HI
I was not aware of the consultation on this. I understand that it closed officially on the 29th July but I wonder if my views could still be taken in to account.

I am an addiction psychiatrist working in a service covering the whole of Norfolk. My experience with opiate antagonists is primarily with naltrexone as nalmefene is 'red tagged' by our local prescribing committee, but I think they are, in practice virtually interchangeable. Clearly opiate antagonists are not the magic bullet some might hope them to be for alcohol use disorder, however some individuals do very well on them.

It has always struck me as odd that most of the research done with naltrexone has been on people who are currently (allegedly) abstinent from alcohol as pharmacologically it would only appear to be doing anything when combined with alcohol. The few studies where naltrexone has been given during drinking seem to show some effect in reducing (but not eliminating) this. Additionally the post detox studies show that NTX is primarily effective in averting lapse becoming relapse – which makes sense.

My concern regarding nalmefene is that it is licenced for and targeted, appropriately I think, at the harmful use / mild dependence end of the alcohol use disorder spectrum. This is largely a primary care population. However, in many areas, including ours, local prescribing committees are designating it a secondary care drug. Many people with an alcohol use disorder at this level would not see themselves as requiring specialist care or engage with alcohol services even if advised to do so due to stigma etc. Additionally most clinical alcohol services do not have capacity to take on the whole of this population, focusing more at the severe /dependent end. Specialist services who deal with the harmful use / mild dependence end of the spectrum are generally staffed by counsellors rather than prescribers.

The result is a mismatch between where the drug would be useful and where it is available. Furthermore our service has decided, because of the ban on primary care provision, not to use this drug at all, as those who respond to it may need to take it for an indeterminate period of time and we cannot hand it over to primary care so would end up stuck with a growing burden on our prescribing budget and seeing people long after they need specialist services, which we do not have capacity to do.

My view is that this is a perfect primary care drug. The dosing is uncomplicated, it is well tolerated and interactions are few and clear. Presently I think GPs are put off, even without the ban, by the requirement for 'psychosocial interventions'. This immediately creates the impression that it is outside of their area of expertise. If it was made clearer that this could mean a FRAMES type brief intervention followed up by a review apt with themselves or the practice nurse a few week later then if no progress had been made starting this medication and reviewing again after a few weeks, it may seem more manageable. The only other thing they have to do is check the person is not heavily dependent to the point of being at risk of complicated withdrawals – which should be well within the skill set of any doctor.

I regularly speak to GPs about this and they ask where the money is to provide alcohol treatment. My argument is that, given the growing burden of alcohol related morbidity, addressing heavy drinking would save themselves and the NHS time and money, not just in terms of obviously directly linked problems such as liver disease but also (and perhaps mostly) in conditions which are exacerbated or treatment resistant because of the unacknowledged level of drinking such as hypertension, cardiac disease, cognitive decline, gastric problems, skin diseases and mental health problems etc.

In summary therefore I feel that this drug has potential to be useful but unless the recommendation is

1. that it should be available and used in primary care
2. that the advice about how to use it seems to fit the skill set and capacity of ordinary GP practices
   it will not be used at all; and an opportunity to add something to the frankly rather empty looking tool box for GPs wanting to do something about alcohol use in their patients will be lost.

Yours

[redacted]