FRUIT DRINKS: A NEW ADDICTION??

Anne S. Hatcher, EdD, RD, CACH, NCACH

“My clients are all drinking this stuff all day long. I tried it and it makes me feel really good!” The conversation that began this way resulted in exploring the beverages being consumed by recovering addicts. The media carries the dietitian’s message of eat at least five and preferably nine fruits from the food and vegetable group each day. What better way to get all those servings than from a fruit drink that “makes me feel good”? There are a number of “fruit drinks” available and the average person does not know how to determine which ones really contain enough fruit juice to count as a serving. Snapple beverages “made from the best stuff on earth” contain water, high fructose corn syrup, juices from concentrates along with natural flavors and juices for color. Some of the Minute Maid products are similar in composition and others are 100% juice. Advertising indicates that SoBe beverages might be classified as nutricenticals or juices with added herbs and amino acids. At the SoBe Web site, the reader can access information about various products.

The beverage that made my student “feel real good” was one of SoBe’s newest products “No Fear”. The ingredients are carbonated water, high fructose corn syrup, citric acid, taurine, grape juice concentrate (color), sodium citrate, natural flavor, inositol, ascorbic acid (vitamin C), caffeine, carmel color, fruit extract (color), monopotassium phosphate, creatine monohydrate, grape seed extract, L-carnitine, panax ginseng root extract, L-Arginine hydrochloride, zinc, L-methionine, soy protein isolate and rice flour, guarana (Paullinia cupana) seed extract, pyridoxine hydrochloride, selenium, folic acid, cyanocobalamin. The following day, the same student brought in a Snapple beverage made by a different company with similar ingredients. The caffeine content of that beverage appeared to be lower than that of the first. She reported that the effects of this beverage were not quite as good as those of the first one. Piranha Energy Drink is a “punky fruit punch” with natural and artificial flavors. Ingredients are: carbonated water, high fructose corn syrup, contains less than 2% of the following: caffeine, taurine, green tea leaf extract, guarana seeds (Paulinia cupana), natural and artificial flavors, citric acid, malic acid, potassium benzoate (preservative), calcium disodium EDTA (preservative), potassium sorbate (preservative), red #40 and blue #1. Dietitians will recognize a number of vitamins and very small amounts of fruit, used primarily for color. Other substances include stimulants and plant extracts thought to enhance sexual performance. Since the focus of this article is on substance abuse, the herbal ingredients and amino acids that might attract recovering addicts will be described in terms of attraction to the addict in

continued on page 3
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From the Chair

Susan S. Zubrickie

“A person who is severely impaired never knows his hidden sources of strength until he is treated like a normal human being and encouraged to shape his own life”

— Helen Keller

This morning I came to work fully loaded—the usual dietitian stuff—in bags that filled both arms. I peeked in the window on the kitchen door but everyone was busy, so I turned to walk around to other side of the building—to the “real” door. The door swung open as soon as I turned—one of our developmentally delayed employees was holding the door, smiling. She must have been off to a side I couldn’t see, but Joanie saw me and her instinct was to be courteous, helpful, and cheerful. She was just doing what came natural—is she empowered by her job with us? I like to think so. But even more important, our workplace is graced by her presence. What does the rest of the world see when they look at Joanie? Do they see? Could they realize that she has a sense of humor, a passion for handbags, and much better manners than some of us? Why should treating a human being like a human being be difficult? Modern day disability rights activists are the disciples of Helen Keller’s wisdom, but she would have set higher goals for us than is enforceable by current legislation? Can a law enable every person to be treated like “a normal human being”? If that were possible would we even need the law?

It is important to remember to advocate for the disabled in our work as dietetics professionals. The policies and positions of Americans with Disabilities Act have the potential to affect the lives and health of our clients who live with disabilities. All of the members of our practice group have a responsibility to see that health and wellness programs aimed at the general public include those with disabilities as part of the mainstream.

It was such a pleasure to meet some of you in San Antonio. Especially rewarding was the chance to talk to some dietetics interns and students who have an interest in our area of practice. Those of us who have been practicing for many years are always gratified to see our enthusiasm has carried on to the next generation! I wish we could get together more often. Most of us are performing a solo act at work, so the opportunity to network is very valuable. I urge everyone to join us on the DDPD listserv as a way to keep the conversation going.

