

BEYOND THE 12 STEPS

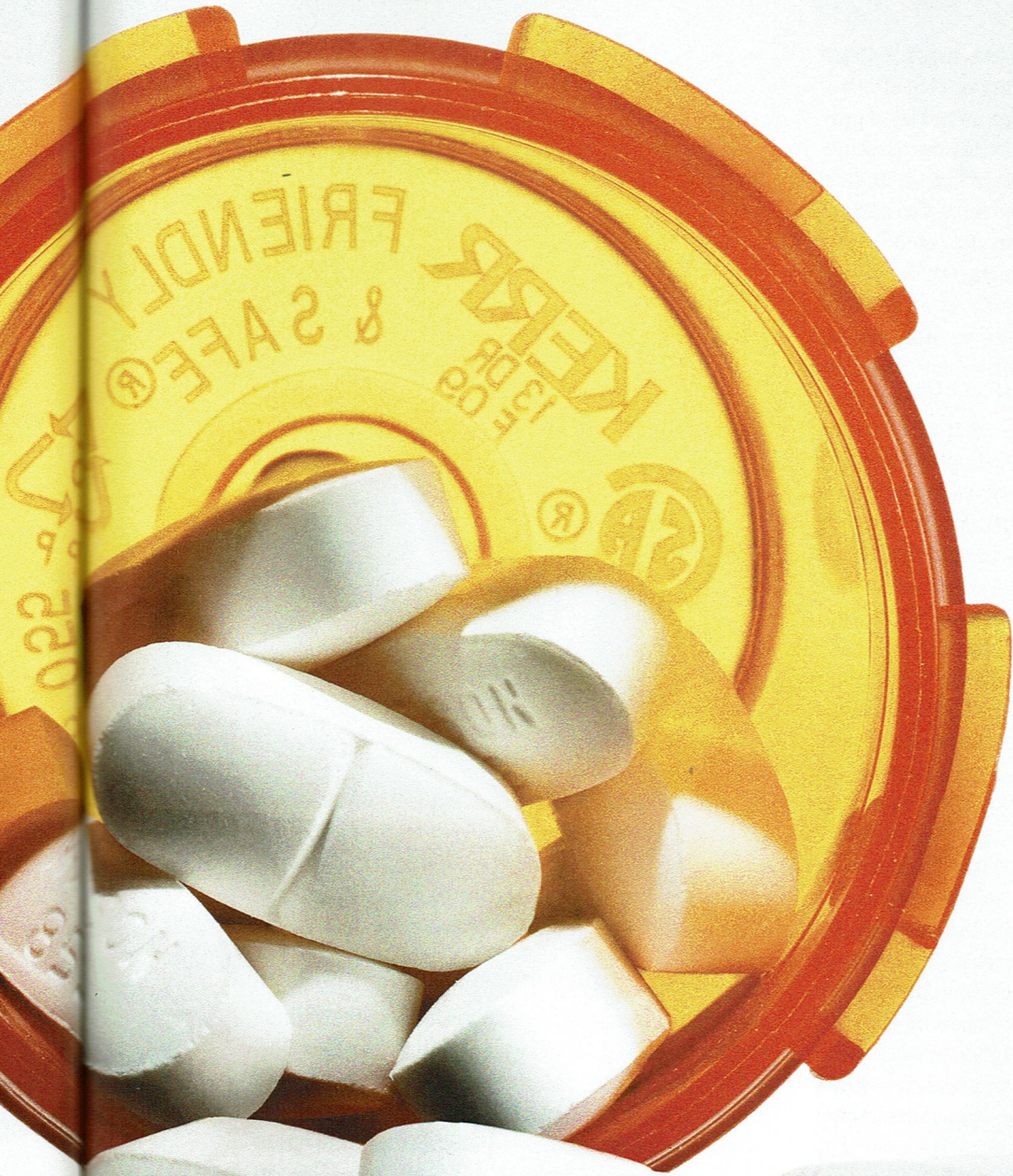
The Alcoholics Anonymous model has worked for drinkers and drug addicts for decades. But there are other options too. **By Lisa Lombardi**

WILLIAM NELSON, A NATUROPATHIC MEDICAL DOCTOR in Scottsdale, Ariz., never intended to get involved in addiction medicine. But then his stepdaughter, Lauryn, became hopelessly dependent on heroin. She overdosed multiple times (“Her heart stopped twice—they had to use the paddles on her”). As the twenty-something cycled in and out of rehab and the ER, Nelson lived in fear of the inevitable tragedy. But one day, he stumbled upon a drug called naltrexone, an old FDA-approved medication that treats opioid addiction by blocking opiate receptors in the brain. After Lauryn received naltrexone implants, which slowly infuse the drug into the system, “she was able to remain sober for the first time,” says Nelson. That was five years ago; she has been free of drugs ever since.

