Marty Lerner: Okay, so I'd like to welcome all of you to the Webinar that we're conducting today. And as you could see, the title is switching deck chairs on the Titanic one of my favorite expressions. And

Marty Lerner: my name is Marty Lerner, and I've been working in the field of addictions and eating disorders for maybe more time than I want to admit, but not in the last. Quite some time. and hopefully this webinar lecture or discussion.

Marty Lerner: as you will. we shared some light on

Jessie O'Brien, NAADAC: as I would like to put it thinking out of the box a little bit, so let me begin. Sorry we're not starting quite yet, everyone still gathering good practice. But I will start right at 3 o'clock.

Jessie O'Brien, NAADAC: and then i'll begin, and then i'll introduce you, and then you can take over

Marty Lerner: and then, if you want to, you can just tell us where you are coming from today.

Jessie O'Brien, NAADAC: Alright, Well, Hello, everyone! We are now officially going to start today's webinar, which we're really excited to offer today, switching deck chairs on the Titanic eating disorders as a growing phenomenon of cross addiction presented by Dr. Martin Lerner. My name is Jessie O'Brien, and I'm. The Director of Training and Professional Development here at Deac the association for Addiction professionals. It's great to be back here with you all. I'm the facilitator for this training experience. And with me today, behind the scenes

Jessie O'Brien, NAADAC: is our training and customer care specialists, Allison White. He will be addressing any issues or questions you may have that are not specifically for our presenter. So you have a lot of support here. Reminder that the permanent homepage for needac webinars is www.nadak.org for slash

Jessie O'Brien, NAADAC: webinars.

Jessie O'Brien, NAADAC: Sorry about that. Hold on

Jessie O'Brien, NAADAC: We are using Zoom Webinar for today's live events. You will notice the zoom control panel that looks like the one at the bottom of my screen right, or on this slide right here. The main things I just want to draw your attention to are the chat box

Jessie O'Brien, NAADAC: as well as the Q. A. Box and certainly close captioning. We're using zoom for closed captioning. Today. The chat box. Please feel free to chat

Jessie O'Brien, NAADAC: comments among yourselves or to us. We do reserve the Q. A. Box for questions. So if you have any questions, please go ahead and put them in the question box. We will have a live Q. A. Towards the end of the presentation, when Dr. Learner will take your questions

Jessie O'Brien, NAADAC: to turn on the subtitles. You just click on the close captioning box and hit show subtitles, and those will show up for you

Jessie O'Brien, NAADAC: just to remind you that every Webinar has its own web page that contains everything you need to know about that particular Webinar.

Jessie O'Brien, NAADAC: So immediately following the live event, you will find the online C Quiz link on
the exact same website you use register for this Webinar. So everything you need for this is on the web

Jessie O'Brien, NAADAC: site address at the top of the slide here. If this is your first time going through our C process. Please make sure to follow the instruction guide. That is right. Underneath the online C Quiz link to guide you through the process. You can also always email us at Ce. At nadak.org, that, c.

Jessie O'Brien, NAADAC: You have any questions or issues.

Jessie O'Brien, NAADAC: One item of excuse me of note. If you need your certificate to say, Live on it. Please make sure to complete the sequence within the next 24 h. And download it

Jessie O'Brien, NAADAC: that way you will get that language all right. So Dr. Martin Learner is the CEO of the Milestones and Recovery eating Disorders program located in Cooper City, Florida.

Jessie O'Brien, NAADAC: a graduate of Nova South Eastern University. Dr. Learner is a license and board certified clinical psychologist specializing in the treatment of eating disorders and substance use disorders. Dr. Learner has been featured in the Npr. Report, 2,000 and 20 Discovery, Health and ABC's Nightline.

Jessie O'Brien, NAADAC: He's also authored several publications in the professional literature, national magazines and newspapers, including U.S.A. Today, the Wall Street Journal, New York Times, and several local news outlets, an active member of the physicians and recovery network in South Florida. Dr. Learner divides his time between his home and Fort Lauderdale, Florida, and Belowing Rock, North Carolina, with his wife Michelle, all right, Dr. Learner, I will now officially pass this over to you and stop sharing my slides.

Marty Lerner: Thank you. Thank you. Thank you.

Marty Lerner: So let's see if we can get this to advance the next slide.

Marty Lerner: my friend, I like his heritage. That's Albert.

Marty Lerner: So we're going to start by defining the problem. But before we do I wanted to add a few points of information, or maybe a disclaimer, and that is some of what i'm going to be talking about today. is evidence-based and rooted in some of the research.

Marty Lerner: that has been done in the field of addictions and eating disorders.

Marty Lerner: However, some of it is anecdotal, and from born from some personal experiences, both professionally and personally. And you'll hear me speak, maybe in a couple of different languages. One is what I would like to call recovery. Speak.

Marty Lerner: The other is more the professional language. and then and third is kind of an eating disorder language. So I thought I would clear some of that up. So when we begin you'll have a working definition of what we're going to be talking about today.

Marty Lerner: So

Marty Lerner: part of the problem and part of the challenge is trying to define what are reading disorders? Are they psychiatric diagnoses and issues? Are they substance? Use disorders, or, what's better known as process addictions, which are basically addictive

Marty Lerner: illnesses that Don't necessarily involve substances like gambling.

Marty Lerner: maybe sex addiction. And what we're going to be talking about is defining something
that

Marty Lerner: refers to food addiction. Aka eating disorders, so we'll kind of narrow in on that in a few minutes, but I just wanted to clarify part of what we're doing.

Marty Lerner: So let's talk definitions Here's the editorial comment from my part which some people maybe my peers would think of as heresy. But the Sm. 5 and the

Marty Lerner: American Psychiatric Association and American Psychological Association have taken out the word addiction

Marty Lerner: from their nomenclature language.

Marty Lerner: So just as in the side, they may have taken it out. But for purposes of this talk.

Marty Lerner: i'm going to be putting it back in. So any reference to substance use disorder is also a reference in my world to addiction.

Marty Lerner: So let me just go over the broad stroke of all of this when we talk about eating disorders. Aka.

Marty Lerner: i'm going to use food addiction as a proxy for that we're talking about anorexia. Most of you are familiar with these terms, so forgive me if i'm being a little redundant, I just want to go over the basics and basically anorexia for most people is about someone that is well underweight.

Marty Lerner: Clinically, it's 20% under what is described as a quote unquote ideal way or healthy weight, but also someone who has some phobias about gaining weight.

Marty Lerner: or is continuing to pursue more weight loss, despite some consequences to their health, and also notable with this syndrome is a distorted body image. In other words, seeing yourself as much larger than the rest of the world. See you

Marty Lerner: Bulimia is the binge purge type of eating disorder. It just amounts to basically eating to the point of being almost in pain. Large copious amounts, of foods, and short periods of time

Marty Lerner: kind of a feeding frenzy. But along with that are some compensatory behaviors like self-inducing, vomiting compulsive exercising abusing lax. It is diuretics things to try to offset the colour consequences

Marty Lerner: of binging in the service, of not gaining weight or losing weight.

Marty Lerner: which

Marty Lerner: in middle and end stages in the side doesn't really work. And then dsm was kind enough if that's a way to put it, or open minded enough to include binge eating disorder which is really in my world compulsive overeating

Marty Lerner: or eating copious amounts of foods without the compensatory piece to that pattern of behavior.

Marty Lerner: And then there's avoid and restrictive food intake disorder, which is basically like anorexia, except it's not a distorted perception of your size. it doesn't necessarily mean if you're waiting, but it means getting a little neurotic

Marty Lerner: or a lot neurotic about healthy and unhealthy foods. It's like painting yourself in a corner until you run out of room. So it borders on what I've come to known as Orthorexia, which are
Marty Lerner: sort of off label if you will, languages or descriptions of eating disorders that are not recognized in DSM. Or in the professional world at large.

Marty Lerner: but is increasingly recognized amongst those in the treatment realm for addictions.

Marty Lerner: So we're going to talk about food attention. And again, I'm. Using this as a proxy for eating disorders, or as a standalone of a kind of diagnosis or phenomenon. And again, we'll define that, and then you can judge for yourselves through the research and the presentation, whether it's real or not.

Marty Lerner: Second to that, is

Marty Lerner: basically a combination of having the body image, distortion, and some of the characteristics that are in the form of that definition of anorexia, but without the weight criterion. So someone can be bulimic and have anorexic components, but not by way of weight, so it's a binge purge type of an issue but with some of the distortion and phobias and pursuit supporting

Marty Lerner: to be more anorexic on that side of the continuum than the normal or overweight side.

Marty Lerner: and Ruthorexia is a ken through Efrid, meaning that it's not only about being overly picky about a food, but it's now honing in sort of like germ phobia about the harmful quality of some foods, and usually with authorexia. It can piggyback with anorexia where you paint yourself in such a corner and limit yourself to so few foods that you basically are compromising your health and the service

Marty Lerner: of thinking that you're avoiding harmful fruits. So these all kind of bleed into one another just like substance, use disorders and other addictions do

Marty Lerner: so.

