NALTREXONE PELLET TREATMENT
for Opiate, Heroin and Alcohol Addiction

FREQUENTLY ASKED QUESTIONS

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WHAT IS NALTREXONE?

Naltrexone is a prescription drug that completely blocks the euphoric effects of heroin and all opioid prescription drugs including Vicodin, Oxycodone, Hydrocodone, Fentanyl and all medications and improves the success rate for addiction recovery. In addition to blocking the "high" experienced with opioid use, Naltrexone also eliminates the cravings that makes long term sobriety so difficult and relapse rates so high. In 1984, an oral pill of this drug was approved by the FDA for chronic opioid addiction. This form of treatment has not been very effective because patients need to take the drug on a daily basis in order for it to block the opioid effects.

Patients that have not developed the essential lifestyle and coping skills are at an extreme high risk for relapse. Relapse can easily occur when taking oral Naltrexone because patients can stop taking the medication and resume their drug use whenever circumstances or events trigger a stress response that the addict feels they can’t handle.

Naltrexone is also available in a monthly injection as a prescription drug called Vivitrol®. The monthly injection eliminates the problem of daily dosing, but can be very painful or cause an abscess. This is a better option than the oral dose, but the expense for most patients and the short duration of activity also make it less than ideal as a treatment option.

Another option for delivering Naltrexone is an extended release pellet placed under the skin. This option offers the best combination of a three to six-month duration of benefits with a lower cost per month for the recovering addict. While Naltrexone is being slowly released into the body, the sustained level of medication blocks the effects of opioids so it is virtually impossible to relapse into opioid or heroin use.

Licensed pharmacists manufacture the implant for each individual patient while maintaining the highest pharmaceutical standards. The Naltrexone implant pellets have not yet been submitted to the FDA for approval, but the medication it contains is approved by the FDA.

ARE NALTREXONE PELLETS SAFE?

Naltrexone in all forms is relatively safe. Patients receiving the pellets obviously can expect slight bruising and discomfort for a short time after the simple procedure. There is also a very small risk of post procedure infection but this has not occurred in any of our patients.

If Naltrexone therapy is begun before the patient has significantly detoxed from the opioids, the pellet will cause severe opioid withdrawal symptoms. Also, if a patient on Naltrexone therapy is in an accident where narcotic medicines are normally used for pain relief, the narcotics would have no effect.

Should the patient be injured after the procedure and require analgesia (pain medications), they must inform the doctor that they are on Naltrexone maintenance therapy so an alternative medication may be prescribed. Because the patient may be involved in an accident or some other occurrence that renders him unable to inform the doctor that he is on the medication, it is recommended that they wear a Medic-Alert tag which advises the doctor that the patient is receiving Naltrexone maintenance therapy.

If patients try to override the blocking effects of Naltrexone and abuse narcotics they have a very unpredictable and dangerous risk of a fatal overdose. Fortunately this rarely happens because the Naltrexone stops the craving for opiates. Patients also need to be especially careful after the implant wears off because they no longer have a tolerance for the drug. The same amount of drug previously used after a period of abstinence can be fatal.

IS NALTREXONE PELLET THERAPY A CURE TO OPIOID OR HEROIN ADDICTION?

In a word, NO. We strongly believe that Naltrexone pellet therapy by itself is not a cure, but during the period of its opioid blocking effects, it virtually eliminates of possibility of relapse. This is the key for many addicts that want to recover but believe it is impossible when they are dealing with the daily cravings. Freedom from the cravings and knowing there is no “reward” of getting high allows the mental energy of the recovering addict that is 100% committed to recovery to put all of their focus on a 12- step program and/or professional therapy.

Studies have shown that the best indicator of long-term recovery is continued participation in a 12-step recovery program. Most addicts have not developed the life skills and behaviors required for life long sobriety. This is the real work in addiction recovery and one that cannot be ignored or assumed to take care of itself while enjoying the freedom from cravings. Naltrexone therapy without the appropriate addiction counseling and 12-step support is almost always unsuccessful.

WHAT'S THE PROCESS OF EVALUATION AND TREATMENT WITH NALTREXONE PELLET THERAPY?

A person needs to be free from opiates or heroin for a minimum of 1 week before receiving a Naltrexone pellet. Those on Methadone, Suboxone® or Subutex® should be off their prescription for least 10-14 days because these drugs take longer to clear from the body. Even if no opioids have been taken for the recommended time, there may be some mild to moderate withdrawals due to the chronic imbalance in the essential brain neurotransmitters.

We require a simple blood test, a basic screening and exam to decrease the risks and increase the success of Naltrexone therapy. We will also perform a urine drug screen immediately prior to the pellet insertion.

The procedure is simple and takes just a few minutes to perform. The doctor will numb the area and then make a small incision and place 2 pellets under the skin. The incision is closed with a few stitches and the patient is sent home or back to work if they want.

