

Episode 99: Sugar and Food Addiction with Dr. Vera Tarman

00:00 John S.: This is Episode 99 of AA Beyond Belief, the Podcast.

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00:25 John S.: Dr. Vera Tarman has been working in the field of addiction medicine since 1994 and has been the Medical Director of Renascent, a treatment center in Toronto since 2006. She is a regular contributor to the call-in TV show, Living Clean, Living Well, and was co-host on Addictions Unplugged, a community call-in show about addictions. Although she has spoken on various issues in addiction, her special interest is in the area of food addiction. She's the author of Food Junkies: The Truth About Food Addiction, and she will be a featured speaker at the International Conference of Secular AA to be held in Toronto, Ontario, from August 24 through August 26. But today, she's my guest. Welcome, Dr. Tarman, how you doing?

01:13 Dr. Vera Tarman: Oh, I'm very well, thank you for inviting me to speak here today.

01:16 John S.: Well, it's really nice to have you here. It's been fun this year, you're now the third doctor I've gotten to speak with about addiction medicine, and I still don't quite know if I understand it, but I love speaking with people who are in the field of addiction medicine because I feel like I understand it when I'm talking to them. [chuckle] Anyway. Why don't we kind of just start a little bit? If you can tell us a little bit about what you do at Renascent and maybe tell us a bit about Renascent and what the philosophy is there and the type of addictions that you treat and so forth.

01:45 Dr. Vera Tarman: Well, it's a Canadian center, I've been working there since 2006. It's a center that has three residences that treats the overall spectrum of drugs and alcohol, it has two residences for men and one for women, and I oversee all of them. It's primarily a 12-step focus and it is probably two-thirds Ministry of Health-funded, which means that we get everyone from people on the street all the way up to people who have insurance and can pay for the service. So, it's a really wide spectrum of men and women in all ages.

I probably see on average of a thousand new people a year, so I've seen a lot of people, but it's a month-long program, so I don't see them for very long. I would probably say it's mainly alcohol and cocaine and then opiates in the list of prevalence of what people seek help for, then I start to see marijuana a little bit more. Although nobody until the last couple of years has actually come in and asked about food and sugar addiction, I see

it all the time, it's just rampant, and it's mainly through substitution. The person puts down their alcohol and cocaine and picks up sugar, not really thinking that much of it because it's so ubiquitous you don't even notice, but then they talk about it months later when they've gained 20, 30, 40, 50, 60 pounds.

03:12 John S.: You know, back in the old days, in AA meetings, they used to actually encourage the eating of sugar and so forth.

03:20 Dr. Vera Tarman: Oh. Yes.

03:21 John S.: Not really wise advice, was it?

03:23 Dr. Vera Tarman: Yeah, no, it's even in the literature, and they did that because it worked, and it does work. Yeah, so, I think that that's still happening, but one of my overriding goals is that that sort of awareness of the dangers of sugar will be such that people won't make those kinds of suggestions anymore.

03:41 John S.: Something else I'm wondering about, too. I got to speak with a doctor here, Dr. Nicole Labor, who practices addiction medicine in Akron, Ohio and we were talking about the chemistry of addiction and how it works, and she was describing it as a dopamine problem where your dopamine levels get so out of whack, so high, in the levels that we're not intended to be, and that our brain starts demanding that. She explained that this can happen through drugs, alcohol, behaviors, food, anything that drives your dopamine. Do you see it that way too, and if not, can you give me an idea of how addiction works, and specifically how food and sugar addiction works?

04:32 Dr. Vera Tarman: Yeah. She's described it very well. People aren't actually saying this on a regular basis, but you could almost see addiction as a dopamine impairment syndrome, and if you just look at it from that context, then it's very easy to see how substitution will happen. You can take a drug like alcohol or cocaine which really ramps up our dopamine and then how easy it is to substitute that with sugar, which also does the same thing but on a lower, sub-acute level that can sort of keep it going. When we start to understand that, then we understand why it is that people who have been sober for a long time with alcohol end up picking up 20 years later and say, "Why did I do that? I was going to meetings, I was doing everything I was supposed to do," whatever it is that they were supposed to do to keep the long-term sobriety, but what they probably didn't notice is that five, 10, 20 years later, they've realized, "Oh, my god, I've gained weight. I better stop eating sugar." They've stopped the thing that has kept the whole addiction wheels going, they've stopped that and now their thirst for alcohol or their other drug comes back because it never really left; it was just masked by something else. So, the dopamine impairment syndrome, or something like that, works really well.

