

Naltrexone

How it works:

Naltrexone affects the reward system in the brain, blocking the effects of opioids, including morphine, heroin, oxycodone, and codeine. Naltrexone may reduce the pleasure you get from drinking alcohol and reduce cravings for alcohol. This helps people cut back how much they drink or stop drinking completely. If you start drinking again, naltrexone can help you drink less than before.

What to Expect:

- You can start naltrexone while actively drinking, but it may work better if you start 3–7 days after quitting alcohol (for example, after detox).
 - If you stop drinking and then start again, you can keep taking naltrexone as prescribed to meet your goals around reducing or quitting.
 - Naltrexone will not reduce the effects of alcohol or “sober you up”, and it doesn’t treat alcohol withdrawal.
 - Some people find that naltrexone works better when combined with therapy, like counselling or mutual support groups (examples: AA or SMART Recovery).
 - Some people find that being self-motivated to quit or cut back, instead of doing it for someone else, can be more successful.
 - Some people need to be on naltrexone long-term. Long-term use may not be fully covered under drug coverage plans.
-

Side effects:

- Side effects are usually mild and go away over time. Starting on a lower dose of naltrexone and abstaining from alcohol can help reduce side effects.
 - Most common: nausea, headache, tiredness, nervousness, and dizziness.
 - Less common: anxiety, dry mouth, indigestion, and muscle and joint pain.
-

Cost:

Naltrexone is more expensive than other drugs used to treat alcohol and some health care plans only cover it for a limited amount of time. Check your plan to find out the cost and coverage.

Why choose naltrexone?

- May help decrease your desire to drink, how much and how often you drink, or help you stay abstinent.
 - No risk of becoming addicted to naltrexone.
 - Doesn’t make you feel “up” or “down.” Usually, people can’t tell they’re on naltrexone.
 - Doesn’t make you sick if you drink while on this medication.
 - No withdrawal symptoms if you stop taking naltrexone.
-

Dosage:

- Doses start at 25mg for the first 3-4 days and then go up to 50mg a day after that, if you need the higher dose.
 - Naltrexone is usually taken once a day, but some people take it as needed. For example: before drinking or an hour before they expect to have cravings. Talk to your health care provider about how to best support your goals.
 - Naltrexone should be taken for three months or longer. You may want to check in and reassess with your health care provider after 3-6 months.
-

Risks:

- Naltrexone is not recommended if you have severe liver disease.
 - If you have poor kidney function, you may need a smaller dose.
 - It’s unknown how safe naltrexone is for people who are pregnant, breastfeeding, or under 19 years old. If you’re in those categories, talk to your health care provider about your options.
 - People who take or plan to take opioids should not use naltrexone because it can cause opioid withdrawal or cause pain-relief to not work. For people taking opioids, acamprosate may be a better medication choice. Examples of opioids are:
 - Pain medications related to surgery or for chronic pain
 - Cough or pain medications that contain codeine such as Tylenol No 3 and certain cough syrups
 - Opioid agonist treatment such as methadone, Suboxone, and Kadian
 - Non-prescribed opioids such as fentanyl and heroin
-