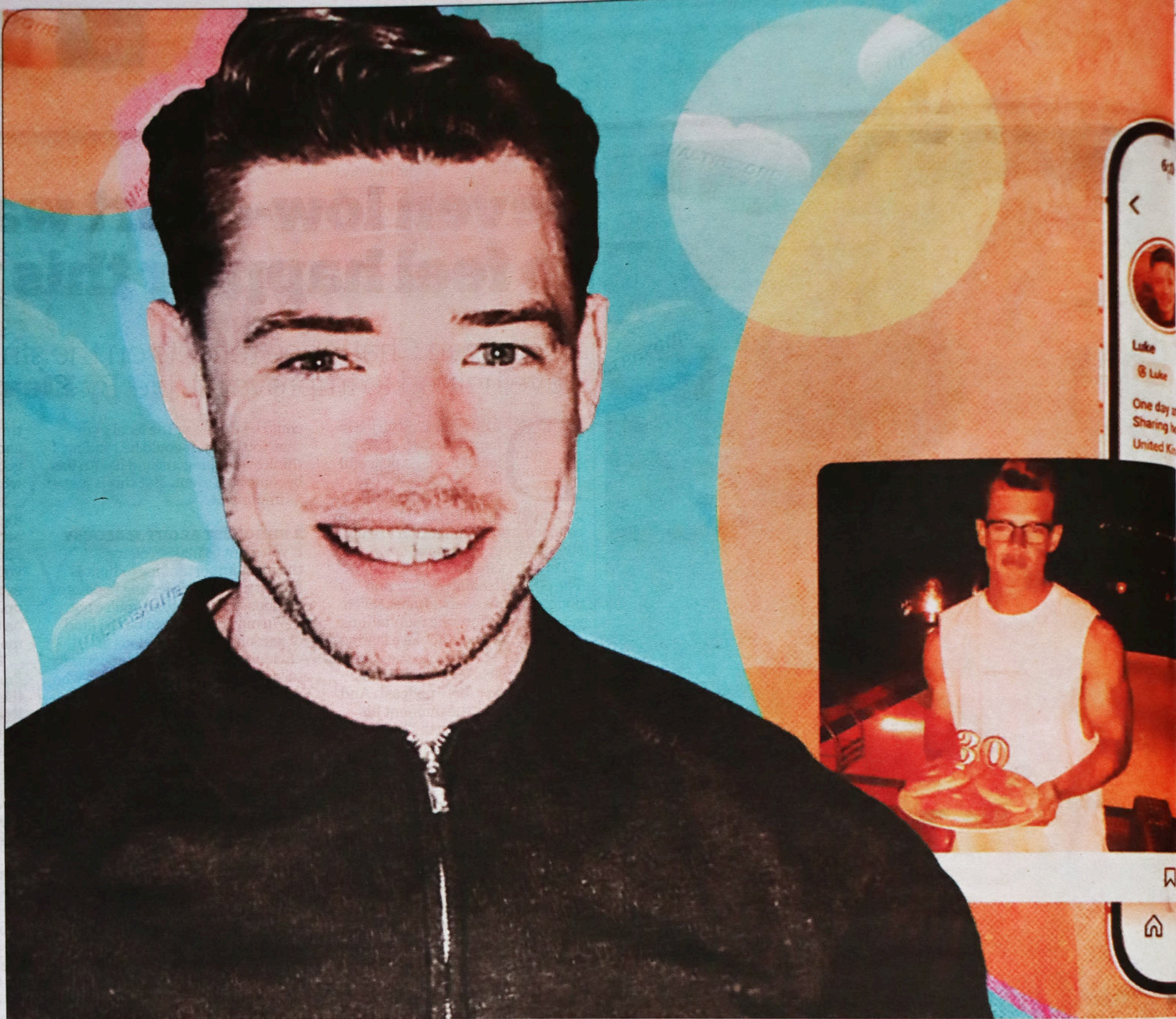




I took a single pill and it ended 10 years of alcohol dependency

Little-known drug has potential to stop dangerous drinking, so why is it not more widely used? **Sophie Gallagher** meets one man who turned his life around

The walk from his front door to the corner shop took just nine minutes. But at the height of his alcohol addiction in January 2019, Luke couldn't manage that without a drink. By the time he ventured out around lunchtime each day he'd already had four bottles of wine and was ready for his litre of gin (G&T was his weakness).

