

Facts About:

Naltrexone

What is Naltrexone?

Naltrexone, also known as ReVia®, is used to treat people who have *serious drinking problems*. It is also used to help people break free of *opioid drugs* like heroin, codeine and morphine. Naltrexone hydrochloride is a white, crystalline powder available in 50-mg tablets. Naltrexone is usually prescribed for three months, to see if the person benefits from its use. After that time the person and their doctor decide whether to continue the use of naltrexone depending on individual need and circumstances.

Naltrexone blocks the pleasurable and painkilling effects of opioid drugs. This can be useful for someone who used to be, but is no longer, physically dependent on opioids, and has a strong desire to continue to be completely free of these drugs. For people who want to quit drinking, taking naltrexone daily will reduce the urge to drink. If they do take a drink, they will find that they enjoy drinking less and so they are less likely to keep drinking.

Naltrexone does not sober you up, however. The clumsiness, poor eyesight and bad judgment that people get when they drink alcohol will still happen even if they take naltrexone. Naltrexone does not cause nausea or vomiting when combined with alcohol, as does *Antabuse® (disulfiram)*, the only other drug commonly used in treating alcohol dependence.

Addictive Properties

Naltrexone is not an addictive drug. That is, people do not feel high while on it, they don't become physically dependent on it, and they do not have withdrawal symptoms when they stop using it. Although naltrexone may help in the treatment of problem drinking or opioid dependence, it is not a cure. It is most likely to help people who really want to quit drinking or using drugs, who receive counseling and go to self-help groups while they are taking naltrexone.

Side Effects

About 10% of people using naltrexone get nausea. They may also get headaches, stomach upset, dry mouth, and joint and muscle pain. They may feel dizzy, sad, nervous or tired, or may have trouble sleeping. These side effects are usually mild and last only a short time.

Naltrexone is not recommended for people with liver or kidney damage, people in withdrawal, people who cannot stay sober for at least five days before starting naltrexone, people who are currently using heroin or narcotic pain killers, and pregnant women (unless the potential benefit is worth the potential risk).

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People who are dependent on opioid drugs must stop using them seven to ten days before starting on naltrexone. Because naltrexone can be harmful to the liver, your liver function is tested before a doctor will prescribe naltrexone.

Most drugs can be used while you are on naltrexone. It will not interfere with drugs that do not contain codeine, such as antibiotics, Aspirin®, acetaminophen, ibuprofen, cough syrup, and allergy medications.

Naltrexone blocks the effects of medications containing codeine. Trying to override the blocking by taking high doses of opioid drugs is very dangerous. You can go into a coma or die.

If you are starting naltrexone, tell your doctor what other drugs you are taking, so the doctor can tell you if the combination will cause any problems. If you are going to have surgery, you should stop using naltrexone at least 72 hours before.