NALTREXONE AND DRUG/ALCOHOL ADDICTION:

Drug/alcohol addiction is probably the most devastating aspect ever in the lives of the addict and his/her loved ones as well as EMPLOYERS, colleagues at work, clients, other road users etc.

Getting free from an addiction is very rewarding and empowering.

Naltrexone is a powerful aid – even a miracle aid, but it is not a miracle cure. There is only so much that Naltrexone can do.

YOU MUST STILL DO THE STOPPING YOURSELF!!!

Naltrexone will help to the effect that withdrawal symptoms and cravings will be reduced dramatically. It will make it possible and easier for you to quit and keep on quitting.

LET’S HAVE AN OVERVIEW OF ADDICTION:

Recovering from an addiction entails a multifaceted approach.

It is important to realize that it entails, usually, major lifestyle and mind set changes. The recovering addict must basically redefine his/her own identity. Who am I? What do I want out of life? What is good for me and what is bad for me? What do I enjoy and what is fulfilling for me? Where do I see myself in 5 years’ time? Being free from a slave master cracking his whip where I had to jump to get money, to get a fix, I can now say that I can now make a decision because I want to make this decision because it is good for me. This is the exciting part of recovery and it should be emphasized that recovery is not just pain and suffering.

Recovery is a process that starts with a decision that becomes a determination that becomes a lifelong commitment. You will always be an addict and you can be free for years and then relapse. One bad hair day, combined with just the right, or rather wrong, circumstances – as the saying about ex-smokers say, and smoking is an addiction just like any other, ‘You are only one puff away from twenty a day!’.

Even so, you do not commit yourself to a life of doom and gloom. Although you will experience tough times initially - they do not last. Advice that I give is to
regard it as like having the flu. You know that you feel rotten but you also know that you will get over it – just take your medicine, get some extra rest... the same with recovering. Every day that you successfully withstand the temptations, cravings and that empty feeling you do not have to live that day again and tomorrow it will be easier and next week and next month even more. The ‘flu’ will get better. YOU WILL FEEL YOURSELF AGAIN!

Rather see it as an exciting chance to start with a clean slate, you may and must daydream about your new life and though that may take time and effort, you can and must believe that with the effort you are already putting into it, YOU CAN AND WILL GET THERE! Do not see it as having to give up going out, ‘jolling’, having good times or losing a ‘best friend’, always there to be with you, whatever... you already know that is not really true but only true for that moment. Instead see it as gaining something new rather than losing something and believe it. See it as being given your second chance – be it with relationships, career, finances, marriage, whatsoever... everything that addiction took away from you.

Lots of people recover without any help. But with help, in different forms, you increase the chances of doing it successfully and permanently exponentially. Every additional support that you have does not double your chances of success but increase it tenfold.

Support is not transferring your responsibilities – YOU STILL HAVE TO STOP YOURSELF! Support means there is somebody that you can lean on in tough times, who can encourage you, who can help carry you while you are busy with the big task of quitting drugs.
So what is your support system?

I see it as having three legs.

The more of the three legs you have (and often it is having it available but not using it), exponentially you increase your chances of successfully and permanently quitting.

Firstly, it is the people standing by you, people who love you, support you and are willing to give you a second chance. Family, friends, employers, etc. This is important as these relationships often have been severely strained by your addiction. BUT, there are still people who love you, who are willing to support you, to believe in you. Make use of them. They can be there for you when the cravings come, when you feel down, feel like giving up and going back – even if you know it is only temporary relief there will be days when you will be tempted to give up and use again, days when you feel this is worse than being addicted and that if this is what it means to be ‘rehabilitated’ you are not sure if you want to be rehabilitated. But going back will not make you feel any better than what you feel now – you know that – but having a loved one, a concerned one to help you through a dark time like this is precious. You must have someone, preferably more than one someone, to whom you can turn to to support you, encourage you, listen to you, be with you, be firm with you and even cry with you, someone who can give you advice, guidance, someone who sometimes just cares.

Secondly is formal support. This is your drug counsellor, who is usually, but not necessarily, a trained professional who often have been where you are now. That can be very valuable for they will understand what you are going through and will be able to give advice because they will know and understand where you are in your recovering process as many of them will have been there themselves at some stage, or else will have been supporting many addicts so as to recognize the symptoms and stages. Working with them will help you understand what changes are happening in you and to you. They will guide you through all the steps of recovery. They will help you to redefine yourself.
Spiritual counselling also falls into this category. This is probably the most neglected relationship for most addicts with probably the biggest potential benefit in restoring it. Do find someone with whom you can discuss spiritual matters – get help to throw off the shame, the guilt and the condemnation that drugs brought on to you.