Our practice group held two outstanding programs at FNCE 2003. The breakfast program, OK, Hand Over the Chocolate and No One Gets Hurt, was presented by Dr. Amy Rothenberg. Dr. Amy received rave reviews by all who attended. Her suggestions for treating pre-menstrual syndrome or menopause symptoms included diet, nutrition supplements and homoeopathy.

The DDPD priority session, Weight Control and Nutrition Considerations with the Use of Psychotropic Drugs, was attended by about 500 RD’s. Dr. James Jefferson, Marilyn Ricci, RD, and Janette Pronsky, RD each lent a unique perspective on a medical issue that affects increasing numbers of patients annually. The full room was a sign that it is a topic of interest across many areas of practice.

I would like to take this opportunity to welcome our new board members: Linda Venning, resource professional for psychiatric disorders, and Jessica Setnick, resource professional for eating disorders. We are delighted to have you join us, and feel fortunate that you will be sharing your expertise with our members.

If you practice in an area you feel is underrepresented by our resource professionals, please let me know if you would like to serve as a resource for inquiries in your field. Please stay in touch for any other reason as well. And stay warm and healthy through the winter months!
DDPD Advertising Policy

The Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group accepts advertisements for our newsletter, *DevelopMental Issues*, under these guidelines:

- Advertisements will be limited to products and services that are of interest to our members, consistent with the goals of the dietetic practice group, and which promote sound nutrition of the patients we serve.
- We reserve the right to evaluate all statements in advertisements and to refuse to accept any copy that does not follow guidelines established through the American Dietetic Association.

We require the following disclaimer in each issue of the newsletter: “The publication of an advertisement in *DevelopMental Issues* should not be construed as an endorsement of the advertiser or the product by the American Dietetic Association or this dietetic practice group.

Rates: $2500 to sponsor an entire issue (which includes recognition at our Annual Meeting, a full page ad, a recognition notice, and one year complimentary subscription)

$ 500 for a half page ad
$ 250 for a quarter page ad
$ 125 for an eighth page (businescard size)

Dietetic Practice Group members are entitled to a 20% discount.

Advertisements may be submitted any time, and advertisers will receive notification of acceptance within 30 days of submission, at which time scheduling for placement will be arranged.

Advertisements must be received in camera-ready form by the designated deadline for publication along with payment in full made payable to The American Dietetic Association/DPG #12 and sent to: Melissa Altman-Truax, Newsletter Editor, Nutritionsolutions@aol.com, 1556A Stoney Lane, Philadelphia, PA 19115. Phone: 215-969-0652.

Distance Learning Opportunity

A self-study curriculum, *Nutrition for Children with Special Health Care Needs* is available for RDNs and other health care providers. The § 6 modules is approved for 1 CPE from the CDR. The curriculum is available on the project website (http://www.pacificwetschm.org) or on CD-ROM (download the order form from the project Web site). Or, contact Anne Bradford Harris (AHiars@chla.usc.edu or 323/671-3817) for ordering information.
Health professionals take action for healthy kids

Tackle a national problem that’s been brewing for 30 years, a problem threatening the current and future well-being of our nation’s children: childhood obesity. The American Dietetic Association, the nation’s largest professional organization for nutritionists, has joined the fight against childhood obesity. The American Dietetic Association is proud to be a Partner Steering Committee member of Action for Healthy Kids.

Together, these organizations and teams are working to initiate and sustain action to create health-promoting schools that support sound nutrition and physical activity. In the first year, state teams have taken impressive steps. “I am greatly encouraged by the progress that has been made in one short year,” notes Dr. Satcher, “particularly the local activity of the state teams.”

The Delaware AFHK team, for example, is working with the Delaware Department of Education, the state’s Division of Public Health, Diabetes Prevention Program and the State Health Commission to implement its goals, with some grant dollars going directly into a stimuluss program for Delaware schools. Texas AFHK team members are working to ensure that the majority of Texas school districts have a school health advisory council responsible for making recommendations and monitoring nutrition and physical activity programs within the district. And the Virginia AFHK team has completed a Healthy School environment guide that will be sent to all state superintendents with support of the State Director of Child Nutrition.