Marty Lerner: My editorial comment is this: in my experience defining a needing disorder, as most of the medical community and psychiatric community do.

Marty Lerner: seems to emphasize weight. You're either underweight or overweight.

Marty Lerner: and putting a lot of emphasis in the treatment realm with either gaining weight or losing weight. The truth of the matter is, it's very much like any other addiction. So if I picked out alcoholism, I would say that maybe years ago you would think alcoholics lived under bridges, and maybe some do we're trench coats, and

Marty Lerner: was the windshields in the Bowery. But the truth of the matter is, you're not going to be able to pick up

Marty Lerner: and pick out an alcoholic or a drug addict from a crowd for the most part. Nor would you pick out from a crowd. Necessarily

Marty Lerner: someone with an eating disorder or food addiction.

Marty Lerner: So

Marty Lerner: the worst way, I think that you can define a eating disorder or food addiction is how someone looks.

Marty Lerner: and

Marty Lerner: the worst way, I think, or the most ineffective way You can judge
Marty Lerner: someone or put the diagnosis of alcoholism on someone. is how much they drink, and how frequently they drink. So 2 people

Marty Lerner: can drink the same amount with the same frequency, and one be a heavy social drinker, and the other an alcoholic, and likewise with food instead of alcohol. The same be true with someone that

Marty Lerner: overeat but doesn't have an eating disorder.

Marty Lerner: So basically I know this sounds a little bit

Marty Lerner: confusing, but not all people that are food Addicts are overweight and not all overweight. People have an eating disorder, and not all people who drink more than they should drink, or that is healthy. For them are alcoholics, and not all alcoholics

Marty Lerner: drink the same amount, and in fact, and drink less than a heavy social drinker. So the better definition for all this stuff, I would say across the board for addictions in total

Marty Lerner: is is more the extent to which someone's relationship with the substance or behavior, or gambling of sex, or or what have you.

Marty Lerner: or nicotine, or alcohol or drugs You.

Marty Lerner: is there a relationship

Marty Lerner: with that substance and the impact it has on the quality of their life?

Marty Lerner: So I think that that's more of a working definition than most of us would agree with that are in this field.

Marty Lerner: So

Marty Lerner: this is something most of you, if not all of you are familiar with. This is the American psychiatric associations give to us in terms of what they consider are the symptoms or the criteria of addiction.

Marty Lerner: although they don't use that word, but of substance use disorder. They just

Marty Lerner: qualify it by saying, mild, moderate, or severe

Marty Lerner: hope you're not detecting too much sarcasm. But anyway, tolerance

Marty Lerner: needing more for the same effect.

Marty Lerner: withdrawal symptoms

Marty Lerner: using more for longer periods and intended unsuccessful effort to cut back or control significant time to obtain or recover from effects giving up social, occupational recreational activities because of the substance, use, and continuation despite consequences.

Marty Lerner: So here's a quiz

Marty Lerner: If we were on jeopardy, i'd say

Marty Lerner: addictions for $40 or double jeopardy. But basically, when they came up with this
Marty Lerner: they yielded to some pressure and said, Well, you know what we need to include something that isn’t a substance, but they're still calling it substance. Use disorder.

Marty Lerner: What? They added

Marty Lerner: wise gambling.

Marty Lerner: So they edit compulsive gambling

Marty Lerner: to the side of the fence that has to do with what had been known as addictions, but now a substance use disorder, but they did not consider

Marty Lerner: Bulimia anorexia compulsive over eating, binge, eating food, addiction

Marty Lerner: under that umbrella at all.

Marty Lerner: and in my opinion they needed to. And that's what part of this presentation is going to be, and how that relates to so many people coming into the rooms, or going to treatment, or to other support groups

Marty Lerner: in an effort to deal with their alcohol and drug issues, and find themselves dealing with

Marty Lerner: food and other issues as well. So when you look at these.

Marty Lerner: What I would say to you if you took I'm just going to pick this out of a half, but we'll go a little bit further. Let's look at

Marty Lerner: bent-hating disorder.

Marty Lerner: or let's look at Bulimia

Marty Lerner: and i'll explain how this works for anorexia a little bit later. But let's use bulimia

Marty Lerner: the Bulimia is binging and purging. Most people know it as binging, and then making yourself sick or taking diuretics or lax. It is to try to offset the binge.

Marty Lerner: So here are the questions: If I ask this in an audience, and people that are a treatment, our center? Almost all the hands would go up on all 7 of these criteria.

Marty Lerner: If I did the same thing as a substance, abuse or substance use center probably 6 out of 7 or 7 out of 7

Marty Lerner: tolerance for someone that binges and purge. Do you think the amount of bing

Marty Lerner: and the frequency approaching would escalate in order to achieve the same effect. Yes.

Marty Lerner: withdrawal. Symptoms may not be as dramatic in your mind as someone who is withdrawing from heroin. However, there are a significant withdrawal syndrome that are associated with each of the Eden disorders, not the least of which mimic

Marty Lerner: hypoglycemia anxiety, trouble sleeping some familiar. They're almost identical to alcohol withdrawal except they're more sub subtle

Marty Lerner: depression.

Marty Lerner: irritability
Marty Lerner: A difficulty concentrate that we can go down that whole list, using more for longer periods than intended. I’m only going to overeat, or I’m only going to do this once at least on only on the weekends during the week, etc.

Marty Lerner: unsuccessful effort to cut back it’s called dieting significant time To obtain a recover from effects absolutely

Marty Lerner: giving up social, occupational, recreational activities. That’s a fancy way of saying isolation in my mind. Most people with even disorders to not socially bing and purge by the way, and continuing despite consequences, how many treatment centers. How many relationships.

Marty Lerner: how many times,

Marty Lerner: we can go on and on and on. My point is very simple, and that is that the American Psychiatric Association and a Sam American Society. for addiction medicine needs to wake up and start looking at this.

Marty Lerner: Okay?

Marty Lerner: So in my world, for years and years and years. Most of the professionals, apart from people that either are personally acquainted with or work with people, or have had family members that have addictions. In other words, most psychiatrist psychologists and therapists.

Marty Lerner: We’ll look at eating disorders as a psychological problem

Marty Lerner: about poor impulse control or emotional meeting.

Marty Lerner: When they don’t recognize or treat, or acknowledge the biological drivers of food cravings, overeating, or restricting. For that matter.

Marty Lerner: it really.

Marty Lerner: you know, results in a poor outcome or, in my opinion, a higher rate of recidivism and relapse.

Marty Lerner: So and we’ll talk about it and how it relates with anorexia and a little bit, but that really is the Excuse the pun the whole enchilada. there’s lots of puns. When you talk about eating disorders and food, you’ll have to forgive me, anyway.

Marty Lerner: So what ends up happening is most of these programs, although well intentioned, and may help to be fair about it. A certain contingent of people or subpopulation

Marty Lerner: we’ll deal with trying to connect the dots are using psychotherapy or legitimately so trying to resolve trauma in and of itself as an add on to their treatment.

Marty Lerner: which we do as well. But, we'll neglect to acknowledge or look at the food as a component. It's like trying to teach someone to do moderate drinking in my world.

Marty Lerner: and it’s not going to work for true food at it.

Marty Lerner: But let’s be fair about this, and that is not all people that have bulimia, anorexia, or binge eating disorder, although I would say an overwhelming majority. Do

Marty Lerner: Not all of those people have the biological piece.

Marty Lerner: Not everybody that gets a dui, not everybody that has
Marty Lerner: self-medicated with alcohol not everybody who’s abused a drug becomes an addict or meets the criteria for a substance use disorder. So we have to weed out people that do fit into this and people that Don’t. The problem is that the people that do fit into having a percentage of their problem being emotional meeting and a percentage

Marty Lerner: having to do to the sensitivity of the properties of the food substance, like sugar flower, very refined foods

Marty Lerner: that they're taught to do or expected to do. What's called intuitive eating

Marty Lerner: and intuitive eating is just code for moderation and learning how to handle junk food.

Marty Lerner: It's like again teaching an alcoholic or a drug addict modest use or moderate with their substance of choice. So here's the tagline. The tagline from where, I said, is that the treatment of an eating disorder. It really demands attention to a couple of things. It demands attention to the nature of the substance, the properties of the foods consumed. or the drug

Marty Lerner: the substance, and that would even say the behavior, but also the nature of the person. and also the biology of the individual. In other words, if I were looking at someone that has an alcohol dependency or drug dependency, or a food dependency or a gambling dependency. I would want to look at the nature of the person as well as the the nature of the substance. To look at only one without the other is really, you know.

Marty Lerner: not going to result in a good outcome, and has really very significant implications for treatment. So

Marty Lerner: let's do a definition as we go on with this. Let's look at what is food addiction? There's a fellow named Phil Wordell, who I've known for a lot of years, and he was pioneering this field, but he came up with a really good definition of what food addiction is, and I'll just read it to you. But food addiction is a disease like any addiction causing a loss of control over our ability to stop eating certain foods.

