

Naltrexone can help you stay off opiates once you finish your taper.

Naltrexone is a drug prescribed to help people maintain abstinence after they have successfully come off opiates. It acts by blocking the opioid receptors.

While on Naltrexone, opiates will have little or no effect

How do you get Naltrexone?

Naltrexone is only available on prescription from a doctor. Naltrexone goes under the trade name of ReViaR. Although any doctor can prescribe Naltrexone, it is recommended that you seek a doctor who is experienced in the treatment of alcohol and other drug dependence. This may include:

- Doctors who specialise in Naltrexone treatment
- Doctors in clinics providing alcohol and other drug treatment services
- General practitioners experienced in alcohol and other drug treatment.

Who can undergo Naltrexone treatment?

There are a number of factors that need to be considered before a doctor can prescribe Naltrexone.

Before starting your medication your body must be free from opiates for 7-10 days and up to 14 days if you have been using methadone. This means you must completely detox from opioids before you can begin taking Naltrexone. The reason for this is that Naltrexone will bring on immediate and possibly severe withdrawal symptoms if there are opiates in your body. Your doctor may decide to test you with Narcan (naloxone) to ensure you are opioid free. If you do have opioids in your system, Narcan will immediately bring on withdrawal symptoms which can last approximately 1 hour.

Certain liver conditions may exclude you from taking Naltrexone. These include acute hepatitis and alcoholic liver disease. Inform your doctor of any liver condition that you may have.

Pregnant and breastfeeding women should seek the advice of their doctor. It has not been established that using Naltrexone during pregnancy is completely safe.

There are better outcomes from Naltrexone treatment for people who are highly motivated to become opioid free and who are well supported by friends and family.

What does Naltrexone treatment involve?

The treatment involves taking a prescribed course of Naltrexone tablets. These tablets are taken by mouth, once a day. Naltrexone comes in bottles of 30 tablets. Your doctor however may start you off on a lesser amount and monitor your progress more closely.

Some doctors believe that Naltrexone should be taken under the supervision of a family member, pharmacist or a doctor etc. Naltrexone is dispensed by retail pharmacies. As in many other conditions, the medication can be more effective when combined with counselling and ongoing support from friends and family. You should discuss this with your doctor who may be able to suggest some counselling or other support for you.

Why undergo Naltrexone treatment?

It acts as a disincentive to continued drug use. Using opiates while taking Naltrexone will not produce any of the usual effects. This is because the opioid receptors have been blocked.

Naltrexone does not produce physical or psychological dependence. As long as you no longer inject, Naltrexone reduces the risk of hepatitis C, HIV and other health problems. It allows you to stabilise your lifestyle.

What Naltrexone doesn't do

It is **not** a miracle cure for opioid dependence. This is why counselling and other support is important when taking Naltrexone medication. It does **not** produce any euphoric effects.

Side effects

Naltrexone is generally well tolerated in the human body. However, there have been some side effects reported. Some of these may be withdrawal symptoms associated with opiate dependence. Side effects can be confused with withdrawal symptoms and may include:

- Depression
- Sleep disturbances
- Headaches
- Loss of energy
- Nausea and vomiting
- Abdominal pain
- Constipation
- Loss of appetite
- Anxiety

Risks

The greatest danger associated with Naltrexone is the risk of death by opioid overdose after either **skipping a dose** of Naltrexone or **stopping Naltrexone**. This is because **Naltrexone rapidly reduces your tolerance to opioids**.

If you are considering using opiates once you have stopped or skipped a dose of Naltrexone, you need to consider yourself as a new user. Overdose may occur if you use the same – **or even a smaller** – amount of opioids than you used before taking Naltrexone.

If you have a history of depression you should let your doctor know as Naltrexone use can be associated with depression.

As Naltrexone blocks the opioid receptors, taking other opioid-based treatments such as Panadeine Forte or codeine-based cough medicines will be ineffective. Any emergency service provider (ambulance officers, casualty staff etc) or doctor needs to know that you are taking Naltrexone. Non-opioid treatment can be used in these situations.



Skipping doses

After each dose of Naltrexone, the blocking effect wears off gradually leaving receptor sites vacant. For example, a 50mg tablet wears off in about a day. Higher doses may last longer. Any use of heroin or other opioids while on Naltrexone is risky, even if they have no effect. This situation is more critical when methadone is being used. This is because a dose of methadone can last in the body for 24 hours, during which time the amount of Naltrexone in the body is declining. This means that a dose of methadone which initially has no effect may over several hours come to produce serious overdose effects.

Is it the right treatment for me?

Naltrexone is one of a range of treatment options for opioid dependence. Other treatment options include:

- Methadone maintenance
- Detox, rehabilitation
- Counselling

Deciding to use Naltrexone requires careful consideration. The important thing to remember is that you must detox first. Naltrexone is not a euphoric alternative to heroin or other opioids. It's a drug which blocks euphoric effects and helps you maintain abstinence. Taking Naltrexone medication is only part of the treatment. Counselling and support are valuable supplements in getting to an opiate free lifestyle.