Lauryn’s story could have had a far different ending. Every day, more than 130 people in the U.S. die from opioids, including heroin and prescription painkillers such as OxyContin, fentanyl and Vicodin. Unintentional overdose deaths from these drugs have shot up almost 500% since 1999. The odds are not good for a quick recovery from addiction: 85% to 90% of people who kick opioids start using again (officially known as the “recidivism rate”) within one year. Relapse is now considered to be part of recovery, which can take many years. Drinking problems, meanwhile, affect a staggering 15 million Americans, according to the 2018 National Survey on Drug Use and Health, and can be extremely difficult to overcome. Studies show that it’s not a quick fix. Only one third of those who get help for a drinking problem are free of alcohol one year later.

But there is some encouraging news on the recovery front. Old medications are being given a second





look and used in new ways to curb cravings for drugs and alcohol. Programs are springing up that emphasize holistic approaches to recovery, including cognitive behavior therapy—retraining the brain to build healthier neural pathways. The biggest change of all, though, is a rethinking of what recovery even means. Does it mean sober? Or could it mean . . . sober-ish?

“There’s a paradigm shift going on in our field,” says Vonnie Nealon, clinical director of Warriors Heart, an inpatient substance-abuse treatment program for military veterans and first responders, in San Antonio, Texas. “We’re realizing that there may be some people with a substance-abuse problem who are able to recover; however, they may still need to take medications like benzodiazepines—or others—for their anxiety, depression or other co-occurring disorders.” Some of the people treated at Warriors Heart, for instance, may plan to return home and continue using a different chemical, such as alcohol, in moderation. This is not recommended, though, as it eventually leads back to their substance of choice.

Of course, this goes against everything we’ve ever heard about addiction and recovery. For almost 90 years, Alcoholics Anonymous has ruled the recovery landscape, preaching a gospel of total abstinence. You’re on the wagon or you’re off. More than 2 million members worldwide maintain sobriety with AA’s 12-step program with its emphasis on surrender to a higher power and acceptance that you are powerless in the face of your demons.

Yet in recent years, the program has come under fire. Critics have pointed out that there is no good scientific evidence to back up the 12-step approach, despite its ongoing popularity. Nealon, who used AA herself to get sober decades ago, says she knows that AA works—just as clearly as she knows that it doesn’t work for everyone. “Recovery is not one-size-fits-all with everyone fitting comfortably into a 12-step program,” she notes.

Part of the problem with abstinence is that it leaves out problem drinkers who are unwilling or unable to give up booze entirely. Presented with a binary choice (keep drinking heavily or never have another drink), they choose the former. That may be why only 10% of problem drinkers never seek help. Given that heavy alcohol use puts people at increased risk for disease and early death, the

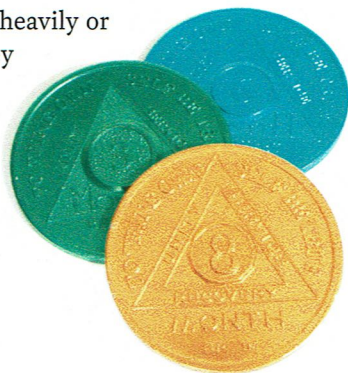


goal is to get more of the other 90% to get control of their drinking even if they can’t fully quit.

DRUGS FOR DRUG PROBLEMS?

MEDICATIONS ARE A POTENT TOOL IN THE FIGHT against addiction, yet they aren’t used often enough, with fewer than half of treatment programs offering drugs for opioid addiction, according to a study in the *Journal of Addiction Medicine*. Naltrexone—the drug that Lauryn used to break free of the grip of heroin—is actually a more-than-50-year-old medication that won FDA approval in the 1980s to treat opioid addiction. In the early 1990s, it was also approved for alcohol-use disorder.

So how does it work? Naltrexone is an opioid antagonist: it blocks opiate receptors in the brain. That means it’s impossible to get high while naltrexone is in your system. The drug also curbs cravings for opioids, which may be the real key to why it’s making a difference in the fight against addiction. “It takes away the uncontrollable cravings that make sobriety





▲
An AA attendee, circa 1950, spoke at a local meeting after three months without a drink.

so difficult and relapse so common,” says Nelson.

The first step to starting naltrexone treatment is to detox from the opioids, because if there are still drugs in the system, addicts will experience a rapid, much more extreme and potentially dangerous form of withdrawal. Once the body is opioid-free, there are a few ways to take naltrexone. The first is via an FDA-approved injection. In 2015, the pharma company Alkermes won approval for Vivitrol, a long-acting injection of the drug. Vivitrol stays in the system for 28 days at a time, so it involves monthly trips to a doctor. According to the company’s research, people who get Vivitrol are one seventeenth as likely to relapse as those given a placebo.