It is recommended that patients wear a Medic-Alert tag (bracelet or necklace) that would inform a treating physician that the patient is on Naltrexone maintenance therapy in the event that the patient is not able to communicate this information. The physician would obviously need to prescribe a non-opiate medication if pain relief was required.
There are very few side effects from Naltrexone and none of them are serious. It is difficult to determine whether the symptoms that are sometimes experienced are due to the Naltrexone or the last remnants of the withdrawal syndrome. The withdrawal symptoms do not occur with every patient, especially if the addict has not used drugs for an extended period. Even if the patient experiences some withdrawal symptoms, they are generally mild compared to acute withdrawals experienced during drug detox and cease within a week or so. For those patients choosing to detox in an in patient facility, it is important that they are not given Suboxom or Sibutex.

ARE FOLLOW UP APPOINTMENTS NECESSARY?
Approximately 1 week after the procedure, patients may return to the clinic to have the stitches removed. On an ongoing basis, it is important to receive the next pellet before the effects of the previous treatment wear off to prevent relapse. We recommend urine testing at 2 weeks, 8 weeks and 14 weeks after receiving the pellet implant to measure the naltrexone levels to help estimate the optimal timing for another pellet. When the objective naltrexone levels are matched with the patient’s subjective symptoms regarding heroin use, the risk of relapse can virtually be eliminated. Each patient will have a unique time frame and threshold level of naltrexone in their system that can only be determined using this method. For the first 30-60 days following the pellet procedure, most patients have no thoughts of using and often have a disgust for their former drug of choice. During the next 60 days, most patients have little thought of heroin use, and when they do it is neither a disgust nor a craving. Sometime within the next 60 days, as the effective naltrexone level predictably drops, most patients will experience dreams of relapse, recurring or obsessive thoughts of using, or use great mental efforts to stay sober “one day at a time.” These symptoms obviously indicate that the level of naltrexone required to prevent relapse is no longer present in the body and it is time to schedule another pellet. The actual amount of naltrexone measured in the urine to adequately control cravings and prevent relapse varies widely among patients, so the optimal timing for follow on pellet implants is best determined by a combination of the patients cravings and the urinary test levels. This method is most important for the first pellet. Subsequent timing for ongoing naltrexone pellet therapy will be roughly the same as the timing between the initial pellet and the second procedure.

HOW DOES NALTREXONE COMPARE WITH OPIOID MAINTENANCE THERAPY (OMT) DRUGS SUCH AS METHADONE, SUBOXONE®, AND SUBUTEX®?
Unlike these drugs, Naltrexone does not have an “opioid” effect. Because of this fact, Naltrexone is allowed in most treatment recovery programs and in sober living homes. In addition, once a person is on Naltrexone, they cannot get high from opioid use and they can stop Naltrexone without any withdrawal symptoms. Although OMT drugs can be useful in short term detox programs, they should not be continued for an extended period to reduce the potential “medical” addiction to the prescription drug that is more difficult to quit than heroin or pain medications.

CAN NALTREXONE ALSO BE USED FOR ALCOHOLIC RECOVERY?
The ultimate goal of recovery from alcoholism is abstinence and learning how to live without drinking. There are also a number of medicines that can assist in achieving and maintaining abstinence. Naltrexone is probably the most powerful of these medicines. Naltrexone is a drug that attaches to the opiate receptors in the brain and blocks them. Part of the pleasurable effect from alcohol happens through these opiate receptors. When these receptors are blocked, people get fewer cravings for alcohol and less pleasure if they do drink any alcohol. It becomes much easier for them to stay abstinent and continue with their recovery program.

HOW LONG DO I HAVE TO BE OFF OPIATES OR HEROIN TO USE NALTREXONE?
Each patient starting on TSM will be given a urine drug screen prior to receiving their naltrexone as this is the only way to be certain the drugs are out of their system. On average, this occurs 5-7 days after stopping opiate pain relievers and heroin, 7-10 days after stopping buprenorphine, and 14 days after stopping methadone.
ABOUT DR. NELSON

Dr. William Nelson is a nationally known addiction expert. His success in helping patients overcome their heroin, opiate, and alcohol addiction combined with his keen insights, individualized approach and non-judgemental bedside manner is why many of our patients travel from all over the world to receive his care. He is the medical director of National Addiction Services, a clinic specializing in the treatment of drug and alcohol, located in Scottsdale, AZ.

Dr. Nelson’s unique approach is especially helpful in cases where patients have failed with previous conventional treatment. Dr. Nelson is a licensed Naturopathic Medical Doctor and has 20 years of experience combining the latest advances in medical science with time-honored natural therapies for optimal patient outcomes.

Dr. Nelson hosts “Your Road to Personal Addiction Recovery,” one of the most listened to addiction podcast in the world. His podcast reaches thousands of listeners every month and each episode provides insightful and cutting-edge information for those to beat their addiction (or empower their loved ones without co-dependence).

“Over the last five years, I became extremely frustrated and saddened because I couldn’t help a loved one that desperately needed help to overcome her heroin addiction. Because of the benefits of Naltrexone pellet therapy, she is now sober and on the road to recovery. This life-saving therapy is ideal for those who desperately want to become drug-free, but have experienced failures in trying to do so that make that goal seem next to impossible. My personal mission is to help other patients and their families the same way I was able to help my family member.”

For more information or to schedule an appointment, please contact our office at:

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