AFHK is built on the premise that everyone who cares about our children must be part of the solution. Individuals can, and do, have a profound impact when they take action for healthy kids and when they work together for change.

A collaboration of national education, physical fitness, health and nutrition organizations and government agencies, AFHK urges health professionals to contribute to creating healthier school environments. Just one year after the initiative was launched, 51 organized AFHK state teams have been established, with nearly all having completed state plans and most taking steps toward creating healthier schools. The American Dietetic Association is proud to be a Partner Steering Committee member of Action for Healthy Kids.
Health professionals must work closely with school leaders to ensure that students receive the academic, nutrition and fitness education they will need to succeed in their adult lives. Though schools “are under enormous pressure with a very full agenda that includes financial complications, limited budgets and academic testing priorities,” says AFPH executive director Alicia Moag-Stahlberg, MS, RD, “schools are the place where we can reach the vast majority of children. And schools can help children reach their academic potential by providing an environment that supports sound nutrition and physical activity.”

“We have a lot to celebrate,” says Moag-Stahlberg. “But it is important to realize there are not quick, easy solutions. We will need sustained, committed action by a wide array of individuals and organizations. It has been inspiring to witness the Surgeon General’s ‘Call to Action’ come alive. The work of AFHK over the last year proves that with an open mind and an attitude that everyone has something to contribute, the best things can happen.”

To learn more about the Action for Healthy Kids initiative and to find out how you can get involved in your state team, visit the AFHK Web site at http://www.ActionForHealthyKids.org.

Thank you to FOREST PHARMACEUTICALS, INC. for their generous unrestricted grant to the DDPD dietetic practice group.
Healthy Students Are Better Students: The Link Between Health and Achievement

Study after study proves what educators have long known: when children’s health, nutrition and exercise needs are met, they have the cognitive energy to learn and achieve.

A recent California Department of Public Instruction study found that “the physical well-being of students has a direct impact on their ability to achieve academically.” “Students achieve best when they are physically fit,” the study concluded.

Undernourished children have weak academic performance, while well-nourished children are ready to learn and succeed. “Even moderate under-nutrition,” says a Tufts study, “can have lasting effects on children’s cognitive development and school performance.” But healthy eating habits can lead to improved attendance, higher energy levels, livelier classroom participation, and higher test scores.

Similarly, students who get adequate physical activity and who have regular, sequential physical education are stronger students-physically and mentally. In fact, according to the President’s Council on Physical Fitness and Sports (1999), “Youth who spend less time in other subjects to allow for regular physical education have been shown to do equally well or better in academic classes.”

And children who are obese face particularly daunting obstacles as they struggle to achieve in school, according to an article in the Journal of the American Medical Association. In fact, obese children rate their quality of life as low as young cancer patients on chemotherapy. The physical and emotional struggles facing obesity children-teasing, difficulty playing sports, fatigue—all severely affect their ability to learn.

“Sedentary lifestyles and poor nutrition affect learning and academic potential,” says South Dakota principal Dan Garfield, former Healthy School Hero at the Healthy Schools Summit. “This correlation must be taken into account as we make decisions about budget cuts and state testing. Until we get serious about advocating for nutrition and physical education programs, our schools will fail to teach the whole child, putting all students at risk of not achieving their potential.”

For more information, including data sources, see the report, “Taking Action for Healthy Kids,” available on the AFHR website: www.actionforhealthylkids.org.

DDPD AUDIO-VISUAL LIBRARY

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EATING DISORDER RESOURCES

Eating Disorders. (audio 2 tapes plus 32 page study guide) Alexander Lucaci, MD and Diane Huse, RD. 1986
Exploration of anorexia & bulimia nervosa. ADA study kit.


Gentle Eating. (audio, 3 tapes) Marel Hanslon, MS, RD. A new approach to disordered eating.

Eating Disorders: Interventions and Guidelines. (video, part 1 is 80 min, part 2 is 62 min) From ADA Seminar. LaRue Carter Hospital, August, 1993.


The Latest in Nutrition Counseling: Experts Share Secrets of Success. (audio) ADA 1994 Annual Meeting

Afraid to Eat: Eating Disorders & the Student-Athlete. (17 min video) Karol Video. Interviews with student-athletes, coaches, and medical personnel to define anorexia and bulimia and provides information about the incidence rates. Covers the characteristics and warning signs and dramatically show the consequences of eating disorders.