06:04 Dr. Vera Tarman: We have a system of dopamine that is built... It's part of our brain, it's part of our motivational system. It's the thing that makes you and I want to talk to each other and be interested in each other's lives and stories and whatnot. That sort of normal dopamine response keeps life going, our motivation going, and when we can hijack that with any kind of substance or behavior that will take us out of the norm into what's abnormal or what we call "euphoria," we're overtaxing a system that just can't manage that for very long.

It tries to deal with it almost immediately by up-regulating the receptors, basically changing the brain, changing the wiring of the brain, and when that happens to a degree that changes are... When the changes have been under the onslaught of excessive dopamine for long enough, that's I think when a person becomes addicted, in other words, behaves in a way that is impairing to their life. They can't go back, because the receptors never really return back to a normal robust level like they did before. Hence, once you're a pickle, you're never a cucumber again. Once you're there, you're not going to be able to go back, at least that's the belief in the disease of addiction.

07:18 John S.: I found it interesting, and the reason I'm talking about food addiction so much for those who are listening and might not understand is that this is really something that you've had personal experience with, and it's something that you're focusing your practice on, and have done a lot of work with. That's why I thought it would be interesting to talk about this, but...

07:39 Dr. Vera Tarman: Yeah.

07:41 John S.: My understanding is once this occurs, once that change, that genetic change, occurs, it doesn't really matter what drug you're using.

07:49 Dr. Vera Tarman: Right.

07:51 John S.: Sugar itself, I guess, and I never really realized this, but it uses the same, is it neuro-pathways as cocaine?

08:01 Dr. Vera Tarman: Yeah, they're the same neurochemistry, it's the dopamine. It's that whole reward pathway, that's where the dopamine goes, it's the nucleus accumbens. Well, it's a part of what we call euphemistically "the limbic system," which is the mid part of our brain, the motivational and spatial part of our brain, that gets kind of hijacked by sugar. One of the reasons why I get so in a state about it is as we introduce the kind of sugar that we do to our kids, our babies, with the formula and then the garbage we give kids, we're ramping up that dopamine right from the get-go, and sugar becomes a gateway for other drugs later, just like other drugs have become a gateway for sugar. It doesn't really matter. We're creating addicts with our kids by the things that

we're doing. It's all affecting the same reward pathway. It's just sugar is slower. [chuckle] If we could smoke it or inject it, it would be the same.

09:01 John S.: So interesting. When I read Tommy Rosen's book, *Recovery 2.0* and talked to him on a podcast, he identified his consumption of sugar as a kid as what led to his addiction later on.

09:16 Dr. Vera Tarman: Yes.

09:17 John S.: I found that really interesting.

09:20 Dr. Vera Tarman: I totally believe that. Yes, totally believe that.

09:21 John S.: It's insidious, too, because we live our lives now so differently. People are working more than they ever had to work, and there isn't really time to prepare meals. We're eating a lot of processed foods, and I think that there's probably sugar in more stuff than we realize, maybe?

09:42 Dr. Vera Tarman: Oh, yeah, definitely. That's the whole definition of processed food, first of all, is we've extracted from real food, I guess, the sort of potent ingredients and packaged them into this thing that we call "food" that is very enticing and already there, it's dopamine-enhanced. It's basically what it is, dopamine-enhanced. Yes, we eat it because it tastes good, it's cheap. The whole reason why processed food was introduced, I guess it was during the wartime, was because if you put a lot of sugar and salt in something, you could prolong the shelf life of it, which it does, and it's put everything into the extraordinary realm of experience, and most people don't recognize that because we acclimatize ourselves. Just like the alcoholic needs a certain amount just to feel normal, the brain acclimatizes to whatever it's at, and so you need that firing off. A person who thinks a Mars bar every day or two or three, or maybe pop, is normal, and they don't feel necessarily better, they just feel normal because basically they'd go into withdrawal if they stop.

