

# Last Orders?

How do you cure a nation of drunkards, bingeing its way from one week to the next? Nalmefene is a new wonder drug that the NHS hopes will haul us back on the wagon. Three MH writers dosed up to see if swapping pill for pint is the answer

Photography by Jobe Lawrenson



TAMING OF THE SCREW  
Can nalmefene put the cork back into our binge culture?

Here's a fact to sober you up: the NHS estimates one in 10 of us suffers from alcohol dependence. Not alcoholism as such, but a hook, a hang-up, a slightly shuffling monkey on the back. You might be the kind of person who pours himself a civilised glass of red with dinner only to find you've quaffed the bottle by bedtime. Maybe you only drink on weekends, yet sink enough on a Friday to fell a small mammal. Either way, it's highly possible that you're one of the 600,000 people the National Institute for Health and Care Excellence (NICE) says is eligible for new prescription drug nalmefene.

A so-called opioid receptor antagonist, it's a pill that claims to reduce the pleasurable effects of alcohol, thereby limiting the amount you're likely to consume. Pop one an hour or two before your first drink and the desire to imbibe is quashed. For those of you who have mislaid your off-switch, nalmefene helps

**THE MEN'S HEALTH TEST CONDITIONS**  
We say if you want something done, do it yourself. So we gave three writers, each of whom has a very different relationship with alcohol, three courses of nalmefene to test its efficacy. Would they be cured? Were they ever even ill? And – if so – when one drug is held up as the solution to another, where exactly does that leave us?

This in itself has created more uncertainty: how do you know whether it's the drug that's working (or not) or the therapy? "The truth is we can't be sure," says Dr Niamh Fitzgerald, lecturer in alcohol studies at the University of Stirling. "In some studies, those who took nalmefene reduced their drinking by little more than the placebo group. But reports also suggest the pharma-backed data in support of its effects are weak. There's an urgent need for independently conducted trials into this drug."

Until then, *Men's Health* decided to conduct an (admittedly crude) experiment of our own. This one's on us.

**MEN'S HEALTH INVESTIGATES**

TESTING IN PROGRESS

## 01 The Daily Drinker

**Name: Robert Crampton**  
**Age: 50**  
**Units consumed per week: 50+**

I wouldn't say I had a problem with drink. But then, show me the guy who admits he has. Even the bloke swigging on the park bench at 9am will say he's got it all under control. I've a good job, decent health, a happy marriage and two lovely children. A regular drinker I may be. But a problem? No way.

I enjoy a pint after work – not every day, but then not always just one either. Half a bottle of wine of a weekday evening, more than half on a weekend, more again on a special occasion. Chuck the odd cocktail and nightcap into the mix and I'm looking at 50-plus units a week. Which means

I'm downing more than twice the government's recommended limit for a man. It doesn't even touch the sides.

Sound familiar? Roughly two million of us routinely consume amounts of alcohol likely to cause medical harm. Only a fraction of that number comprises

caricature alcoholics: chaotic, jobless, often homeless. It's increasingly people like me – middle-aged, middle-class men – who are the cliché.

Nalmefene is aimed at us clichés. I'm the guy who knows he must cut down but would hate to stop altogether. I'm also the one who recognises that lately he has found the business of cutting down more difficult than it used to be.

So I took one tablet a day for three weeks. What happened? Well, there were no deleterious side effects. No nausea, dizziness or drowsiness. Others may have a different experience, but my body did not signal that the substance was having any physical impact whatsoever.

Yet the upside was considerable. Swiftly, and for the duration of the experiment, my alcohol consumption dropped right off. From the 50 units a week detailed above, I put away fewer than that over the whole three weeks.

Of those 21 days, eight were totally dry. Those were days during which I considered uncorking or unscrewing, but decided against it, and without any

craving. There was, I'm ashamed to say, one very wet day, although not as wet as it might once have been given similar circumstances (namely: four old friends, serious peer pressure, a bottle of tequila and my wife away for the night). Ah well.

I also had – and this is the point – 12 days that included just one, two or three units of alcohol. Perhaps a large glass of wine; occasionally one pint of beer. That's the sort of drinking we – and our wives, and our doctors – can live with. No silliness, no social upsets, no hangover, no weight gain, no significant medical or financial fallout. Happy days, right?

On balance, yes. Many eminent figures in the field of alcohol dependency would go along with that. Professor Carole Longson, director of the Centre for Health Technology Evaluation at NICE, for instance, concludes that nalmefene "works well and is good value. It adds to our range of treatments. But it isn't just a pill to take in order to carry on drinking."

That remark is in response to critics who have branded nalmefene the latest 'lifestyle' drug, suggesting that something that can help convert a 10-pint binge into a six-pinter isn't really addressing the underlying issue of Britain's growing dependence on

booze. "We can't medicate our way out of social problems," argues Professor Mark Bellis of the UK Faculty of Public Health. "The idea that all health issues can be solved by a drug is dangerous."