Diabetes and Eating Disorders, (audio taped by Claudia Plaisted, 1999 SCAN meeting session recording about assessing and treating clients with diabetes and eating disorders.


DEVELOPMENTAL DISABILITIES RESOURCES

The Fitness Program. (video 2 tape series & teaching guide) ORDER SEPARATELY Fitness for all, exercising safely & effectively, fitness routines, teaching strategies, aerobic and muscle-building routine by students with developmental disabilities.


Home Gastrostomy Care for Infants and Young Children. (video 27 minutes, manual test pkg.) University of Colorado School of Medicine. 1989. Principles, techniques, ADLs.


Dimensions of Feeding Techniques. (1 tape video series) Rosalind Bemer, RD ORDER SEPARATELY

1. Chewing & Swallowing - the basics
2. Feeding the patient
3. Progressing to independent feeding.


Nutritionist. All aspects of nutrition assessments for children with developmental disabilities including behavioral, clinical, feeding skills, and biochemical aspects of assessment are reviewed on the VHS tape.

When Eating is a Problem. (video, 15 min) The center for Human Nutrition, Omaha, Nebraska. 1990. The VHS tape presentation provides a basic introduction to aspects of oral motor feeding problems such as tongue thrust and lip retraction.

Oral Structure, Swallowing and Digestion. Normal and Abnormal. (video, 16 min) Texas Department of Mental Health and Mental Retardation, Austin, Texas. 1991. The VHS tape presents an overview of the basics of swallowing; provides demonstrations of dysphasia in adults with developmental disabilities.

A History of Mental Retardation. (video, 17 min) The Shriver Center - Massachusetts Department of Mental Retardation, 1989. Presented as “progression of time” through modes of thought/treatment of MR. Excellent resource for staff, students, and professionals new to the field of MR.


New Direction in Dysphagia. (audio) Herbert, 1992 ADA Annual Meeting. Case studies and applications at a facility. Details diet, with some emphasis on fluids, compliance after discharge.

A New Home. (audio) Lewis, Garfield, Hunter, 1993 ADA Annual Meeting. The shift of services of patients with developmental delay and psychiatric disorders away from hospital or institutional setting to communi- ty-based facilities is reviewed.


“Feeding and Swallowing”, (video, 3 tapes, ORDER TAPES SEPARATELY) University of Nebraska, approx. 1995.


Mothers of Developmentally Delayed/Special Needs Children Talk About WIC, etc. (video, 1 hour) Texas Department of Health, 1994. Interview of mothers explaining situations and feelings associated with assistance programs/ referrals.


Nutrition for Infants and Toddlers with Special Needs - (video, 24 minutes and viewers guide) University of Colorado School of Nursing, 1989. Basic nutrition, feeding plans, relationships.

Feeding Infants and Young Children with Special Needs. (video 26 min and viewers guide) University of Colorado School of Nursing, 1989. Techniques to alleviate feeding problems of special needs clients.
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New Direction in Dysphagia, (audio) D. Hartige, Panther & Lewis, 1992 ADA Annual Meeting. Case studies and applications at a facility. Details diet, with some emphasis on fluids, compliance after discharge.


Food and Nutritional Needs of Children with Chronic Diseases, (audio) ADA 1994 Annual Meeting.

“Feeding and Swallowing”, (video, 3 tapes, ORDER TAPES SEPARATELY) University of Nebraska, approx. 1995.


Developers of Developmental Disabilities (video, 24 min) The Center for Developmental Disabilities, University of Tennessee at Memphis. Copyright 1988. Hosted by Elizabeth Emerick, MS, RD, Nutritionist. All aspects of nutrition assessments for children with developmental disabilities including behavioral, clinical, feeding skills, and biochemical aspects of assessment are reviewed on the VHS tape.

A New Home, (audio) Lewis, Garfield, Hunter, 1993 ADA Annual Meeting. The shift of services of patients with developmental delay and psychiatric disorders away from hospit- al or institutional setting to communi- ty-based facilities is reviewed.