10:51 John S.: Yeah.

10:54 Dr. Vera Tarman: Yeah.

10:55 John S.: What is that withdrawal like? Let's say I wanted to eliminate sugar from my diet, what would I experience?

11:03 Dr. Vera Tarman: It mainly depends on the amount of sugar that you or a person is exposed to, but this is one of the things that naysayers, the people who say that sugar or food cannot be addictive, is they'll often say, "Well, there's no withdrawal because there's no seizures, there's no goosebumps and vomiting," and that sort of

thing. But in fact, they're not really asking the right questions or asking the people who are really severe, because we don't see those people, those people are at home, they're shut-ins. They don't really go out anymore. But if you ask somebody the questions like, "Do you get a headache? What personal craving is the big one?" Anybody, just ask anybody, "How would you feel if tonight you're not going to have your favorite whatever it is while you're watching TV? Most people have their favorite something and you're not going to get to have that anymore. In fact, you're going to stop eating after 6:00, you'll be full, but you'll be stopping eating." A lot of people are already uncomfortable. You know, "What am I going to do? How am I going to watch my show? How am I going to get to sleep?"

12:07 Dr. Vera Tarman: So, it's already that sort of anticipation of anxiety, which then will lead to potential insomnia, a person will get headaches, agitation, real craving, real irritability. Ask somebody who's binged the night before, ask them the next day how they feel. Short of having a seizure, it's often very much like the alcoholic who feels very nauseous, their body feels beat up, red-eyed, weak, tired. A person who's had a binge will often feel a lot of the same thing, the same kind of shakes, the same kind of diarrhea, the same kind of nauseousness. So, there are real withdrawal effects, but it really depends on the extremes. When we talk food addiction, we're talking the extremes. Not everybody in the population is addicted, but they are still lured by the addictive nature of food. It's just like everyone gets drunk if they have a couple of drinks, not everybody is alcoholic, right?

13:10 John S.: Right.

13:11 Dr. Vera Tarman: Right?

13:11 John S.: Right, right.

13:12 Dr. Vera Tarman: It's the extreme there, and that's what we call "addiction." I believe that you put somebody under the exposure of dopamine, in other words, sugar, long enough, you're going to make anybody an addict, really...

13:25 John S.: Yeah.

13:26 Dr. Vera Tarman: Over time.

13:26 John S.: Yeah, yeah. That's how I feel, too. There's this idea that addiction is a disease and that not everybody can get it, but I think that if anybody does cocaine enough, they're going to probably become addicted or if they...

13:41 Dr. Vera Tarman: Yeah.

13:43 John S.: Drink enough alcohol long enough, they're going to become addicted. If you ingest enough sugar long enough, you probably become addicted.

13:51 Dr. Vera Tarman: Yes.

13:51 John S.: I guess also, though, there is a genetic component.

13:53 Dr. Vera Tarman: There is. Yeah.

13:53 John S.: It does take time for that to kick in, doesn't it?

13:56 Dr. Vera Tarman: Exactly, some people get it right away and that's the genetic predisposition, for sure. Or they've been using another substance and didn't realize that they were already creating that sort of predisposition. Like for example, sugar. Why is it that some people become more quickly addicts than others? Well, let's look and see what was their sugar intake right before, like Tommy Rosen probably realized, "Oh, my god," later, after he fought with his own addiction. That's probably why it hit me harder than my friend because look at my food when I was younger.

14:27 John S.: Isn't that interesting, he knew.

