



# “Discover Wellness....and Optomize Recovery ”

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# ONE OUT OF TEN AMERICANS SUFFERS FROM AN ADDICTION



One out of ten Americans who suffer from addiction are able to get treatment



# Two out of Three Treatment Centers in the United States DON'T use Evidence Based Practices





# What is Modern Evidence Based Addictions Counseling?

- ▶ According to Dr. David Sack, MD
- ▶ 1) **Comprehensive Assessment**
- ▶ 2) **Stabilization**
- ▶ 3) **Acute Care**
- ▶ 4) **Motivational Interviewing and Cognitive Behavioral Therapy**
- ▶ 5) **Community Reinforcement** and Contingency Management
- ▶ 6) **Couples and Family Therapy**
- ▶ 7) **Chronic Disease Management and Case Management and Support Services....AND...**

# What Else is Modern Evidence Based Addictions Recovery Supports?

## ➔ Nutrition and Wellness






# But These Categories Are Not Separated

▶ The overlap of these area's of treatment service focus is real....and one category has components of the other:

▶ **Nutrition can and should be seen in a human and relationship context....not a separate science...but a vehicle to utilize our counseling skills within!**




**Why might support services struggle with concept that nutrition and Wellness improves recovery rates?!**

- 1) we see folks recover despite the absence of wellness efforts**
- 2) We may not practice these things our self**
- 3) We were not shown these things in our early recovery**
- 4) Possibly we are not sure even help!**



