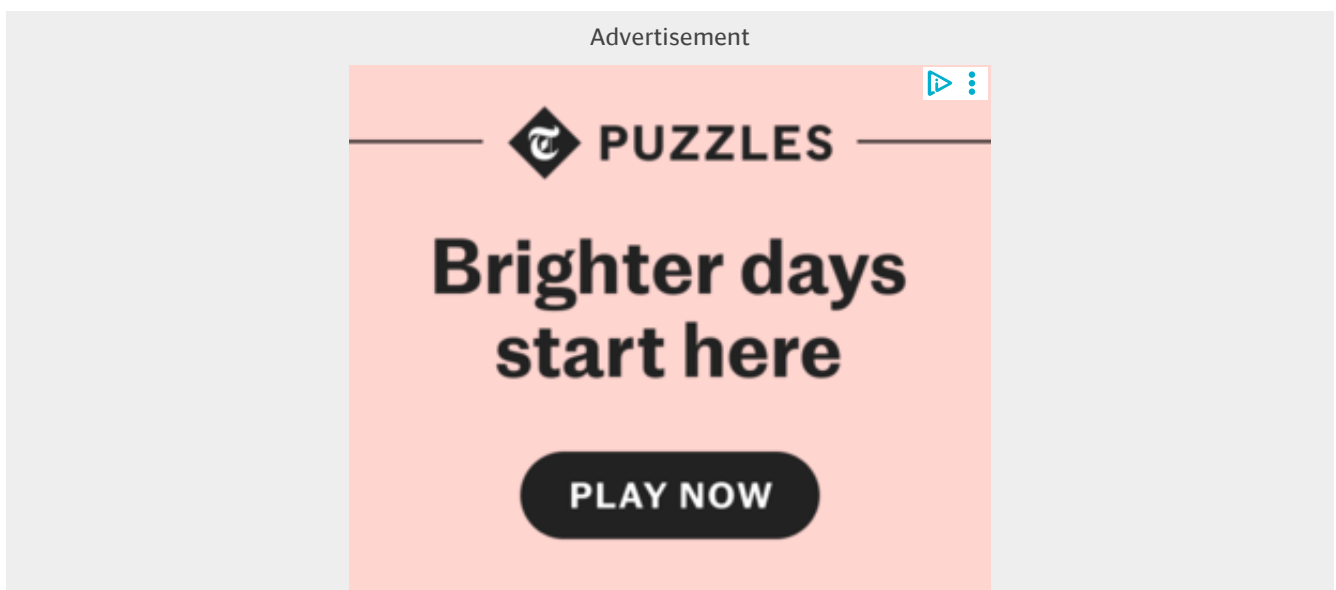
## **The pill that changed everything**

The day things changed for me was when I read a revolutionary article in *Atlantic* magazine that mentioned the Sinclair Method, named after John David Sinclair. He's the researcher who discovered that taking a tablet called naltrexone before drinking could reduce the pleasure of drinking to such an extent that, after a period of treatment, a person could be left with little to no desire to drink. So instead of trying (and perhaps failing) to abstain, you take a pill and continue to drink. The naltrexone reduces alcohol cravings and the dopamine hit you get from drinking. Over time, it's possible to completely rewire your relationship with alcohol. I was so hopeful that perhaps this could solve my problem.



Herzog's new book, *Drink Your Way Sober*, documents her journey to sobriety via the Sinclair Method, a treatment approach using naltrexone Credit: Daniel Berman

It flies in the face of the established wisdom of Alcoholics Anonymous, which teaches that abstinence is the only way – and it still seems illogical to treat alcoholism with more drink. But abstinence had never worked for me, because it never treated the underlying cravings.



It's hard to quantify how many times I tried to quit because every

single day for years, I tried to cut back. So, literally thousands of times. Every morning I'd wake up telling myself that today I wasn't going to drink, but by afternoon my resolve was dead. I'd also tried actual treatment programs like AA and other therapies a dozen of times.

Even though it's effective, established and cheap, with relatively few side effects, not enough people know about [naltrexone](#), nor about the Sinclair Method, the treatment approach that uses it to reduce problem drinking. Despite decades of research proving its efficacy, it remains under-prescribed and misunderstood.

## Getting started

After reading about it, I got a prescription for naltrexone from an online pharmacy. I took it for the first time and it was horrible. I felt anxious, sick and headachey immediately. I thought, nope, never again. The rest of the pack was left to languish at the back of my medicine cabinet. I went back to drinking.



Then, the Covid pandemic hit. I was 38 and at home by myself all the time because my partner – by then, my wife – was out working. I slipped into a pattern of secretly drinking during the day. I was a freelance journalist and podcast presenter, so I didn't really have any structure, and I didn't have a boss for the first time in my life.

I'd start work in the morning, work until noon, and then walk to the corner shop for alcohol, rotating which off-licence I went to because I didn't want the woman who owned the one nearest my house to know how much I was drinking. Then I would drink for six hours on my porch or in my living room, scrolling on my phone, stopping an hour before my wife was due home to give me a chance to sober up.



