Nutrition in addiction recovery

[Overall recommendations](#)
[Alcohol use disorder](#)
[Cocaine and methamphetamine](#)
[Opioids](#)
[Overall areas where more information is needed](#)

Overall recommendation for recovery from all substance use disorders (SUD)

- 2-3 L of water per day, replacing sweetened beverages
- Emphasis on plant proteins from beans, nuts, seeds
- Emphasis on whole grains (oats, farro, quinoa, barley, etc.) over refined grains

Anti-inflammatory diet rich in antioxidant vitamins A, C, E, selenium, iron, omega-3

- Sources of vitamin A: carrots, pumpkin, sweet potatoes, spinach
- Sources of vitamin C: bell peppers, kiwi, broccoli, strawberries
- Sources of vitamin E: almonds, sunflower seeds, avocado, peanut butter
- Sources of selenium: brazil nuts, yellowfin tuna, turkey, halibut
- Sources of iron: red meat, lentils, pumpkin seeds, kidney beans
- Sources of omega-3: fatty fish, chia seeds, flax seeds, walnuts

Fiber

- Gradual increase in fiber intake to meet daily recommendations: 25 g/day women, 38 g/day men
- Get fiber from whole food over dietary supplements
- Sources of fiber: beans, whole grains, berries, cruciferous vegetables
- For additional fiber, use chia seeds soaked in water

Tips

- Eat breakfast within 30 minutes of waking up
- Eat smaller meals every 2.5-4.5 hours (5-6 times/day)
- Fruit or vegetable with every meal/snack
- Raw vegetable daily
- Fermented foods (not fermented beverages!)

Coffee and tea

- Max 400 mg caffeine/day (3-4 cups of coffee)
- Use green tea over coffee when possible
- Minimize artificial sweeteners

Recommendations for recovery from alcohol use disorders (AUD)

- 1.2-1.5 g/kg/day protein
- Full spectrum multivitamin/mineral broken into at least two separate daily doses
- Additional B-complex vitamin (intravenous thiamine if Wernicke-Korsakoff is present)
- Additional vitamin D3 if deficient (also direct sunlight for 20 min twice/week)
- Omega-3 EPA/DHA-rich 3g/day, reduced exposure to omega-6 fatty acids
- Probiotic supplement (refrigerated?)

Where more information is needed:

- If liquid multivitamin/mineral supplements work better for absorption of micronutrients
- If supplemental zinc will be effective in improving gut permeability, and optimal dosage
- If supplemental S-adenosylmethionine is effective for alcoholic liver disease, and optimal dosage
- If supplements to support liver function are beneficial
- Which particular strains of probiotic bacteria are optimal for alcohol users
- How nutrition interventions should differ based on presence/progression of liver disease
- Link between alcoholism and the insulin-leptin-ghrelin response

Recommendation for recovery from cocaine and methamphetamine

- Protein-rich diet: 1.2-2.0 g/kg/day (whey or plant-based protein powder can help)
- Minimize refined carbohydrates (use complex carbohydrate)
- Gradual weight gain if underweight (instead of rapid, ideally under 10 lbs./month)
- Full spectrum multivitamin/mineral broken into at least two separate daily doses
- Additional vitamin D3 if deficient (also direct sunlight for 20 min twice/week)
- Omega-3 EPA/DHA-rich 3g/day, reduced exposure to omega-6 fatty acids

- Probiotic supplement (refrigerated?)

Where more information is needed:

- If supplemental metals (i.e. iron, copper) in multivitamin/mineral promote oxidative stress
- Which particular strains of probiotic bacteria are optimal for cocaine and meth users
- How compromised oral health can impact nutritional status
- If supplemental N-acetylcysteine (or glutathione) is effective to reduce cravings, and optimal dosage

Recommendations for recovery from opioids

- Protein-rich diet: 1.2-2.0 g/kg/day (whey or plant-based protein powder can help)
- Use fruit (fresh/frozen/dried) for "sweet tooth"
- Gradual weight gain if underweight (instead of rapid, ideally under 10 lbs./month)
- Full spectrum multivitamin/mineral broken into at least two daily separate doses
- Additional vitamin D3 if deficient (also direct sunlight for 20 min twice/week)
- Omega-3 EPA/DHA-rich 3g/day, reduced exposure to omega-6 fatty acids
- Probiotic supplement (refrigerated?)

Where more information is needed:

- If liquid multivitamin/mineral supplements work better for absorption of micronutrients
- If supplemental vitamin B6 is beneficial for heroin users, and optimal dosage
- Which particular strains of probiotic bacteria are optimal for heroin users
- How to best manage opioid-induced bowel dysfunction nutritionally
- If digestive enzymes are effective, and optimal dosage
- If supplements containing precursors for neurotransmitters are effective, and optimal dosage
- Link between opioids, cholesterol, and hormones
- Effectiveness of "sunlight therapy" in recovery from opioid addiction
- Nutritional implications of Suboxone (buprenorphine/naloxone) and Vivitrol (naltrexone)

Overall where more information is needed

- Optimal rate to increase fiber intake for to improve fiber tolerance
- If antioxidant supplements such as turmeric/curcumin, coenzyme Q10, alpha lipoic acid, resveratrol, and flavonoid polyphenols are beneficial, and optimal dosage
- If supplements for "leaky gut" used by functional medicine practitioners are effective, and optimal dosage
- If supplements for "immune support" are effective, and optimal dosage
- Which probiotic strains are best for AUD/SUD, and optimal dosage
- If stool samples will soon be able to inform nutrition intervention strategies
- The role of magnesium in recovery from AUD/SUD
- How genetic testing can inform nutrition intervention strategies
- If high-dose amino acid therapies are effective, and optimal dosage
- How to best treat co-occurring AUD/SUD and Eating Disorders (ED)
- How to determine necessity for referring to ED treatment
- How to best treat co-occurring AUD/SUD and Food Addiction (FA)
- Best ways to address body image concerns in AUD/SUD treatment
- Best strategies to reduce nighttime eating in treatment settings
- How "mindful eating" can benefit individuals with AUD/SUD
- If long-term nutrition therapy with consistent eating patterns can impact hormones sufficient to normalize reward processing in the brain
- Long-term nutritional implications of medications, and how to best counsel patients on it
- Best topics for group education in treatment settings
- Best practices for implementation of cooking classes and other "life skills" workshops
- Best practices for implementation of nutrition guidelines in treatment settings
- How smoking/vaping impacts taste preferences and relationship to food
- Best strategies to encourage reduction/cessation of caffeine/nicotine
- Best strategies for incorporating exercise into treatment settings
- Best ways to collect data and publish findings

LEGEND: AUD (alcohol use disorder); SUD (substance use disorder); ED (eating disorder); FA (food addiction)

Resource:

Wiss, D. A. (2019). The role of nutrition in addiction recovery: What we know and what we don't. In I. Danovitch (Ed.), *The assessment and treatment of addiction: best practices and new frontiers* (pp. 21–42), Elsevier.

NUTRITION IN RECOVERY

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ESTD 2021
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