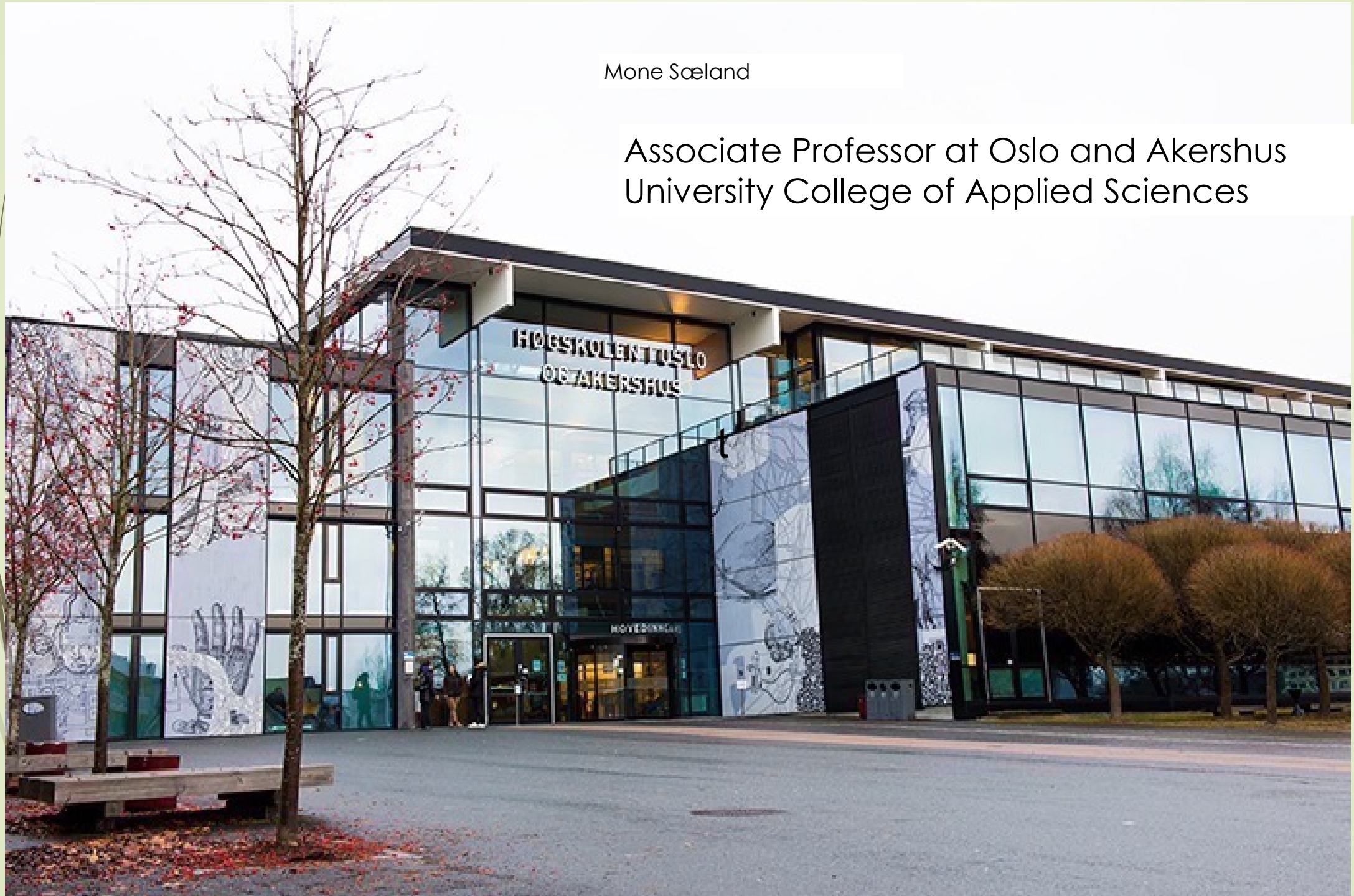


# **MY Greatest Recovery Influence!**

- Mone Sæland
  - Associate Professor at Oslo  
and Akershus University  
College of Applied  
Sciences
- 

Mone Sæland

Associate Professor at Oslo and Akershus  
University College of Applied Sciences





# Potential effects of substance use on nutritional status:

- \* Appetite suppression
- \* Reduced nutrient intake
- \* Decreased nutrient bio availability
- \* Increased nutrient losses/malabsorption
- \* Altered nutrient synthesis, activation, and utilization
- \* Impaired nutrient metabolism and absorption,
- \* Increased nutrient destruction,
- \* Higher metabolic requirements of nutrients,
- \* Inadequate weight gain/weight loss,
- \* Iron deficiency anemia
- \* Decreased financial resources for food.

Story M and Stang J (2000).





**1** AGE: 22

© rehabs.com



**2** AGE: 33



**OVERDOSE:** Paret segner om på «Itstikker'n» etter hvert sitt skudd med heroin. Denne gangen gikk det bra

Alle foto: TRILS BREKKE





**FURST**  
AS MED-LAB

0413  
DR. FRANK LEO ERIKSEN  
POSTBOKS 268  
1319 BEKKESTUA

Pasient:  
UFB NATTHJEMMET, OSLO  
Kjønn: Kvinne

**ANALYSE**  
B-Hb  
S-CRP  
B-Leukocyter  
B-Trombocyter  
B-Erytrocyter  
B-Hematokrit  
MCV  
B-Retkulyocytter  
S-Ferritin  
S-Jern  
S-Jernbindingskap.  
S-Jernmetning %  
S-Vitamin B12  
S-Folat  
Ery-Folat  
F-Homocystein  
S-Metylmalonsyre  
S-Natrium  
S-Kalsium  
S-Kalsium  
S-Fosfat, iorganisk  
S-Magnesium  
S-Kreatinin  
S-Urinstoff  
S-Urinsyre  
S-ASAT  
S-ALAT  
S-Gamma GT  
S-Fosfatase, alkalisk  
S-Amylase pankreas  
S-LD  
IS-Glukose  
IS-Glykohemoglobin  
IS-Triglyserider

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**ANALYSE**  
S-Kolesterol  
S-HDL-kolesterol  
S-Albumin  
S-Protein total  
S-FSH  
S-Frot T4  
S-FSH  
S-LH  
S-Østradiol-17beta  
S-Progesteron  
S-SHBG  
Vitamin D  
Vitamin A (retinol)  
Vitamin E  
Ratio Vit E/(trig+kol)  
S-Vitamin K  
S-Selen  
S-Sink  
S-Koerber  
S-Mononukleosetest  
S-Anti-HAV total  
S-Anti-HAV IGM  
S-HBsAg  
S-Anti-HBc  
S-Anti-HBs  
S-Anti-HCV  
S-H-Pylori IgG

Kommentarer hematolog  
MCV: Husk at MCV stiger  
Kommentarer hormonalt  
Tidspunkt for siste menst  
Lav østradiol uten LH-ell  
(hypotalamisk) svikt? (Kas  
trening) eller organisk.

