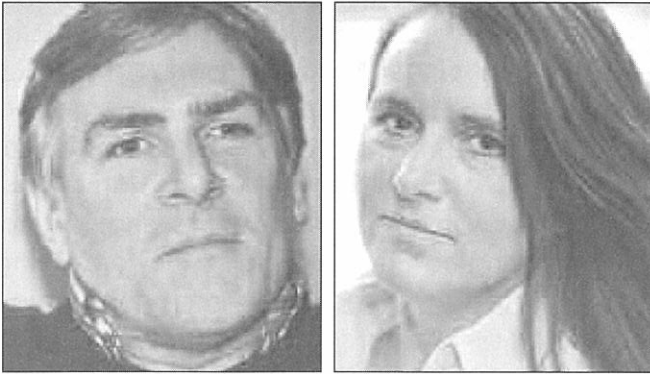


Exciting New Approaches To Alcohol And Stress Problems



By: Edmund & Helen Tirbutt

The overlap between stress-related and alcohol-related problems is often so great that it is not clear whether an individual's drinking has caused co-existing anxiety or depression or whether the latter problems have caused the drinking. But, regardless of whether they can be diagnosed as the chicken or the egg, stress-related and alcohol-related problems clearly enjoy feeding off one another.

Counsellors and therapists treating patients who have an unhealthy relationship with alcohol should therefore be alert to modern developments that are now offering real hope to many who have failed to benefit to the extent they had hoped to via the more conventional 12-Step based methods employed by Alcoholics Anonymous (AA) and most residential rehab clinics.

Whilst we are hugely supportive of the 12-Step based methods and feel they are the most appropriate place to start in most cases, we also acknowledge that they have significant lapse rates, and we have seen with our own eyes how those they haven't worked for can still have their lives completely changed by more modern approaches.

During our research we have come across a number of new treatment methods that aim to enable those with physical addictions to alcohol to go back to drinking in moderation. These are

obviously highly controversial because the perceived wisdom amongst conventional experts is that someone with a physical addiction should never touch another drop for as long as they live. Even if they have been dry for 30 years, so the theory goes, as soon as they pick up an alcoholic drink their brains will automatically recognise the smell, sensation and taste of alcohol and they will revert to drinking at the levels they used to previously almost immediately.

But the evidence for some of the newer methods is hugely compelling and we feel that two, in particular, have the potential to revolutionise the treatment of alcohol addiction. The Ameisen Baclofen Program and the Sinclair Method are using drugs that are not even licensed for alcohol addiction in the UK, but in both cases the drugs concerned can be prescribed by GPs on a named basis. We stress that both methods should only be used in conjunction with suitable medical advice, even though those who promote them believe that they are commendably safe.

1. The Ameisen Baclofen Program

The Ameisen Baclofen Program is particularly exciting because, in addition to being able to stop people drinking and enabling them to go back to drinking in moderation, it can also help with many of the underlying stressors that caused them to drink in the first place. It revolves around the use of baclofen, a drug which has already been used as a muscle relaxant for over 50 years.

In 2000 Professor Olivier Ameisen, a French-American cardiologist who'd had a serious drink problem and suffered from terrible cravings linked to severe anxiety problems, read a newspaper article about how a University of Pennsylvania researcher was studying the effects of baclofen on drug addicts craving for cocaine. Baclofen is a derivative of gamma-aminobutyric acid (GABA) and is widely used for the treatment of spastic movement disorders, including those involved with spinal cord injury, spastic diplegia cerebral palsy and multiple sclerosis.

The article sowed the seeds of the idea that led to his discovery. By starting on very low dosages of baclofen and gradually increasing them,

Professor Ameisen soon found that his muscles were completely relaxed, that he could finally sleep peacefully and that his anxiety was much more under control than it had been when using any standard medications. At 180 mg per day the drug was limiting the extent of his binges, reducing his cravings and enabling him to remain abstinent for longer periods between binges.

He realised that animals completely lost their urge to drink at higher dosages of Baclofen, so he decided to increase the dose in the hope that it could suppress his cravings. By the time he had reached his personal "tip-over point" at 270 mg a day he found that he felt no desire to drink alcohol whilst in the company of people drinking, which had never previously been the case during a lifetime of alcohol abuse, and felt that his brain had effectively reverted to the state it was in before he developed his drink problem. (1)

But it soon became clear that different people needed very different levels of baclofen to reach their personal tip-over points. In some cases a dose of 90 mg per day can be sufficient but in other cases it may need a dose of up to 300 mg or 400 mg or – in some rare instances – even higher.

There have already been over 600 documented cases worldwide in the hands of academic physicians (both in the US and Europe) of alcoholic patients who have been entirely disease-free – some for as long as four and a half years – as a result of using the Ameisen Baclofen Program. Professor Ameisen, who was in 2008 made visiting Professor of Medicine at State University of New York Downstate Medical Center in acknowledgement of his discovery, refers to staggering success rates.

In February 2010 he produced the results of a study carried out with Dr Rene de Beaurepaire which showed baclofen to be effective in the case of 88% of patients (2). About half of those helped by the drug stop drinking completely, whilst the remainder carry on drinking occasionally but in a perfectly controlled fashion. But one of the problems is that not all clinical trials conducted by other parties have used dosages that Professor Ameisen regards as sufficient to be truly effective.

