

# The Substance Abuse – Weight Connection

A BHN-WM DPG webinar presentation  
by Rosa Lopez, RD and Renée Hoffinger, MHSE, RD

# Learning Objectives

Participants will be able to

- Describe the psychobiology of cravings and their affect on weight control during recovery.
- Define the concept of “substance substitution”
- List 2 or more medications used to aid recovery and their affects on weight

# Learning Objectives Cont.

Participants will be able to

- Name 3 barriers to dietary counseling with substance abusers.
- Apply 3 strategies for improving dietary outcomes when working with people in recovery.

# Overview

- Substance abuse by the numbers
- Nutritional implications of substance abuse
- Effects on weight of abuse and recovery
- Medications used to aid recovery
- Barriers to success
- Counseling strategies

# Background of Presenters

- Renée Hoffinger, MHSE RD – Substance Abuse Residential Rehab Treatment Program, VA, Gainesville,
- Rosa Lopez, MS RD – New Mexico DOH

# Defining Addictions

- Disease model
- Abuse vs. dependence
- CAGE questionnaire

# Disease Model of Addiction

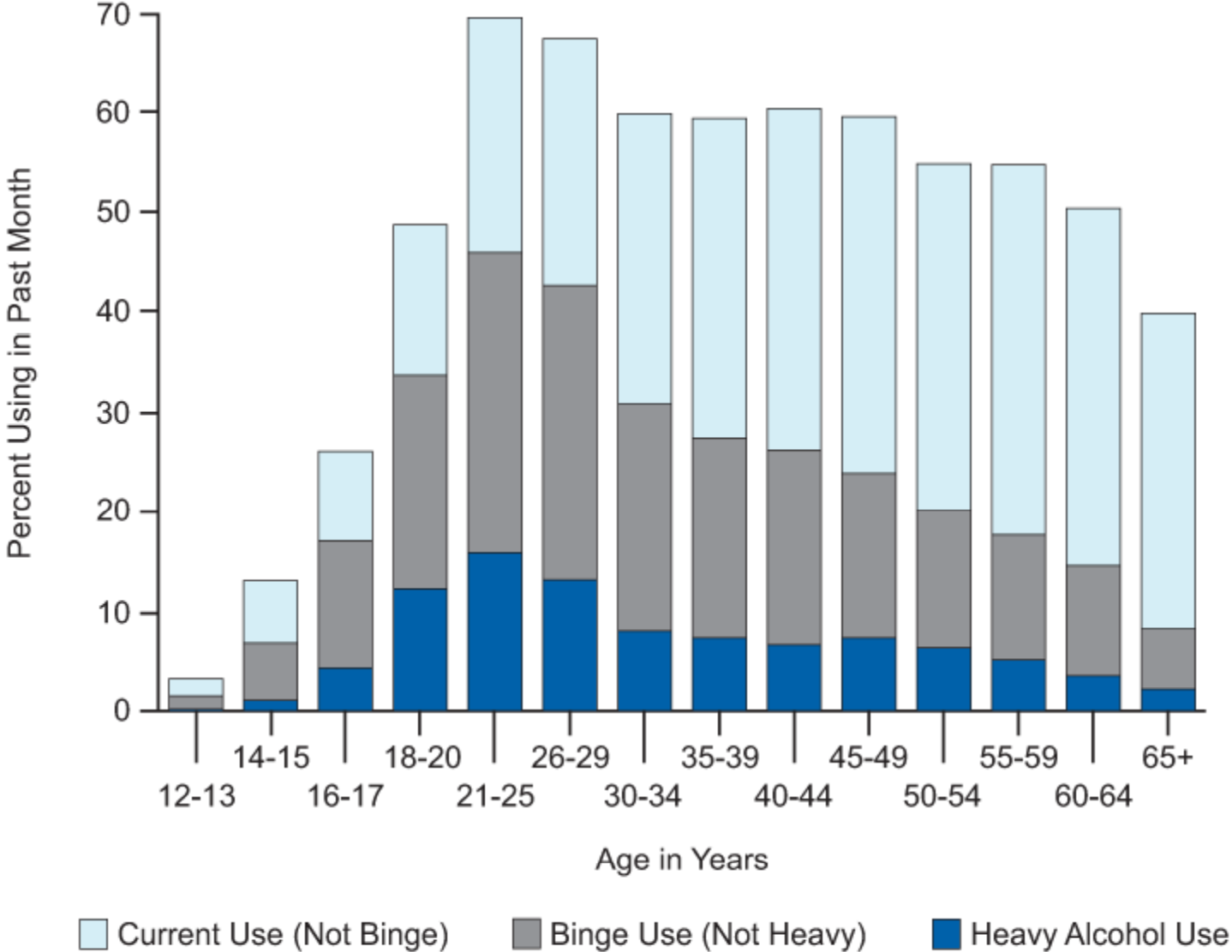
Addiction is the dysregulation of midbrain dopamine (pleasure) system due to unmanaged stress resulting in symptoms of decreased functioning:

