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Julia's Story: Sinclair "Deluxe" Treatment

"The most astonishing thing about miracles is that they happen."

—G. K. CHESTERTON (1874–1936)

ALTHOUGH INTENSIVE PSYCHOTHERAPY is not a requirement for successful treatment, Julia's story has been included because it provides an insight into both the theory and practice of the Sinclair Method and, at the same time, illustrates how the treatment can be enhanced through close, one-to-one contact with competent, caring professionals.

Julia, a thirty-eight-year-old woman, and her devoted husband, James, have been married for eighteen years. They live in a beautiful lakeside house in the Pacific Northwest together with their two adolescent daughters. A little more than two years ago, Julia lost her ability to control her drinking. Although she could sustain periods of abstinence, she frequently found herself craving alcohol, especially by the end of the week. The family became

accustomed to Julia getting drunk at parties and on Friday and Saturday nights. But when episodes of severe intoxication spilled into the week as well, her features thickened and her delicate, luminous complexion turned rough and pallid. She began taking “hair of the dog” drinks on Monday mornings after everyone had left the house.

A gifted potter, Julia once ran a successful small pottery business from a studio at her home. But her studio was now a mess, and she no longer used it. James, a highly respected lawyer and a passionate conservationist whom everyone thought of as a gentle soul, could not stop himself from quarrelling with her over her drinking. He had always adored her, but their once near-idyllic life had come to resemble a war zone. Horrified to find himself contemplating divorce, he implored her to seek professional help, but she angrily refused.

“I just have to drink,” she told him. “I don’t know why. You can all leave me if you want to; I just can’t stop it.”

A few days later, James read a newspaper article about the Sinclair Method. He nervously contacted a clinic in Florida that was offering this new treatment. He explained that his wife was terrified because she had heard that addicts were hospitalized, forced to stop drinking and attend group meetings, and go through the torture of detoxification. She had also heard that many people who had gone to rehabilitation were often not only unsuccessful, roller-coasting between abstinence and relapse, but were often left feeling even more desperate after treatment. The trained receptionist explained that the Sinclair Method was different, a completely new approach that did not demand total abstinence, and she sent James an information packet describing the treatment.*

The skillfully worded packet went a long way toward persuading Julia to see a doctor at the clinic. “No one is born an alcoholic,” one brochure in the packet explained. “Drinking is gradually learned. Each time you drink, alcohol causes the release of endorphins or morphine-like substances in the brain.” Endorphins are the body’s “molecules of emotion” and can suppress pain. The

* This treatment was conducted at a private clinic in Finland.

endorphins strengthen or reinforce the drinking and everything that goes along with it—thinking about alcohol, going to the bar, wanting a drink, ordering it, waiting for it, and finally, drinking it. This happens to everyone but some people, because of their genetic make-up, receive more powerful jolts of reinforcement from the endorphins. Over time, alcohol begins to dominate their lives, and they end up out of control—totally addicted to alcohol. But, the brochure explained, the vicious cycle can be broken or weakened through the “natural process of extinction using the medicine naltrexone to block the endorphins and the reinforcement they produce in the brain.”

The entire family read the information packet. They learned that the treatment did not require hospitalization. This was especially encouraging to Julia, who hated anything to do with hospitals. She read that her goals would be “reduction, control or abstinence” and that she need not abstain before beginning treatment. The treatment would reduce her desire to drink while she continued to drink! The clinic’s brochure explained that the drinking would decrease, not because of external demands or threats, but because the patient would simply lose interest in it. Using an approach that is entirely compatible with that of Alcoholics Anonymous, the Sinclair Method “works well for both people who are severely addicted, and for those who merely drink more than they would like.”

This seemed too good to be true to Julia, but she was encouraged by the fact that she would not be given strong medications, such as barbiturates or benzodiazepines, which can be addictive. Julia also learned that the World Health Organization and the FDA had already reported that naltrexone was safe and did not produce lasting or serious side effects when it was used together with alcohol. The treatment, which normally takes between three and four months, was not to be undertaken without a doctor’s prescription. Individual therapy was not always required, but could be helpful as part of a comprehensive treatment program. Julia and her family agreed that she should make an appointment at the clinic.

