

New Drugs for Treating Substance Abuse

Recent developments in drug research have awakened new hope for more effective substance abuse treatment. Naltrexone is among the first of the new wave of drugs that are supportive to treatment.

Research indicates that Naltrexone, when used with counseling emphasizing coping skills and relapse prevention, increases the client's chances for recovery. Naltrexone alone is not recommended. Naltrexone has been shown to be most effective in an outpatient setting.

Internet resources:

Naltrexone Course (2CEU)

<http://www.med.nyu.edu/substanceabuse/course/nall.htm>

Naltrexone on the Web

<http://www.health.upenn.edu/~recovery/pros/nalnews.com>
<http://www.well.com/user/w04/revia/revhome.htm>

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Volpicelli, J.R.; Clay, K.L.; Watson, N.T.; and O'Brian, C.P.; Naltrexone in the treatment of alcoholism. *Journal of Clinical Psychiatry*, 1995, 56(7), 39-44.

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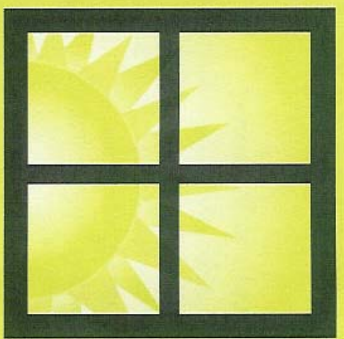
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naltrexone & the medical community



What the
Medical
Community
Needs to Know
About Naltrexone

NALTREXONE

What the Medical Community Needs to Know— A Brief Guide to Using Naltrexone in the Treatment of Alcoholism

What is Naltrexone?

Naltrexone Hydrochloride tablets are opioid receptor antagonists. They have been demonstrated to dull the craving for alcohol. Naltrexone, when used with professional counseling, reduces relapse frequency and intensity.

Who should use Naltrexone?

A motivated person who wants to reduce craving and discomfort associated with post detox recovery and who has not had any alcohol for four to five days may use Naltrexone. Naltrexone with professional counseling has been indicated in the treatment of alcohol abuse and dependence.

What are the contraindications for Naltrexone?

- A person who is using opiates or other narcotics
 - A person who has serious liver or other serious health problems
 - A person who is pregnant
 - A person who is under age 18
- Anyone considering use of Naltrexone should be carefully examined and carefully considered before initiation. Then, if elected, closely monitored throughout treatment.

How much does Naltrexone cost?

Naltrexone costs about \$4.50 per day—far less than alcohol. Medicaid will cover up to four months of Naltrexone therapy for Medicaid eligible persons. The cost is estimated to run about \$550 to \$950 for four months.

What are the side effects?

Naltrexone is a relatively safe drug. About three to ten percent of people using it report mild side effects lasting about two weeks. Symptoms include headache, nausea, dizziness, insomnia, anxiety, and/or sleepiness. Side effects must be regularly and routinely monitored. Side effects may be mitigated by dosage adjustment. Frequent monitoring is highly recommended throughout treatment.

What does patient management involve?

- Initial work-up with histories
- Liver function tests
- Pregnancy test
- Urine toxicology screen for opiates
- Total bilirubin
- Serum aminotransferases
- Periodic liver panels
- Frequent monitoring

What if a painkiller is needed?

Many painkillers are opiates and Naltrexone blocks the effects of opiates. There are alternatives to opiate based painkillers. If opiates are needed, the opiate dosage maybe titrated upward while monitoring for respiratory problems. The patient may be given a wallet-sized card to be used in case of medical emergency noting the use of Naltrexone.

Can Naltrexone be used with other medications?

With exception of blocking opiates, other medications can be taken along with it.

What will happen if alcohol is used with Naltrexone?

The patient may experience less desire and less pleasure from alcohol use. They may have fewer relapses and fewer drinking days. Thinking less and less about alcohol is the usual result.

How long is Naltrexone therapy?

Naltrexone is usually used about three to four months. However, use may be continued longer if the physician chooses.

How does the patient get off Naltrexone?

There is no addiction factor to Naltrexone. The client may stop when he or she wishes. The effects will last 24-72 hours from the last dose depending upon its size.

What is the dosage?

A single daily oral dose of 50mg is the current standard. Lower doses to 25mg may be indicated initially. Higher doses may be prescribed up to 160mg without toxic effects. Dosage up to 300mg per day with careful LFT monitoring has been effective. The length of time that effect remains is correlated with the size of the dose (50mg—24hrs, 100mg—48hrs). 50mg of Naltrexone will block a 25mg IV dose of heroin for 24 hours.

**Naltrexone is most effective
when used with counseling.**