There is therefore considerable interest in an independent clinical trial of high dose baclofen taking place at Amsterdam University in the Netherlands. This is being funded by an anonymous individual who has donated US\$750,000 as a result of being saved from a serious drink problem by baclofen.

It should be noted that baclofen doses should be reduced very slowly after a tip-over. It is recommended that in the first weeks of treatment the person on baclofen should not drive and should, like with any chronic disease, should carry a card saying how much baclofen they are taking in case of any unrelated emergency. High dosages of the drug can cause drowsiness and muscular weakness but these usually last at most a day or two and are always completely reversible once the body adjusts to the new levels of baclofen in the system.

Professor Ameisen personally experienced inconvenient drowsiness when taking 270 mgs a day of baclofen but the effects rapidly disappeared at lower doses. He emphasises that he is not aware of one report of a severe side-effect that didn't revert, compared to many deaths caused by aspirin and paracetamol, which can both be bought over the counter.

2. The Sinclair Method

The Sinclair Method is using an opioid receptor antagonist called naltrexone, which is often known under the trade name Revia. The drug has been approved for alcoholism in the US since 1995 and in more than a dozen other countries since then. It has also been approved as a medicine in nearly all countries.

In those countries where it has been approved for alcoholism it is prescribed primarily to reduce cravings for drinkers who have already gone dry. But here it is being used in a completely different context. The drinker does not undergo a detox but carries on drinking and takes naltrexone an hour before they drink. Each time this is done the craving is reduced one step lower by a mechanism called "extinction," and control over drinking is gradually regained.

Every time someone has a drink whilst naltrexone is in the bloodstream they will be weakening the

endorphin-reinforced pathways that have become hardwired into the brain in a way that controls the sufferer's drinking. Taking naltrexone an hour before drinking progressively reverses this addiction. Benefits can be seen as soon as 10 days after first use but the effects become several times stronger after three or four months. By this point, the drinker has ceased to be obsessed with alcohol and the benefits continue indefinitely as long as they continue to take naltrexone when they drink. Some choose to carry on drinking at safe and controllable levels whilst others opt to quit drinking altogether.

The approach, which has demonstrated consistent results in nearly all of 82 clinical trials, restores the brain to a condition in which cravings and interest in alcohol are similar to the way they were before the drink problem developed. Dr. David Sinclair, the pioneer of the method who works as a researcher at the National Institute for Health and Welfare in Finland, refers to 78% success rates (3) and reports that it has cured an estimated 70,000 patients successfully in Finland since the early 1990's.

Naltrexone was originally approved by the US Food and Drug Administration as an adjunct within comprehensive programs of alcoholism treatment. The results of Project COMBINE, the largest clinical trial in the alcohol field (4), showed, however, that naltrexone was effective without intensive counseling and with only medical supervision similar to that which can be provided by GPs. The trial also showed that patients with a particular genetic marker respond especially well to naltrexone.

The Sinclair Method works first time around and benefits those who simply want to reduce the amount they want to drink on certain occasions as well as those with serious drink problems. But the approach should not be used by addicts who are physiologically dependent upon heroin, morphine, methadone or synthetic opiates like Oxycontin. Naltrexone could prove fatal for them. Pregnant women are also advised not to use it.

Naltrexone in doses over 300 mg has been reported to cause liver damage, but this is higher than the 50 mg usually used for treating

alcoholism via The Sinclair Method. There are, however, worries about giving it to patients who already have liver damage so it is advised that patients should first have a blood sample taken and analysed for liver damage. Around 10% to 20% of patients report nausea or intestinal upset when they first start using naltrexone but the effects are usually small.

However, one type of side-effect Dr. Sinclair had predicted and which he observes has been reported in several trials is the weakening of other behaviours that are reinforced by endorphins, such as sex, exercise and eating sweets. So, a method called selective extinction has been developed to combat this problem. It consists of avoiding those healthy behaviours while on days when taking naltrexone but practicing them when the medication has first cleared the system.

These and other new methods for treating alcohol addiction are highlighted by Edmund and Helen Tirbutt in their new book *Help Them Beat the Booze*, published by Rodale, Pan Macmillan, this July. The couple are already the best-selling authors of *Beat the Booze* (Harriman House, 2008) and Edmund, who overcame a serious drink problem himself 24 years ago, was one of the speakers at the 2010 Annual ISMA Conference where he presented the case for both these new methods.

Details of both their books can be found on: www.beatthebooze.com

Sources

- (1) *The End Of My Addiction* by Dr Olivier Ameisen (Piatkus, 2009)
- (2) *Annales Medico-psychological*, psychiatric review volume 168, Issue 2. March 2010.
- (3) *The Cure for Alcoholism* by Roy Eskapa (BenBella Books, 2008)
- (4) Randomised controlled trial conducted January 2001-January 2004 among 1383 recently alcohol-abstinent volunteers (median age, 44 years) from 11 US academic sites *An Existential Theory Of Stress*