Professor Bellis sees minimum pricing, health warnings and a clampdown on advertising as the way forward. He wants alcohol marginalised in the way cigarettes have been. Not everyone agrees. "We have to start where people are," counters Julia Sinclair, consultant in alcohol liaison at University Hospital Southampton. "Nalmefene can be an intermediate step, a way of allowing people to engage with their problem and get information and help."

For my own part, nalmefene appeared to help me rediscover the ability to stop before reaching the point of excess. It helped me turn back into the moderate drinker I had been and the one most of us would surely choose to be.

**"Over a three-week period, I drank fewer units than I usually put away in one"**



SET DESIGN: EMMA CALDER

## On The Rocks

How much is your drinking habit really costing you?

### 35+ units per week

This is "excessive drinking", putting you at high risk of an alcohol-related demise – such as liver disease, heart disease, or being the victim of violence. Drink this many units and you're looking at making a serious dent in your life expectancy.

### 28 units per week

The average amount of alcohol consumed by British men costs us each an estimated £934.44 per year. Cut down on your consumption by half, and you've got enough money left over for a European city break.

### 21 units per week

Surveys show we're hungover for 24 work days a year; this collective nausea costs the UK economy £25bn a year. Quarter the amount you drink and you've bought yourself an extra six days of clear-headedness – enough for an ascent of Mount Kilimanjaro.

### 14 units per week

Moderate drinking, classed as two units a day, is known to increase life expectancy by up to five years. But stick to vino tinto; a double G&T won't have quite the same healthy punch.

### 0 units per week

A troubling 72% of heavy drinkers experience some form of sexual dysfunction, most commonly premature ejaculation, according to a study in the *Indian Journal of Psychiatry*. To have a really good night, go teetotal and save your energy for the bedroom.

## 02 The Social Drinker

TESTING IN PROGRESS

**Name: Matt Blake**  
**Age: 33**  
**Units consumed per week: 35-40**

I'm no hardcore boozehound, staring into an abyss of wasted opportunities and empty cans of Special Brew. But I do drink. Never alone – it's strictly social. Even so, like most men my age, I knock back more than most domestic and global health organisations think is wise: about 35 units, or 15-odd pints, weekly.

I go out on average five nights a week, drinking two or three pints a time. Not out out, but to the pub after work or for dinner with my girlfriend. I don't set out to get drunk, but when you're hanging out in a pub all evening, where's the impetus not to get another round in? I don't think that's unusual. Then again, waking up more than half my mornings feeling groggy and regretful is no fun.

The first time I took nalmefene was a Thursday. It wasn't going to be a big night, just a couple of impromptu jars with a colleague; the usual recipe for an unplanned hangover. An hour into the evening, my lager began to taste peculiar and drinking became more of an effort with every swig. I managed two pints and left feeling a little fuzzy, which

I put down to the beer.

When I went to bed that night, I didn't sleep a wink. I've never suffered from insomnia, but lying there, cursing the tick-tocking clock, I became aware of my beating heart. It felt faster than usual, not quite right.

**"It wasn't just the alcohol that I stopped enjoying, it was almost everything"**

On Saturday afternoon I popped a pill and went to meet friends in the pub to watch the football. My mind began to wander. My friends asked me if I was OK. They said I seemed detached. I struggled to follow conversations and grew bored. I wanted to go home, but pushed on because I didn't want to be the killjoy of the group. But by 9pm, I'd had enough and beat a retreat.

It was the same story each time I went out over the next 10 days: sleepless nights, detachment, headaches, a palpating heart. I soon realised it wasn't just alcohol that I had stopped enjoying;



it was everything. Even sex with my girlfriend seemed to lose its edge. But was this the drug or some kind of psychosomatic reaction? "It is perfectly feasible your experience was a result of placebo," says Matt Field, professor of addiction at Liverpool University. "When the manufacturer trialed the drug, all participants reported a big reduction in drinking, even those who received placebo. So everybody's drinking went down, simply by virtue of taking part in a trial. The number of side effects were similar too. So, in my view, you have to be cautious in attributing what you experienced to the pill."

Nalmefene never really stopped me drinking. It just ruined my night. If you were the joyless sort you could say it worked, at least in part. But it did little to help me understand why I drink to such an extent. Whether it's the cultural by-product of a busy life or the result of physical or biological dependency, I'm no clearer. That's because we blur the line between the two, says Bernd Leygraf, a consultant psychotherapist specialising in addiction. "Peer pressure is a powerful motivator to drink but dependency is a real issue too," he tells me. "Especially in the case of working-age men, it's almost always a form of self-medication for stress or anxiety. To reduce your drinking meaningfully, you need to examine your own motivations."