After making his purchases – no mixer or food, that was a waste of alcohol money – from an often-re-

luctant cashier, he'd start the short journey back.

"I [was drinking so much] I didn't have enough energy to walk. I would stop, have a couple of shots, and that would get me home," the now 35-year-old says. Once back, alone, he would pour the gin into a pint glass and drink it two or three gulps at a time. Despite "quite comfortably" finishing around 60 units of alcohol every 24 hours (the NHS recommends a maximum of 14 per week) he didn't feel drunk. "My tolerance was

so high, I wouldn't pass out," he says. "You're not drinking to get drunk, you're drinking to not be sober."

He spent his time watching YouTube documentaries, turning his phone on every now and then to text his parents, then go to bed and do it all again the following day. "I'd numbed myself to a new normal, I felt my behaviour was perfectly justifiable," he says.

Six years on – after drinking cost him jobs, relationships and happiness – Luke is sober. But he didn't

find success in abstinence. Instead he gradually tapered his drinking, using a little-known pill: Naltrexone.

This drug, which is gaining increasing attention in the UK, means he can still go to the pub, buy a round for his friends, or even have a pint himself, because the temptation to drink to oblivion has gone.

...

Luke didn't try alcohol until he was 19. Growing up in Bristol, his mum

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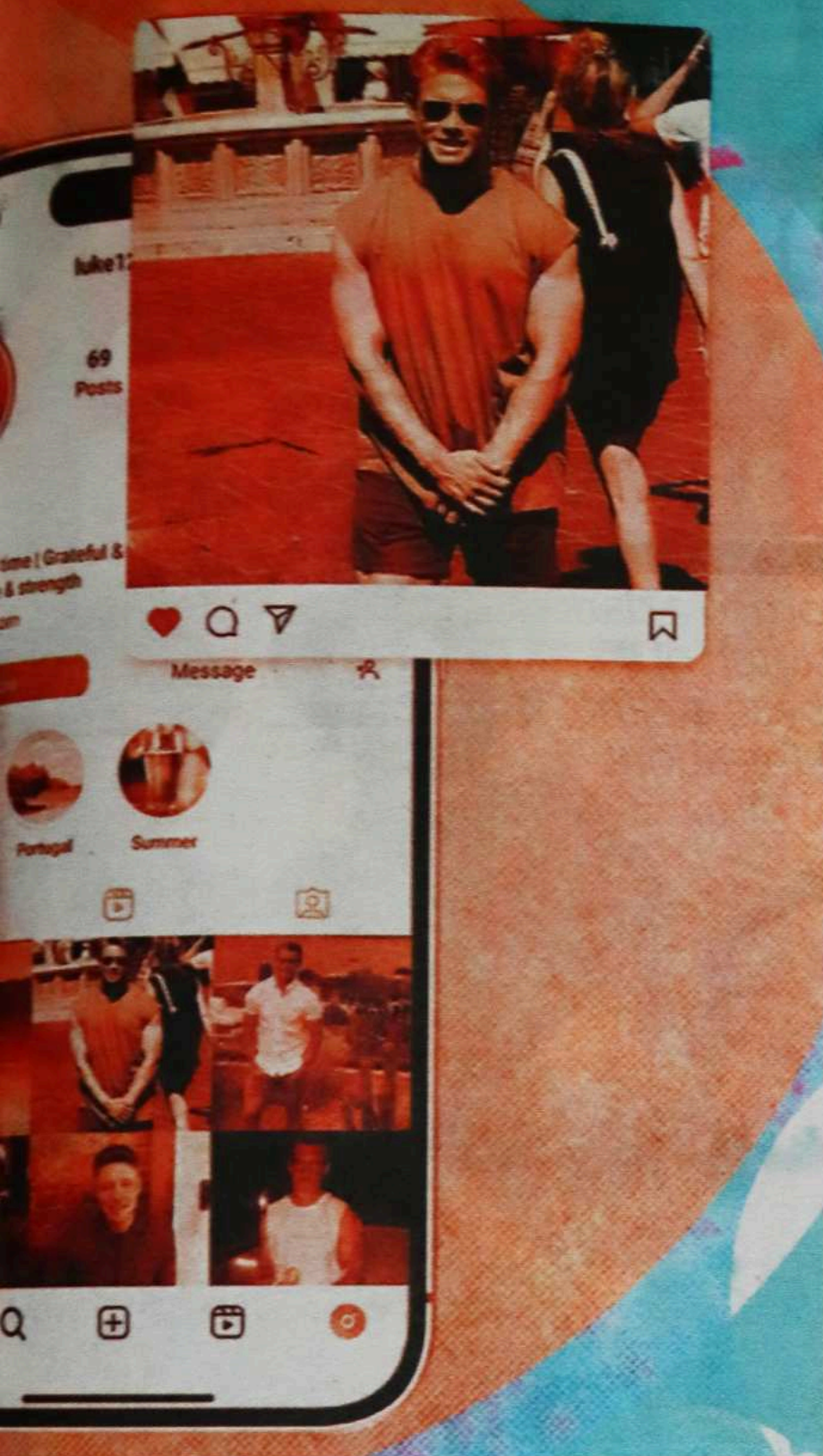
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Despite his prodigious thirst for drink Luke looked fit and healthy in his early 20s but the effects started to take a toll by the age of 26