Dr. Trine Bjero

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Pasient:  
UFB NATTHJEMMET, OSLO  
Kjønn: Kvinne

**ANALYSE**  
Kommentarer serologiane  
Mulig HCV infisert. Prøven  
(Ulleval). Kontrollprøve anbef  
Sannsynligvis beskyttet mot  
vaksinasjon eller på grunn

Dr. Pål Jenum

Rekvirent:  
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**MIKROBIO**  
Tlf. ENSP. 22 11 88 25

LEGE  
ERIKSEN FRANK LEO  
POSTBOKS 268  
1319 BEKKESTUA

Remisse-Nr.:

NAVN:  
KLINISKE OPPLYSNINGER:  
HCV konfirmering

SEROLOGISKE UNDERSØKELSER

Materiale:  
Prøvenr.:  
Prøvetakningsdato:

**ANALYSE:**  
HEPATITT C VIRUS AS  
Kjent anti-HCV positiv  
konfirmasjonstest (RT-PCR)

Resultatene må ikke

**Aker universitet**  
Homonlaborator

Eriksen Frank Leo lege  
Postboks 268  
1319 Bekkestua

LIDnr.

ANOREXI.

REG.DAT:

Dato

SLUTT PÅ SVARRAPPORT  
DERES REKVIRENT KONTAKTERES

Kommentar:

Emæringsseksjonen  
Aker sykehus  
0514 OSLO

Rekvirent: Frank Leo Eriksen  
Frank Leo Eriksen  
Lege  
ID-nr. 2139 42  
Svar sendes, F.B. 268, 1319 Bekkestua

Provedator: .JK

Ønskes	Ålfersat
<input checked="" type="checkbox"/>	Vitamin
<input checked="" type="checkbox"/>	Tiamin
<input checked="" type="checkbox"/>	Vitami

**folkehelseinstituttet**

Eriksen Frank Leo  
Lege  
Postboks 268  
1319 Bekkestua

0658 Oslo

Vkr ref.:  
Deres ref.:

Materiale: serum

**Hepatitt C virus (HCV) undersøkelser**

Reaksjon med følgende HCV antigener (4+ er maksimal):  
IgG anti-HCV, dot blot  
Analyse er utført med CHIRON RIBA HCV 3.0 SIA, Ortho

c100	Positiv
4+	4+
c33c	Positiv
4+	4+
c-22	Neg
4+	4+

HCV, RT-PCR  
Analyse er utført med "in house" metode  
Virusmengden i blod kan variere. Ny prøve om 1-3 mdr. anbefales for  
å vurdere smittetatus. Dersom behandling er aktuelt, vennligst anfør  
da også ønske om viruskvantitering og genotype.

**ANALYSERAPPORT**  
Virologiske analyser

Kopi sendt  
Først Medisinsk Laborator

Analyseserapport kontrollert av overlege Gunnar Hordévik  
Analyser merket med \* omfattes ikke av akkrediteringen.  
Resultatene må ikke benyttes til foredrag/publikasjoner uten etter avtale

Nasjonalt folkehelseinstitutt  
Divisjon for smittesvern  
Postboks 4404 Nydalen  
N-0403 Oslo

Telefonhenvendelser  
Telefon utvirkte  
Sentralbord  
Tjefaks:

22 04 23 21  
22 04 22 00  
22 04 24 47

## Substances detected in the blood from the 25 first respondents: Analysed at the National institute of forensic toxicology, Norway

