

Questions Asked During Live Webinar Broadcast on July 25, 2018



Early Recovery Nutrition

Presenter: Jeffrey Lang

Do you think that treatment centers allow smoking because they believe that if they don't allow smoking, the success rate may be lowered?

A: It would not be success rates that would stop them. Honestly, success rates are an industry wide for standardization and accuracy...or the lack of. The fear is of dropping admission rates. I've attended trainings where the information was shared that research has found admission rates do decrease initially but do return to normal rates by month three. This info was intended to inform treatment providers this concern was short sighted and i believe that to be true. Of course there is a big issue if most agencies in an area go tobacco free and one center is a hold out! Then their rates would go up!...Its an issue for sure.

Do you have any quick pointers for mid and later stages of recovery?

A: I was talking with a colleague about this webinar after I'd completed it. She stated that the spirituality of the person will directly equal their efforts towards self-nutrition. I just love when really smart people sum up in one sentence what I prattled on about for 50 minutes in a webinar! I think her comment is well founded for your question. Initial phase of recovery and nutrition has to address an impaired digestive system that can best tolerate readily assembled foods and needs strong vitamin and mineral density and ability to process. The middle and later stage now doubt begins to build a life style of eating and nutrition that is reflective of the individuals overall self-care and spirituality. We live in a world greatly influenced by commercials and big industry that promotes horribly non-nutritious foods. Our society marches to a nutrition "tune" that food is fun/relationships/even sexy! The mid stage and maintenance stage recovering individual food plan would look dramatically different than the society around them. This can be embraced of course as a really great thing that defines personality. Just like being sober in a drinking and using society creates this sense of unique and personal journey.

What are your views on vegan/vegetarian diets for those who are in recovery?

A: I understand that clients in early recovery are trying to "find" themselves and their new selves. Add to that, grand personalities make grand gestures and idea's and statements about becoming vegetarian and or vegan often come up! I think this is NOT the time that a counselor should start warning the client about this possibly being a bad idea (and it can be as some clients think living on macaroni and cheese qualifies them as a vegetarian!). I think this issue should follow the rules of all counselor client interaction Motivational/Inquisitive/prompt the client to talk more. Telling a client at any point on any issue that their idea is a bad idea....is well a bad idea. But yes, this one will require a lot of conversation in regards to how the client is going to meet their complex nutritional needs. Help the client to explore the idea and this leads to good opportunity to discuss nutritional needs brought on by active addiction. In truth, I would want my clients to make this type of change later in their recovery when they are fully stabilized but a well thought thru vegetarian/vegan food plan can work in early recovery. It just takes a pretty shrewd understanding of the use of whole foods to meet your nutritional needs. I've been vegetarian since 1988 and my son who is 25 is vegan. The rest of the family thinks hamburgers and gummy bears are major food groups...to each their own...but yes, in this culture, i think the meat industry is overall pretty poor quality and moving towards vegetarian is a great idea that requires learning a lot about food.

FYI: Dawn Farms Recovery Center, Main Campus, Ypsilanti, MI uses growing, group cooking, and group eating as part of Residential SUD TX. Any comments?

A: I think you should publish your findings and experiences. I think you should look to present at NAADAC's annual conference. I'm thrilled to hear about your great humanistic and hollistic approach. I sincerely mean this....bless you.

A: No. That was a major point i was looking to make. Presently, unlike all other major medical illnesses, substance use disorders do not have a determined and standardized food plan for recovery. The idea that there should be three phases, early, middle, and maintenance 0-6 months, 6 months - two years, and post two years, was my suggestion to work with as a needed construct. I believe it's critical that this undertaking of constructing a recommended optimal food plan, take place, as our field moves forward.

What exactly are the suggested diets for the three phases you mentioned?

A: (please see above). I absolutely don't want to give the impression that I've hammered out the details of a recommended and standardized optimal diet for recovery from substance use disorders. If you search info for physiological damage caused by substance use disorders, particularly if you search for research using each organ of the body as part of the refined search words, you begin to see that no organ of the body is spared damage from active addiction. Couple that with the existing research provided by Monet Sealand of Norway who followed a cohort of clients in active addiction and identified their actual eating habits, and you see the development of high levels of malnutrition during active addiction. Match that to the client's desire in early recovery to eat mostly sugar based products and you have a situation that will not allow nutritional health to move forward. I believe its important that as an industry we define best practices of substance use disorder nutrition (education, what is fed to clients, and monitoring of food intake in outpatient settings).