He went to his GP, began counselling at £50 a session, a 30-day rehabilitation clinic at a cost of £10,000; he found a sponsor, and tried cognitive behavioural therapy. He paid for private scans of his liver to shock himself into action (miraculously, it was not damaged), joined Alcoholics Anonymous (AA) and did the 12 steps two or three times. "I did everything," he says. But none of it worked.

Although he says AA is "fantastic" he didn't find the total focus on abstinence helpful. "People would say: You're going to be like this for the rest of your life, you can't escape it. It didn't sit right with me," says Luke.

In the summer of 2020, while waiting to be admitted to a rehab facility for six months – at a cost of £40,000, paid for by a government grant – he was flicking through Amazon and came across a 50-minute documentary, *One Little Pill* about the drug Naltrexone. Luke watched it twice and sent it to his parents. This was it, the answer he'd been looking for.

Naltrexone blocks opioid receptors in the brain, stopping the euphoric effect that alcohol has. You can get drunk but your brain won't experience the same high, thereby reducing the craving. It has been described as the Ozempic for alcohol.

First approved in the 80s, it is one of four medications recommended by the National Institute for Health and Care Excellence (Nice). The four work differently – for example, Disulfiram makes you ill if you drink. Despite being Nice-approved it is not widely used on the NHS. And it isn't applied in the way that some experts think is most effective.

The NHS prescribes it as a daily medication, alongside abstinence, to prevent relapse. "Sadly, it doesn't work too well for this," says Joanna Duyvenvoorde, the director of The Sinclair Method (TSM), a UK provider of private alcohol treatment which instead uses Naltrexone in conjunction with drinking.

TSM requires you to keep drinking, at least in the short term. The theory, developed by the late Dr John David Sinclair, founder of the Finnish Foundation for Alcohol Studies, focuses on the concept of pharmacological extinction.

Over time, as the drug blocks endorphin reinforcement in the brain, the person becomes less interested in the alcohol. It severs the reward pathway. Then they can continue to drink without relapsing, or not, as Luke has now chosen. It has been



FAST FACTS ALCOHOLISM

In 2021, there were **20,970 deaths** related to alcohol in England, according to government data.

In the same year, there were **342,795 hospital admissions** wholly due to alcohol.

The number of hospital admissions for men was **double the number** for women.

According to Drinkaware, **8 per cent** of men drink at high-risk or possible dependent levels, compared with 4 per cent of women.

successfully tested in 90 clinical trials, and claims an 80 per cent success rate (reported success for abstinence models vary from 60 per cent to 8 per cent). It doesn't even need to be used on people with dangerous levels of alcohol abuse – people are using it to cut down the "three glasses of wine in front of the TV" drinking commonplace in the UK.

On Saturday 8 August 2020, Luke – guided by Joanna – was ready to take his Naltrexone pill.

The preparation was done, he'd laid the groundwork. His dad had bought a 24-crate of Stella Artois, he'd eaten a pizza to line his stomach ("it felt like the last supper"), and had spent the week prior building up from half a pill to a full one.

It was time to test it with booze. Luke was nervous. "I was so frightened of it not working," he says. "This was the biggest day of my life."

He logged on to Zoom to talk to Joanna. They cracked open the bottle. The pop, the fizz, the aroma. The feel of the cold, wet, glass bottle in your hand. He had to describe it: understanding the sensory experience is key to rewiring the brain.

"I took a gulp, and another gulp, and nothing happened, my brain didn't ignite, I didn't want to neck the whole thing," he remembers.