Another option is the naltrexone pellet. Made in a compounding pharmacy and implanted in the

backside, generally by an alternative practitioner, the pellet keeps the opiate-blocking drug in the system for three to six months. According to Nelson, naltrexone has been nothing short of miraculous for his patients. “If done correctly, it’s virtually impossible to relapse,” he says. He recommends patients get pellets implanted (and replaced) for the first 18 months to two years of recovery and then switch to the oral form of naltrexone, which they’ll take for the rest of their lives.

RX FOR BOOZE

YOU CAN ALSO TAKE NALTREXONE PILLS AND THE Vivitrol shot to help you give up alcohol. But it actually seems to work better when the person continues to drink. This approach is known as the Sinclair method, named for the Stanford physician who discovered it in the 1970s. Sinclair found that taking naltrexone one hour before drinking chemically disrupts the body’s reward system, taking away the desire for alcohol. “It causes an extinction of the reward system,” explains Nelson. The addict slowly cuts back on drinking as the reward of drinking is slowly unlearned. Remember Pavlov’s dog, who stopped salivating after the food was no longer provided when the bell was rung? That phenomenon, known as extinction, is what’s at work here. A study published in the *Journal of Clinical Psychopharmacology* on the Sinclair method found that a group that was given naltrexone before drinking drank significantly less than a placebo group.

Nelson himself was a skeptic before he started using this method on his patients. “I thought it had to be a hoax,” he says. But he has since seen it help hundreds of people; in his clinical experience, it works 90% to 95% of the time. “One patient went

from drinking 30 or 40 beers a day to being able to come home from a hard day at work and have a single beer,” he says. Another went from being a hardcore alcoholic to having just the occasional glass of champagne at a wedding. It can take anywhere from a short time to a year and a

half for problem drinkers to reduce their drinking to that of a social drinker. The only downside is that you need to take the pill before drinking for the rest of your life (or for as long as you choose to drink).

There are other meds that help in the battle with

**MORE THAN
2 MILLION
MEMBERS
FOLLOW AA'S
12-STEP PROGRAM.**

the bottle. Common prescriptions such as the nerve-pain drug gabapentin, the anti-smoking drug Chantix and the seizure drug topiramate are being used off-label to dull cravings and help drinkers cut back. Another FDA-approved drug, Antabuse (disulfiram), is an aversion therapy that chemically turns drinkers off of alcohol. Drinking while taking Antabuse yields miserable feelings (vomiting, chills, crashing headaches). The upside is, it works. The downside is, it works so well—making people so miserable—that it’s hard to stay on the drug.

COGNITIVE THERAPY

EVEN IF A PERSON GOES THE medication route, getting therapy is also critical. Cognitive behavioral therapy (CBT) focuses on changing both behavior and thought process—reframing the need to drink and the central role alcohol plays in a drinker’s life. Many programs employ it and help people start new behaviors that change their brain and set them up for future success. SMARTrecovery is an AA alternative program that emphasizes CBT. “It’s not like a 12-step where they ask you to rely on a higher power,” explains Nealon. “They still do meetings, but they leave the God part out.”

Also key: getting help for any coexisting mental health issues. At Warriors Heart, patients are assigned two counselors: one to help treat their addiction, and the other to help them work through mental-health challenges such as PTSD and depression. “The truth is, a lot of people who use drugs and alcohol do so because it has become a coping mechanism. And somewhere in their journey, they found if they drank they could forget their problems for a while,” says Nealon. Or they found that if they drank before a meeting at work, their co-workers wouldn’t realize they had PTSD. “The longer you use that coping mechanism, the more it’s going to affect your brain chemistry



Holistic approaches to recovery, such as tai chi, can complement other treatment modes.

EVEN IF A PERSON GOES THE MEDICATION ROUTE, GETTING THERAPY IS ALSO CRITICAL.

and the more you’re going to have to depend on it,” she adds. If people don’t get help for those issues while at rehab, she adds, “when they leave the program, the co-occurring disorder is going to raise its head. You can’t control depression with willpower.”

In addition, many treatment programs incorporate mindfulness and wellness. From Yoga of 12-Step Recovery classes and tai chi to emotional-support animals and hypnotherapy, these holistic approaches give addicts tools to help cope when they’re back in the real (often stressful) world.

Not everyone will respond to chimes and meditation, however. The best way to help someone recover from addiction, experts say, is to find the best approach for that person.

And that means never giving up. Nelson wants the world to know about the medication that is helping so many of his patients and that saved his stepdaughter while there was still time. Lauren, now 28, works at one of the rehab programs she attended. Nelson says, “She’s treating her former self.” □