Do you recommend any specific vitamins to assist with the recovery process?

A: Ah a trick Question! I have many i would like to recommend but i don't have the credentials to do that. I'm a licensed Counselor. While I can't tell my clients what vitamins would benefit them, I can gather information and research that touts the benefits of certain vitamins and minerals and leave them out in plain view in the treatment center. Handouts, posters, research...educational material of high quality is very appropriate. Just the idea that there are water soluble and oil soluble vitamins and we need to know the difference and how to take them is important information. Balch and Balch, Prescription for Nutritional Healing, is a comprehensive text of healing and vitamins. This is a great book to have in your office.

What thoughts do you have on abstaining from refined sugar all together for therapy?

A: Oh boy! This is the real question. I didn't come right out and say it in the Webinar, I'm a member of Overeaters Anonymous since 1988 and look to live and abstain from processed sugar in all its forms. In the 1950's a book called Sugar Blues was published. It outlined the idea of sugar addiction and even directly cast blame at the large cola manufacturers as doing great harm to the public. I think the media works very hard to keep away from addressing the fact that processed/refined sugar is the greatest cause of ill health in this country.

What is your view on smoking and recovery?

A: I subscribe to the findings in Failure to treat tobacco use in mental health and addiction... <https://www.ncbi.nlm.nih.gov/pubmed/20378281> this research by Judith Prochaska outlines the reality that rates of recovery are not harmed by utilizing active tobacco cessation efforts during treatment. The research also outlines that tobacco is the number one killer of those afflicted with Tobacco Use Disorders. I think the fact that treatment centers don't follow the facts determined in modern research on the issue of tobacco cessation is very sad.

I would appreciate a discussion of whole foods plant-based options that satisfy the typical food cravings of our clients.

A: I think you bring up a big issue. It is totally possible to create plant based meals that are incredibly appetizing. It would require a whole different mindset in inpatient treatment settings and would require hiring cooks that specialize in that type of cooking. It's an issue of priority. My observation has been that depending on the agency's leadership attitude and approach to eating, the treatment center tends to mirror the wellness of the leadership. This can be great and this can also lead to poor quality foods and easy access to tobacco. Leadership needs to have a passion about this issue to make it happen. IT can happen.

Can the nutrition research you mentioned be sent to viewers?

A: Nutrition education is positively associated with substance abuse treatment program outcomes [https://jandonline.org/article/S0002-8223\(04\)00009-4/pdf](https://jandonline.org/article/S0002-8223(04)00009-4/pdf)

As a professional, I have been excited to see efforts at recovery move from jail time to release and

treatment services. Any comments?

A: I received many wonderful contacts since completing this webinar, from champions of the cause to bring wellness and nutrition education, guidance, and services, into addiction treatment programs around the country. Quietly over the last 20 years, the issue of nutrition having an important role in substance use disorder recoveries, has gone from almost complete denial to a now burgeoning movement. I have every confidence that over the next five years this topic will begin to formalize and truly take hold. In my area of practice, every program states in their brochures and publications, that they actively promote nutrition as part of their treatment services. In truth many of these proclamations are really just words on paper! But steadily clinicians are coming on board and taking this more seriously than the last generation of counselors. It is our young and well educated therapists that will move this issue across the goal line and reach competency and standards we don't yet have in our industry.

What is a primary nutrient deficiency that recovering clients are in need of (deficient)? If they had to choose one to address and improve, which one would you address?

A: Well, I'm on safe ground to say B vitamins as alcohol significantly impairs liver function and assimilation of B vitamins. This is what leads to Wernicke-Korsakoff syndrome (wet brain).

Do you have this scattered nutrition info? Could you compile it and send it to us? I work with people in early recovery primarily, that would be very helpful.

A: Yes! Happy to help. I will be back in my office August 27th at Ocean County College. Please email me at jlang@ocean.edu and i will gladly share with you what i have!