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Introducing Yourself to the Cure

*T*HE CURE FOR ALCOHOLISM is intended as a guide to understanding the complexities and subtleties of the Sinclair Method and how it works. It is a scientifically proven treatment that, for the first time in history, actually *cures* alcohol addiction. Dozens of clinical trials prove that the Sinclair Method cures alcohol addiction. Success rates in clinics are 78 percent or higher.* By contrast, current rehabilitation methods yield success rates of around 10–15 percent, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the World Health Organization (WHO).

The book's title, *The Cure for Alcoholism: Drink Your Way Sober Without Willpower, Abstinence, or Discomfort*, means what it says. Addiction to alcohol can now be cured—not through abstinence, but by always taking a medication called naltrexone an hour before drinking alcohol. Naltrexone is not addictive and seldom produces side effects.

* This figure is based on success rates at clinics in both Finland and Florida.

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The reduction in craving and drinking is progressive. Benefits can be seen as soon as ten days after first use, but the effects are more than three times stronger after three to four months. By that time, your cravings for alcohol will have diminished so much that you are no longer obsessed with alcohol. Some people will choose to stop drinking completely; others continue to drink at safe, controllable levels. The benefits continue increasing indefinitely so long as you take naltrexone if and when you drink.

Since the early 1990s, the Sinclair Method has cured thousands of patients, many of them so-called hopeless cases. The treatment is supported by more than seventy published clinical trials, which are discussed later in the book. The first clinical trials using naltrexone for alcoholism, conducted at the University of Pennsylvania and at Yale, included extensive counseling; consequently, when the FDA approved the use of naltrexone in 1994, it stipulated that the medicine was to be used as part of a comprehensive program of alcoholism treatment. In May 2006, the *Journal of the American Medical Association* published the results from Project COMBINE with 1,383 patients, making it the largest trial in the history of alcohol addiction.¹ The results once again showed that naltrexone was safe and effective, but they also showed that extensive counseling was not needed. As a result of this study, naltrexone is no longer just for large clinics specializing in alcohol problems; now, any licensed doctor can ethically and safely prescribe naltrexone for problem drinking.

One of the objectives for this book is to provide these doctors and their patients with the information they need in order to use naltrexone properly. The clinical trials have shown clearly that naltrexone only works when it is used in a particular way, and it is not the way most doctors would use it intuitively. If you want patients to stop drinking, you tell them “don’t drink,” you give them as much support for maintaining abstinence as possible, and then you tell them to take the medicine. That is the intuitive solution. Moreover, it is the way doctors have given Antabuse®, the only medicine previously approved for treating alcoholism. Clinical trials in Finland and America have shown naltrexone is not effective when used this way. The trials proved that naltrexone

only worked when it was taken at the same time that alcohol was being drunk.

Until now, most doctors and addiction experts were *unaware* that to cure alcoholism, one has to drink alcohol while naltrexone is in the bloodstream. How, they ask, can it be ethical to allow alcoholics to continue drinking? Even if drinking is monitored and combined with a special medication, how can it produce a cure? In America, a nation with a temperance tradition so powerful that it once produced Prohibition, the idea may seem outrageous. In particular, it runs counter to cultural notions that the only answer to alcoholism is cold turkey withdrawal followed by rehabilitation and abstinence for life.

The Cure requires a basic understanding of three key concepts discovered by David Sinclair:

1. **The Alcohol Deprivation Effect**—explains how abstinence leads to a progressive increase in craving and eventually to a relapse to excessive drinking and why addiction has never before been curable
2. **Pharmacological Extinction**—Sinclair’s proven method for removing the addiction
3. **Pharmacologically Enhanced Learning**—for strengthening healthy alternative behaviors

The Cure for Alcoholism may enrage the \$6.2 billion alcohol rehabilitation industry and all those people who are, in principle, opposed to medication because they are ideologically wedded to a philosophy of abstinence. Despite the fact that Finland has routinely used the method to treat an estimated seventy thousand patients successfully, the treatment remains largely unknown in the United States, much of Europe, and Japan. *The Cure for Alcoholism* is intended to change this and, above all, to save lives.

Alcoholics Anonymous and the Sinclair Method

The term “cure” is not used lightly or without deep consideration. Sinclair’s method is equivalent to a cure because it actually re-

stores the brain to a condition in which the craving and interest in alcohol are similar to the way they were before alcoholism was learned.

Bill Wilson founded Alcoholics Anonymous (A.A.) in 1934, sixty years before naltrexone was approved by the FDA in 1994. A.A. is not a cure and has never pretended to be one; it says instead that the people in its program remain alcoholics. From an A.A. perspective, though, anything that can save people from the ravages of alcohol addiction must be worthwhile—even if it means patients continue to drink at medically safe levels.

Alan Franks, a reporter for the *Sunday Times Magazine* (London) after coming to Finland to interview Dr. Sinclair, wrote that A.A. and the Sinclair method “could be even more complementary than Sinclair was suggesting.”