- Loss of control
- Craving
- Persistent drug use despite negative consequences

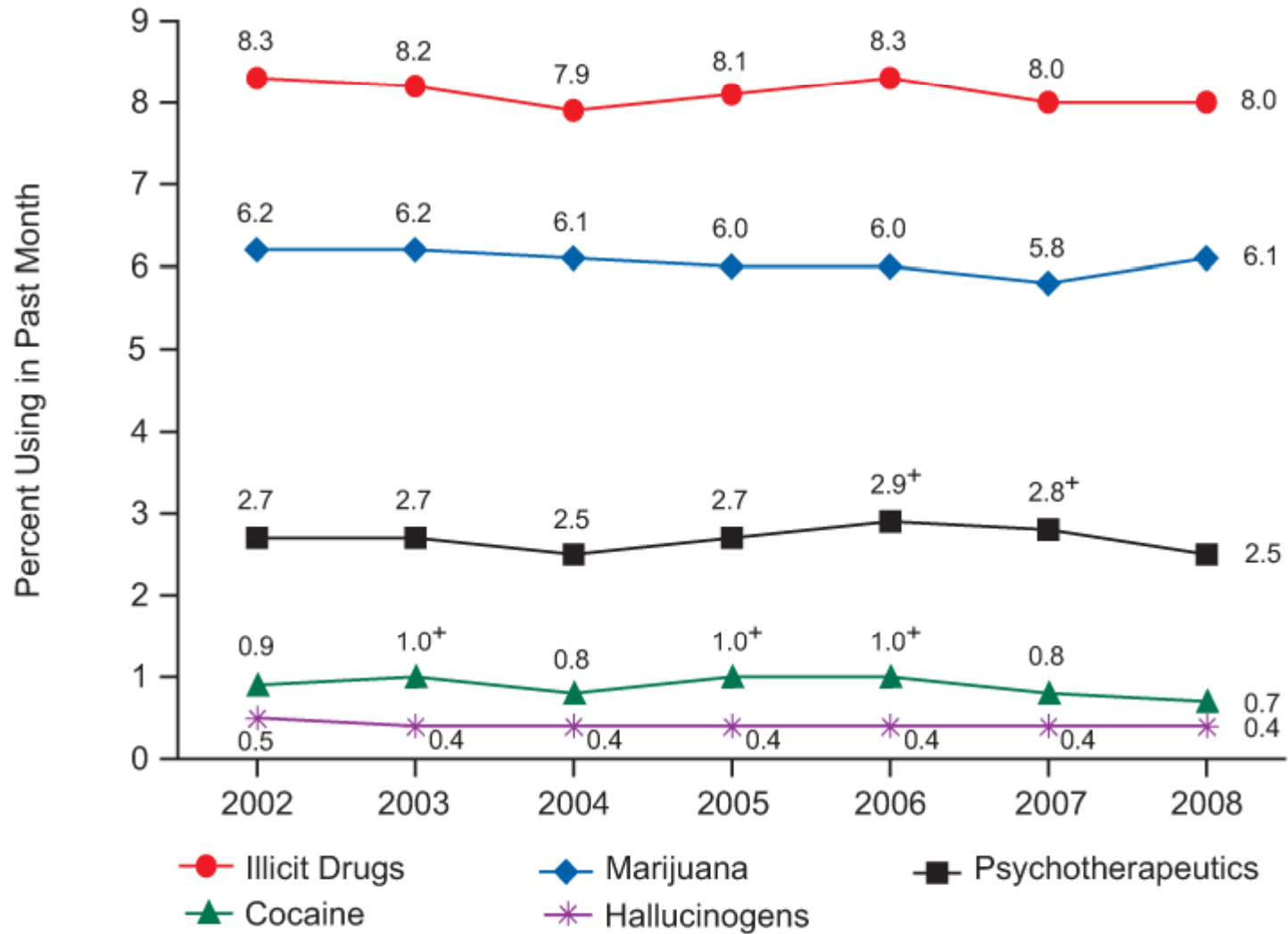
# Definition

***Addiction is a primary, chronic, progressive illness, with a compulsive element, that if left untreated can cause death.***