Marty Lerner: for a lot of years, and he was pioneering this field, but he came up with a really good definition of what food addiction is, and I'll just read it to you. But food addiction is a disease scientifically, the evidence food addiction is a cluster of chemical dependencies on specific foods or food. In general he means volume or amount after the ingestion of highly palatable foods.

Marty Lerner: in science and a research palatable means sugar, excess, fat, and salt. What's called bliss foods such that the brains of some people develop a physical craving for these foods over time. The progression and progressive
eating of these foods distorts a person's thinking and leads to negative consequences. They do not want, but cannot stop.

Marty Lerner: If you allow me.

Marty Lerner: how about

Marty Lerner: drug addiction is a disease causing a loss of control over our ability to stop

Marty Lerner: using drugs scientifically. Drug addiction is a cluster of chemical dependencies. You get the gist.

Marty Lerner: So this is what i'm faced with when I'm. This is more friendly audience. By the way, I think there are some friends of Bill here

Marty Lerner: hopefully, anyway. when i'm addressing an audience to be very frank with you of folks that

Marty Lerner: don't quite

Marty Lerner: align with this

Marty Lerner: they'll ask. Well, you know how can compulsive over reading bench eating disorder, bulimia. How can this be an addiction of food addiction?

Marty Lerner: So this is the argument they give, and and you will get this argument that drug addiction, alcohol, dependency, gambling, sex addiction, you name it. They are all substances and behaviors that are absolutely not necessary for live. You can go your whole life

Marty Lerner: without taking an addictive drug, a drink of alcohol.

Marty Lerner: placing a bet, and on and on and on

Marty Lerner: might be a dull life, but nonetheless,

Marty Lerner: However, food

Marty Lerner: is necessary for life, so it can't possibly be addiction.

Marty Lerner: Okay.

Marty Lerner: And my argument about that is well, you know, water and error are also necessary for life. But I find very few programs that are staying in business. that are treating air addiction or are treating water addiction. And these are biological needs as well.

Marty Lerner: but people don't abuse them in ways that threaten their survival of their

Marty Lerner: So there's a lot of semantics, you know, in this field, you know. Drug addiction doesn't mean. All drugs are addicted.

Marty Lerner: and food addiction does not mean that all foods are addicted, so take skews the pun again. All this with a grain of salt.

Marty Lerner: So again does the shoe fit.

Marty Lerner: I think. So.
Marty Lerner: So now

Marty Lerner: let's talk about cross-section. So this is not Websters. But this is really the definition cross addiction.

Marty Lerner: so also sometimes known as addiction, transfer.

Marty Lerner: or addiction, interaction disorder. How fancy

Marty Lerner: it's! When a person has 2 or more addictive behaviors.

Marty Lerner: the addictions can include alcohol or drugs, and may also include addictions to food dieting

Marty Lerner: which we'll get to on the anorexia and eating disorders in general gambling. Sex Amy, nicotine consumption, and just about all compulsive behaviors.

Marty Lerner: So bottom line, though where this may fall shorter, get confusing, is most of us who have work with people with addictions or struggle with our own addictions. We'll find, for instance.

Marty Lerner: that when you put down one, the secondary addiction will take center stage, and you either end up with both addictions, or you substitute and transfer one for the other.

Marty Lerner: it really depends. It can work any number of combinations, and we're going to look at that in a minute.

Marty Lerner: So here's one that I come across all the time, and that is, we see a lot of people that have had this symptom of obesity as a result of their addictive relationship to food, compulsive over eating, binge, eating. What have you?

Marty Lerner: They get a gastric bypass, gastrop, sleeve, or gastric banding, whatever you want to call it.

Marty Lerner: And what ends up happening is they lose weight and are very happy, and think they have found an easier, softer way, as we like to say, and for the first 6 months or a year

Marty Lerner: they lose the symptom of a lot of their way.

Marty Lerner: However, their addiction is not gone away.

Marty Lerner: and what ends up happening are 2 things: one it's not talked about in this slide, but we'll talk about it in a little bit as well.

Marty Lerner: They, are

Marty Lerner: much more prone. About 20 to 30%. According to some of the research it varies will develop late onset, alcohol, dependency, or alcohol abuse disorders.

Marty Lerner: and the reason for this is to fall. One is biologically their consumption of alcohol is so rapid in terms of it, metabolizing and passing the blood brain barrier because they have a smaller stomach that's absorbing it. But the more relevant, I believe

Marty Lerner: reason is, if they are an addict, it's the nature of the person, not the substance to your so if they're anatomically, they're in their first 6 months or a year, not able to self medicate with food, they'll go on to what

Marty Lerner: they know they can self-medicate with so if they were social drinkers, 20 or 30% of them
they'll cross over a line.

Marty Lerner: We're also going to talk about hormones, grilling and and leptin a little bit later. But that will

Marty Lerner: also explain this phenomenon. I love this picture. Anybody here ever

Marty Lerner: try or succeed at quitting, smoking, and finding that anything that was walking, breathing, or look fairly edible, you would put in your mouth

Marty Lerner: one of the most prominent or most

Marty Lerner: experience, Cross addictions, if you will, or compulsions, is giving up smoking and finding yourself increasing the amount of food you eat. That doesn't mean that you have food, addiction, or an eating disorder, but it is a good example of addiction transference.

Marty Lerner: or trading seats on the Titanic

Marty Lerner: people think that I can't give up smoking, because i'll gain weight.

Marty Lerner: and they don't think it's because they are going to overeat because they can restrain themselves from overeating, or they compensate with exercise. They believe it's all metabolic one.

Marty Lerner: It's only about 5% metabolic the truth of the matter is, if you are

Marty Lerner: preparing yourself

Marty Lerner: for the fact that you're going to have a proclivity to substituting food for tobacco, you can plan Better a game plan

Marty Lerner: to abstain from nicotine.

Marty Lerner: although I will tell you not to do what I did.

Marty Lerner: I quit smoking 30 years ago. and I use Nicoret chewing gum, and was addicted to that for 18 years. Actually, I was importing it from New Zealand, because it was half the cost at the time, and didn't require a prescription. I ended up changing the gum

Marty Lerner: until I decided to get that up. That's a whole other presentation.

Marty Lerner: So just to give you an appreciation for all of this. These are all the little variables, all the different factors that play a part in it in addicted behaviors or addiction. There's genetics which most of you are aware of. We're studying more and more, and learning more about that reward. Circuits

Marty Lerner: we know about dopamine and opiate receptors, and so on the role of serotonin

Marty Lerner: which is not to get you high, but basically serotonin and neurotransmitter that keeps you from being depressed or gives you. I call it the serenity neurotransmitter. Dopamine is what you get a spurred of when you reach outocate ice cream or d 3 lines a very good cocaine.

Marty Lerner: or you know something of that sort. It just floods the brand with feel good. So also the chief chemical released when you are using reviewing, and that means so on and so forth. It's the reward You're a transmitter.

Marty Lerner: classical conditioning, associative learning, classical conditioning that i'll give you an example.
Marty Lerner: People that have been intravenous, heroin users, or intravenous users, or abuses or addicts, will associate when they have their blood drawn.

Marty Lerner: getting a needle with getting high. So, even though the prefrontal cortex or the front part of their brain intellectually understands they're not getting high. They're getting their blood drawn. They seem to like getting their blunt drawn in the beginning, until it happens enough that they realize or part of their brain realizes. They're not going to get high. Pavlov Star. The dog is salivated, and just hearing the bell.

Marty Lerner: even though the dog somehow knows after a while that the bell is raining and Pavlock and coming up with the goods. So a classical conditioning plays a part in that it's when an outside event causes a physiological reaction.

Marty Lerner: for the added. It's spritzing dopamine in his brain.

Marty Lerner: and it starts to feel good, but it's only a little bit, and it creates craving

Marty Lerner: external queues. We'll talk about

Marty Lerner: as well hormonal ghrelin and lectin as I was talking about before, this is really limited to eating disorders and food addiction real quickly. Grilling is like the accelerator or the gas pedal in your car. It is a hormone that goes to an area in the brain

Marty Lerner: called the hypothalamus, and it tells you when to eat internal queue. It's a chemical that signals your brain like a thermostat. It's time to eat.

Marty Lerner: Leptin is an adipose or fat tissue. It's like the breaks it tells you when you've had enough to eat.

Marty Lerner: Insulin is what transfers food into sugar, and then feed your body and take whatever is left over and stores it as fat. All of that said. When you have bypass surgery, gastric bypass surgery.

Marty Lerner: you're going to be making less ground. So you're not as hungry except 6 months from

Marty Lerner: the surgery. Your body adapts and compensates by making more and more glands, producing more and more growing

Marty Lerner: in less real estate.

