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National Eating Disorder Information Centre

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Topic Summary

When Eating Disorders and Substance Abuse Problems Collide

Understanding, Preventing, Identifying and Addressing Eating Disorders and Substance Abuse Issues in Youth

Key Messages

1. Youth with food- and weight-related behaviour problems are more likely to engage in substance abuse. The reverse is also true.
2. When eating disorders and substance abuse occur together they are related to increased costs at the individual, family and community levels.
3. To address eating disorders, substance abuse and their co-occurrence, evidence-based prevention, screening and treatment approaches are needed.

Introduction

The teen years are marked by physical, emotional and social changes. In this context, teens typically behave in riskier ways than when they were younger. Yet while risky behaviour is normal, some kinds of risky behaviour—for example, substance use and unhealthy food- and weight-related behaviours—can result in both short- and long-term harms for youth.

Both eating disorders and substance abuse become more common during mid to late adolescence. The development of an eating disorder and substance abuse within the same person is more common at about age 16 and older. However, these issues do occur at earlier ages. Also, risk factors can be identified and addressed at earlier ages to prevent the development of these problems.

Research has shown a strong link between eating disorders and substance use in youth. If you are working with vulnerable youth, the information presented in this summary might be especially useful. This knowledge affects how professionals working in both fields can better prevent, screen and treat co-existing eating and substance abuse problems.

The Canadian Centre on Substance Abuse created this document in partnership with the National Eating Disorder Information Centre (NEDIC). To find out about NEDIC, visit www.nedic.ca.

What are substance use, abuse and dependence?

How common is substance use and abuse among youth?[1]

- 78% of youth aged 15-24 years report using alcohol in the past year.
- 22% of youth aged 15-24 years report using marijuana in the past year.
- Of those youth aged 15-24 years who said they used alcohol in the past year, 18% experienced a social, financial or legal harm as a result of alcohol use and of those who used drugs in the past year, 24% experienced harms as a result of drug use.

What are disordered eating and eating disorders?

Disordered eating

Disordered eating refers to the ways in which people relate to food and weight that cause physical and emotional problems. Disordered eating does not always match the range of symptoms that diagnose an eating disorder.

Eating disorders

Eating disorders are diagnosed when the symptoms of disordered eating meet the clinical criteria defined in diagnostic manuals such as the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5).

How common are disordered eating and eating disorders in Canada?

- Almost 30% of girls aged 10–14 report dieting to lose weight, despite being within a healthy weight range and 10% report taking more extreme measures to lose weight.[2,3]
- About 27% of girls aged 12–18 in Ontario report severely problematic food and weight behaviour.[4]
- Eating disorders are less common and occur in about 1% of the population.[5]

Descriptions of eating disorders included in this topic summary

Anorexia nervosa

- People with anorexia nervosa are obsessed with restricting their eating and believe that by controlling their bodies they can control their lives. This illness is accompanied by an intense fear of gaining weight or being fat, regardless of the person's objective weight.

Bulimia nervosa

- This term refers to the ongoing practice of binge eating followed by compensatory behaviours (e.g., purging or exercising). During a binge, people with bulimia nervosa consume more food than the average person would during a certain period of time; afterward, they purge the food by forcing themselves to vomit or by using laxatives.

Many individuals go from one form of eating disorder to another during the course of their illness.

What are the links between substance abuse and eating disorders?

Youth who engage in disordered eating are more likely to engage in substance abuse. The reverse is also true. In addition, a youth who **often** abuses substances is more likely to have issues with disordered eating than one who **sometimes** uses substances. Both eating disorders and substance abuse are found across gender and demographic groups; however, eating disorders are most common in young females.

Among female adults, estimates of those who have an eating disorder with co-occurring substance abuse (or vice versa) range from 17% to 46%.[6] The overlap between disordered eating and substance abuse might be different depending on the type of disordered eating. Studies suggest a stronger link between substance abuse problems and binge and purge behaviours than other disordered eating behaviours such as restricting intake of food. Substance abuse is still found in those who restrict their eating, although there may be different reasons for substance abuse. For example, females with anorexia nervosa who restrict their eating might use stimulants to suppress their appetite.

Why do these links matter?

When substance abuse and eating disorders occur together they are linked with additional problems, including physical and mental health problems. For example, co-occurring alcohol use and eating disorders are linked to higher suicide rates. Anorexia nervosa has the highest mortality rate of any mental illness, with as many as 18% of those with anorexia nervosa dying of complications linked to the disease.[7] Alcohol use and abuse among people with anorexia nervosa leads to an increased risk of death.

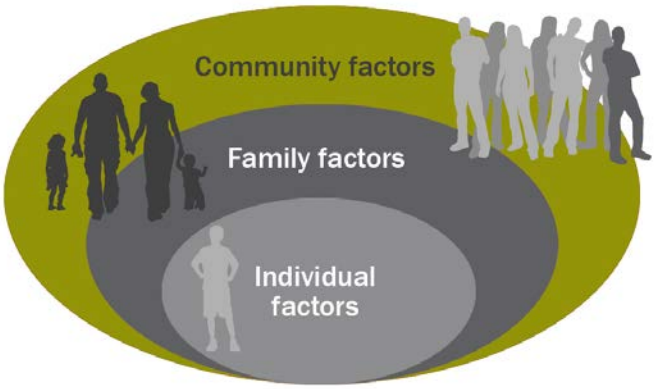
How are eating disorders and substance abuse linked?