Her first appointment was not what she expected. The staff at the clinic treated Julia with dignity and did not label her as a

“weak-willed alcoholic.” Julia was told that she would be seen by a team consisting of a physician, Dr. Anderson, and a counseling psychologist, Dr. Simon. Having two primary caregivers, she was informed, was not necessary but could be helpful.

At Julia’s first screening session, Dr. Anderson explained how she had become addicted to alcohol. He decided to accept her for treatment, saying, “The Sinclair Method is not for those who are currently abstinent.”

“You mean to say that if I were in A.A. already for a few months and not drinking at all, I would *not* be able to have this treatment?” Julia asked, astonished.

“That’s right,” Dr. Anderson smiled, “The treatment is only for those who are currently drinking. *It only works if you take the medication an hour before you have your first drink.* We do not prescribe this treatment for those who are abstinent.”

“Well, it’s a good thing I *am* drinking, isn’t it?”

“Until I saw Dr. Sinclair’s research data, I never would have thought this possible,” Dr. Anderson replied. “We’ve treated a few hundred cases, and the results are excellent!”

In addition to the standard psychotherapeutic approach of “inspiring hope,” Dr. Anderson made certain that Julia was not pregnant, did not have a medical condition that would make her unsuitable for treatment, and was not taking other opiates, such as heroin. As a final precautionary measure, Julia was scheduled for lab work to test for any undiagnosed medical problems.

From the start, Julia was impressed by the nonjudgmental approach of her doctor. She felt a faint flutter of hope. “These people really care,” she thought. “They really are trying to help me.” She was also impressed by the visual aids Dr. Anderson showed her, detailing the connections and pathways in her brain that had become strengthened over years of drinking. Julia said later that she felt better knowing that there was “something physically wrong in my brain and nerves and not me as a person. The way my drinking had become worse over the years suddenly made sense to me. After all, I didn’t start out with this craving. I certainly never drank in the mornings or binged. Before I became addicted, I used to drink quite moderately.”

Julia took James to her next appointment with Dr. Anderson. He checked the Drinking Diary he had given her at their first meeting and conducted a medical examination. Julia had not been drinking every day since her initial screening visit, but her diary did show bingeing: well over sixty drinks per week, with most of it concentrated over the weekend. "I just can't stop after the first drink. Why, doctor? Why?" She then saw some biological drawings depicting how addiction had been "burned" into her brain over years of drinking through the mechanism of reinforced learning.

(Please see the images and explanation in Appendix B.)

The biological or "Purple Rain" drawings—as Dr David Sinclair calls them—showed how alcohol causes endorphins to reinforce drinking, so that the nerve pathways become stronger. The next set of drawings showed how taking naltrexone before drinking would ultimately extinguish her addiction. For Julia, these drawings placed things in perspective, and she was relieved and thankful that the cause of her problem was not personal weakness but "brain biology." Her genetic predisposition for alcoholism and many drinking sessions over the years had combined to make her an alcoholic.

The learning was connected to stimuli. She learned to drink in response to various external or internal stimuli. These stimuli thus gained the ability to make her crave and drink alcohol. One set of stimuli always present with every drink except the first one of the day are the sensations produced by the alcohol already consumed, including the taste, smell, and feel, and the stimulatory effect produced by low doses of alcohol. Julia learned that was why the first drink made it almost impossible to stop. Her drinking was learned, and much of it had been learned as a response to the stimuli produced by the previous drink.

"I was just better than others at learning drinking," Julia exclaimed.

Dr. Anderson said that the situation could be corrected in a matter of months—without willpower or even trying to stop drinking. "All I had to do to beat this thing was to take one of those white tablets before having a drink," she thought to herself later on.

To James, it seemed a dangerous contradiction to encourage an alcoholic to carry on drinking—even after taking naltrexone. Emotionally, he still reacted by hating the fact that his wife had become an alcoholic, that alcohol was destroying their lives. Surely Julia should stop drinking immediately? But James finally grasped the theory. He was even more optimistic when he was shown the reduced craving and drinking results compiled from other successful patients.

Dr. Anderson gave Julia her prescription for naltrexone, and he informed her that this was not a “get sober” medication—she should not operate machinery or drive while drinking. Looking at the tablets in her hand, Julia still wondered if they could actually help her. As directed, Julia started out by taking her first dose (25 mg) an hour before taking her first drink. Two days later, an hour before her next drinking session, she took the full (50 mg) dose.