'I was an expert at covering my tracks', says Herzog, who became a secret day drinker during the first Covid-19 lockdown Credit: Daniel Berman

I was an expert at covering my tracks. I only confessed the extent of my drinking to my wife after I had eventually got sober, and she had no idea – I was very good at hiding it. At around six pints a day, my consumption was still significantly lower than the worst years of my 20s, but I would wake up in the middle of the night, my heart racing. I knew that if I didn't do something about it, my drinking would kill me.

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Out of desperation, I got the naltrexone back out of the cabinet. I knew that if it didn't work this time, I would have to do something drastic: take time off work and go to rehab. This time, I took a quarter of a pill – 12.5mg – on a full stomach, with a glass of water. I still got the same side effects, but they were much more manageable as I'd started on a lower dose. That and the fact that I was really desperate for something to work. And, miraculously, it did. The amount I drank reduced week by week.

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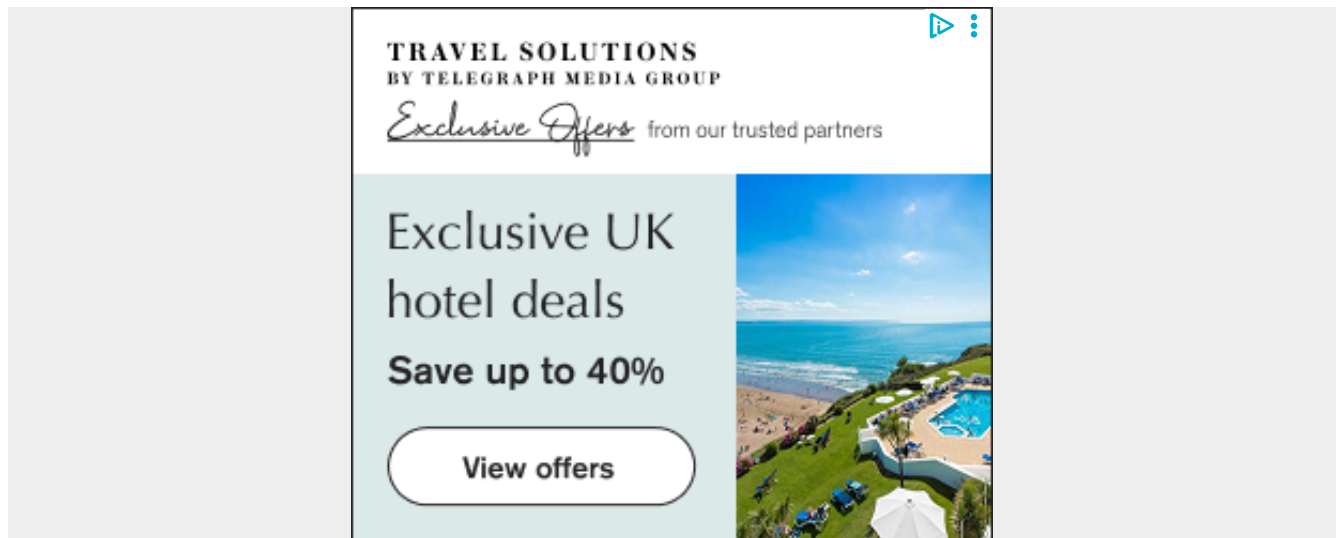
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The best way I can describe the experience of drinking on naltrexone is that it feels like an essential ingredient has been removed from the alcohol. One person I interviewed about it said it feels like eating a four-day old cake or riding a bicycle with a flat tyre, or drinking with a condom on. It just removes the buzz, the pleasure, the thing that makes drinking feel like such a joy.



You can still get physically drunk – you are still drinking after all – but it simply takes away the fun. You don’t get the high. A lot of people find they drink much slower. Some report that the taste changes – you see this with wine drinkers. They might love the taste of a crisp white wine, but on naltrexone, it tastes bad. I found that that compulsive voice, the one that tells you to have a second, third, fourth drink, was quietened. For the first time in my life, I would have just one beer, and the idea of drinking six in a single sitting made me feel sick.

I continued to drink on naltrexone for six months. The hardest part was actually “coming out” as an alcoholic, admitting to my friends and family the extent of my problem with alcohol. I want to help people, but a lot of what happened in my heaviest drinking days is really personal and embarrassing. Everyone was supportive, though, and I think that it is ultimately worth it as I hope this treatment really can save lives. In September 2022, I took a month off drinking to see how I felt. I haven’t had so much as a whiff of alcohol since.



[\*Drink Your Way Sober\*](#) is out now; £17.99 via *Telegraph Books*

## **Treatments for alcohol addiction**

The starting point for formal alcoholism treatment is a person's local authority which a doctor or alcohol helpline can refer them to.

Local public health teams “assess the problem and, depending on its severity, offer a support package that will usually ask three to six months,” explains Prof Thomas Phillips, an addiction expert at the University of Hull.