The links between eating disorders and substance abuse are best illustrated by exploring the factors that can influence their occurrence:

- **Risk factors** are characteristics that raise the chance that eating disorders or substance use problems will emerge.
- **Protective factors** are characteristics that reduce the chance that either type of problem will occur.

Risk and protective factors interact in complex ways. The same risk factor can have a different impact depending on how severe it is, how long it lasts, the existence of other risk or protective factors and the person's developmental stage. Because of these differences, intervention efforts need to be comprehensive and occur throughout childhood and adolescence.

Risk and protective factors are usually organized across individual, family and community domains as illustrated in the following figure and discussed below.



- **Individual factors:** Some research suggests that disordered eating and substance abuse might be coping methods for people whose early life experience contained stresses like trauma or mental health issues. In females, both substance abuse and eating disorders have been linked to other mental health problems such as post-traumatic stress disorder, anxiety and depression. In addition, personality traits, such as being impulsive, feed into both substance abuse and bulimia nervosa.
- **Family factors:** Stressful events in the family, such as a death, divorce or other loss or trauma, can result in distress that contributes to substance abuse or disordered eating. At the same time, families can be the greatest protective and supportive factor for youth.
- **Community factors:** Societal views and media portrayals of a thin or ideal body type can exacerbate problems of body image. The media link slender female bodies with success, happiness, popularity and beauty, and other body types are seen as undesirable. There is also an increasing link made by media between an "ideal" male body and success in life. In reality, the thin or "ideal" body type can be very different from a young person's healthiest weight. In addition, media portrayals of substance use as normal can influence perceptions among youth that substance use is normative and that "everyone does it."

What are the implications for prevention, screening and treatment?

Evidence-based prevention, screening and treatment approaches are needed to address eating disorders, substance abuse and their co-occurrence.

Prevention

Because eating disorders and substance abuse are more common later in adolescence (about age 16), when attitudes are more entrenched, the prevention and early identification of problems related

to disordered eating and substance use are important during the earlier stages of a youth's development. Prevention efforts might include:

- Building protective factors in children and youth, such as supporting the development of a healthy self-concept and body image, as well as coping and problem solving skills;
- Encouraging critical thinking about media and societal messages and what they convey about physical appearance and substance use; and
- Working with families to improve family functioning and relationships.

To enhance the impact of your prevention efforts, consult CCSA's *Canadian Standards for Youth Substance Abuse Prevention*. This online resource is aimed at professionals working with youth and families in community and school settings.

Screening

Substance abuse and eating disorders can exist together. In addition, both of these problems can overlap with other mental health problems. Therefore, when you are working with youth with **any** of these problems, you will want to screen for **all** of them. Outward signs of substance use or withdrawal that mirror those related to an eating disorder include:

- Cognitive and emotional symptoms such as irritability and anxiety; and
- Physical symptoms such as shaking, seizures, headaches and body aches.

The physical symptoms listed above can be the result of either starvation or intoxication. Youth who suffer from anorexia nervosa might also have rapid or irregular heartbeats, as might an individual who is using stimulants. For these reasons, assessments are needed for both problems since the presence of one disorder can mask the other.

Most screening tools assess disordered eating and substance abuse separately. The following tools are commonly used:

- The Eating Attitudes Test for eating disorders; and
- The GAIN short screener, for substance abuse and mental health issues.

Treatment

After proper screening that identifies substance abuse and eating disorders, a treatment plan will need to address both and be multifaceted in nature. Typical care offers a multidisciplinary approach to respond to the medical, nutritional and psychological needs of eating disorders. Depending on the severity of substance abuse, corresponding treatment will need to be integrated or coordinated with this approach. Also, although eating disorders often begin in adolescence, many young people might need to transfer to the adult system of care. Young people who make this transition may need support preparing for and navigating differences in the services provided to adults compared to youth (e.g., youth focused services have a stronger orientation towards engaging family).

Resistance to treatment is a common response from adolescents with either eating disorders or substance abuse, and the level of motivation to seek and engage in treatment is critical to success. Families can have a positive, supportive impact and family involvement plays a significant role in treatment approaches with youth. Therefore, building trust, enhancing motivation, and engaging family represent areas of focus when treating youth with eating disorders and substance abuse.

Additional Resources

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Notes

1 Health Canada. (2011). Canadian Alcohol and Drug Use Monitoring Survey (CADUMS). Health Canada: Ottawa.

2 McVey, G., Tweed, S., & Blackmore, E. (2004). Dieting among preadolescent and young adolescent females. *Canadian Medical Association Journal*, *170*, 1559-1561.

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4 Jones, J. M., Bennett, S., Olmsted, M. P., Lawson, M. L., & Rodin, G. (2001). Disordered eating attitudes and behaviours in teenaged girls: a school-based study. *Canadian Medical Association Journal*, *165*(5), 547-52.

5 Gauvin, L., Steiger, H., & Brodeur, J.,M. (2009). Eating-disorder symptoms and syndromes in a sample of urban-dwelling Canadian women: contributions toward a population health perspective. *International Journal of Eating Disorders*, *42*, 158-65.

6 Harrop, E.N., & Marlatt, G.A. (2010). The comorbidity of substance use disorders and eating disorders in women: prevalence, etiology, and treatment. *Addictive Behaviors*, *35*, 392–398.

7 Harrison, S., & Carver, V. (2004). *Alcohol & drug problems: A practical guide for counsellors*. Toronto: CAMH.

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