14:30 Dr. Vera Tarman: Yeah. Well, he knew because he's talking to a lot of people and he's getting that exposure, and thanks to people like you who are doing these podcasts, more and more people will start connecting those dots, because we don't want them to connect those dots in the larger society. If I can just rant for one second. [chuckle] I work in the medical field, in the addiction field, but I'm exposed a lot to other physicians, like family docs, and a lot of people who are coming to see me who have issues with obesity, which is, as we know, two-thirds of the population. In the bariatric community, which is the study for obesity, or treatment of obesity, and in family medicine, the belief is how we treat obesity and overweight, is the calories-in-calories-out model, it's not the addiction model, there's a real resistance to that model. I think because they think it's so stigmatic, and why add more shame to an already embarrassing scenario of being overweight and whatnot, but we don't take this concept of food addiction seriously. So, bravo for you for bringing this up because the more we talk about this, the more people are going to go, "Yeah, this isn't actually stupid, it's not laughable; it's actually real."

15:46 John S.: If people understood the addiction model, I think it would take the shame away because it's a biochemical reaction that we're having. It's something that's wrong with our brain, which is an organ. It makes sense to me when I think about it. Also, it's like these things are on the spectrum. I can see where I overdo it, but I don't think I'm in danger of dying because of the way I eat, but there are people who can't leave their house...

16:23 Dr. Vera Tarman: Yeah.

16:23 John S.: Because of it.

16:24 Dr. Vera Tarman: Absolutely.

16:24 John S.: And who are dying.

16:24 Dr. Vera Tarman: Yes.

16:24 John S.: It can be a very, very serious problem.

16:28 Dr. Vera Tarman: Oh, sure, for sure. I often think of the example of a patient I had who was a heroin addict and got on methadone and was nice and stable and left that dangerous life behind and did very well, and then died eight years later of a heart attack. The buddy who was living with him said, "Well, you know, this guy went from..." He's a jazz player so playing jazz at night in order to... Whole part of that heroin drug scene, and basically became a shut-in, watching... It wasn't Netflix then, but I don't know what it was, the late-night show, eating two tubs of ice cream every night, and what did he die of? He died of a heart attack. So, yeah and he started to show up less and less to his music because he was embarrassed and ashamed about himself. Yeah. It's not such an obvious, dramatic death, but it is definitely a death.

17:26 John S.: We have been kind of slow in the 12-step community, in my opinion, anyway, I've been around for a little while, of taking a more holistic approach to our recovery.

17:40 Dr. Vera Tarman: Yes.

17:41 John S.: I remember when I started going to meetings, everybody smoked cigarettes, and everybody said...

17:45 Dr. Vera Tarman: Yeah.

17:45 John S.: "That's not a big deal. If you stopped drinking, be happy to keep smoking." [chuckle] People were dying from their cigarette smoking.

17:52 Dr. Vera Tarman: Yes, yes.

17:53 John S.: The book Living Sober mentions eating sweets and we've just been really slow to say we need to take an overall look at our health and how that impacts our sobriety and our recovery.

18:09 Dr. Vera Tarman: Yes. That's right.

18:10 John S.: Because it does have a big impact.

18:13 Dr. Vera Tarman: It really does, and there was a real fight with the cigarette industry or the tobacco industry to support that message. Of course, they didn't want that to happen, so there was a lot of battle. You don't have to prove that the substance causes problems; you just have to question when people say that it causes problems, you just have to question that. The sugar industry is doing the very same thing, and if I want to speak about this because I can give lots of clinical scenarios, people say, "Show me the research," well, research costs money, and the people who pay for research are the pharmaceutical companies, and in this case, the food industry, they're not going to fund this kind of stuff, so, we're kind of... It's a bit of a David and Goliath situation. Goliath has the money, and that's the sugar industry, and they don't want this message out there. So, there is definitely a political underlay underneath this health, just like with the cigarette industry.

19:15 John S.: Well, personally, where I'm at right now, I am trying to pay attention to my health. I'm getting a little bit older, and I'm noticing that I'm not moving as quickly as I used to. [chuckle] I do want to pay attention to this kind of stuff, but also just for my own mental health as well, and I'm recognizing how everything is connected. I think doing this podcast has helped a lot because I've actually talked to people who have taught me these things. I think that maybe this conversation will be happening more often in the rooms of 12-step fellowships so that people can be more aware of our overall health.