### **Medication**

Depending on their symptoms, “someone might be offered a drug to help them through the first five to 10 days of their alcohol withdrawal,” Prof Phillips says, which is often effective at preventing a relapse.

But after this “acute” period “there can be problems with sleep, diet, cravings and concentration for months afterwards”.

People may then be prescribed acamprosate or naltrexone, which “reduces the frequency and intensity of alcohol cravings”.

A drug called disulfiram (also known by its brand name Antabuse) might also be given, to make people develop an aversion to alcohol, “but this is an older drug that is very toxic to the liver”, Prof Phillips warns.

### **Behavioural treatments**

Medication is always offered alongside “care that’s psychologically based,” Prof Phillips says. Typically that will be cognitive behavioural therapy (CBT)

which can “help people understand the reasons why they drink and build strategies to stop it”.

Other people with complex trauma behind their drinking “might need further help or support with antidepressants” and/or other talking therapies.

### **Support groups**

“Some people are able to recover without formal treatment because of the support systems they are fortunate to have around them,” Prof Philips says.

People can access support groups whether they are on a formal treatment pathway or not.

“I’d certainly recommend Alcoholics Anonymous [AA] or a similar group, like Soberistas or Smart Recovery, to everyone,” Prof Phillips says, “because of the power of personal experience and being in contact with people who have recovered themselves, and also because they are so widely available.”

The 12-step programme used by AA and some other groups often works well because “it’s very similar to some of the psychological principles you’d follow in treatment”, Prof Phillips continues.

### **Rehabilitation centres**

While some local authorities are able to offer residential rehab places to people most in need of help, “these are now largely the preserve of private funding,” Prof Phillips says.

Rehab can be a useful option where “there is a high density of alcohol problems where someone lives or works, or if they are facing a lot of problems in general”.

Residential rehab is not necessary for everyone to recover from alcohol addiction, “and it may not be right for everyone,” but can be a powerful tool for those with access to it.

### **Support systems and resources**

- Alcoholics Anonymous
- NHS
- Alcohol Change UK
- Drinkaware

- Sobersistas

**The pill that cures alcoholism**

**What is naltrexone?**

[Naltrexone](#) is a drug that can be used to reduce/eliminate the amount

of alcohol someone drinks and is usually used alongside other medicine and counselling.

When you drink alcohol, it triggers the release of the body's natural opioids (endorphins) in the brain and the pill works by blocking opioid receptors to reduce cravings.

A course of naltrexone can last up to six months, according to the NHS, but can sometimes be longer. "Gradually over time your brain will no longer associate the drug or alcohol abuse with reward," explains pharmacist Stephen Dickson.

## **Is the drug used to treat alcoholism by the NHS?**

Yes, naltrexone is one of the medications recommended by the National Institute for Health and Care Excellence (Nice) to treat alcohol misuse. Other medications the NHS use for alcohol dependency are acamprosate, disulfiram and nalmefene.

## **How does The Sinclair Method use naltrexone?**

[The Sinclair Method](#) is a private UK clinic offering naltrexone that have devised their own treatment plan. It involves taking naltrexone an hour before drinking, as many times as needed. Over time, the interest in drinking will decrease until you feel more in control. Over 90 clinical [trials](#) have found that the Sinclair Method is an effective way for patients to control alcohol habits.

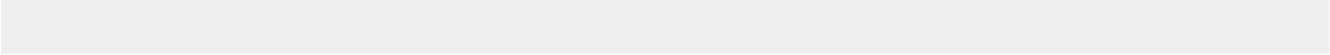
## **When is naltrexone prescribed?**

According to the National Institute for Health and Care Excellence (Nice), naltrexone is suitable for those who were formerly addicted to opioids and are "highly motivated" to remain sober. In comparison, nalmefene is recommended to people who are "alcohol-dependent" and have a high-drinking risk level.

## **What are the side effects of the drug?**

If you are taking the pill naltrexone, it's important to be aware that it

can stop painkillers that contain opioids working. So if you're taking morphine or codeine, they might stop them working.



The NHS advises that if you feel unwell while taking naltrexone that you should stop taking it immediately and seek advice from your GP or care team.

“Some people may experience a bit of nausea, which usually subsides if they eat beforehand,” says Harvey Bhandal, the managing director of The Sinclair Method UK. Headaches and dizziness can also be a side effect of the medication. “To mitigate strong side effects, we recommend starting with a low dose and building up to a higher dose over time,” he adds.

*As told to Abigail Buchanan*

## The benefits of cutting down on alcohol

Whether you're looking to cut down or cut out, we've asked the experts their top tips to change your relationship with booze – from [the 20-minute rule](#) and [other easy ways to drink less](#) to [the seven steps to give up completely](#).

If you're wondering why it's important to reduce your intake, we've rounded up [the 10 benefits of not drinking alcohol](#) and investigated exactly [what a month without drinking really does to your body](#).

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**Katie Herzog**

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