Marty Lerner: so it learns to compensate

Marty Lerner: for a lot of people leptin in fact, tissue. You can inject it into someone

Marty Lerner: and and then patent it, and then retire because you found the new solution, the holy growl to obesity and a new diet Pill

Marty Lerner: the problem with leptin is you develop what's called leptin resistance like insulin resistance. And when you abuse food long enough, and you don't stop despite the leptin response, because of psychological reasons, or whatever what ends up happening is elect and stops working, and you wear down, you

Marty Lerner: great page.

Marty Lerner: select them resistance, and grow, and are 2 factors in all this, and insulin resistance will happen when you're abusing sugar flower processed foods where you've developed type 2 diabetes type, one diabetes. Your pancreas is not producing insulin and type, I mean in type one and type 2
Marty Lerner: you're producing insulin, but the insulin isn't working that you build tolerance. You need more to get the same effect, and your pancreas is exhausted and not producing enough, and you have all kinds of problems that develop after that.

Marty Lerner: emotional stimuli. let me just give you a quick example of that. I grew up in a home. by the way, none of my parents had any addictions to speak up.

Marty Lerner: but my mother would dump cortisol when she, like any normal person, would when she was upset, and she would say, i'm too upset to eat.

Marty Lerner: and in my history, i'd be too upset not to eat, but

Marty Lerner: so emotional stimuli complain 2 directions chemically, it could stimulate appetite, or it could put a cabbage on appetite.

Marty Lerner: process substances has to do with potency the more processed.

Marty Lerner: as substance, including food.

Marty Lerner: but also opiates and cocaine, or whatever else the more addictive the nature of the substance is plasticity and cross addiction. We're going to be talking about sensitivity.

Marty Lerner: sensitivity means once a pickle, always a pickle, not going to be a cucumber again. It also means that even though you've been abstinent from sugar, from flower, from gambling, from alcohol, from opiates.

Marty Lerner: from tobacco, it wouldn't take long because of muscle memory. But really it's addiction, memory, feeling, memory in your brain to get back up to 2 packs of cigarettes. a day after you picked up cigarettes for a couple of days or a week.

Marty Lerner: or for you to do reverse tolerance real quickly with drugs and alcohol, and so on and so forth.

Marty Lerner: Sensitivity also means

Marty Lerner: that if you're a food addict and you are restricting or dieting, and you used to moderate your use of cocaine, you will go over the line.

Marty Lerner: because the muscle, memory, the brain memory, the addiction memory, the reward circuits, will compensate for your not eating.

Marty Lerner: by asking you to overdo whatever other substance you're doing in that transfer.

Marty Lerner: It's it's amazing

Marty Lerner: switching choice of eating disorder. I see people all the time that want to trade in their bing. You need to become better at anorexia.
Marty Lerner: or people that are blemic, that binge and purge that just want to trade in the Binging but they want to keep the purging to lose weight and audiences.

Marty Lerner: I see a lot of people, especially professionals that will switch from benzodiazepines or pills or prescription medication to alcohol, and then from alcohol they’ll detox themselves with Benzod ascipees, and then end up in treatment with a benzodiazepine and alcohol dependency.

Marty Lerner: stress cortisol levels. there's a whole chemistry set in your body, but stress will also trigger either an increase in appetite or decrease in appetite.

Marty Lerner: stresses we on or either trigger a craving to use or another response for a cousin addiction.

Marty Lerner: and trauma. We could spend probably another 6h talking about. But basically that's another area of the brain that doesn't have a language, but has a memory that you're not necessarily aware of. That will react.

Marty Lerner: the way. a Pavlov's dog reacts so some people with trauma will reach a threshold or will be triggered and are much more prone or vulnerable to picking up a drug.

Marty Lerner: or behavior or food, or binging, purging, or restricting as a way to numb out or self medicate, or in response to the trauma.

Marty Lerner: that was about 9h. in about 3min. So forgive me.

Marty Lerner: the for me.

Marty Lerner: This is something I find very interesting.

Marty Lerner: the greater the expectation.

Marty Lerner: Let along the experience of the substance, the stronger the dopamine signal.

Marty Lerner: that's condition.

Marty Lerner: If if you're with clients that have relapsed.

Marty Lerner: or patients that have relapsed, or you relapsed.

Marty Lerner: before you pick up. There's the expectation, regardless of what went through your head.

Marty Lerner: that it's going to feel as good as the first time.

Marty Lerner: I think Brian Adams has a great song about that.

Marty Lerner: anyway. the expectation, the reality are worlds apart.

Marty Lerner: You probably will have heard from your client, patient, or experienced yourself.

Marty Lerner: That's all there is.

Marty Lerner: Your reality is much less than the expectation that doesn't stop you from continuing. It's
because you get a little spritz a dopamine

Marty Lerner: before you pick up

Marty Lerner: also.

Marty Lerner: when you experience the substance, and then you stop using the substance, and then you pick up the substance. You get a blast in the beginning of a lot of dopamine, and then the tolerance kicks in like the cigarettes.

Marty Lerner: and all of a sudden you go from beginning to isn't this wonderful, and in an hour or a few days to you know this isn't doing anything for me, I need more.

Marty Lerner: So drugs like cocaine, amphetamines, alcohol opiates. they stimulate increased levels of dopamine

Marty Lerner: as well as sugar and palatable foods, but they cause what's called the down regulation of D 2 receptors.

Marty Lerner: Translation: Your your brain doesn't know what the hell you're doing. So it thinks that you're producing. Naturally, all these receptors and the drugs are like keys to locks. And and so your brain and your body thinks it doesn't have to make as many receptors any more.

Marty Lerner: because you have all these floating around from the cocaine, the amphetamines, and whatever. And so you start to build tolerance because you have many more keys that you need, because you have fewer and fewer locks. In other words, it takes more to get the same effect.

Marty Lerner: So dopamine deficiencies over time are thought to motivate drug seeking what causes craving

Marty Lerner: is in the end. Stage is an attempt to avoid withdrawal.

Marty Lerner: So the way I look at it is, there's 3 chapters to addiction, alcohol, drugs, food, binge, and purging sex whatever in the first stage it works great.

Marty Lerner: you know. If it's alcohol, you're going somewhere and you think you can dance like

Marty Lerner: John Travolta, and you're the greatest thing, you know, since peanut butter and jelly, and then in the middle stage it's like it's still good. But you're really looking for that first stage in the end stage. You're doing it to avoid withdrawal, or just to avoid what it feels like to not be doing it.

Marty Lerner: That may be an over simple simplification of it. But basically the chemical translation of that is, you've created your own depression, and your own depression is a lack of feel good receptors. So even when you're doing things naturally that would feel good.

Marty Lerner: you're not going to enjoy them as much.

Marty Lerner: I'm going to skip this.

Marty Lerner: I'm going to skip this and go. I just want to get

Marty Lerner: similar in this.

Marty Lerner: Hold on, we'll go back.

Marty Lerner: Yeah, this is the start. I I I might have put this in a little bit before. Unfortunately, I did.
Marty Lerner: This is what i’m talking about.
Marty Lerner: I hope you could see the pointer.
Marty Lerner: This is, Remember, this is
Marty Lerner: your brain. This is your brain under it. Okay? So this is a normal brain.
Marty Lerner: and the red is normal. High dopamine
Marty Lerner: concentration. This is in the resting state.

Marty Lerner: your home. Maybe you watching TV, you're cooking dinner. You're watching the sunset, whatever you’re not doing anything special. But this is your normal resting state. Okay. So you’re fairly happy. You’re certainly not depressed. And so you have the red, which is high dopamine. You have this medium. Do I mean concentration?

Marty Lerner: And then you have this low dopamine, and these are the areas of the brain. We’re going to talk about our show you
Marty Lerner: if you use cocaine, and in between use you’ve crashed. Maybe it's in the morning. Maybe you're thinking of taking a bump, or whatever your thing is. now your resting state is this.

Marty Lerner: You don’t have any good feeling.

Marty Lerner: You might just feel that but for the most part you have low dopamine, and you are feeling
Marty Lerner: restless, irritable, and discontent
Marty Lerner: would be the language in recovery. Speak

Marty Lerner: this By the way, these slides are from a PET scan of using a radioactive tracer to show these concentrations of dopamine and resting states.

Marty Lerner: But here’s what’s interesting
Marty Lerner: this is a sugar use. We’re not talking about a kid that’s eating cocoa pups. We’re talking about someone that has developed an eating disorder where the primary over consumption. Substance is sugar or sugar, related like white flower.

Marty Lerner: which
Marty Lerner: transfers a carbon molecule into pure sugar as soon as you ingest it. Oh, By the way.
Marty Lerner: alcohol is nothing more, and nothing less than ferment and sugar
Marty Lerner: fermented sugar.

Marty Lerner: So you can use the word alcohol user Here it’d be the same thing.
Marty Lerner: So in between
Marty Lerner: getting high.
Marty Lerner: this is what's happening.

Marty Lerner: There's not a lot of people that come dancing into Aa and a, or a or any of the support groups that i'm aware of.