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SUBSTANCE ABUSE RESOURCES


Assessment for Alcohol Exposure in Utero: Diagnostic Implications for Fetal Alcohol Effects & Fetal Alcohol Syndrome, (video, 56 min) The Shriver Center - Massachusetts Department of Mental Retardation. Very specific and thorough techniques and methods of identification; recommendations for continuum of assessment and care.

Substance Abuse & Nutrition, (20 min video & written materials) National Health Video. Explains how substance abuse may lead to malnutrition; vitamin & mineral depletion; appetite loss, polydrug use; immune system effects; role of nutrition in the recovery process tailored to food guide portion choices appropriate for recovering substance abuse clients.

Fetal Alcohol Syndrome, (13 min video) National Health Video. Describes how alcohol affects unborn child; no known safe level of alcohol during pregnancy.

PSYCHIATRIC RESOURCES


Adverse Food Reactions with Special Emphasis on Food Allergy, (audio) ADA 1994 Annual Meeting.


The Function of Dysfunction, (audio tape) Monika Woolsey, 1999 SCAN meeting session recording about Axis II disorders and counseling clients with these type of diagnosis.


Eight Leading Experts Answer the Five Most Common Questions About Chronic Depression, (video) National Depressive Manic Association, 30 minutes each, 1998.


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Tackle a national problem that’s been brewing for 30 years, a problem threatening the current and future well-being of our nation’s children. How many schools are providing sound nutrition and physical activity in all grades? Analysts from the U.S. Department of Agriculture and the Centers for Disease Control and Prevention say the number is too few. Yet the American Academy of Pediatrics, the American Dietetic Association, and the American Heart Association say it is critical to our nation’s future.

Health professionals know the statistics all too well: overweight rates have doubled in children and tripled in adolescents in the last 20 years, type 2 diabetes is rapidly increasing among children, and health care costs for overweight and obese children are skyrocketing. Now at “epidemic proportions in the United States,” says Dr. Satcher’s 2001 report, The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity, overweight and obesity represent a serious and growing health and economic issue.

Our nation’s school system, says Dr. Satcher, is one of the key sites for addressing this crisis. Because schools help communities meet the needs of all children, school-based efforts represent the best opportunity to promote American children’s current and future well-being—and health professionals must lend their expertise to take action for healthy schools.

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Substance Abuse
Resource Professional
(Aanne Hatcher, EdD, RD, CACH, NCADD)
In addition to contributing to the Newsletter and developing the Fact Sheet, Anne reports she continues to have approximately one question per month regarding nutrition and substance abuse.

Ann responded to questions relating to the area of developmental disabilities. There has been considerable activity on the listserve on the subject of patient education/meal planning, shopping etc. for the client residing in a group home. Ann was instrumental in the development of the Fact Sheet for Down’s Syndrome.

Psychiatric Disorders
Resource Professional
(Sharon Wojnarowski)
This year all communication with members was via email, with the exception of 1 telephone call. This is a change from a few years ago when telephone was the main method of communication, with a very few emails.

The types of inquiries reflect the change in practice settings and the decrease in hospitalization of the mentally ill. The majority of the inquiries were specific to MNT for individual clients. Alternative medicine, the effect of specific foods and nutrients on mood, and weight management was far the most sought after information.

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DDPD Web Site

Stumped by a recent diagnosis? Wondering about diet therapy for a patient? Need inservice ideas for staff members? Looking for a recent article to help you? Be sure to visit the DDPD Web site, a professional site for dietetics professionals. Search our site and you will find useful information from a variety of resources.

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From the Chair
Susan S. Zubriskie

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—Helen Keller

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It is important to remember to advocate for the disabled in our work as dietetics professionals. The policies and positions of Americans with Disabilities Act have the potential to affect the lives and health of our clients who live with disabilities. All of the members of our practice group have a responsibility to see that health and wellness programs aimed at the general public include those with disabilities as part of the mainstream. It was such a pleasure to meet some of you in San Antonio. Especially rewarding was the chance to talk to some dietetics interns and students who have an interest in our area of practice. Those of us who have been practicing for many years are always gratified to see our enthusiasm has carried on to the next generation! I wish we could get together more often. Most of us are performing a solo act at work, so the opportunity to network is very valuable. I urge everyone to join us on the DDPD listserv as a way to keep the conversation going.