"I sat there calmly, I was in shock, there were a couple of tears. I remember Joanna saying: 'Well, that's it, your life has changed now.' A decade of pain, stress, debt, heartache eradicated... at 4.55pm I was an alcoholic and by five past five, I wasn't."

He didn't even finish the bottle. He hasn't relapsed since. Two bottles from that same box remain at home "as a symbol of what this pill did".

The results are crystal clear: he could drink in moderation without relapsing. At no point was the "before and after" more obvious than on Christmas Day, five months after his first tablet. "I managed two glasses of wine, and about 8pm I thought:

'I don't want any more', I hadn't thought that in 10 years," he says.

Unlike rehab, which cost thousands, it cost Luke just £350 (this includes a private GP consultation and three months of counselling; tablets are £85-£100 for 28, or £3 each, depending on wholesale price).

He only took the tablets on the days he drank, and now is 18 months sober so doesn't take any. In terms of side effects, Luke experienced none, although Professor John Marsden, head of the addictions department at King's College London, says it can make some people drowsy, nauseous and experience headaches. The drug should not be taken without guidance from a medical professional.

If it is such a success, and so cheap, then why is it not widely used?

Professor Marsden says: "Research shows this medication can help, but there's lots of individual variation that seems to be very important. It can be effective for some people, but it remains unpopular overall."

For Joanna, the reasons are different – it is out of patent. "It is a generic medication and would need a pharmaceutical company to pay millions to apply to change the prescribing instructions [from 'every day' to 'only when drinking']. TSM prescribes it off-label. It would cost ridiculous amounts of money without any exclusivity at the end of it."

She also cites the failed launch of another medication, Nalmefene, in 2014, as a reason. In a review, experts wrote: "Sadly, despite the best efforts of Nice, the uptake of Nalmefene has been disappointing... which has not been mirrored in other countries (France). There were issues of cynicism over the value of reducing drinking because the mindset of abstinence-only outcomes pervades many alcohol services."

"Also, the profound value of investment in alcohol treatment is poorly understood by many... probably because so many people drink above the recommended limits."

This narrative – that abstinence is the "best way" to stop – is an obstacle to the drug being more widely known. David Nutt, professor of psychopharmacology at Imperial College London has said the field is "divided philosophically between the puritans, like AA, and the pragmatists, like me".

But for a drinker like Luke Naltrexone has been the key to recovery. Stigma also continues to stop the majority seeking help. "We have known people try to get treatment on the NHS and the DVLA has been informed, and the person has lost their driving licence. We've also known of [women] who have had social services informed," says Joanna.

And experts are keen to point out that although Naltrexone works to remove the craving, it doesn't remove any trauma on which your habit is founded. That requires separate work.

Today, Luke says he has been sober for 18 months, even though he knows he could have a pint if he wanted. He will buy a round for colleagues or a glass of wine for a date, but he isn't interested. "I have the golden ticket of knowing I won't relapse," he says.

His remaining Naltrexone remain untouched (the last two batches went out of date before he got round to them). He says: "That tablet has the capacity to change generations of people, I'm eternally grateful."

That tablet has the capacity to change generations of people, I'm eternally grateful



For alcoholics who cannot abstain, there are other paths to sobriety GETTY

was a teacher; he was head boy at school and had aspirations to be a footballer so he resisted the lure of a teenage Friday night.

Then, throughout his early 20s, working in recruitment his drinking mirrored colleagues': a glass to de-stress after a busy week, a bottle of wine won for hitting targets, a beer with the bosses at lunchtime.

It didn't affect his work or relationships. Things changed around 26. "It crept up over time," he says. "I found myself having thoughts – wanting a drink at midday – but I wouldn't act on that at first."

People noticed, perhaps that he'd already had a drink before meeting them, but as he was still employed, smartly dressed, going to the gym, he got away with it (in photographs he looks healthy and fit). "The stereotype of an alcoholic on a park bench drinking cider is completely incorrect," he says.

By his late 20s, he was living by himself in Manchester and daytime drinking had begun in earnest. He no longer bothered with social drinking – no one went at the pace he did. "I could go through four drinks while you had one," he says.

All the time his brain was getting more skilful at covering his tracks. "You learn the ability to manipulate, you're telling a lot of lies. I became a recluse. I could just disappear."

In England there are over 602,000 "dependent" drinkers, according to the charity Alcohol Change UK. And alcohol misuse is the biggest risk factor for death, ill-health and disa-