



### What is the Sinclair Method (TSM)?

A treatment for alcohol addiction that uses a technique called pharmacological extinction—the use of an opiate blocker medication to turn habit-forming behaviors into habit-erasing behaviors. The effect returns a person's craving for alcohol to its pre-addiction state. *Source: CThreeFoundation.org* 

#### Who is the Sinclair Method for?

TSM is for anyone who wants to reduce or stop drinking alcohol. It can work for various types of alcohol use disorder including regular or daily heavy drinking and infrequent binge drinking.

#### How does the Sinclair Method work?

A person will take naltrexone or nalmefene one hour before the first drink of the day for the rest of their life as long as they continue to drink. Naltrexone (or nalmefene) chemically disrupts the body's behavior/reward cycle causing them to want to drink less instead of more.



# What are the desired outcomes on the Sinclair Method?

Pharmacological extinction of alcohol addiction. The medication blocks the endorphin "reward" from alcohol and progressively but permanently removes the neural cause for excessive drinking. Eventually control over alcohol would be regained, and the person would no longer be an alcoholic, and no longer would be interested in alcohol.

# How long does it take for this method to work?

While it varies greatly by the individual, most physicians will recommend giving this method at least 9 months to achieve pharmacological extinction. Once pharmacological extinction is achieved, a person can choose to drink in moderation following TSM, or they can more easily choose to give up alcohol.

## What is the success rate of the Sinclair Method?

This method is scientifically shown to work for approximately 78% of people.

### What is naltrexone or nalmefene?

An opiate antagonist medication that binds and blocks opioid receptors. When combined with alcohol, it blocks the reinforcing pleasurable effects of alcohol, therefore causing a person to drink less and crave alcohol less over time. There is no abuse and diversion potential with these medications.

## Is counseling required for TSM to work?

While counseling is not required for TSM, it can be extremely beneficial alongside the medication for changing the behaviors, habits and coping mechanisms around alcohol.

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TSM uses the nervous system's own mechanism, called "extinction", for gradually removing the interest in alcohol and the behaviors involved in alcohol drinking. Therefore, the technical term for TSM is "pharmacological extinction." The key scientific discovery underlying the treatment was that, contrary to earlier beliefs, detoxification and alcohol deprivation do not stop alcohol craving but in fact increase subsequent alcohol drinking. The old idea that alcoholism is caused by physiological dependence on alcohol, therefore, needed to be discarded, and a new understanding of alcoholism developed.

Subsequent research showed that alcohol drinking is a learned behavior. Some individuals, partly for genetic reasons, get so much reinforcement each time they drink, and have so many opportunities to drink and get reinforcement, that the behavior becomes too strong. They cannot always control their drinking; they cannot "just say 'no'." And society calls them alcoholics.

Laboratory studies indicated that in most cases, the reinforcement from alcohol involved the opioid system, i.e., the same system where morphine, heroin, and endorphin produce their effects.

The brain has two primary mechanisms for changing its own wiring on the basis of experience. First, there is learning for strengthening behaviors that provide reinforcement. Second, there is extinction for removing behaviors that no longer produce reinforcement. The best known example involves Pavlov's dogs that learned to salivate to the sound of a bell when the bell was followed by food, but then had the learned behavior extinguished when the food reinforcement was no longer given after the bell was rung.

Certain medicines, such as naltrexone, naloxone and nalmefene, block the effects of endorphin and other opiates. I reasoned that if alcohol is drunk while one of these opioid antagonists is blocking endorphin reinforcement in the brain, the extinction mechanism would be activated, and it would then produce a small but permanent decrement in alcohol drinking and craving. The next day, the person would be slightly less interested in alcohol. Eventually control would be regained, and the person would no longer be an alcoholic; indeed, they no longer would be interested in alcohol.

The Sinclair Method was confirmed, first in a large body of laboratory studies, then in over 90 clinical trials around the world, and most recently in personal reports by people using. It has been found to be successful in about 80% of alcoholics. This is very high for alcoholism treatment, but the treatment is not for everyone: some people apparently have a different form of alcoholism that does not involve the opioid system and cannot be treated effectively with opioid antagonists.

The Sinclair Method is simply taking an opioid antagonist before drinking. Naltrexone, naloxone, and nalmefene are not substitution drugs similar to methadone for heroin addiction or Nicorettes™ for nicotine addiction. The opioid antagonists are not addictive, and they do not directly reduce craving for alcohol. And unlike disulfiram, the opioid antagonists do not produce an unpleasant aversive effect. Indeed, the opioid antagonists do not do anything until after the endorphin has been released. Then the mechanism of extinction is triggered, and the extinction mechanism in turn progressively but permanently removes the neural cause for excessive drinking.