Our practice group held two outstanding programs at FNCE 2003. The breakfast program, OK, Hand Over The Chocolate and No One Gets Hurt, was presented by Dr. Amy Rothenberg. Dr. Amy received rave reviews by all who attended. Her suggestions for treating pre-menstrual syndrome or menopause symptoms included diet, nutrition supplements and homeopathy.

The DDPD priority session, Weight Control and Nutrition Considerations with the Use of Psychotropic Drugs, was attended by about 500 RD’s, Dr. James Jefferson, Marilyn Ricci, RD, and Zaneta Pronsky, RD each lent a unique perspective on a medical issue that affects increasing numbers of patients annually. The full room was a sign that it is a topic of interest across many areas of practice. I would like to take this opportunity to welcome our new board members: Linda Venning, resource professional for psychiatric disorders, and Jessica Setnick, resource professional for eating disorders. We are delighted to have you join us, and feel fortunate that you will be sharing your expertise with our members.

If you practice in an area you feel is underrepresented by our resource professionals, please let me know if you would like to serve as a resource for inquiries in your field. Please stay in touch for any other reason as well. And stay warm and healthy through the winter months!

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Resource Professionals
Do you have a professional question you need help with? Contact the appropriate Resource Professional today!

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Nutrition Considerations with the Use of Psychotropic Drugs, was attended by about 500 RD’s. Dr. James Jefferson, Marilyn Ricci, RD, and Zaneta Pronsky, RD each lent a unique perspective on a medical issue that affects increasing numbers of patients annually. The full room was a sign that it is a topic of interest across many areas of practice. We are delighted to have you join us, and feel fortunate that you will be sharing your expertise with our members.
FRUIT DRINKS: A NEW ADDICTION??

Anne S. Hatcher, EdD, RD, CACHL, NCACH

“My clients are all drinking this stuff all day long. I tried it and it makes me feel real good!” The conversation that began this way resulted in exploring the beverages being consumed by recovering addicts. The media carries the dietitian’s message of eat at least five and preferably nine foods from the fruit and vegetable group each day. What better way to get all those servings than from a fruit drink that “makes me feel good”? There are a number of “fruit drinks” available and the average person does not know how to determine which ones really contain enough fruit juice to count as a serving. Snapple beverages “made from the best stuff on earth” contain water, high fructose corn syrup, juices from concentrates along with natural flavors and juices for color. Some of the Minute Maid products are similar in composition and others are 100% juice. Advertising indicates that SoBe beverages might be classified as nutricerecitals or juices with added herbs and amino acids. At the SoBe Web site, the reader can access information about various products.

The beverage that made my student “feel real good” was one of SoBe’s newest products “No Fear”. The ingredients are carbonated water, high fructose corn syrup, citric acid, taurine, grape juice concentrate (color), sodium citrate, natural flavor, inositol, ascorbic acid (vitamin C), caffeine, carmel color, fruit extract (color), monopotassium phosphate, creatine monohydrate, grape seed extract, L-carnitine, panax ginseng root extract, L-Arginine hydrochloride, zinc, L-methionine, soy protein isolate and rice flour, guarana (Paulina cupana) seed extract, pyridoxine hydrochloride, selenium, folic acid, cyanocobalamin. The following day, the same student brought in a beverage made by a different company with similar ingredients. The caffeine content of that beverage appeared to be lower than that of the first. She reported that the effects of this beverage were not quite as good as those of the first one. Piranha Energy Drink is a “punky fruit punch” with natural and artificial flavors. Ingredients are: carbonated water, high fructose corn syrup, contains less than 2% of the following: caffeine, taurine, green tea leaf extract, guarana seeds (Paulinia cupana), natural and artificial flavors, citric acid, malic acid, potassium benzoate (preservative), calcium disodium EDTA (preservative, potassium sorbate (preservative), red #40 and blue #1.

Dietitians will recognize a number of vitamins and very small amounts of fruit, used primarily for color. Other substances include stimulants and plant extracts thought to enhance sexual performance. Since the focus of this article is on substance abuse, the herbal ingredients and amino acids that might attract recovering addicts will be described in terms of attraction to the addict in...