19:53 Dr. Vera Tarman: Yes. Yeah. I think that what you said before, there's that belief that "Let's take care of the addiction that will kill us first," so that would be the alcohol, right? So, I can say that sugar will kill you, but it'll take 10 years instead of tomorrow. But the other thing is it's not just that it will kill you in 10 years; it's also, what's your sobriety like today? A lot of people will say, "I'm clean and I'm sober, but I'm still unhappy, my mood is still all over the place." They go to a doctor and get prescribed medication for anxiety or depression or bipolar, and that could be because of the food that they're eating, because food will really alter mood and destabilize it. People who stop eating sugar will say, "I can't believe how steady I feel now compared to before." You could not only get off your diabetic medication, but you may also get off of your antidepressant medication. Basically, the quality of your sobriety, I think, improves once you get over the withdrawal of sugar, because that takes about two or three weeks.

20:58 John S.: We probably don't often ask ourselves why we are tired. Maybe I am sometimes tired because of how I am eating, not necessarily because of anything else.

21:09 Dr. Vera Tarman: Exactly. Yes, yes. You mentioned that you're getting older and you're feeling the fatigue more. I know when I lost quite a lot of weight a number of years ago, the thing that struck me the most that I kept saying to myself is, "I feel 10 years younger." I couldn't walk up hills without getting short of breath, I took a cane to sort of be... As an effective look, so it looks nice and cool. But really, it was to help me sort of to pull myself up. I didn't need any of that any more. I walk now, I feel much more... It really took 10 years off of my life. So, the quality of sobriety improved, and a lot of people don't notice that until they stop. It's like, "Wow. I didn't know I was living under the blanket of this... Almost oppressive." It's like living somewhere where there's a heavy blanket of humidity all the time, and then one day, it's gone. It's like that, [chuckle] like something lifts.

22:03 John S.: Something I found interesting, too, as I was reading through your website is that you were talking about treating food addiction through the abstinence model and focusing on the food that triggers the addiction.

22:17 Dr. Vera Tarman: Absolutely.

22:18 John S.: I think that was the first time I've ever read that. I had a friend who was in OA for many, many years, had a really bad overeating problem, and he would always tell me, he said, "John, the toughest thing about being an overeater is that I have to eat to survive," in other words, he was saying it's not like with drugs and alcohol where you have total abstinence. So, I found it interesting that you were writing about this idea to identify whatever that trigger food is and maintain abstinence. Would you like to talk about that?

22:50 Dr. Vera Tarman: Yes. Okay, so, remember I was talking a little earlier... If a person goes to get help for their overweight-ness or their obesity or their diet because they've got diabetes and they go to the dietitian to talk about, "What should I eat now?", they will always get what we call a "moderation eating plan." People get very adamant about it, they say, "You can have a little bit of chocolate, you can have a little bit of your favorite cookie that your mom made you," or whatever, or your own baking, "just don't have that much of it." If a person says, "I'm having a really hard time with it, it's actually just easier if I don't have it," there's a real... It's not just that people don't get it; it's honestly, they don't... There's a real discouragement about that probably because there's a whole history of an eating disorder paradigm where when people would binge, or bulimia, binge and purge, they would often, in order to get out of that, restrict their food and then become extremely restrictive, so, "These foods are bad and I'm not going to have this much," and actually just make the whole condition worse.

24:05 Dr. Vera Tarman: So, generally, clinicians fear that if I say you can't have something, in other words, you have to be abstinent from something, it's almost like harking back or bringing back that potential dynamic of the binge-purge cycle. So, then

they don't want that. So, it's considered that the best thing to do is just learn how to moderate. But really, you and I know that... I don't know what your substance of choice is, but I can't tell you to just have crack on the weekends. It just doesn't work, and it doesn't work for me to have a little bit of alcohol or a little bit of sugar, because the moment I have it, it sets up the phenomena of craving. It sets up the desire, "Oh, that was really nice, I forgot how nice that was." Then it just sits there like an earworm that grows and grows, and if you don't pick up later that day, you will sometime in the next whatever, six months or two months or next week. That's then considered poor willpower in the other model.

