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Richard's Story: The Sinclair "Lite" Method—Same Great Success, Less Intensive

"Miracles don't just happen, people make them happen."

—MISATA KATSURAGI⁶⁷

RICHARD'S CASE demonstrates that the Cure is successful with minimal intervention from doctors and therapists.

While I was on sabbatical in South Africa, I traveled to a lovely oasis town set among oak-lined streets in a valley surrounded by mountains. The people in South Africa are particularly friendly and hospitable, and it wasn't long after we checked into our guest-house that we were invited to a party given by a local family we had met at one of the town's bars.

It was a perfect summer evening. At the party, we got around to discussing Nelson Mandela's brilliant achievements, other beautiful places to visit, and of course the wonderful South African wines. The conversation veered to the high levels of intoxication I had ob-

served throughout South Africa. Alcoholism is also a problem in South Africa. At the party, I met Margaret, an attractive, friendly woman with a bold, direct gaze. As soon as she heard that I was a psychologist with an interest in addictions, she told me that her husband, Richard, was a severe alcoholic. "I didn't know he was when I married him. I probably would never have married him if I had known," she sighed. "I thought he simply liked his drink."

"Have you been married long?" I asked.

"Five years and three months," she replied. "This is my second marriage, but his first. I already had two kids when we married. My late husband was a great father. He died quite suddenly of cancer. I decided to leave the city and move to a small country town. The school here is good, and I wanted my kids brought up in a clean and healthy environment. Then I met Richard and we fell in love. He's been fantastic to my kids." She clutched her necklace. "I didn't know he was an alcoholic," she said again.

"What do you mean by alcoholic?" I asked.

"He wakes up at 3 A.M. to start drinking again," she replied. "It's physically amazing. I wouldn't have believed it unless I'd seen it for myself. He simply can't stop. A real addiction."

I noticed her twelve-year-old daughter Alice nodding in agreement. "Yes, he drinks all the time," Alice said. "It's terrible."

"He's a great guy," Margaret said. "We all love him. He's not like the other alcoholics I know. His personality barely changes when he drinks. He doesn't become violent or nasty like so many others I've met."

A short while later, when Alice had gone, Margaret spoke more openly. "Richard simply drinks all day long. I'm worried about his health. Our sex life is zero. There's nothing we can do about it. I wish there was. He's had seizures, and I've had to rush him to the hospital. A few years ago, he managed to stay clean for six months. He's been to the local A.A. and for meetings in other places. But he always goes back to drinking. Our doctor is a great guy but says he can't help."

At this point, I mentioned Sinclair's work: "Thousands of alcoholics have already been successfully treated for this addiction," I told her.

"I beg you, I *implore* you, please tell us if there is anything like this out here. Personally, I find it hard to believe that *anything* can help, but I'm ready to try anything. You see, I think Richard is dying." Her voice dropped to a whisper. "I'm sure that if he goes on like this, he'll die."

I quickly explained how the Sinclair Method works, how the patient must be medically evaluated before treated with naltrexone. I made it clear to her that the method works only by combining the medication with drinking alcohol, and that there were dozens of published clinical studies in support of the treatment. I told her that Richard would need to keep a record of his craving, as well as a Drinking Diary. I ended by assuring her that there was every reason to be hopeful.

"Please, will you meet my husband?" she asked.

Richard was forty-five years old, yet looked much older. He had a ruddy complexion, was somewhat underweight, but otherwise looked healthy. He appeared to have a great deal of energy and was very friendly. He certainly believed he was well able to handle his drink.

"A bottle of wine is nothing for me," he said. "Lots of guys lose their judgment after only a few drinks. I remember virtually everything that happens—except if I've had a blackout. I *am* an alcoholic. No question about it. I don't deny it. If I try to stop, I get the shakes. Margaret says you have something that might help. I'm curious. As I've said a million times, I'll try anything. I get up at 2 or 3 A.M. and start with my first drink. I hardly eat or sleep. My job is great because I run a pub so I can drink as much as I like, and I don't have to worry about being fired."

Richard and I arranged to meet the next day at his pub so we could discuss his situation in private. I met with Richard, and Margaret joined us after about an hour.

Richard had been able to stay sober for periods of about three months before relapsing. "I've been to A.A. I've done my ninety-day-every-day meetings. It's a great idea and works for some guys. But I *always* end up relapsing. It's those one or two drinks. The devil gets into me and I'm on a roll again. Of course I don't like it." A worried look settled on his face. "I love hiking in the moun-

tains around here. I used to ride horses, take tourists on three-day trails. It's been years since I last went out. I'm dying to see more wildlife. There are leopards and other amazing cats around here." He stared moodily at his drink. "But I'm in the grip of this stuff. Then of course there's Margaret. I love her kids as my own. I know I'm harming them, too."

I began with the standard explanation of how the Sinclair Method is being used to great effect in the United States, Europe, and Australia. It is well known that inspiring realistic hope is a powerful therapeutic tool. So I went through a basic explanation about the scientific basis of how the treatment works. "You have an 80 percent chance of being successful, but you have to be conscientious about keeping accurate records, as well as always taking your naltrexone before you drink," I said. "Besides all that, the fact that you really *want* help will go a long way toward being successful."

I went on to explain that naltrexone was available in many countries, and that it was now available in South Africa as an import under the name ReVia™. Richard was eager to give it a proper try, and I suggested I speak with his doctor about the treatment.