Many of the first doctors and clinicians using the Sinclair Method were themselves A.A. members. They had been frustrated because A.A.’s Twelve Steps did not work for many of their patients but now, with pharmacological extinction, they were able to help practically all of their patients.

Antabuse and the Sinclair Method

Disulfiram or Antabuse was initially thought to be an excellent and logical way to deal with alcohol addiction. Antabuse is a prescription drug given to recovering alcoholics to help them abstain from drinking alcohol. If someone drinks alcohol while taking this medicine, it quickly causes a severe, unpleasant, and potentially dangerous reaction. It was thought that knowledge of this fact could help to stop people from drinking, but this treatment is wildly unsuccessful. It’s the equivalent of locking up a patient in a prison or mental facility where no alcohol is available. Enforced abstinence produces an Alcohol Deprivation Effect (discussed in chapter 2), which increases the craving. Indeed, animal studies have shown that disulfiram and similar medicines increase the craving even more than the level of craving produced by the abstinence alone. Therefore, although most patients cannot drink

while on disulfiram, they become very anxious to get rid of the medication and start drinking again. The craving induces people to quit taking Antabuse so they can start drinking again. There are stories of alcoholics cutting open their arms or abdomens to remove slow-release capsules in order to be free to start drinking. Antabuse, therefore, is *not* a cure because it fails to remove the basis for alcoholism, as proven by the fact that it fails to reduce the craving. Instead, Antabuse actually leads to an increase in craving. It attempts to establish a logical barrier against drinking: patients are told they will become very nauseated and may even die if they drink while taking it, so logically the patients should abstain. Unfortunately, alcohol abuse is not a logical behavior.

The Sinclair Method removes the neural changes that have caused alcoholism—the over-strengthened pathways of neurons that have developed in the brain, causing alcohol craving and excessive drinking.

How I “Discovered” the Sinclair Method

In the early 1990s, I began searching for an effective treatment on behalf of a beloved childhood friend who had been battling a severe alcohol addiction since his early twenties. My training as a clinical psychologist in California had merely touched on addiction. The conventional wisdom was that addiction was virtually impossible to treat and, unless you were an expert, the best course was to refer patients with addictive disorders to Alcoholics Anonymous (A.A.) and specialist care.

As a graduate student in clinical psychology, I had been required to attend Alcoholics, Narcotics, or Gamblers Anonymous meetings as an observer. I was stunned by the extraordinary lengths to which addicts would go to get a fix, whether it was of alcohol, heroin, or gambling. After numerous sessions as an observer at a leading addiction treatment facility, I decided to avoid working professionally with addicts. Yet, several years after I had graduated with my PhD in psychology, my friend's addiction to alcohol intervened. I began to search for help.

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After several false starts and long searches, I found Dr. Sinclair and his research team in Finland. Sinclair claimed he could *cure* alcohol addiction. Addiction is a learned behavior that has been reinforced so often and so powerfully that the addicted person is no longer able to control it. Alcohol drinking produces reinforcement and is learned through that reinforcement.² At first, I thought the claims were extraordinary when Sinclair told me that alcohol produces reinforcement through the same system in the brain as morphine (an opiate), but he showed me his research findings—starting all the way back with his doctoral dissertation and then published in the distinguished scientific journal *Nature*³—that morphine acts as a substitution drug for alcohol. This is because alcohol releases endorphins that bind to the same opioid receptors in the brain as morphine and other opiates.

While visiting Sinclair's laboratory in Helsinki, I saw images and graphs that depict how alcoholism is learned by strengthening pathways in the brain, and how, once learned, these pathways that cause craving and drinking remain powerful and able to dominate other behaviors for a lifetime. This is the basis for the A.A. precept that once people become alcoholics, they remain alcoholics forever. Abstaining from alcohol did not get rid of the alcoholism; indeed, Sinclair showed me how it made the pathways more sensitive, making a person crave alcohol more than ever. "Addiction does not happen overnight," Sinclair explained. "It takes time and practice to learn it. By the time it has taken root, all conventional methods can only attempt to overcome the ever-strengthening addiction—like trying to stop a knee-jerk reflex with willpower—but they cannot remove the cause of the drinking and they prove almost futile in combating alcohol addiction."

There was only one way known, Sinclair said, to reverse the changes caused by learning. The nervous system has a mechanism called extinction for weakening previously learned behaviors. "Extinction is the brain's eraser for removing those behaviors that no longer produce the reinforcement you expect." Extinction begins when a person does something that used to give reinforcement but now, for some reason, the reinforcement is blocked. In the case of drinking, the reinforcement can be prevented by medicines, such

as naltrexone, that block the receptors for endorphins. “The person drinks, and endorphins are released, but the endorphins just bounce off of the receptors that are blocked with naltrexone.” The nervous system then reacts by weakening the neural connections that cause craving and drinking.

Sinclair showed me graphs demonstrating how craving and drinking gradually decreased over months in patients always taking naltrexone before drinking.⁴ The graphs also showed how administering naltrexone without drinking had no effect on addiction.⁵ Patients had to drink to get any benefit from the medication!