25:08 Dr. Vera Tarman: I see people who go and do that moderate model and fall off. That's why so many people lose the weight and then they're getting it back. So, the abstinent model, which is so obvious to you and I because we're coming from an addiction framework, is not that obvious and in fact is feared because of the eating disorder model that has preceded it. So, people don't want to do it, and we're talking about established, well-known bariatric missions saying, "No. You've just got to learn how to moderate." I would just like to say look, that might work for... How many food addicts are there in the population? Probably 30% to 40% at max. So, that advice might work for 60% of the population, the moderate one, just like there are some people who can do a controlled drinking program. We have those programs, right?

26:00 John S.: Sure.

26:01 Dr. Vera Tarman: They must work for somebody. They don't work for us, but they work for somebody. Similarly, these moderate programs will work for somebody, but if anybody is listening to this who says, "Well, I tried that and it's not working," it's because you don't belong there; you belong here, which is an abstinence program. And the abstinence is almost invariably universally sugar, and then it depends on the extreme of the addiction because just like any addiction, there is a chronic progressive nature. So, we talked about food addiction as being mild, moderate, or extreme, it's different phases, and stopping sugar might be enough, but for some people, like myself and others who have really gone to town with... We can't even eat flour, because flour, according to their glycemic index, which is how quickly food breaks down into sugar and carbs, that's already too much of a hit of sugar.

27:00 Dr. Vera Tarman: So, eating a bagel is... A bagel is basically sugar in five minutes. That's too close. That's too close. I can't eat a bagel. I can eat brussel sprouts because that takes about two hours before it becomes sugar. The brain doesn't care for something, it likes fast, the fast immediate hit. A brussel sprout does not give you a fast immediate hit, but a bagel will, as will pizza, as will popcorn, even. Believe it or not, even popcorn. So, for some people, an abstinent plan will be sugar and flour, and then even if you're really extreme, some people, especially in my experiences, when people hit menopause or in their 50s, metabolism slows down, even grains. So, even the healthy quinoa, and the healthy rice, and the healthy oatmeal, even that, they have to stop.

27:48 John S.: Interesting.

27:49 Dr. Vera Tarman: Yeah. And you might think, “Wow, what can you eat?” Well, there’s a lot you can eat but you can’t eat sugar, flour, or grains. [chuckle]

27:55 John S.: I guess also the sugar that is in lot of our foods and so forth, like we’re talking about earlier, this isn’t really natural like what you get from fruits and vegetables. This is like in really highly concentrated levels.

28:09 Dr. Vera Tarman: Exactly. Yes, yes, yes. Yes, and people often say, “Well, there’s sugar in fruit.” Yes, there is, but there’s also fiber and there’s all sorts of things that make that piece of fruit not an immediate hit, like just apple juice or apple cider or apple drink.

28:27 John S.: I don’t know but I think I read it from your book, as I was reading your book, and it was like, the people in South America who are chewing the cocoa leaves, they can do that and it’s not a big deal, but if you were to refine that into powder, it’s a different deal.

28:41 Dr. Vera Tarman: Yes. Exactly. Exactly. Or if you take a rotting grape that’s fermenting, yeah, you’ll get a little bit of a buzz, but you got to do a lot and you’ll get sick far sooner, like rotting grapes, fermenting grape. You’re going to get sick to the point where you will be sick too soon for you to get drunk because you’re going to get sick and you won’t be able to take enough. Similarly, with fruit, there’s only so much fruit you can eat before you get stuffed and full. So, there’s sort of natural checks and balances that nature puts in so that we don’t reach those peaks that overwhelm us.

29:26 John S.: So, what’s treatment like for somebody who’s dealing with a food addiction? Is it similar to any other drug addiction? Is it maybe some inpatient followed up by some peer support?