Marty Lerner: So now let me go back

Marty Lerner: if I can go back.

Marty Lerner: So i'm skipping a little bit. But let me let me taste them before we go on.

Marty Lerner: so I don't run out of time for you.

Marty Lerner: with anorexia. There are 2 flavors of anorexia. There's restricting type. And then there's binging and purging type.

Marty Lerner: What's interesting is there's a fellow on 2 fellows, one out in Ucla

Marty Lerner: who treats eating disorders. His name is Walter K. And I kid you not. There’s another researcher that’s his partner that is named John. Are you ready? Fudge.

Marty Lerner: I swear to you that's his name. There's also another obesity researcher named Hamburger, and there's a neurosurgeon in Fort Lauder. You can look it up in Google name, Alex Frankenstein

Marty Lerner: just thought i'd throw that out there, anyway.

Marty Lerner: What Walter and Fudge found out

Marty Lerner: was, he took students at Ucla that didn't have a history of eating disorders and anorectic patients at their reading disorders unit.

Marty Lerner: and each one of these got PET scans and They hook them up to a cathet or an Iv, and they injected them legally with. They got a grant 7% solution of cocaine.

Marty Lerner: The

Marty Lerner: control subjects, the Normal

Marty Lerner: college students are reported after the you know, being interviewed, that they enjoyed the experience. What they got on. They all enjoyed it, except for maybe

Marty Lerner: a few percentage. Let me put it that way.

Marty Lerner: What they found out with anoretics is They came in 2 flavors.

Marty Lerner: Half of them

Marty Lerner: got high.

Marty Lerner: same exact PET scan, same concentration of dopamine.

Marty Lerner: but reported that they had anxiety and experienced it as a negative, as something that created a panic attack.

Marty Lerner: The other half, like the students, enjoyed the hell out of it.
Marty Lerner: And so you have some anoretics where they get a dopamine fix by starving.

Marty Lerner: So if you've ever fasted or gone without food, you go through a phase where you feel energetic and high and almost kidding from not eating.

Marty Lerner: and so that have enjoyed the cocaine.

Marty Lerner: the half that didn't enjoy the cocaine When they ate, they got depressed rather than feeling good from the food. So basically I'm: just this is my theory. There are some people that will

Marty Lerner: now that it's legal, but not a good idea, because it's a gateway drug. In my opinion, smoke pot

Marty Lerner: and feel relaxed.

Marty Lerner: There are other people that smoke pot

Marty Lerner: and have an aversive response to it get very anxious and paranoid.

Marty Lerner: Their brain scans would look identical.

Marty Lerner: It has something to do with something we don't know yet.

Marty Lerner: and that's what they're researching. I think that's fascinating.

Marty Lerner: So this is my 2 rats Study shows that Oreos may be more addictive than cocaine, unless you're a cocaine at it. But if you never use cocaine

Marty Lerner: you would prefer the Oreos. I will just play this for you

Marty Lerner: and a headline tonight, rocketing around all day a closer look at Oreo cookies and a new study tonight that suggests if you can't stop eating them, there's a reason. Nightline anchor, Dan Harris.

Marty Lerner: if you too, crave Oreo cookies. You're in good company. We all have our little strategies, of course. Twist them apart, eat the filling first, dip them in milk.

Marty Lerner: but feed them to rats. Then things get interesting. That's what researchers at Connecticut College did, and they found that when eating Oreos, the pleasure centers and the little guys brains lit up as much, or even more than on cocaine. And yes, by the way, the rats at the filling first.

Marty Lerner: Now, to be clear, this study has not been peer reviewed or published, and as Nabisco, the maker of Oreo, said today, quote: Well, it may seem simple to bucket foods as good or bad. The reality is that foods are complex and encouraging people to enjoy a balanced diet haired with physical activity is most important.

Marty Lerner: True, many experts say, the way to fight obesity is more exercise, more fruits and vegetables; and when it comes to things like cookies, moderation, although, as any lab rat will tell you that last part

Marty Lerner: is not always easy.

Marty Lerner: So again, I just want to reiterate
Marty Lerner: that obviously for human beings that have a history of addiction. You're going to prefer your substance of choice over an oreo. But for
Marty Lerner: people that are like college students and whatnot that may have used alcohol or cocaine, or whatever they will prefer sugar
Marty Lerner: more often than not over a psychotropic substance.
Marty Lerner: So
Marty Lerner: remember.
Marty Lerner: sensitization means
Marty Lerner: here's the best way. I can explain this in plain English. If you rode a bike when you were 7, 8, 9, 10,
Marty Lerner: and then you didn't ride a bike for 20 years, and you go on a trip, and you rent a bike
Marty Lerner: within 10 min. You'll be riding the bike as if you never stop writing it since you were 10 years old. It's muscle memory.
Marty Lerner: The same thing exists in terms of neuroplasticity and all the interactive nerves and interconnecting nerves in your brain STEM and in your spinal column in the upper echelon of all of that. So there's an area of the brain called the amygdala.
Marty Lerner: where experiences. When trauma are stored it doesn't have a language, but anything that has an experience
Marty Lerner: or a a physical component to it.
Marty Lerner: You will remember some of it in the front part of your brain that you can recall, but some of it that will be forgotten.
Marty Lerner: So what happens to us with
Marty Lerner: sensitization or sensitivity, and new or plasticity is, we haven't used the bicycle in 10 years, but we haven't had a drink in 10 years, or we haven't had a cigarette in 10 years, or we haven't had a line in 10 years.
Marty Lerner: and our front part of our brain says, hey, not a problem. And then we do it, and within short order that memory comes back. But it's not muscle memory.
Marty Lerner: It's addiction or reward memory. It's got nothing to do with intellect.
Marty Lerner: So we found in some of the research that Binge eaters in particular, when they give up sugar and they give up a flower, or they're eating in such a fashion of control for some of the substance triggers, and also some of the emotional triggers.
Marty Lerner: They, if they're going to pick up a drug. It's usually either alcohol or cocaine.
Marty Lerner: For some reason it's not opiates.
Marty Lerner: Don't know why?
Marty Lerner: but alcohol and cocaine more than nonviolent probably the alcohol because of the sugar and the cocaine, I think, because it creates the same kind of dopamine effect as sugar. So they're very related.

Marty Lerner: Don’t know. Yet the research is still happening.

Marty Lerner: and tolerance is reversible. Right? That’s why a lot of people overdose. They get out of treatment. They were abusing heroin or opiates, or whatever. forget that they reverse the tolerance, use the same amount as they did before they went at the treatment and overdose.

Marty Lerner: so tolerance is reversible, but sensitization

Marty Lerner: not reversible. It’s lifelong.

Marty Lerner: To me. Sensitivity also means it’s a gateway substance. So if i’m not abusing alcohol.

Marty Lerner: and I never abuse alcohol again the rest of my life

Marty Lerner: that doesn't mean i’m not going to pick up where I left off with benzodiazepines, or another substance that's related in the same neural pathway reward system as the alcohol is.

Marty Lerner: which is why

Marty Lerner: everybody’s getting hooked on they.

Marty Lerner: Why, people get hooked on sugar-free fat-free jello, or you know some kind of sugar-free fat for yogurt, or whatever anything that is similar.

Marty Lerner: and creates the same

Marty Lerner: experience in the brain as the substance you will become addicted to, even though it's a different substance. But it’s a first cousin really to the substance you were abusing.

Marty Lerner: This is an interesting slide. This is a

Marty Lerner: i’m not sure if this is a functional MRI or not, I think it's a PET scan

Marty Lerner: the person on your left. Her name is tenic

Marty Lerner: and I know. this was from an ABC. Program on on addiction.

Marty Lerner: and this was on eating disorders and food addiction.

Marty Lerner: A couple of years ago antennae had gashed with bypass surgery. was also accident from sugar and flour, and you know, and junk foods and highly processed foods.

Marty Lerner: and

Marty Lerner: for sake of science they hooked her up. to a PET scan, injected her with a radioactive dye to trace her dopamine. Her dopamine before was like this normal person, and then they had her drink. A milkshake.

Marty Lerner: A milkshake hat is high in fat and in sugar.

Marty Lerner: and within about 60Â s this is what our brain looked like

Marty Lerner: they did the same thing with someone who didn't have that history. And this is what
their brain looked like.

Marty Lerner: So if you think you can pick up where you left off, whether it's food, addiction, sugar, flour, or whatever

Marty Lerner: alcohol or drugs

Marty Lerner: you might want to keep a copy of this slide in your pocket.

Marty Lerner: So we talked about plasticity.

Marty Lerner: so

Marty Lerner: neuroplasticity and brain circuits. It's really at the cellular level, and it's induced by addictive substances, but not everybody that uses sure we not everybody that drinks.

Marty Lerner: And I know this is controversial, not everybody that used cocaine, or whatever else, when they were in school, becomes an addict.

