**ALCOHOL ABSUE-MEDICATIONS**

There are three medications approved to assist with Alcohol Abuse disorder.

**Disulfiram (Antabuse)**

Disulfiram was approved for the treatment of alcohol use disorders in 1951.

*How does it work?*

Disulfiram is a medication that is used to treat dependence on alcohol. Disulfiram works by blocking the breakdown of alcohol in the body. This leads to buildup of a toxic alcohol-related compound that can cause people who drink alcohol while taking this medication to become very sick.

*Who can prescribe it?*

Any physician; there are no special requirements to prescribe disulfiram.

*Why is disulfiram preferred?*

* + They have had past success with disulfiram.
  + One oral daily dose deters alcohol use for most people; it takes just one daily decision rather than many decisions throughout the day.
  + . disulfiram can cause discomfort however it is perceived .to be a motivated.

*What are the drawbacks of disulfiram?*

* If a person does drink alcohol, the reaction can be very severe and possibly· dangerous.
* Alcohol might be taken accidentally (it can be found in some cold medicines and Other foods such as salads and desserts.

**Naltrexone**

Oral naltrexone also known as Revia, Depade was approved to treat alcohol use disorders in 1994. Vivitrol is the injectable and was approved in 2006.

*How does it work?*

An opioid antagonist works by blocking the brain's opioid receptors, which are involved in the experience of pleasure-including some of the pleasurable effects of alcohol People taking naltrexone have less craving for alcohol It is nonaddictive and cannot be abused. Naltrexone is available in pill form, which is taken every day, or every other day as directed. Itis also available as a monthly intramuscular injection (Vivitrol).

*Who can prescribe it?*

Any physician; there are no special requirements to prescribe naltrexone.

*Why do some people prefer naltrexone?*

* They have had past success with naltrexone.
* It reduces alcohol cravings, making sobriety easier for some people; it requires one decision a few times each week (oral naltrexone) or one decision monthly

(Vivitrol), instead of many decisions throughout the week or month.

*What is the drawback s of naltrexone?*

* Naltrexone will cause withdrawal symptoms, is a person is not completely free of all opioids for 7 to 10 days.
* Naltrexone blocks all opioids: that could be a problem in case of an accident or other circumstance requiring an opioid painkiller.

**Acamprosate**

Acamprosate (Campral) was approved for the treatment of alcohol use disorders in 2004.

*How does it work?*

It is not clear how acamprosate works, but it eases some of the discomforts of early recovery. It seems to help calm brain activity and ease insomnia and anxiety, reducing cravings and relapse. It is taken orally, usually three times a day.

*Who can prescribe it?* Any physician; there are no special requirements to prescribe acamprosate.

*Acamprosate is preferred by some for what reasons:*

* Past success
* disulfiram or naltrexone has drawbacks unlike Acamprosate
* It can be used by people using opioids for pain or addiction treatment.

*What is the drawback s of acamprosate?*

* It must be taken three times each day.
* less effectiveness than other alcohol medications.

**Considering the Options**

Please answer these questions to help weigh the option of using these medications.

Have you taken any of these medications in the past?

Yes No

If yes, what have you taken?

Do you feel it helped you?

Yes No

Would you like to research any of these medications?

Yes No

Would you like a therapist's help with?

1. a referral to an addiction medicine specialist?
2. scheduling an appointment with your physician to discuss these options further?
3. neither of these. I am not interested in using medications.