29:38 Dr. Vera Tarman: Well, yes. So, because food addiction is officially not yet a diagnosis, it’s not even in the DSM-V which is the bane to all of our existence, because if it were, it would be covered by insurance, the main place where people have sought treatment has been in the community, and that’s been through the individuals who set up their own sort of private thing or as a private food coach or whatever, and not many of those folks do the abstinence model. They may say that they do food addiction, but anybody who’s listening here, please ask the question of... It’s not just the diagnosis, “Yeah, I’m a food addict,” but what’s the treatment? Is it food addiction to treatment, which is this abstinence? Identifying your drug which is a trigger, maybe flour, maybe drinks, and then being abstinent.

30:24 Dr. Vera Tarman: There are a few places in the States that do that model, but you have to hunt. It's a small community of us clinicians and we know each other pretty well. Then there's of course the 12-step programs, and OA is sort of mother of food programs, but OA has a philosophy that's called "a dignity of choice for food," and so some people will follow a very abstinent program but you might be sitting next to somebody where their abstinence is just, "I only eat sugar on Saturdays, but I still get to eat it sometime." So, there isn't sort of a defined one program or a meeting in OA, but it is a place where people go. There's a couple of other 12-steps programs that are quite defined, like Food Addicts Anonymous and Food Addicts in Recovery Anonymous. They have their own plan. Another group called "Greysheet Anonymous" and they, too, have their own plan. So, a person will have to hunt around for these 12 steps and then really ask those question.

31:27 Dr. Vera Tarman: Now in terms of inpatient treatment, because it's not covered by insurance, there's a few centers that offer services, but it's costly because you have to pay out of pocket. In Canada, we have a food addiction program now that's sort of in year one. It was year one, it was last year, it was a pilot project, and very successful. So, we've launched it out as a program that the treatment center will follow. We're in our first year of that, and what we're doing there is putting people who are identified as food addicts, not necessarily any other addiction other than food, and bringing them in the same classroom or lecture room as people with cocaine and alcohol addiction. They go to the same meetings, basically the same stuff. Although, there are particular counseling and things that are specific to food. The idea is we're treating everything as addiction, and it's working very well. It's just unfortunate that it's not covered by an insurance funded by the government.

32:37 John S.: Yeah. It makes sense to me. The more I learn about how addiction works, the more sense it does make to me. So, what do you think it is about the 12 steps or these 12-step fellowships that is so effective?

32:50 Dr. Vera Tarman: Well, step one is identifying that you're powerless, so, if you truly, truly, truly identify that you're powerless... People always say if you relapse, you're back to step one, because you still don't somewhere in there believe that you're powerless. So, if you really get that you're powerless, then abstinence is step one. Then you go to 11 other steps because you have to live now in your abstinence in a way that is happy, or I guess happy, joyous, and free. It's going to take the rest of those steps to live that way. I work in the addiction field which is not just the 12 steps, but I have the luxury of working at Renascent which is 12 steps, so I can speak that language. I really love working there because we have this focus on a lifestyle of sobriety.

33:39 Dr. Vera Tarman: Out there in the world outside of that, it's really just step one. Let's get the person clean maybe through methadone or some kind of drug, anti-craving drug, and then you throw them out to deal with their life on their own. Maybe

with friends and their psychiatrist, but how well does that work? I really think that we need something, if nothing else, the community of support, to stay sober and to want to stay sober. And that's what 12-step does. I think it's a wonderful program. It's unfortunate that it's so hooked into the 1940s language and its history, that's unfortunate.

34:37 John S.: We're working on changing that, I think.

34:39 Dr. Vera Tarman: Yeah.

34:40 John S.: What's interesting, there have been quite a few people who have contacted our podcast from Overeaters Anonymous. In fact, we did a podcast with a woman from OA in London and she says that, and others who I've talked to said that, there aren't any secular alternatives in OA, which is frustrating for them.

35:03 Dr. Vera Tarman: Oh, wow.

35:03 John S.: We have quite a few secular AA meetings now. In fact, you're going to be speaking at our international convention here pretty soon.

35:11 Dr. Vera Tarman: Yes. Yes.

35:12 John S.: What are your thoughts about that, anyway?