Marty Lerner: there's a lot of perfect storm variables that are involved with all of that. However, if you keep using, you can teach your body to become an attic.

Marty Lerner: But i'm going to tell you a difference, and I don't know why this is exactly. Take 2 people that have surgery.

Marty Lerner: and they both are on a morphine pump because they've had.

Marty Lerner: let's say colon cancer, and they had a resection or something of their calling, very painful recovery. They're both done a working pump. or they're receiving more pain. And the one that's not an added to slowly taken off the morphine.

Marty Lerner: and the one that is an addict historically, is taken off the morphine.

Marty Lerner: The one that's not an addict is offered more morphine a week later, and to someone nothing to do that I was terrible. I I I hated what that felt like coming off of it.

Marty Lerner: The drug addict will report, sure, because they have craven.

Marty Lerner: The difference is, 2 people can become physically dependent.

Marty Lerner: but one have craving.

Marty Lerner: and the other have an aversion to it

Marty Lerner: like the anorectic.

Marty Lerner: so classical condition as if we don't have enough to worry about with our clients or a family or ourselves. Classical conditioning. Pat loves dog. Just so we're getting clear on. This

Marty Lerner: is something outside of yourself, causing a physiological reaction. The way I relate to this is, if you've gone to the movies in the last 10 years. I know what Covid a lot of us have, and and you see a trumpet

Marty Lerner: that is in the form of a recess, peanut buttercup and popcorn playing tambourine and a whole orchestra of candy moving across the screen. People that have food addiction, or any addiction related to an eating disorder. They'll be triggered, not just psychologically, but
Marty Lerner: they'll have a physiological response. Guess what it is. They start to dump insulin their blood. Sugar gets lower, and they physiologically are hungry as well as psychologically.

Marty Lerner: And here's how we know this.

Marty Lerner: We showed slides once upon a time to someone. that is a binge eater.

Marty Lerner: and we showed them a slide of all attractive

Marty Lerner: process junk food, I mean desserts, and anything you can think of that would trigger someone that is a food attic or binge eater.

Marty Lerner: which, by the way, is not going to be broccoli or asparagus.

Marty Lerner: And then we found someone that doesn't have that problem.

Marty Lerner: let me tell you about this someone that doesn't have that problem real quick. I grew up with a friend, Harold, this a little self disclosure. Harry was a guy that was not an admin.

Marty Lerner: He would have a hamburger French fries and a coke, and he'd leave over half a dozen French fries and 2 bites of his hamburger.

Marty Lerner: and I grew up with what was then called juvenile onset obesity. I lost the way, whatever whatever, but at that period of time in Junior High and high school. If Harry, we're eating, we used to eat at the town diner. I would have the fantasy that

Marty Lerner: both of the lightning would come down, strike him dead or near dead, he'd be flopping around the floor at the diner. The paramedics would be pumping on his chest.

Marty Lerner: and I'd slide over his plate of unfinished food, because I was used to ordering the standard diet plate which to this day still exists, which is a Hamburger paddy that looks like it was stepped on by an elephant.

Marty Lerner: a piece of wilted lettuce, a scoop of cottage cheese, and if you were lucky, a wounded Mareskino cherry bleeding down the cottage cheese. So Harry's not an attic.

Marty Lerner: He goes to the table. leaving over half a Martini or glass of wine. He breaks up with someone that doesn't store, you know. Doesn't doesn't, you know. Stop them. you know, Harry, Harry harry's the guy that can have 2 cigarettes on the weekend, and that's smoking when we got it. So Harry sees the slides.

Marty Lerner: This is his dopamine output.

Marty Lerner: and this is

Marty Lerner: the food addicts. Stop them in that output. Just looking at the food. So if your food addicted, or you're a

Marty Lerner: drug addict or an alcoholic, at least in the beginning of recovery, you don't want to hang out in a bar. You don't want to pull up a lounge chair in the Mall in front of Mrs. Fields and take a whiff of the chocolate, chip cookies and snapshots to send home to your family.

Marty Lerner: And you

Marty Lerner: bye

Marty Lerner: talking about will trigger this reaction, which yields craving.
Marty Lerner: So here's another thing to us consider

Marty Lerner: rule of them.

Marty Lerner: The more processed

Marty Lerner: the substances, including food.

Marty Lerner: the more addictive it is.

Marty Lerner: So. Cocoa leap is where cocaine comes from. Well, the

Marty Lerner: Incas and the Indians in Peru they chew these leaves, and for good reason it helps with altitude sickness. It helps them be more productive. and so on, and so forth. It's medicinal.

Marty Lerner: They don't go into treatment. Nor have I ever seen someone in treatment for compulsive cocoa leaf chilling

Marty Lerner: when it's refined to cocaine. It gets a little more dicey, and then, when it's ingested and refined even more into crack cocaine, you tell me

Marty Lerner: Poppy, plant in China. Yes, it's addictive opium gummy.

Marty Lerner: From opium and poppy seeds comes morphine. From morphine comes heroin, and then synthetically, we go on to fentanyl

Marty Lerner: how about grapes

Marty Lerner: into grains

Marty Lerner: and to alcohol, 6 to 12% wine and beer into 40 to 50%.

Marty Lerner: Tobacco. Plant peace pipe with the Indians. Thanksgiving. Someone invents, you know

Marty Lerner: rolling paper, and then automates it. You go from pipes to cigarettes, lethally addicting.

Marty Lerner: and then our gift from the Japanese was

Marty Lerner: high fructose, corn syrup sugar can we synthesize the high fructose corn syrup, which is about one-third, the price of

Marty Lerner: sugar can it's in so many of our products that are processed foods in the supermarket

Marty Lerner: that it's beyond my description.

Marty Lerner: High fructose corn syrup is more addicting than sugar, and it doesn't metabolize the same way in the body as sugar does, and sugar is bad enough. This is just another alias of sugar called high fructose corn syrup. It came into being and started

Marty Lerner: being imported into our food chain in 1,970.

Marty Lerner: Also, the food industry has blessed us. What they call research into bliss. Foods, bliss. Foods are the exact combination through a lot of testing of the exact proportion of sugar, salt, and fat and snap foods that creates a physiological craving.

Marty Lerner: and everybody, and in particular is addicted to people that have even disorders. So the
phrase, I bet you can eat one

Marty Lerner: or chocolate covered pretzels. or you name it. Look at that. Foods, and you'll see it's the right combination of sugar, that and salt, which is exactly what a donut is.

Marty Lerner: So where I could do 6Â h in this. this is your brain.

Marty Lerner: So your brain, really? simply put, has this prefrontal cortex which makes it different than the brain of the Kuanas that my

Marty Lerner: 2 dogs chase outside my backyard here in South Florida.

Marty Lerner: anyway, prefrontal cortex is the site in the human brain that's responsible for impulse, control, judgment, decision making. It's what I call the Mr. Stock part of the brain. It doesn't get fully developed until your mid twenties.

Marty Lerner: It is the mitigating factor that decide should or should not. It's the factor in recovery. That, says I, don't want to drink, even though I want to drink it's the factor that is mature, and it's looking at the welfare of the individual and others.

Marty Lerner: Stay with that for me

Marty Lerner: which makes you wonder why you give â€˜16 a driver's license. If this isn't maturing until age of 25. So how mature are 1617 and 18 year olds to not pick up a cigarette, a can of beer align, or what have you? Okay? Editorial comment.

Marty Lerner: The nucleus accumbens. That's another area of the brain, a little bit more primitive. That's the area that processes the reward system.

Marty Lerner: and it communicates with the prefrontal cortex. Well, it feels good. It's not so bad for me. It's okay

Marty Lerner: kind of a thing, or it's bad for me. I'm going to forego it.

Marty Lerner: The amygdala that's the reptilian brain. It knows only 2 things to move towards what feels good, and the hell away from what feels bad. It's very primitive. If you look at

Marty Lerner: most animals they'll move towards what feels good, and they'll run the hell away from what feels bad.

Marty Lerner: And humans, we sometimes mitigate that our instinct is to run. But if we have a lot of courage, or whatever else, or it's the right thing to do, or whatever this part the prefrontal cortex will excuse upon trump the amygdala.

Marty Lerner: and also mitigate or regulate the nucleus accumbens in terms of decisions.

Marty Lerner: So these all operate kind of together I won't go into the others.

Marty Lerner: The problem is that when you are new and recovery or your client is, or pre recovery. What is really impaired is this part? It's not 25 years old, and developed. It's like 12 years old, and it wants to feel good or avoid pain.

Marty Lerner: feel good, avoid pain, food, eat, nor feel good

Marty Lerner: heroin

Marty Lerner: not feel bad
Marty Lerner: feel good and on and on and on

Marty Lerner: recovery. You’re creating new structures, literal physical structures in your brain where you’re growing this

Marty Lerner: in volume, actual volume. You can measure it. You wouldn’t measure it

Marty Lerner: on your microscopy. Really, it’s really very small measurement, but it it does. It’s measurable. And over time this neural pathway between these entities, these green lines they grow stronger with this winning out. More than this or this, we know how to delay gratification.

