

How long should I take Naltrexone?

The relapse rate for opiate dependence is very high if you don't take Naltrexone. It is thought that six out of ten people will relapse in the first six months after detox, and nine out of ten will relapse during the first year.

Naltrexone greatly improves your chances of staying off opiates. Your risk of relapse is highest just after detox therefore we recommend you take Naltrexone for at least three to six months.

Naltrexone can be taken for longer periods of time, and people have safely taken it for several years without problems.

What else can I do to help prevent relapse?

Obviously Naltrexone is not the only answer. You should continue to receive follow-up contact from your Care Co-ordinator who will give you practical support and teach you strategies to cope with triggers that may cause you to relapse.

Many people find that they need other support such as provided by Independence Trust (formerly GDAS), NA (Narcotics Anonymous) or by a Day Programme such as the Community Integration Service (CIS).

Important

Naltrexone blocks the effect of all opioids and will prevent some medication working for you. A medical alert card will be given to you and you should carry this with you at all times. You can use this card to let your doctor or pharmacist know you are on Naltrexone and make sure that they give you medication that will not be affected by Naltrexone.

In cases of emergency the card gives medical staff important information.

Support groups and contact details

NA UK 24 hour Helpline 0845 3733366
NAHelpline@ukna.org

Frank Drugs Helpline 0800 776600

Independence Trust (formerly GDAS)

Gloucester 01452 876440

Cheltenham 01242 584881

Stroud 01453 755711

Forest of Dean 01594 825656

CIS 01452 553599

Countywide Specialist Substance Misuse Service

West Gloucestershire Team 01452 891260

East Gloucestershire Team 01242 845614

Criminal Justice Drugs Team 01452 545779

Branchlea Cross 01242 845600

Primary Care Substance Misuse Service

Countywide Team 01452 523151

CSSMS



Naltrexone in the treatment of opiate dependence

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What is Naltrexone?

Naltrexone is an opiate blocker. If you use any opiates such as Heroin, Codeine, or Opioids like Methadone within three days of taking Naltrexone, either nothing will happen or you might experience Opiate withdrawal symptoms. If you take very large doses you risk dying before any 'buzz' or 'high' is achieved. Also, Naloxone (the usual medication used to treat overdoses) will not work as well.

Who should take it?

Anyone who has been addicted to opiates and has successfully detoxed should consider taking Naltrexone, to reduce the risk of relapse.

It can also prevent you lapsing into other substance misuse such as alcohol.

Are there any side effects?

The side effects are generally mild. Some people have mild stomach and bowel symptoms, and some people suffer headaches.

A few people are allergic to Naltrexone and have to stop it because of skin rashes.

Before taking Naltrexone your liver should be tested by having a blood test. Routine blood tests should be taken three to four times a year whilst you taking Naltrexone to ensure it is not affecting your liver.

If Naltrexone does cause problems with your liver, stopping the Naltrexone will mean your liver will return to normal.

Are there any reasons I should not take Naltrexone?

Naltrexone is not suitable if you are currently using opiates or have serious liver problems.

Before you start the Naltrexone we will test your liver by taking a blood test. If your blood test is very abnormal we will advise you not to take Naltrexone.

There are no reported effects on pregnancy and Naltrexone may be used in pregnancy if the benefits are greater than the risks.

If you are pregnant and considering going on Naltrexone this should first be discussed with a Consultant at the Specialist Substance Misuse Service.

When is Naltrexone started?

Naltrexone is only started once you have been through detoxification or opiate withdrawal.

Naltrexone is started seven to ten days after stopping opiates or methadone, but it can be started within three days of stopping Subutex.

Once you have detoxed and your urine tests are clear of opiates and methadone, you are observed taking $\frac{1}{2}$ a Naltrexone tablet or $\frac{1}{4}$ tablet if you are on the ward.

Please note that you can still take Naltrexone if your urine is positive to Subutex/Suboxone as long as you have had three days without it.

If you experience no problems with this dose we advise you to take one tablet daily. This is the usual maintenance dose.

Some people prefer to take the Naltrexone on alternate days for example, two tablets on Monday, two tablets on Wednesday and three tablets on Friday.

Support and supervision

Ideally you should have someone to support and supervise you taking your Naltrexone.

This can be done at the pharmacy, by your partner or a family member. To help improve your chances of success we would like to meet with you and your supporter.

We will advise how to supervise the medication and teach you some techniques to make the support and supervision a rewarding and positive experience for both you and the person supervising you.

This can really help mend relationships that have been destroyed by substance misuse, and can improve your success rate dramatically.