Sinclair gave me several of his publications and explained how alcohol causes the release of endorphins—the body’s naturally produced opiates—in the brain whenever we drink alcohol. Endorphins are opiate- or morphine-like “local hormones” that provide a shortcut for learning. For example, animals can learn to get food from the slow reinforcement given after the food is digested and hunger is eliminated, but endorphins provide a faster, more precise way. For example, as soon as you bite into a ripe apple, the sweet taste causes a release of endorphins, thus providing rapid reinforcement. Our brains use this shortcut for reinforcing many behaviors; endorphins are released when we exercise vigorously, have sex, taste sweet and spicy foods, cuddle babies and cute little animals, place bets, go shopping, or try risky activities. Endorphins also serve as “natural painkillers”; for instance, women’s endorphin levels rise when they give birth.

My Personal Encounter with Alcoholism

Most of us know at least one person very well who is addicted to alcohol. In my case, it was a childhood friend, James. He was a much loved, highly successful, and charismatic man who displayed outstanding willpower—and humor—against his craving for alcohol. Over the years, he admitted himself for inpatient treatment at several highly reputable clinics. When he relapsed, he would bravely—and cheerfully—get back on his horse to try again. His goal was always abstinence. He carried the A.A. book

Twelve Steps and Twelve Traditions with him wherever he went throughout the world.⁶ The inscription in his book reads: “James, Expect a Miracle. Love, Jane.” He diligently attended A.A. meetings no matter where in the world his life and business took him.

I remember his uncle tearfully telling me how he had driven James to a clinic where he was given an Antabuse implant. They both believed that the implant would help by putting him into a “chemical prison”—it would physically prevent him from drinking. He drank through the implant. Then he tried a famous therapist in London who was said to have “that special touch with addicts.” When that did not work, he became an inpatient at the renowned Father Martin’s Ashley rehabilitation clinic in Maryland. My friend resorted to alternative practitioners, priests, and even mystics. He implored the Divine to intervene on his behalf, and he continued to make a brave and gallant effort in his fight against alcohol.

His family and friends tried equally hard in many different ways to continue to help. People, including virtual strangers, prayed for him. They begged him to stop drinking. He begged himself to stop, even going as far as hiring a personal assistant to physically prevent him from getting alcohol. Although he certainly did not “choose” to carry on drinking—as some addiction experts would claim—the craving won in the end. In the prime of his life and after a magnificent struggle, he lost this agonizing battle against the bottle. He died at the age of thirty-five. No one imagined this would happen.

My Contribution to James’s Struggle

In June 1995, six months before his death, I visited James to discuss “my discovery” of Sinclair’s little-known cure for alcohol addiction. At the time, he was recovering from a severe leg injury sustained in an alcohol-related auto accident; I could see the shiny titanium pins jutting out of his leg. “It’s a new treatment,” I told him. “You have to take naltrexone, which has only recently been approved by the FDA. The medication will block the jolts of rein-

forcement your brain gets from the endorphins released each time you have a drink. In fact, you may be amazed to hear this—and maybe even pleased—but you actually have to carry on drinking when you take this medication. Slowly but surely, each drink you have while you take this medication will be ‘good medicine for you.’ Sinclair has put his theories into practice—and they are now getting incredible results in de-addiction. The treatment actually seems to be reversing or erasing the addiction from the brain.”

I can still see the hope and warmth in his eyes. He looked off into the distance and considered what I had said. Many people had come to him before. All sorts of solutions, potions, and prayers were proffered. Well-meaning doctors had offered their advice. Everyone was an *expert*. He looked at me directly and simply said, “It makes sense. I would like to try it.” But James died of sudden cardiac arrest after a heavy drinking session—not uncommon in advanced alcoholism—before he could even begin treatment. How I wish I had known how effective naltrexone with pharmacological extinction—the Cure—really was. Sometimes I feel that somehow, if only I had been more insistent, not only with James but with his family and the doctors, he might still be alive. But I was up against the conventional wisdom of our age: aim for abstinence. The formula of Naltrexone + Drinking = Cure seemed totally crazy and, at the time, impossible for many people—including his family—to accept.

It is now just over twelve years since James died. It feels both ironic and personally tragic that I am writing this in what is still known as “James’s room.” Located at the top of a house once almost demolished by German bombs during World War II, it has a beautiful view over a green London square with magnificent trees on all sides. Roses in the garden now bear James’s name. I now know with a certainty I did not possess at the time that had he been able to take advantage of Sinclair’s discovery—that Naltrexone + Drinking = Cure—he could still be using this room. Before he became gripped by the tightening vise of alcoholism, he was so full of fun that once, after a heavy snow, he ran out into the square with his tennis racket and used it to write “I love you, Mum” in the snow. That image remains fresh in his mother’s mind’s eye.

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I wrote this book for James and for all of the other friends, brothers, mothers, and fathers who can benefit from the Cure. The proof is in the scientific trials and in personal accounts: Naltrexone + Drinking = Cure. The next chapter discusses the background and ideas behind The Cure.

(Please refer to www.TheCureForAlcoholism.com for updates and online support.)