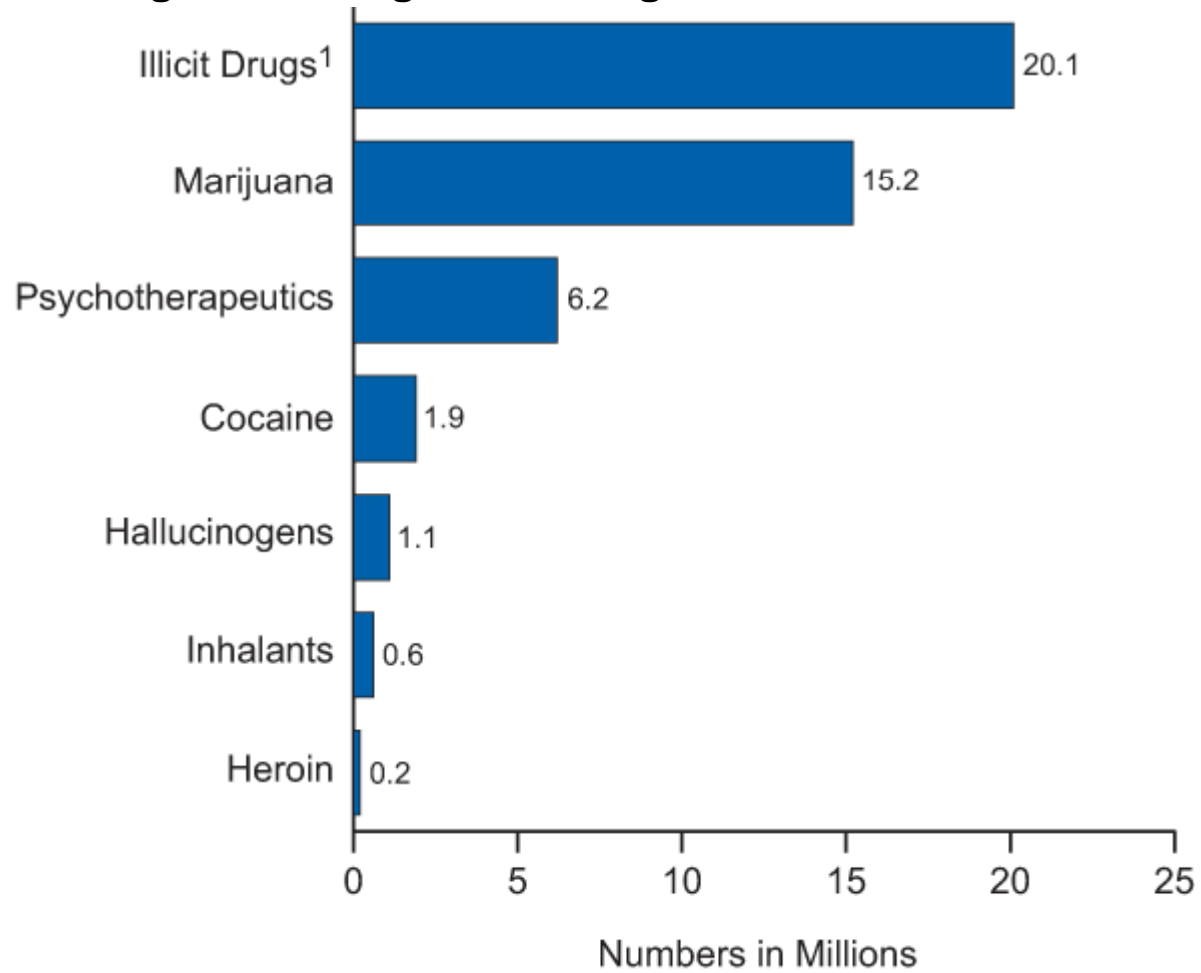
**Figure 3.1 Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2008**