Substance analyzed in blood -	Deteced range	Number of users	Only this substance
Alprazolam $\mu\text{mol/l}$	0.04 – 0.20	2	
Amfetaminer $\mu\text{mol/l}$	0.43 – 5.04	9	2
Cannabis nmol/l	38.8 - 229.3	4	
Dextropropoksyfen $\mu\text{mol/l}$	-		
Diazepam $\mu\text{mol/l}$	0.3 - 1.2	5	
Fenobarbital $\mu\text{mol/l}$	-		
Flunitrazepam $\mu\text{mol/l}$	0.008 – 0.049	17	
Karbamazepin $\mu\text{mol/l}$	-		
Karosoprodol $\mu\text{mol/l}$	-		
Klonazepam $\mu\text{mol/l}$	0.09 -	1	
Kokain-stoffer $\mu\text{mol/l}$	-		
Meprobamat $\mu\text{mol/l}$	9 -	1	
Metadon $\mu\text{mol/l}$	-		
Midazolam $\mu\text{mol/l}$	-		
N-desmetldiazepam $\mu\text{mol/l}$	0.2 - 0.7	4	
Nitrazepam $\mu\text{mol/l}$	-		
Opiater $\mu\text{mol/l}$	1.85 – 8.91	22	
Oxazepam $\mu\text{mol/l}$	-		
Zolpidem $\mu\text{mol/l}$	-		
Zopiclon $\mu\text{mol/l}$	-		

# Substance use habits among the whole sample, n=195:

- Apart from two men, all were users of multiple substances
- Heroin was the most frequently used substance
- Heroin and Flunitrazepam were the most used combination
- Women tend to use more sedatives
- Cannabis and Amphetamines were most used by men.













## Surveillance of nutritional status

1. Vitamin B12
2. Vitamin B6
3. Homocysteine
4. Vitamin D
5. Vitamin C
6. CRP
7. Hb, S-Ferritine
8. Zinc
9. Selenium
10. BMI?




# Summing-up

- The participants in this study generally suffered from malnutrition due to poor dietary habits.
- The interaction between heavy substance use and poor dietary habits worsened their health status tremendously.
- Rehabilitation and treatment efforts to people with SUD, would benefit from more focus on healthy dietary habits and surveillance of their nutritional status.



Anne Smehaugen



“There is an unique potential in recovering a dignified self-perception through the diet and the implicated caretaking.

The ideal of a caretaking relation is that the caregiver meets the care receiver in a none degrading and not repressive way, thus giving confirmation through caregiving that intentionally will lead to self-care and empowerment.”

Anne Smehaugen

# Perception is Everything

- **Nutrition in recovery services is not to be “a task farmed out” to an outside vendor (ie a registered dietician who enters the treatment center only to provide that one service)**
- **Nutrition/Eating is the most basic form of human interaction...Recovery is about moving away from relationships with substances or objects and replacing that with relationships with people**

**We don't tell people what to do  
we offer options?**



# INTENSITY versus Self Commitment

- Self abandonment via a continued search for chemicals that initiate brain chemistry firing?
- LIFE ON LIFES TERMS??????????

Commitment to self: food, exercise,  
hydration, sleep,





**How do we go from this to this?**



CBT: Do things differently and do different things

- **RECOVERY: A RETURN TO HEALTH**
- **Change**
- **Stages of change (something we do well )**
- **Promote health**
- **Assess resistance**
- **Incorporate nutritional improvement within the context of all recovery supports**

# TAKE A STRENGTHS BASED APPROACH!

- Don't Educate – Discuss
- Don't Demonstrate – Participate
- Don't identify what they don't know – promote what they do know
- Don't discuss the harm – discuss the gain
- Don't judge – Be on equal ground

# Dr. Monet Saeland

➔ “A person’s overall health is only as good as their food and their stomach ...”



# Some Closing Thoughts

- ▶ People will not remember what you said ...but they will remember how you made them feel.....Maya Angelou
- ▶ Your health and wellness is only as good as your stomach and your nutrition.....Mone Eli Sealand
- ▶ Nutrition alone by itself....will not get any one sober....but motivational counseling, fellowship, and attention to wellness...WILL GET MORE CLIENTS SOBER
- ▶ ....and you the counselor can do this.....Recovery is very much the returning to Self Care.....and today's topic is a part of that process....thanks.....Jeff Lang



# One Last Thing!

- ▶ THANK YOU!.....if I can ever be of any assistance please reach out at [Langsupervision@Comcast.net](mailto:Langsupervision@Comcast.net)
- ▶ .....THANKS...Jeff Lang