“I didn’t really notice anything much,” she told her psychologist, Dr. Simon, at the next meeting. “Perhaps there was a bit less of a buzz, but I can’t be sure.”

Dr. Simon was supportive. “There are no right or wrong reactions,” he said.

She handed in her Drinking Diary and the Visual Analog Scale (VAS) form, which tracked her craving on a scale from 0 (no craving) to 10 (highest craving). Drinking was slightly down at forty-six drinks for that week and her craving was in the high range—naltrexone was not a “magic pill” and did not work overnight. Julia was still seriously addicted to alcohol.

“The Golden Rule,” her psychologist repeated, “is that you *always* take the medication an hour before drinking. The fact that you reduced your drinking by a few drinks this week is because, by blocking the effects of endorphins, the naltrexone reduced the stimulatory or first-drink effects of alcohol. Extinction has started, but you still have a way to go. You have just begun treatment. Keep going.”

Julia was thrilled that she had had less to drink because it gave her more than just a flutter of hope. The session involved an explanation of stimuli or triggers that elicit craving and drinking. When asked about her drinking history and the situations that set

off her drinking, Julia explained, “I found that I started as a way to enjoy myself or relax on weekends. I loved it when the kids were small, tucked up in bed, and James and I could be alone. It was so romantic to be in front of the fire with a bottle of red wine. Red wine, that’s my favorite. Drinking seemed to improve our lovemaking and took the inhibitions out of me. And that’s when I started drinking socially, which is interesting because I didn’t drink as a teenager. Now I don’t even need an excuse; I drink out of habit.”

Julia told Dr. Simon that when she first began drinking, parties were major triggers for getting drunk. James dreaded them. He thought Julia was being selfish when she drank too much. He didn’t know that her brain biology would not allow her to keep her promise not to drink. It was during this session that Julia learned about the specific triggers that caused her to drink. Over several years, she had come to associate drinking with many situations. The therapy would require that Julia drink while on the medication in all the situations in which she normally drank—privately at home, in social situations, through all seasons, in the morning, afternoon, and evening—whenever she was accustomed to drinking. She had to use naltrexone to extinguish her addiction with every drinking situation.

“Just wait till I tell the family about all this,” she told Dr. Simon. “My drinking had become a secretive, private matter. It was like a love affair, taking precedence over the things I most treasured. I am beginning to understand why my drinking was more important to me than my wonderful family. It was because my brain took over and ran the show.”

“Once we have your drinking under control or you have reached your goal in a few months, we will still want you to keep your medication with you at all times—just in case your craving returns and you have the urge to drink. But, for the moment, let’s proceed with you taking your medication and drinking. Go home, take your medication, and drink as usual. Remember to keep up with your Drinking Diary. We can discuss options of where and when to drink at your next session. Though before we meet, you will have a short meeting with Dr. Anderson.”

The next meeting with Dr. Anderson lasted only ten minutes.

Julia was asked if the medication had any side effects, but there were none to report. She handed in her Drinking Diary and her subjective craving level was assessed. The number of drinks per week and her craving levels were still high. She was also given standard research questionnaires. The Beck Depression Inventory evaluated depression. The Obsessive Compulsive Drinking Scale assessed her thought patterns related to drinking.

Her next counseling session two weeks later with Dr. Simon was designed to help her prepare for the future. Julia's drinking habits were explored. "Everyone has their unique triggers," Dr. Simon said. "I see from your diary that your drinking is down a bit, from forty-six to thirty-eight drinks this week. Normal progress."

Julia still found that she wanted to drink on her own as well as on social occasions. "I am so grateful that my family understands that I have to drink to be cured," she said to Dr. Simon. "It was a hard one for my daughters to understand. Now they are even pleased when they see me with a glass in my hand! They know how the medication and treatment works."

"Be alert for the festive season, for emotional triggers, for any situation in which you normally would drink," Dr. Simon reminded her. "And above all, remember our golden rule—*never drink without first taking naltrexone!*"

The session ended with Dr. Simon saying that a support group for patients had started and that Julia was welcome to join it. Julia did not feel this was for her.

