

Don't forget meds for alcohol use disorder

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Dr. Barb Watts

Harm reduction: the latest buzz words for treating addiction. In the case of opioid-use disorder, it means suboxone and methadone, supervised injection sites and sterile injection kits. But what about alcohol-use disorder (AUD)? Yes indeed, there are meds that can help, and not just with symptoms of withdrawal.

A year ago I did a survey of my ER colleagues regarding meds to treat alcoholism. Those who replied told me about using benzos and various other drugs for treatment of withdrawal. No one was prescribing meds for harm reduction for AUD. But these exist and they work well and we can and should be offering them to patients struggling to reduce their alcohol intake.

I am a board member for Families for Addiction Recovery (FAR) a charitable organization formed a few years ago to support families of patients dealing with addiction. Last year, just before the change in government, we talked to then premier of Ontario, Kathleen Wynne about acamprosate and naltrexone. Both were available on the Ontario Drug Benefit (ODB) formulary but only through the exceptional access program. We advocated for changing their access to regular ODB. What we got was limited-use (LU) access.

So now I want to let all ER and family doctors know that they can prescribe acamprosate and/or naltrexone for patients with AUD, with only a LU code: 531 for acamprosate and 532 for naltrexone.

Naltrexone (ReVia) is prescribed for patients who want to reduce their alcohol intake but may not wish to abstain. It works by reducing the euphoria alcohol provides. It is one 50 mg tab once a day. It can be taken prn, one hour before drinking. For example, patients can choose to take a pill before they go out to party or join a social event. This is called the Sinclair method, after Dr. John D. Sinclair, who pioneered this treatment of AUD in the 1960s and 1970s. It can also be used daily to support abstinence.

Acamprosate (Campral) 666 mg (2 X 333 mg tabs) tid works to reduce cravings in abstinent patients. The mechanism is unclear but involves GABA and NMDA receptors in the brain.

Both meds are worth reviewing. They are readily available and help with AUD. So nice to have something to help.

Dr. Barbara Watts is an emergency physician in Orangeville, Ont. and a board member with [Families for Addiction Recovery](#).

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