Often a rehab program will include a ‘buddy’ system. This is where people also going through recovery or who has already successfully recovered, pair up and undertake to contact one another preferably daily and initially more than once a day for encouragement and to be available when you need someone to understand.

And then there is formal therapy sessions with a clinical psychologist. If you can unravel that golden thread through whatever made your psychological make-up so that you were susceptible to go back and back again until you got hooked to drugs whereas your friends used once or twice and then said it is not for them, then you can challenge and modify that response. There is sometimes no definite identifiable dynamic that drove you to use an illegal drug to fill an often legitimate, valid need but if there is and you can recognize, challenge and modify it, you fireproof yourself against a possible future relapse. Oversimplified: If you can find out why you got hooked, you can change that not to get hooked again. Also: You can, and should, with the psychologist, work out what the need is and what the legitimate answer to it is and how to achieve it. Also regarding relapses: if you and the psychologist can find a pattern in the circumstances that led to a relapse you can learn to recognize the warning signs so that you can apply the tools to stop the dynamic at step one, two or maybe three. You do not have to wait until step ten when it is almost impossible not to go back to using ‘just once’ - which is the biggest lie, but at step ten you are not able to recognize nor challenge it. You are a runaway train. If you can early on recognize the dynamic you can say: ‘Oh, oh! I am not going there!!!!’

Still part of your formal support system: Your GP. Addiction can cause as many horrors to your body as it can to your life. Not all GP’s like or are able to do counselling to recovering addicts so if your GP can’t – find one who can. Make him part of your team – be open to him and let him do a good physical on you. Infections, liver, kidney, blood tests etc. He will know what to do and will also
understand where you are and where you have been and where you are going. Let him prescribe you a proper supplement. Recovering addicts so often, as to almost regard it as expected, suffer from depression, anxiety and sleeping disorders. You have now chosen the right GP. He will know what to prescribe without drowning you in drugs (AGAIN!!) but will be able to sensibly prescribe medication for these conditions. He will also be able to diagnose and treat you, or refer you, for conditions that may have led you to have become addicted in the first place e.g. bipolar depression, ADHD, temporal lobe epilepsy, personality disorders, adjustment disorders etc.

Lastly: Admission to a formal rehab centre. It is just a personal opinion but I feel if you look at cost-efficiency... It is a hyphen word that balances cost vs. efficacy. I feel that you can achieve far more with far less with a well-balanced multi-disciplinary approach. To say in the defence of formal rehab – and nobody can deny the success that they achieve - you very often get an addict with a history and/or a set of circumstances where nothing else than admission will help. Here I again I believe it is necessary to do it properly and then long-term admission is necessary.

The third leg of support is chemical support.

Straight away I want to condemn Subutramine and Methadone. Forgive me if I, as a recovered Nicotine-addict, keep on referring to smoking, but using these drugs instead of e.g. Heroin is the same as saying I am not addicted to Nicotine anymore because I quit and now do not smoke Gunston anymore, instead I now smoke Texan cigarettes!

This brings us to Naltrexone. This introduction was given to bring us to Naltrexone.

How does it work. I believe if you understand how it works you will also know better what to expect form Naltrexone.

As I have already said: Naltrexone is a miracle aid, not a miracle cure! YOU STILL HAVE TO BE THE ONE WHO STOPS!!!
So how does it work?

If you look at the brain cell (Drawing 1): You have millions of brain cells. Each one has about a thousand dendrites or tentacles making contact with the other brain cells’ dendrites. At the tip of a dendrite there is a little foot making contact with the foot of another brain cell. Through these brain dendrites your brain cells communicate with one another.

E.g.: A brain cell sends a message through its dendrite to another brain cell’s dendrite. It is an electrical impulse that reaches the end of the dendrite. Here we have several types of granules containing neuro-chemicals. At least 32 neuro-chemicals have been discovered. These neuro-chemicals act as neurotransmitters or messengers. When the electrical impulse reaches the end foot of the dendrite, one of these granules are stimulated to secrete a specific chemical/messenger in the space between the end foot and the receiving foot of the next brain cell. (Drawing 2)

The receiving brain cell has receptors that can pick up the message that the sending brain cell sends.