By the end of the eighth week, Julia's drinking had dropped to twenty-three drinks per week. This was good progress, but still a bit above the safety limit for women. She told Dr. Anderson what had been happening in her life: "James and I are getting on better already. We actually made love for the first time in ages! I no longer stumble into things. For one thing, my knees are better because I'm not bumping into the glass coffee table. My hangovers have lessened. I am actually enjoying my non-drinking days. Last weekend we all went for a picnic. I had my naltrexone and a bottle of nice California red wine with me. But I didn't open it. The girls were amazed, and James said I was being strong. The amazing, wonderful thing is that I was *not* being strong. My urge to drink

simply was not there. I wonder if it really is possible to stop altogether. I can see how it might be.”

Dr. Anderson noted that Julia still had three instances over the past two weeks where she had consumed more than five drinks in a single drinking session. He explained that she was doing well, but still had much of the neural circuitry that caused craving and drinking in line with her binge-style drinking. “Focus on enjoyable activities on your non-drinking, non-medication days,” Dr. Anderson advised. “Your social drinking has diminished already, but I see that you are still drinking on your own—drinking less, but you still took more than five drinks one after the other on your own.”

Julia felt positive. She had begun to sense that control over alcohol was within her reach. Her mood improved. She was optimistic and, for the first time in years, had a sense of purpose.

When she arrived home, the first thing she did was to go into her disused pottery studio at the end of her garden. She stood by the lake under a bright blue sky. The air was crisp and blazing fall colors reflected on the water. Julia felt happy and with that feeling came a sudden urge for a drink. Because, although she was happy, she was also sad. Sad that more than six years had gone by without doing much pottery. Sad because of what her drinking had done to her marriage and to her family. She looked at the disused trays, the dusty objects she had so lovingly crafted, painted, and fired. Then she reacted the way she did automatically under stress. She rushed to the kitchen and poured a stiff vodka. She knocked it back neat without having taken her medication.

In a state of panic, she called Dr. Anderson.

“Am I relapsing?” she asked urgently.

“When did you have the drink?”

“About fifteen minutes ago.”

“Take your medication as soon as you hang up. It will still have the chance to do some good. Don’t worry, Julia. The worst thing is for you to punish yourself. You will get there in the end.”

Julia followed his advice and took the medication. She returned to her studio carrying the bottle of vodka and her portable CD player. “What the hell,” she thought. “I may as well. I’ve taken my medi-

cation.” She spent the next three hours listening to music while she cleaned the studio and threw out broken pieces of pottery.

Julia was startled when her eldest daughter, Sonia walked in.

“What are you doing here, Mom?” Sonia asked anxiously.

“Oh, nothing much. I thought I would clean the studio. I guess I’d better lock up, and get some dinner ready.” It was then that she noticed the bottle of vodka. She had not touched it—not once since the first drink. The thought of drinking had not entered her mind. Surprised and delighted, she told Sonia about it.

“You are coming back to us, Mom, you are coming back!” Sonia said, “Let’s tell Dad.”

Julia’s next appointment was with Dr. Simon, who had asked if James would be able to attend part of that session. The idea was to go over the treatment with James because he was so intimately involved with Julia.

“I can’t believe it, Doctor, I am getting my wife back,” James said. “She drinks, but not as much. She doesn’t get crazy. Her moods are better, right, Julia?”

Julia smiled and said, “I’m sure it’s working. But I still somehow think I need time. I don’t crave as much. I’m not fixated on getting my next drink.”

After four months, the Drinking Diary showed that Julia was drinking within safe limits—less than eighteen drinks per week and no more than four on any single occasion. Dr. Simon was cautiously optimistic. “You’ve come a long, long way, Julia,” he said. “We expected this. The great thing is that *you wanted* to stay on track. It would be best for you to continue with our therapy sessions. We can explore whether you wish to continue drinking with naltrexone or to abstain altogether.”

Six months later, Julia realized that her life was no longer being controlled by her drinking. “Why then should I continue to drink?” she asked herself. She came to the conclusion that drinking was not for her. She was able to attend parties without drinking. She was happy to tell people that, after her Sinclair Method treatment, she thought it best for her to avoid alcohol. “By all means, you go ahead,” she told others at a party. “Most people can handle alcohol. I can’t.”

Julia keeps her naltrexone pills with her at all times, just in case the urge creeps up on her. Even now, after five years of complete abstinence, she is never without her naltrexone.