

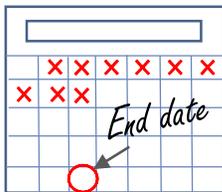
Why do I need medication?

Successful recovery from AUD requires treatment. Like other illnesses such as diabetes and depression, AUD is caused by biological, psychological, and social factors, and just like these other illnesses, it is very hard to manage on your own. Many people with AUD find that taking medication helps them control their drinking. Medication is not a cure for AUD, but a **tool** that people can use, alongside other tools like counselling or Twelve-Step groups, to help them in their recovery. Taking medication for AUD is **not** “cheating,” and **doesn’t** mean that you are “not really sober.” Alcohol cravings can be very powerful, and medication can help control these cravings, allowing you to focus on establishing a healthy lifestyle.



Is medication safe?

When prescribed and monitored by a doctor, AUD medications are safe. They are not addictive and can be stopped if you experience uncomfortable side effects. These are not medications that you will have to take forever – usually only for the first few months of treatment.



When can I start medication?

Medication can usually be prescribed at your first medical visit and should start working almost right away, though you might have to wait a few days to start it if it is a medication that requires you to be abstinent first, like acamprosate. If you experience uncomfortable side effects or if the medication doesn’t seem to be working, be sure to let your health care team know so that they can adjust your dose.

What else do I need to do?

Recovery looks different for everyone, and there’s no one right treatment path. Your health care team will help you to come up with a treatment plan that’s right for you.

How can I learn more?

If you have any questions about medications for AUD, you should speak to your doctor, nurse, or counsellor. You can also find more information and resources on the META:PHI website.

www.metaphi.ca/patient-resources.html



Medications for Alcohol Use Disorder: A quick guide for patients

Alcohol use disorder (AUD) is a **medical condition** that occurs when a person continues to drink even when it is harmful for them. People with AUD may experience strong **cravings** for alcohol, get **withdrawal symptoms** if they stop drinking, and have **difficulty controlling their alcohol use** even when they want to. Being diagnosed with AUD can be difficult, and it’s normal to feel ashamed, frightened, or angry. However, the good news is that **effective treatment is available**. Medications for AUD are safe and very effective for many people.

There are things you need to know when you’re thinking about trying a new medication, like its cost and its side effects. This pamphlet may help you decide whether medication is right for you. If you have questions, talk to your health care team.

What does medication do?

There are two main types of medications for AUD: **aversive** medications and **anti-craving** medications. **Aversive** medications cause people to **get sick when they drink alcohol**. This kind of medication works by giving you a reason not to drink – once you're no longer trying to decide whether or not to have a drink, you're more able to focus on your recovery.



Anti-craving medications are very different. Rather than making you sick when you drink alcohol, these medications work on the reward centre of the brain to reduce the pleasurable effects of alcohol. They also reduce cravings and withdrawal symptoms that arise during your first few days or weeks of avoiding alcohol. When the distraction of cravings and fear of withdrawal are gone, other types of treatment, like counselling, can become more effective.

What are the options?

Choice of medication depends on your drinking goals, other medications you're taking, other medical conditions you have (like depression or anxiety), and what kind of drug plan you have. The most common medications for treating AUD are **naltrexone**, **acamprosate**, **disulfiram**, **gabapentin**, and **topiramate**.

Naltrexone

Naltrexone is an **anti-craving** medication that makes drinking **less pleasurable**. It is ideal for people who want to **reduce** their drinking, and also works for people who want to be abstinent. You don't have to stop drinking before you start taking it.

Naltrexone can cause nausea, headache, dizziness, insomnia, anxiety, and drowsiness. You shouldn't take it if you are **pregnant** or if you use **opioids** (it will cause severe withdrawal). It is **covered by Ontario Drug Benefits (ODB)**.

Acamprosate

Acamprosate is an **anti-craving** medication that **relieves post-acute symptoms of withdrawal**, like insomnia, depression, and cravings. It is best for people who have **abstinence** as a goal, and it requires you to be abstinent for a few days before starting it. The main side effect is diarrhea, and you shouldn't take it if you are **pregnant** or have **kidney problems**. It is **covered by ODB**.

Disulfiram

Disulfiram is an **aversive** medication that causes **headaches, flushing, and vomiting** if you drink. It's a good choice if you **have to stop** drinking and have someone who can give you your dose every day. You should stop drinking for a few days before you start it. Disulfiram can cause headaches, anxiety, fatigue, and acne. It is

not covered by ODB and is only available at **compounding** pharmacies in Canada. It costs approximately \$150 per year, plus compounding fees.

Gabapentin

Gabapentin is an **anti-craving** medication that works by **relieving withdrawal symptoms**. It's a good choice for people who have **abstinence** as a goal but are having trouble stopping because of withdrawal symptoms. It can cause dizziness, sedation, anxiety, and mild intoxication. Sometimes it causes suicidal thoughts – if it does, you should seek help immediately. You shouldn't take gabapentin if you take **opioids** or **benzodiazepines**. It is **covered by ODB**.

Topiramate

Topiramate is an **anti-craving** medication that works by making drinking **less pleasurable**. It's a good choice for people who want to **reduce** their drinking but can't take naltrexone. You don't have to stop drinking before you start taking it.

Topiramate's side effects are sedation and speech problems. It can sometimes cause **glaucoma** or **kidney stones**. You shouldn't take it if you weigh **less than 60 kg**. It is **covered by ODB**.