There are millions of brain cells, each with a thousand dendrites, each of which are ‘face booking’ with a thousand of the other millions of brain cells which are connected, each again to a thousand others of the millions, etc. At each end of each dendrite you have 32 neuro-chemical messengers which can stimulate or suppress the receptors and send or block messages to the others. (3) If you look at it: the possibilities are endless, even mind boggling.

For our purpose I am going to simplify:

If you hurt yourself, e.g. break a leg, the brain sends a message to the specific granule at the tip to release endorphins (endogenous morphine) into the space between the two tips. This endorphin molecule then fits onto the receptor of the other tip and a new message is created. This works like a key fitting into a lock. The messenger fits onto the receptor like a key into the lock, turns the key and a new message is created. This message causes the release of Dopamine which is the feel good chemical of the brain. It causes pain relief and euphoria.
Only a trickle of endorphins are normally released and stimulates only a tiny amount of receptors.

Drugs also stimulate these receptors but now you have an overstimulation of the receptors with the release of massive amounts of Dopamine and a lot of euphoria (a trip).

If you take a microscopic little square in the brain, you have perhaps ten receptors on this little space. If you use drugs you massively over stimulate the receptors and this like going to the gym and training. Your muscles grow bigger and stronger. The same with receptors. If you keep on using drugs and over stimulating the receptors, that little square will grow more receptors, first 20, then 30, 50, 80, 100... and more. You will need more and more of the drug to keep all the receptors happy and stimulated. This is caused tolerance and is the process how addiction develops. You need more and more frequently drugs to keep these receptors stimulated.

If you do not use drugs, the brain on its own can only keep about ten of these receptors happy which means there are about 90 receptors open and unstimulated. They are like open, raw, nerve ends, screaming for stimulation. This is where cravings and withdrawal originate.

Naltrexone is a big molecule, much bigger than any of the drugs used for euphoria. One tip of will fit onto the receptor but it is like a big blob. It will attach to the lock but it is too big to unlock the lock so a new message is not sent. Two things happen, you now do not have 90 raw, open, hungry nerve ends/receptors screaming for stimulation and also now there are no open receptors for the drugs to attach to. (DRAWING 3)

The result:  
- Your cravings are dramatically less. Naltrexone blocks the ‘open, raw nerve-ends’. The cravings you still get will be primarily psychological cravings, i.e. only remembering and pining for the ‘good times’.
- Your withdrawal symptoms are much reduced. Agitation, irritability, depression, lack of sleep, etc. are all effects of not using any more.
- If you use you will feel no effect. The receptors are blocked so if you use, there are no receptors left open to stimulate thus no effect.
This last effect is also the only major risk of Naltrexone: You will not have the same effect when you use after the Naltrexone so the risk is that you will try a higher dose; ‘chasing the high’, and by taking more you place yourself at risk for a fatal, accidental overdose!!

PLEASE BE WARNED AS THIS IS SERIOUS AND POTENTIALLY FATAL!!

Each drug is unique and have slight variations of this model but bear in mind that this is not a scientific dissertation although scientifically sound it is still just a working model explaining what Naltrexone can do. Different drugs have different sites but essentially Naltrexone works in the reward centre of the brain and the ‘reward’ from the various drugs are basically the same therefore it is effective for all kinds of stimulant drugs e.g. Tik, Metamphetamine, Crystal Meth, CAT, Cocain in all it’s different guises, Heroin, Alcohol, etc.

Naltrexone lasts for three months. Because you do not over stimulate that little square of receptors any more it is again like stopping going to the gym. If you stop training that muscle, it will get smaller and weaker again. The same with the receptors. It is the reverse process of tolerance. Because you do not use drugs to massively overstimulate a 100 receptors any more and instead these are blocked by Naltrexone and thus inactive, they will grow less, die off. First you will have 90 left, then 80, 60, 50, 30, 20, and eventually only 10 left, which is how many there should be. The brain can keep 10 happy on its own. You do not need a drug any more to stimulate the extra receptors nor do you need Naltrexone to block them.

This process is gradual and is completed after about a year.

YOU DO NOT NEED DRUGS OR NALTREXONE ANY MORE.

YOU ARE NOW A RECOVERED ADDICT

YOU ARE FREE!!!!!

STAY FREE!!!!!

INTERESTED IN GETTING FREE:

CONTACT CHRIS LUBBE – 079 620 9815
Receptor (lock)  

Drug (key)  

Perfect fit: new stimulus as a result.

Perfect fit but too big to allow a new stimulus.