Marty Lerner: We delineate between what's, good or bad. We develop a conscience on and on, and on

Marty Lerner: this part

Marty Lerner: we work on with trauma.

Marty Lerner: This part doesn't have a language it remembers trauma, but it also reflects every remembers just like

Marty Lerner: muscle memory how to react

Marty Lerner: in such a way. That was our survival mechanism. Over 1011, 13,520 when we had the trauma.

Marty Lerner: but now it's deleterious to us to react that way. But we're still reacting that way. So you have to go deeper with a different form of therapy, which is beyond the scope of this presentation, to not address it through talk therapy, but through neuro-inguistics emdr and so on and so forth.

Marty Lerner: To rewire, and we are structure the neural pathways in that part of the brain.

Marty Lerner: So that's a very simplistic version of all of that.

Marty Lerner: So

Marty Lerner: we're going to start to wind up in a little bit

Marty Lerner: the American society of Addiction medicine.

Marty Lerner: I thought, in 2,019 and came up with, I I still think this is the best definition.

Marty Lerner: but they don't call it addiction anymore. So i'm going to say addiction. Addiction is a treatable chronicle product, chronic medical disease involving complex interactions among brain circuits, the dopamine, the neurotransmitters, genetics

Marty Lerner: which we haven't touched on a lot. But

Marty Lerner: anyway, the environment and an individual's life experiences

Marty Lerner: people with addiction, use substances, or engage in behaviors that become compulsive, and often continue despite harmful consequences.

Marty Lerner: Prevention, efforts, and treatment approaches for addiction are generally as successful

Marty Lerner: as those for other chronic diseases.
Marty Lerner: Cardiovascular disease, diabetes, fibromyalgia, depression, chronic recurrent 
Marty Lerner: on and on month this was adapted by a Sam by the board, September fifteenth to 2019.
Marty Lerner: My take on all this is that there's the nature of the person. There's the nature of the substance to your
Marty Lerner: and the behaviors
Marty Lerner: and the nature of the setting of the environment. It takes a perfect storm for an addiction
Marty Lerner: to take home.
Marty Lerner: So you have to have the genetics and all the other
Marty Lerner: pieces in mind, the nature of the person.
Marty Lerner: the substance, its availability.
Marty Lerner: what the behaviors.
Marty Lerner: and then the setting with which it takes place when you light a match. To that
Marty Lerner: you've got an addict.
Marty Lerner: so do I mean we talked about.
Marty Lerner: the pleasure center center I talked about is a nucleus accumbens. This is an important quote. It's essential or a survival. I mean, what would like be if there weren't rewards, turn off pleasure, and you turn on
Marty Lerner: the will to live actually.
Marty Lerner: But long-term really abuse long-term stimulation of the pleasure center 
Marty Lerner: drives the process of addiction.
Marty Lerner: I don't know if any of you have ever seen the movie with Woody Allen's sleeper and the
Marty Lerner: orgasm, or
Marty Lerner: if you Haven't, please watch the movie, you'll know what I mean
Marty Lerner: when you consume any substance, or of abuse, or engage in any exceedingly pleasurable behavior. The nucleus of commons, that part of the brain receives a dopamine signal from you
Marty Lerner: from which you experience pleasure. And so you can see more. If you are an addict, you have the disease of more
Marty Lerner: sensitivity, sensitization, more to the plasticity we talked about, and just in the realm of eating disorders before I wind up. What I see in my world Treaty eating disorders is, I see a lot of cross addiction with substance use disorders. We get a lot of refers for substance. Use
Marty Lerner: programs because I think we're the only addictions or a. Did 12 step-friendly program that treats eating disorders. But within the room of eating disorders.
Marty Lerner: Food addicts will go from over reading to restricting or no strict dieting. Then go to restrict you to the point of anorexia.

Marty Lerner: and on and on and on we'll go from binge and purging to just binging or just purging, and every variant you can think of, and it's very much like an alcoholic switching from alcohol to pills, from pills to alcohol and them both, and going round the Titanic, thinking they're not going to drown.

Marty Lerner: And I would say that for most addictions.

Marty Lerner: and for most people that are on the dieting, Mary go around when it becomes addicted they are on the keto diet. They are on, eat everything, and then eat grapefruit because it will dissolve fat. Eat £6 of bacon, but don't eat one carbohydrate, you know carbohydrates, but they'll need any. I mean it just goes on and on and on.

Marty Lerner: So

Marty Lerner: maybe, instead of a way, it should be neurotic, synonymous. I'm: not quite sure.

Marty Lerner: So that's it, kids. And if you have any questions or want a copy of a book? that's free. It's an ebook. that I've written on recovery from eating disorders, and it's about addictions in general and stuff we talked about, or you want to visit our website, or you just want to email me.

Marty Lerner: this is what I do. This is my passion. Feel free to do that, and that gives us about 15Â min. If i'm not incorrect, or 10Â min for any questions or comments.

Marty Lerner: or anything that you’d like to talk about. So I thank you very much for listening, and I hope I didn’t put anybody to sleep

Marty Lerner: Bye.

Jessie O’Brien, NAADAC: we have the screen. I’m just gonna stop recording. So you are sorry to stop your sharing so that we can see you a little better. so we'll go to some questions. If people want to add questions, I see we have at least 10 in there. Feel free to take a look and up vote for any that you want to see, answered I'm just gonna answer with

Jessie O’Brien, NAADAC: for the from the ones at the most boats. So the first one is from Jamie with the hormones that release to let someone know when they they are hungry or full.

Marty Lerner: What does it mean? If a person cannot feel or sense when they are hungry or full. Would that be a lack of

Marty Lerner: cannot delineate between hunger, which is physical need.

Marty Lerner: like love, blood, sugar, stomach, rumbling, etc., and external cues like the time of day.

Marty Lerner: like stress low blood sugar things of that that sort so internal cues like i'm sorry low blood, sugar, stomach, rubbing, and physical need to eat is hunger and appetite are external queues, and most people have a broken mechanism.

Marty Lerner: where, instead of it being in balance, they're more externally oriented. And so their triggers are more outside of themselves, and they're less.

Marty Lerner: or they're more impervious

Marty Lerner: to what their nutritional needs are
Jessie O'Brien, NAADAC: okay. Thank you.

Jessie O'Brien, NAADAC: Next question. When working with someone that has both a substance use disorder and an eating disorder diagnosis.

Marty Lerner: Do you feel that one needs to be treated first before addressing the other, or do you feel that they can both be effectively worked on at the same time within the appropriate treatment setting.

Marty Lerner: or they're binging and purging. Then. Yes, they have to work on both while they're in treatment.

Marty Lerner: or if they're outpatient, it's imperative. They work on both because in those 2 instances one will lead to relapse with the other, and you end up with both if someone is overweight and that's the symptom. But they're an overeater. They don't have to work on that.

Marty Lerner: But by virtue of being in a contained environment, they probably will work on that because they're access to as a as the beating would be somewhat limited. But if they're working on the outpatient level, no, that wouldn't be a mandate or a requirement just like in some places putting smoking is not a mandate and some treatment centers in order to be able to partake. And then others. It is.

Marty Lerner: You know me in my own history, and working with patients sometimes. and it's written in the literature you need to wait like for cigarette smoking. Most people want to approach that until they have maybe 6 months, a year or 2 years in recovery. I wouldn't force that on someone but

Marty Lerner: you know. so it gets a little gray in that area.

Marty Lerner: Okay, Thank you.

Jessie O'Brien, NAADAC: Let's see. What do you think would help the eating disorder world? Accept food addiction as a valid clinical entity. It's often met with hostile responses from standard eating to sort of professionals

Jessie O'Brien, NAADAC: who, as a group, have treated patients or themselves often been harmed by weight, stigma, and diet culture, which they confuse with food, addiction, treatment, any ideas how to address this I treat both, and belong to both professional and recovery communities.

Marty Lerner: That's exactly what we're doing here. I've been doing this for quite some time.

Marty Lerner: What is important to realize is that you can't force people to relate or accept something until they're ready to accept it. So there's a quote by Arthur Sharpenheimer. I'm going to butcher it. But any new idea is met with a lot of skepticism, and then it's usually met after that with a lot of violent protests

Marty Lerner: until it's finally accepted.

Marty Lerner: Alcoholism went through the same growing pains. It was looked upon as a moral weakness. It was outlawed in this country.

Marty Lerner: and No one accepted it as a disease, same thing with drug addiction, and so on, and so forth. So it's an evolutionary process. What's important is if you're treating addiction.

Marty Lerner: drug and alcohol. You need to look at this and educate yourself about this because this is something a phenomenon that will lead a lot of folks to relapse or make the quality of their recovery
Marty Lerner: less than satisfactory. And I think recovery is about, you know, having a life worth living.

Jessie O'Brien, NAADAC: All right. Thank you so much.