Richard's physician, Dr. Gordon, was very friendly and open. He grasped the fundamentals of the Sinclair Method within minutes. He even made fun of my repeating myself about how the medication should only be taken if the patient drinks, that it should not be taken during periods when the patient is not drinking.

"It seems odd to me, but if you say the studies show it works this way, let's go with it," he said. He asked me to e-mail some medical publications on extinction to him and agreed to examine Richard, order blood tests, and provide a prescription.

I offered to support Richard by telephone and to see him again after about a month. In the past, he had been given diazepam (Valium) to calm his withdrawal symptoms, and his doctor was aware of this. Both Richard and his doctor knew that this treatment would require at least three to four months—perhaps even longer.

Margaret was especially supportive and involved, but was afraid of hoping too much. "If you can help us, I don't know how I'll ever be able to thank you," she said repeatedly. "We'll do exactly as you say. I only hope and pray it works."

I informed her that it was up to Richard to be proactive, but that her involvement would be crucial. She was the most supportive of partners. Her love for Richard was obvious.

Prior to seeing Dr. Gordon to begin treatment, Richard kept a Drinking Diary. His drinking level was clearly way over the top; he took the equivalent of more than fifteen drinks per day—that's more than 100 drinks per week—the equivalent of three bottles of 12.5 percent wine every day. Yet despite this, his liver tests showed relatively mild elevations. Dr. Gordon found that his blood pressure was high enough to prescribe an antihypertensive medication.

Richard started out on half the dose of naltrexone—25 mg for the first two days. He then moved onto the recommended dose of 50 mg per day and experienced slight nausea over the next few days. After a week, Richard said, "I'm doing exactly as you say. I am taking the medication an hour before I have my first drink at around 3 A.M. I'm drinking about the same amount, perhaps a few drinks less per day. I feel less nauseated, though. May I call you next week?"

By the end of the second week, Richard reported, "I'm drinking less. In fact, on Wednesday and Thursday I didn't drink anything." He laughed suddenly. "No, I didn't take my medication as you said not to take it unless I was drinking."

"That's exactly how extinction works. It doesn't happen overnight," I replied.

However, Richard's journey was not entirely smooth. I received a frantic call from Margaret late one night about a month into treatment, "Richard's hands are trembling, and he's shaking all over. What if he has another seizure?"

"Call Dr. Gordon and explain that the symptoms may be related to his detoxification," I said. "You see, he is gradually detoxifying. Even though he's down to almost half his usual number of drinks, because of the sheer amount he has been drinking, he may be experiencing some withdrawal symptoms. If he were to stop abruptly—go cold turkey—we would probably have to hospitalize him. But the Sinclair Method allows for a gradual reduction in drinking."

Dr. Gordon concluded that the symptoms were related to withdrawal, and said that he could offer medication for that but would prefer not to. Richard was slowly going through withdrawal. Because his drinking levels had been so high, it was both normal and expected that he would experience some withdrawal symptoms as he began reducing the amount he consumed. But because the Sinclair Method allowed for gradual withdrawal by continuing to drink while taking naltrexone, Richard's symptoms were far less severe than if he had suddenly gone cold turkey. This is a major advantage of the Sinclair Method. By the end of the seventh week, Richard was drinking less than thirty drinks per week and had had several alcohol-free days.

"Don't for one minute let yourself think that you are cured," I said to him over the phone. Richard understood the idea behind selective extinction—that he should avoid hiking in the mountains while on naltrexone. Because endorphins are also released during vigorous exercise, he should not hike or ride on the same days that he takes his naltrexone. He should save his days off drinking and the medication for hiking and other positive activities.

By the end of the twelfth week, Richard was drinking well within accepted safety limits—less than twenty-four drinks per week, and no more than four drinks in a single drinking session.

"I just don't feel like it," he said. "I'm sleeping much better. My appetite has returned; just ask Margaret. I'm eating like a horse. I feel like I have begun a new life. The main thing is that my craving is far lower than it has ever been."

After five months Richard felt that alcohol was not the major feature of his life.

"I can easily serve customers in my pub without having the least desire to drink," he said, "I thought I might be less funny and entertaining, but that has not been a problem. The kids are pleased, and so is my fantastic Margaret."

At seven months, Richard was hardly drinking at all. Yet he felt he was the kind of person who might occasionally want to have a drink in the future. "Yes, I know what you are going to say—never, ever, take another drink without first taking my medication."

When I next saw him about a year later, Richard showed me

a gold cylindrical pendant made by a local jeweler. He wore it around his neck. He opened the cylinder to expose two naltrexone tablets. He laughed. "I know what you are going to say next."

"What's that?" I said.

"Never leave home without it," he replied.

One of the main points about Richard's case is that his treatment was successful with a limited number of one-to-one sessions. Richard also did not receive any conventional psychotherapy. At that time, the results of Project COMBINE, published in the *Journal of the American Medical Association* in May 2006, had not yet been published. It confirmed that patients could be treated with naltrexone in primary care settings without intensive psychotherapy. Nevertheless, it should be pointed out that this "lite" version is not always suitable for patients who have psychological problems in addition to alcoholism. Such patients may require additional psychotherapeutic support. Yet if Richard had not tried this way, he would most certainly have been left untreated in his idyllic country town. He would still be struggling with his drinking. He would still be reflexively waking up at 3 A.M. for a drink, his family would still be unhappy, and his health would still be deteriorating. Instead, he is healthy and enjoying the countryside on long hikes.