Sir: Although Darke et al. [1] state correctly that ‘compliance with oral naltrexone (NTX) poses particular clinical challenges’, they ignore several important issues. They did not mention any studies in which supervised oral administration, by family members or probation/parole staff, achieved persistently good compliance.

Some Mediterranean cultures seem especially suited to family involvement. As early as 1984, a day-release programme for heroin-related prisoners reported unexpectedly good outcomes among this conventionally unpromising offender-group [2]. Similarly, adding thrice-weekly supervised NTX to intensive parole increased 12-month success rates (no offending, no positive urines) from 25 to 75% [3]. No deaths during treatment periods were reported in either study. While depot and implanted naltrexone make studies of supervised oral naltrexone increasingly irrelevant, the crucial importance of diligently supervising oral medication in both disulfiram for alcoholism and naltrexone for opiate abuse has long been apparent [4,5].

A study of refractory alcoholic patients, achieving > 50% abstinence at 9-year follow-up, emphasized that continuity of disulfiram treatment for the first 18–24 months was crucial. After that, disulfiram could often be discontinued without relapse [6].

Declaration of interests
None.

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EMMANUEL STREEL1 & COLIN BREWER2
Université libre de bruxelles, Psychiatrie, Brussels, Belgium1 and The Stapleford Centre, London, UK2
E-mail: manu.streel@chu-brugmann.be

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