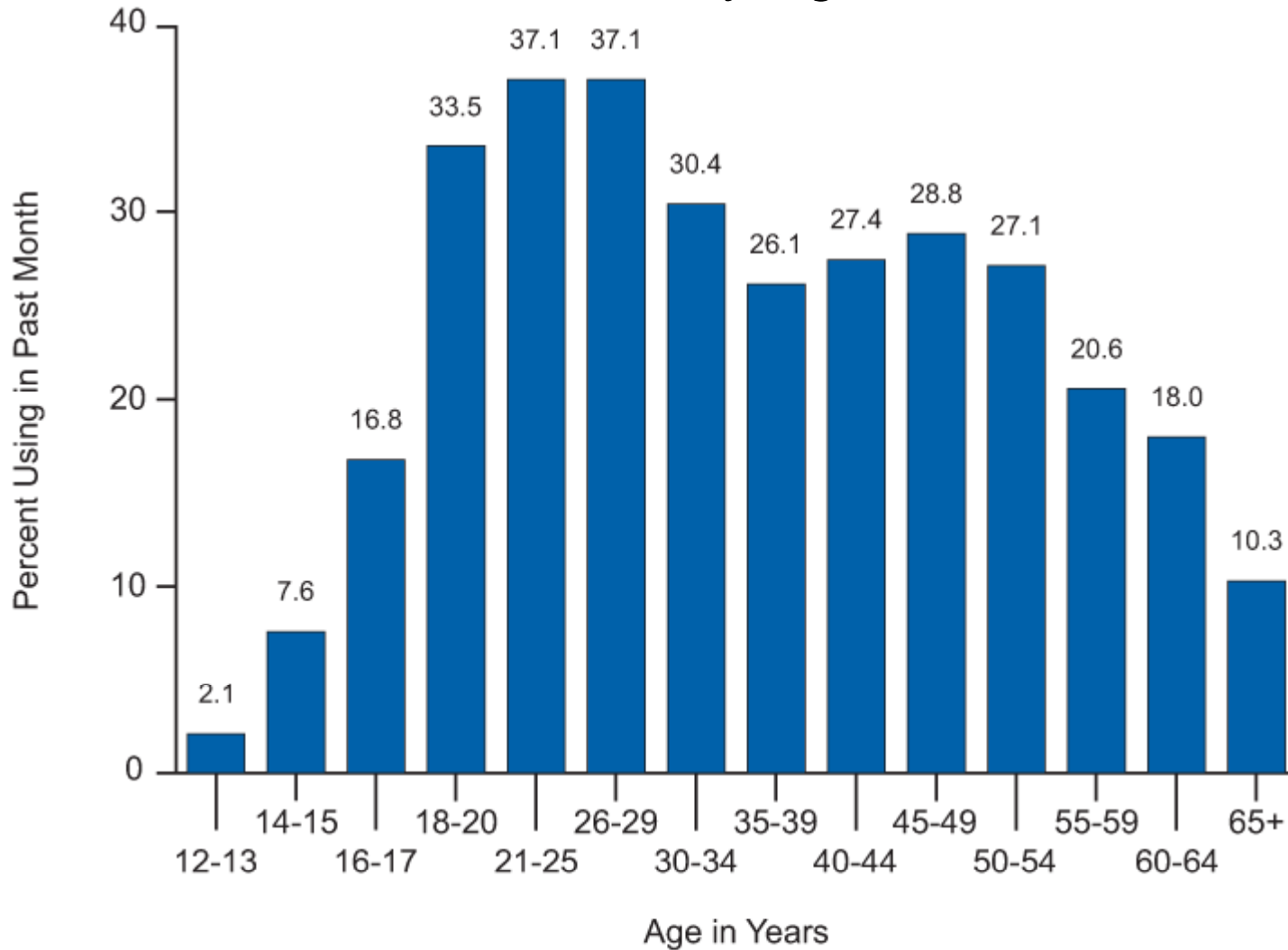
## Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2008