Jessie O'Brien, NAADAC: Alright, let me go here. Let me look at the time. Okay, we're good in the training that I was in yesterday. The speaker reported that one cannot develop a substance use disorder if you never use drugs or alcohol. However, this presentation seems to argue that

Jessie O'Brien, NAADAC: argue that point, and that addictive behaviors don't have to be drugs and or alcohol and an addiction can still exist.

Marty Lerner: Well, it sounds like there's something dormant in normal.

Marty Lerner: or the Ali, for in the in their chromosome for alcoholism, and it rents to their family, and they don't pick up the drink.

Marty Lerner: Then you know it's semantics. They're not an alcoholic in terms of behaviorally drinking alcoholicically, but they they've got the potential

Marty Lerner: or the risk factor. So yeah, I guess technically, you can say that it'd be hard to say that about food. because I don't think realistically you would live very long if you weren't eating, and I don't think people are gonna go their whole life without ever eating sugar or flowers. Okay.

Marty Lerner: So it really depends.

Okay.

Jessie O'Brien, NAADAC: the figure contain the PET scans of the brain.

Jessie O'Brien, NAADAC: The baseline images of all 3 are compelling. But i'm curious if these were individuals who identified other mental health concerns outside of Sed prior to use. I asked it. Okay, go ahead.

Marty Lerner: No, that it's a fair question. I don't know. So when they duly diagnosed that they have depression, you know. Let me just have an editorial com comment

Marty Lerner: in the research and in real life.

Marty Lerner: When someone comes in for substance, use disorder, treatment like alcohol dependencies will use that.

Marty Lerner: and they're depressed, which wouldn't be unusual.

Marty Lerner: They may be treated with an antidepressant they may not be.

Marty Lerner: but until they're sober for some period of time. I don't know that you can adequately diagnose whether they're dual

Marty Lerner: diagnosed with it with a mood disorder and the substance use disorder. I don't know that you have to wait, but I would say that when you're looking at the research, it's, you may be able to weed that out with like a depression, inventory or something. But

Marty Lerner: To my knowledge that Hasn't been done, these PET scans were done with patients that were new, and treatment and volunteers for these studies. So
Marty Lerner: it's not perfect.

Jessie O'Brien, NAADAC: Okay, thanks for that clarification.

Jessie O'Brien, NAADAC: Okay. Harm. Reduction has done so much to substance. Use disorder treatment. What do you think about the application of harm reduction for eating disorders? And can you give examples of the applications.

Marty Lerner: you know? And I would give examples also with substance use disorder other than medication assisted, you know.

Marty Lerner: treatment, you know, within disorders you need to present to the folks that there is no perfection with a food plan

Marty Lerner: doesn't exist. So you AIM for perfection

Marty Lerner: and intent to be perfect with the expectation that you're going to come close each day

Marty Lerner: so like sugar.

Marty Lerner: it's not an all. And on thing you can look if you're shopping for it, being the fifth ingredient

Marty Lerner: erez agmoni. We're not eating it. You know, alone there. There are lots of ways to look at that. a a piece palm reduction to me with eating disorders also means that you're not getting a grade one.

Marty Lerner: It is in the serenity contest in Aa. And and although time has some meeting in a program or abstinence it's a double-edged sword, picking up chips and counting days. In the sense that you that harm reduction to me means

Marty Lerner: that that basically you're looking for progress, not perfection.

Marty Lerner: And and then you're gonna have to define that with whoever you're working with. As to what that means for you.

Marty Lerner: So I I don't know, but I don't think harm Reduction, for instance, is it is trying the goal and tending to smoke only 5 cigarettes a day, and that that's harm reduction. If you started out the day. Try not to smoke any.

Marty Lerner: and and you took a step backwards and ended up smoking 5. That's better than smoking 2 packs, but the intention is to stop.

Marty Lerner: so the goal is abstinence with all the none thing like tobacco.

Marty Lerner: with food. It's not all or not. It shades of gray. So you really need a food plan and a way to control for the delineation between what's been cheating, what's over eating and what's healthy in it

Jessie O'Brien, NAADAC: alright, Great answer. Thank you. Can you briefly explain the difference between body dysmorphia and disordered eating?

Marty Lerner: Yeah

Marty Lerner: and disordered eating. Yeah, let's take anorexia body image, distortion and body. This milky. By this Morphy would be Michael Jackson.
Marty Lerner: having 51 surgeries, trying to change his color his hair and everything. No matter what he did, he would never be satisfied with how he looked.

Marty Lerner: with anorexia. It’s very specific in terms of weight and size.

Marty Lerner: and there's also an achievement value attached to it.

Marty Lerner: So they're very closely related, but it's very specific with anorexia and eating disorders. It's more about being the thinnest or being thinner.

Marty Lerner: or being okay with the size of your body by this morphia has more to do with your appearance beyond waiting.

Jessie O'Brien, NAADAC: Thank you.

Jessie O'Brien, NAADAC: All right.

Jessie O'Brien, NAADAC: i'll. I'll ask one more question that we have to wrap up. But, we will send these all of these questions to Dr. Learner after the Webinar, and give him a chance to answer, and then we usually post these back on the web page. So for any of that didn't get answered, just know that

Jessie O'Brien, NAADAC: that will be coming.

Jessie O'Brien, NAADAC: Can a person request their primary doctor

Jessie O'Brien, NAADAC: test their hormone levels for the I'm. Hungry? I'm. Satisfied hormones.

Marty Lerner: No. This the standard state of affairs, like in the chronology, and all of that is, is, it's very rare to test for, like ghrelin and and leptin levels and things of that sort, unless you want to fly to California, and we're very specific

Marty Lerner: place. That that is doing research with that. What physicians need to do is is test you for testing blood, sugar, glucose, level.

Marty Lerner: maybe a glucose tolerance, test and rule out or rule in diabetes, family history for diabetes, and what's happening with the insulin and blood sugar.

Marty Lerner: Also you can get a metabolic profile with what's called t 3 uptake, which is your thyroid plan, and your metabolism.

Marty Lerner: but very rarely is, is a meeting disorder rooted in I a a metabolism, a anomaly. but you can develop I anomaly as a result of what you're doing or not doing.

Marty Lerner: So basically, there's a very simple formula. If you get the book

Marty Lerner: you get it for free that I use called Smurf spirituality, meditation.

Marty Lerner: exercise, rest, and a food plant. And if you do those 5 things on a consistent basis, your body will take care of itself.

Marty Lerner: Don't. Make this into a wake

Marty Lerner: diet.

Marty Lerner: endeavor make it into a recovery, diver, endeavor
Jessie O'Brien, NAADAC: awesome. Well, thank you, Dr. Learner, so much for this really valuable information, and Webinar

Jessie O'Brien, NAADAC: and everyone we will get your questions answered, and I think I will go back up. Dr. Learner also provided his contact information. Let me share my screen.

Jessie O'Brien, NAADAC: so feel free to email with any questions as well. I'll just put that up there as well.

Jessie O'Brien, NAADAC: all right. So just a reminder that every Webinar has its own web page, and once this is over, you will be able to access the link for the Ce quiz. So you just go back to this web page right here at the top of my screen a screen.

Jessie O'Brien, NAADAC: If this is your first time going through the C process, just make sure to follow the Online Instruction Guide. That's right. Underneath the online, C Quiz link to guide you through the process. And if you have any issues you feel free to email us at Ce. At nadak.org. Just reminder that if you do need your certificate to say, live on it.

Jessie O'Brien, NAADAC: you will want to take the see Quiz and download the certificate within the next 24 h.

Jessie O'Brien, NAADAC: We are getting close to the end of our 2022 Free Webinar Series. We've got one left before we kick off the 2,023 series, and that will come soon the last one we have is developing performance, measurement and management plans that make sense with Melinda Drake.

Jessie O'Brien, NAADAC: December fourteenth. Hopefully, you guys can join us there.

Jessie O'Brien, NAADAC: just a reminder about all of our Specialty series that we have available, we might be. Series consists of 6 to 7 webinars on a particular topic, and when you complete all of the Webinars in each respect to Training series you can apply for the respective certificate evidencing your accomplishments. So we have specialty series in advances, in technology, wellness, and recovery, ethics, clinical supervision, addiction, treatment, and military and veteran culture. We also just wrapped up our adolescent treatment and recovery special to online training series as well as the women in recovery, so we have those as well. so if you haven't explored any of those, I invite you to take a look and see if it's for you.

Jessie O'Brien, NAADAC: just a reminder of the benefits of being a member. I think. Personally, the biggest is the free cease that are available to members. You can take a look for yourself and see what's the best for you, but it quickly pays for itself membership when you need Ce. So I I recommend you explore that.

Jessie O'Brien, NAADAC: Anyway. A short survey will pop up at the end. Please take the time to give us feedback share any notes for the presenter. Tell us how we can continue. Thank you again for participating in this Webinar. Thank you, Dr. Learner. stay in touch, everyone, and I hope to see you on the fourteenth. Take care.