**Food Addiction Debate: (Course 2, Food addiction debate section)**

Additional information is available here for instructors who wish to cover the food addiction debate in more depth, beyond the information covered in the chapter. The Sugar Challenge activity for Chapter 11, and the earlier activity This is Your Brain on Sugar for Chapter 5, provide additional opportunities for students to work with this information.

In order to evaluate the merits and limitations of applying terms from addiction to eating, we recommend students evaluate additional sources. Students should identify the merits and drawbacks for labeling food addiction. This assignment can be conducted independently or in small groups. One option is to place students in pairs or small groups, with some identifying the potential benefits of using the term food addiction, and others identifying the problems with this term.

The resources below are a helpful starting point for students. Also be sure to share the diagnostic criteria:

DSM-5 Criteria for Substance Use Disorder (APA, 2013): A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Substance is often taken in larger amounts or over a longer period than intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
4. Craving, or a strong desire or urge to use the substance
5. Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent substance use in situations where it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
10. Tolerance, as defined by either of the following:
    1. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
    2. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
    1. The characteristic withdrawal syndrome for the substance (listed elsewhere in the DSM)
    2. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

**Related resources:**

Cargill, K. (2015). ‘Hyperpalatable Foods, Hormones, and Addiction’ in *The Psychology of Overeating*. Bloomsbury Food Library. DOI: 10.5040/9781474267670.ch-007

Criscitelli, K. & N.M. Avena (2016). ‘The neurobiological and behavioral overlaps of nicotine and food addiction’, *Preventive Medicine*, 92: 82-89

Video: Nicole Avena Ted Ed Lesson – How sugar affects the brain <https://www.ted.com/talks/nicole_avena_how_sugar_affects_the_brain/>

Video: Andrew Becker Ted talk – Craving the truth about food <https://www.ted.com/talks/andrew_becker_food_addiction_craving_the_truth_about_food>

Website for eating disorders: https://www.eatingdisorderhope.com/information/food-addiction

Yale Food Addiction Scale: <https://fastlab.psych.lsa.umich.edu/yale-food-addiction-scale/>