

DAVID E. SMITH, M.D.



# Decreasing Drug Hunger

**D**rug hunger is one of the most important issues in recovery (especially early recovery) from addiction to mood-altering drugs. It also is one of the least understood issues of treatment and recovery, yet it is one of the most critical issues that substance-abusing clients must grapple with.

Drug hunger is a phenomenon that nonaddicts and nonalcoholics do not experience. It is a powerful, consuming compulsion to alter one's mood via the use of psychoactive drugs. It is a symptom of an altered response to these drugs.

The hallmark features of addictive disease—compulsion, loss of control, and continued use of a drug despite adverse consequences—constitute an altered response to that drug.

It is important to note that, while a very few may not experience profound drug hunger during recovery, for most people drug hunger is a reality. It must be anticipated and prepared for.

Current research helps shed light on the mechanisms of drug hunger, which can help counselors and therapists deal with the problem. The basic idea involves the addict's neurochemical imbalances. Some researchers feel that an addict has a congenital central nervous system neurochemical imbalance, that his/her brain chemistry is different from that of an average person. The theory is that certain neurotransmitters, perhaps dopamine, serotonin, or norepinephrine, are substantially lower in the addict's brain chemistry.

Chronic use of psychoactive drugs helps to cause an imbalance of a person's brain chemistry. The withdrawal process essentially consists of this central nervous system imbalance returning to homeostasis (along with other tissue detoxification).

The quest is to find alternatives to psychoactive drugs that might help bring the neurochemistry into balance. Nutrition is the obvious place to begin. All neurotransmitters come from the amino acids. L Tryptophan is the amino acid precursor for serotonin; DL Phenylalanine is the precursor for catecholamines; Tyrosine is the precursor to dopamine.

In chronic alcoholics, enkephalins, including methenkephalins, are normally severely depleted. DL Phenylalanine, besides being a catecholamine precursor, acts as an enkephalinase inhibitor. This means that it blocks enkephalin breakdown. The net result is an increase in brain levels of endogenous enkephalins, which should significantly raise the level of subjective well-being in the client, as well as increase the individual's ability to fight pain.

These amino acids are available in regular diets, but they also can be added as nutrition supplements. A product called Special Amino Acid and Vitamin Enteral (SAAVE) contains these particular amino acids and may prove a useful adjunct to a full recovery program in terms of drug hunger reduction, especially for the alcohol addict. Most addicts and alcoholics have notoriously poor eating habits and may not realize the profound effect that these eating habits have upon their neurochemistry.

Poor nutrition, then, can lead to neurochemical imbalances as well as erratic blood sugar levels. These can be trigger points for drug hunger.

In the next issue, we will discuss the other basic, but powerful tools in the battle against drug hunger: sleep and exercise.

Further information about amino acid supplements may be obtained by writing to Matrix Laboratories, 907 West Main, League City, TX 77573.

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