I decided my own reasons for drinking stem from the desire to bond through shared experience. I put it to Leygraf that this is important in itself and the way meaningful relationships are nourished. "Absolutely," he concurs, "but that doesn't mean you have to drink every time you go out. Breaking an addictive cycle is hard to do alone. Most people need peer support to change – friends who suggest going for a coffee or seeing a film instead of another fix."

Ah. That, it seems to me, is the heart of the problem. The support I require to limit my alcohol consumption must come from the very peers who pressure me into drinking in the first place – and the double shots they're ordering don't flow from an espresso machine.

In lieu of a magic pill, or a sudden teetotality among my mates, my greatest weapon against *one more pint* remains my own willpower. And I am determined to strengthen my resolve. In the morning. Tonight I'm meeting a friend. If anyone needs me, I'll be in the pub.

**"To reduce your drinking meaningfully, you need to examine your motivations"**

**BITTER PILL**  
Your ale may lose its allure with nalmefene, but you'll still need willpower to call time on your boozing

## 03\ The Binge Drinker

**Name:** David Morton

**Age:** 32

**Units consumed per week:** 40



I am a strict practitioner of 5:2 Boozing. It's not a diet and you won't have seen the book on Amazon's best-seller lists, but it's very simple: you don't drink at all on the five 'school-nights' of Sunday to Thursday. You're a professional, modern man, after all. Then on Friday night and Saturday day/night you get as intemperately tight as possible.

If that sounds like your sort of thing, you've got company. In a recent World Health Organisation study of drinking habits across 196 countries, the UK ranked 13th for "heavy episodic

drinking" – bingeing, in other words. I can raise a bashful glass to that. All of my social circles – university, work and sport – have determined drinking cultures. I may not touch a drop during the week, but train trips home from rugby matches on a Saturday afternoon generally include a handful of warm cans, half a bottle of port and a swig or four of a neat spirit, all before 6pm.

My problem is I squeeze more than a week's worth of booze into just two days and then, after a night of broken

rest on Sunday, my drinking is below average until the following weekend. I had never considered myself as being in any way alcohol dependent (and nalmefene guidelines confirm I would not qualify for it on prescription) but if the red-nosed guys get a magic willpower pill, then I want to try it.

My own test would be an impending 'big' weekend. The sort of weekend that demands to be enjoyed from behind the veil of alcohol. As I pop a pill on Friday evening, an hour ahead of a boozy birthday dinner, I am beset with worry. Will I be no fun? Will I have no fun? Will

## Dispense With The Medicine

**You don't need a prescription to cut down on the sauce**

### Get herbal

Nature's own nalmefene is a herb called *gymnema sylvestre*, available in capsule form. By decreasing sugar absorption in your intestines and balancing out blood sugar, it reduces cravings for the hard stuff, says nutritional therapist Daniel O'Shaughnessy.

### Set the agenda

If you always grab a drink on Fridays, your body will become conditioned to crave a pint at this time, says addiction expert Beth Burgess. If you don't want a pint in your hand by 5.02pm, take charge by arranging to meet at a venue where you can socialise without drinking.

### Chicken out

We know to line our stomachs before a night out, but the right choice of meal can help curb bingeing. Chicken contains high amounts of the protein tyrosine, which helps control addictive behaviour, says O'Shaughnessy.

**"It seems you can drink through nalmefene's effects, and then some"**

my friends hate me? These all feel as if they are legitimate concerns.

I order cider. The sweetness appeals more than is perhaps normal and it goes down well enough. Even so, I can already feel my patience for the evening waning before the starters arrive. It's a strange sensation. I'm increasingly distracted by the urge to leave and a third pint is pushed aside after a single mouthful. Within minutes of the dessert plates being cleared, I'm out of the door and struggling to keep my eyes open on the tube. After an hour of zombie-like sleep in bed, I wake up in a panic: heart racing and mind bouncing around my head. It feels like my body is having the party I've medicated my way out of, which is galling to say the least.

The next night brings an annual party at the rugby club, a social event that will (with utter certainty) require me to have more than two pints, and one from which my early departure would be a social impossibility. I do not go home early. In fact, I do not remember going home at all. Photos privately shared on the obligatory next-morning WhatsApp group prove not only that I had a good time but that, if the situation requires or dictates, you can drink through the effects of nalmefene. And then some.

After a shower, I take my last dose and venture out for a lunchtime pub roast with old friends. Today has been preordained as a 'red wine Sunday'. I want to have a glass or two without that becoming a whole bottle and, although the hangover may have played a part, nalmefene did its job. I head

home happy, sleep well and start my week with a clear head.

If, like me, you practice the 5:2 drinking system, then nalmefene isn't going to help. For drinkers like us, says Dr Fitzgerald, the cure is in our heads. "The key is thinking about why you want to cut down and what pleasure, joy and

health that might bring to your life, now or in the future," she says. "How much better life would be if you were less drunk, less hungover, less often."

I'm going to think about that a lot this week and hope that come Friday night I don't forget. And trust that, one day soon, I will remember. 🍷