

Exploring the role of food and nutrition for women in recovery from substance misuse

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Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional' seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice.

The current theme for the seminars is 'Alcohol and Recovery'. Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

At present there is very little evidence around the nutritional status, dietary habits and values of women in recovery from substance use disorders. Berry and Carlson began the presentation by contextualising their empirical research in Plymouth by expanding on the circumstances of addiction. They also provided background information on the relationship to nutrition that individuals in recovery

have and highlighted economic arguments for supporting an alignment of nutrition and recovery services.

Berry and Carlson suggested that substance use disorders arise from an interaction of many different factors: Biological, psychological, social and behavioural. These frequently intersect with socioeconomic circumstances such as unemployment, mental health issues and poverty. Current research also indicates that individuals in recovery are more likely to experience malnutrition, weight gain, mental health disorders and dysfunctional eating patterns, increasing the risk of chronic disease and relapse. Furthermore, for every £1 spent on recovery, the NHS would save £2.50 on health and criminal justice costs¹. Given all of these factors, Berry and Carlson asserted that there is a serious gap in research and services when it comes to including nutrition as part of a well-rounded and sustainable recovery plan.

Carlson suggested that evidence suggests that women entering recovery are deficient in numerous micronutrients. Once women enter into recovery their food intake may increase. This can cause excess weight gain which may be a potential



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¹ National Treatment Agency for Substance Misuse (2016),

trigger for relapse. Women tend to experience higher weight gain than men, and are more at risk of developing a pattern of disordered eating. Poor nutrition impacts both physical and mental health, highlighting further that nutritional involvement is an important, but currently lacking, part of recovery. Carlson stressed, however, that this involvement must be tailored to the needs of the individual as issues affecting nutrition and recovery are complex and multi-faceted. Bespoke programmes created in partnership with participants are needed in order to aid the recovery journey.

Berry and Carlson explained that the aims of their exploratory study were:

- To assess women's nutritional knowledge, eating attitudes and behaviours, dietary intake and nutrient exposure within recovery settings
- To assess and provide women's views on the importance of nutrition and nutritional professionals within this setting
- To establish whether there was a need or wish from the participants for nutritional guidance within their recovery journey.

They recruited 23 participants from four rehabilitation units using a multi-centre cross-sectional survey design which incorporated questions assessing: nutrient exposure, views on healthy eating, importance of nutrition and thoughts on nutritional professionals within recovery settings.

Berry and Carlson argued that their findings suggested that nutritional knowledge was not being converted into healthy eating behaviour. While

the vast majority of participants understood what constituted good nutrition, i.e. eating breakfast regularly and consuming fruits and vegetables as part of a balanced diet, they were not putting this knowledge into practice. Carlson suggested two explanations: Participants may experience a lack of confidence and/or higher levels of affective disorders.

Another finding was that the participants in the residential settings expressed that they found healthy eating difficult as they did not cook for themselves, with food being provided by the agency. Comments included: "It is difficult having someone else having control over your food" and "Chef cooks unhealthy and portions are too big." Carlson pointed out here that there would be little benefit in educating clients about proper nutrition if there was no way for them to put this knowledge into practice, given the restrictions of a live-in service.

One of the components of the research was to analyse the micronutrients of the diets of the women based on the data from the 24-hour recall component of the survey. Tryptophan, which is an essential nutrient, plays a role in creating serotonin or 'happiness hormone' in the body. Poor nutrition, which is linked to substance misuse, may result in lower levels of both dopamine and serotonin which can result in mood and behaviour abnormalities, particularly irritability, sleep issues, depression and desire for substances. An overwhelming majority of participants felt that food and nutrition played an important role during their recovery. However some participants expressed

concerns about the expense of healthy food, and one said that recovery needed to be front and centre of their concentration and that the time for focussing on nutrition is afterwards.

Berry and Carlson were candid regarding the limitations of their study, noting several challenges: First, there were significant barriers to recruitment given that this is a marginalised population. Recruitment barriers also included low education and health literacy amongst this population, as well as a low response rate. Berry and Carlson strongly recommended that every individual entering recovery should have a nutritional screening performed, and that their nutritional status be monitored and evaluated. This would help to build a larger evidence base to build upon for future study and understanding of the relationship between nutrition and recovery.

In concluding, it was suggested that taking preventative measures to reduce diet-related disease risk required further research to fully understand perceptions and behaviours related to food choice.

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