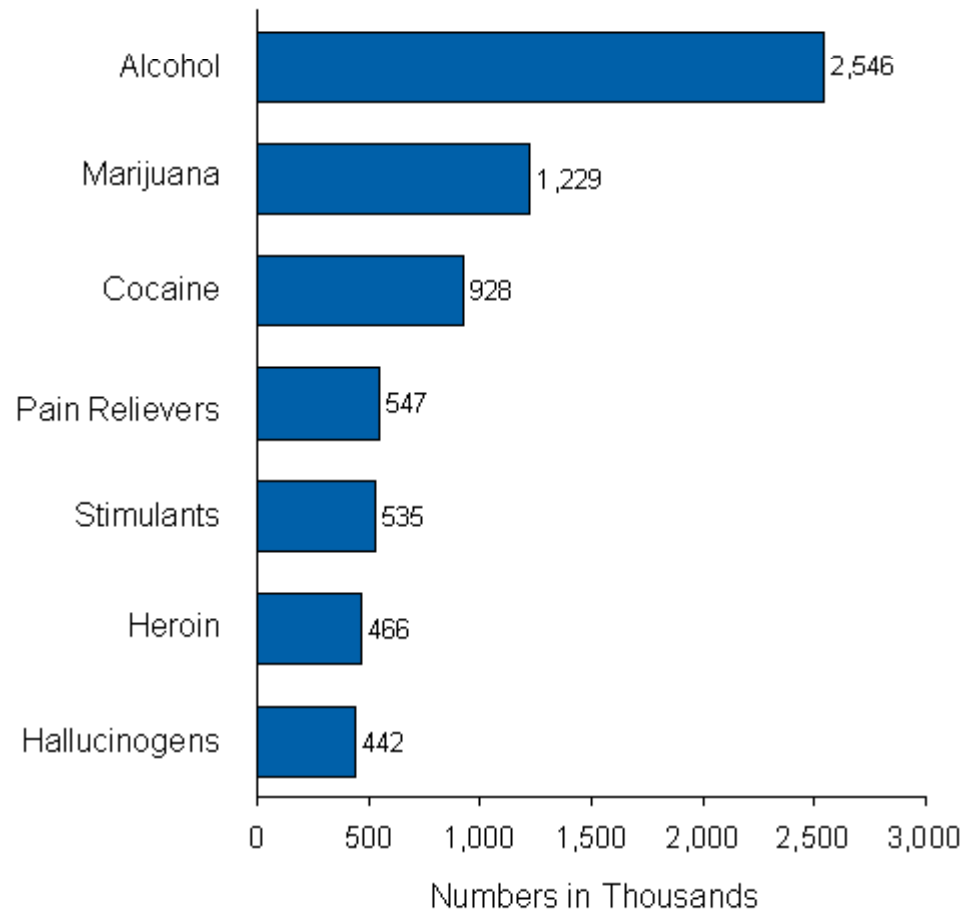
## Past Month Illicit Drug Use among Persons Aged 12 or Older: 2008



# Past Month Cigarette Use among Persons Aged 12 or Older, by Age: 2008



# Substance for which most treatment was received



# Nutritional Implications of Substance Abuse

- Changes in dietary intake
- Malabsorption
- Maldigestion
- Impaired metabolism

# Changes in dietary intake in drug use

- Suppressed appetite: “Stemfast” diet  
nicotine
- Alcohol crowds out real food
- Compromised oral health
- Unpleasant GI consequences of eating
- Impaired taste and smell
- Poor food choices
- \$\$\$ & housing issues

# Malabsorption

- Diarrhea
- GI breakdown
- Reduced enzyme production
- Pancreatic disease

I Love You with All My Liver

The Great Multi-Tasker

# Changes in nutrient absorption

- Smoking and Vitamin C
- Alcohol and overall vitamin depletion
- Cannabis
- Narcotic (Opioid)

# Changes in Body Weight and Composition

- Smokers generally weigh less
  - Eat less r/t nicotine, poor taste
  - Speeds up metabolism
  - Moves body fat to waist
- Cocaine
- Beer belly
- ETOH: Muscle loss

# Role of the Dietitian

- **#1 priority – get pt into treatment**
- **Screen as matter of routine**
- **Discuss nutritional effects of substance abuse**
- **See yourself as part of the “network”**
- **Nutrition as part of a successful treatment program**

# Diet is an integral part of Recovery

- Diet can support or sabotage
- Smokers may avoid quitting due to fear of weight gain

# Nutrition Concerns during Recovery

- Acute withdrawal
- Potential for weight gain
  - Rebound appetite
  - Substance substitution
- Cultivation of healthy food habits supportive of L/T sobriety

# This is Your Brain on Nicotine

- Stimulates norepinephrine (alertness)
- Enhances dopamine (pleasure)

# This is your brain post-nicotine

- Readjustment period to normal chemistry
- Psychological “slump”
- Physical + psychological addiction