35:15 Dr. Vera Tarman: It's interesting, because I never thought about speaking in that context; I'm usually thinking about the context of food and alcohol. I think it's great. When I'm talking to people in the public who are coming from a doctor for addictions, the major complaint people have is, "I don't like the God thing," or "I'm afraid it's a cult." I always say, "Look, there is an agnostic contingent, and it's getting stronger." Fundamentally when you use the word "higher power," it is... There is an agnostic thread throughout it, you just have to learn how to just ignore some of the other stuff, which is fine to do. I feel like I'm quite equipped to speak though I just never have in the past. It's actually quite interesting to do so.

36:13 John S.: Oh, yeah, I think you're going to really enjoy it.

36:16 Dr. Vera Tarman: Yeah.

36:17 John S.: Something that I find really interesting about the community of atheists, agnostics, freethinkers, however you want to define us, in AA, is the tremendous diversity amongst us with respect to our experience. I don't know what we have in common at all, [chuckle] when you get down to it, except for maybe our addictions. I think the majority of us probably have adapted the 12 steps in some way.

36:45 Dr. Vera Tarman: Yeah.

36:45 John S.: The fellowship is important to us, community is important to us, supporting each other, that kind of thing, is probably how the majority of us feel. There's another part of our community that says, "I have nothing to do with those 12 steps. I don't even want to interpret them in a different way." [chuckle] Oh, gosh, we're just all over the map, but that's just the way AA is in general.

37:08 Dr. Vera Tarman: Yes.

37:09 John S.: Every group does its own thing. We're all from different parts of the world and we gather together in one place every couple of years, and that's where we get to see, "Oh. Wow, you guys do things different in New York than we do in Kansas City." So, I think that is what I find so interesting. It's also a lot of fun. I think you'll really enjoy it and meeting all these people from around the world.

37:39 Dr. Vera Tarman: Yes, yes, I'm looking forward to it. Especially because I'm so used to... You know. AA does have a very Christian background, and I'm so used to that expectation, and I just want to box people's ears [chuckle] when they say, "How we going to close the meeting and the guy starts with the Lord's Prayer?" It's like, "Oh, my god. Why are we still doing that?" So, it will be nice to be in an environment where at least we've moved beyond that. Because even if you are religious, you may not be a Christian, for God's sakes, you know?

38:12 John S.: One thing I noticed about these conventions that I hope we'll see here, too, is there's a certain amount of excitement because it's like everything is new again. People are talking about, "Oh, yeah. I'm going to go home. I'm going to start a meeting. I want to learn how to do this and that."

38:30 Dr. Vera Tarman: Yeah.

38:31 John S.: That's different from what... Mm-hmm.

38:33 Dr. Vera Tarman: Yeah. Like an agnostic OA meeting. Yeah. I never thought about that until you mentioned it.

38:38 John S.: Yeah, we need those. We also need agnostic Al-Anon meetings, too. That's another email we get every once in a while.

38:43 Dr. Vera Tarman: For sure.

38:44 John S.: I hope that you do enjoy that aspect. It'll be quite an experience, to say the least, but I'm really looking forward to your talk, and I also look forward to reading

your book as well, *Food Junkies: The Truth About Food Addiction*. I just started it today, I wish I would have had a chance to read it before I spoke with you, but I'm going to finish it. I'm going to write about it.

39:04 Dr. Vera Tarman: Good.

39:05 John S.: I think it's a really interesting topic and I know there's a lot of people who visit our site who are interested in this as well, so, thank you.

39:13 Dr. Vera Tarman: Yeah, thank you for asking me. I really appreciate that.

39:17 John S.: Well, I look forward to meeting you. My wife and I will be driving up from Kansas City...

39:21 Dr. Vera Tarman: Oh.

39:21 John S.: We're going to spend a couple days before the conference, a couple days after the conference. Neither of us have been to Toronto before. Both excited about seeing the city.

39:30 Dr. Vera Tarman: Okay.

[music]

39:52 John S.: Thank you for listening. We'll be back again real soon.