# Drugs, Food & Mood

- “HALT” – sugar encouraged in AA
- “No thanks – I get high on sugar.” (as well as caffeine, chocolate, etc)
- Effects of foods on neurotransmitters & blood glucose levels

# Detox Hurdles

- Cravings
- N & V & D
- Appetite changes
- Substance substitution
- Eating disorders

# Withdrawal Symptoms

- Appetite Loss
- Increased Appetite
- Food Cravings
  - Caffeine
  - Sugar
- Mood Swings
- Fatigue
- Insomnia
- Weight Fluctuations
- Diarrhea
- Constipation
- Flatulence

# Dietary Approaches to Withdrawal Symptoms

- Appetite loss
  - Small frequent meals
  - Use of increased fluids (juices, milk, supplements)
  - Limit caffeine, tobacco and fatty foods
- Increased Appetite
  - Establish regular meal pattern
  - Ensure variety and balance in diet
  - Limit sweets and caffeine

# Dietary Approaches to Withdrawal Symptoms

- Food Cravings/Mood Swings/Fatigue
  - Establish regular meal pattern
  - Promote healthful food choices
  - Limit sweets and caffeine
  - Food stoppers
  - Maintain adequate fluid intake
- Insomnia
  - Small snack 1 hour before bed
  - Eliminate caffeine before bed

# Medications Used To Aid Recovery

- Nicotine replacement (patch/gum/lozenge)
- Soboxone/nalaxone
- Methadone
- Bupropriion (Zyban) (balances brain chemistry)
- Antabuse
- Acamprosate
- Vivetrol

# Smoking Cessation Favors Weight Gain

- Oral stimulation/hand rituals replaced with food
- Return of the Appetite w/o nicotine suppression
- Senses of taste and smell return
- Metabolism slows

# Positive spin by Donkersloot and Ferry

- Celebrate return of normal healthy appetite!
- Improved sense of smell lets you enjoy the eating as a pleasure
- Learn to live with your natural metabolism
- Weight gained on hips instead of waist decreased CV disease risk
- The health benefits of smoking cessation greatly overshadow any temporary weight gain

# Avoiding Weight Gain

- Portion Control
- Awareness of rebound appetite
- Guide to healthy food choices
- Exercise!
  - Burn kcal
  - Build muscle

# Role of Diet in Recovery

- Replenish nutrients
- Keep mood and emotions on an even keel
- Diet as part of a healthy lifestyle

# Guidelines for Diet in Recovery

- Eat a variety of nutrient-dense foods
- When it comes to carbs – get complex
- Eat breakfast every day
- Eat regular meals & snacks
- Choose healthful snacks instead of sweets and soda pop
- Decaffeinate
- Take time to enjoy meals
- Real food for real people – take supplements only as prescribed

# Barriers to Dietary Counseling

- Access to care
- Food security
- Support Systems
- Other considerations
  - Literacy
  - Homelessness
  - Transient populations

# Barriers to Achieving Optimum Outcomes

- Motivation?
- Substance-induced mental disorders
- Emotional immaturity
- Denial
- Difficulty tolerating intense emotions
- Externalization
- Manipulation
- Poor frustration tolerance
- Feelings of helplessness, hopelessness, depression

# More barriers....

- Lack of sober support system
- Difficult to establish therapeutic rapport
- Fear of physical dependence
- Sobriety leads to loss of companions

# Helpful Strategies

- Client-centered approach to behavior change
- Encourage participation in treatment planning
- Active listening
- Encourage expression of feelings
- Provide reliable support
- Avoid over helping
- Resist manipulation
- Avoid burnout – get clinical supervision/support

# Strategies for Improving Dietary Outcomes

- Plan should be based on the client's ability to implement/follow thru
- Continue to assess readiness for change and plan confidence

# Get with “the Program”

- 12-step spirituality
- Stages of change
- Motivational interviewing
- Dietary relapse prevention
- Building self-efficacy
- Humor

# References

- Nutrition & Addictions: a Guide for Professionals by Ann S. Hatcher Published by BHN-DPG
- Nutrition and Recovery: A Professional Resource for Healthy Eating during Recovery from Substance Abuse by Trish Dekker. Centre for Addiction and Mental Health, 2000. [www.camh.net](http://www.camh.net)
- How to Quit Smoking and Not Gain Weight Cookbook by Mary Donkersloot and Linda Hyder Ferry
- <http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>