

Substance Abuse and Eating Disorders: What Parents and Families Need to Know



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Addiction is understood to be a chronic, relapsing disease that affects brain function and behavior. It is also a treatable disease. Research suggests that nearly 50% of individuals with an eating disorder (ED) are also abusing drugs and/or alcohol, a rate 5 times greater than what is seen in the general population. The co-occurrence of these disorders affects both men and women with up to 57% of males with BED experiencing lifelong substance abuse problems. Eating disorders and substance abuse are independently correlated with higher than expected rates of death both from medical complications as well as suicide. The impact of addiction is extensive and medically it can include cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis B and C, lung disease and cognitive changes.

Substance abuse like eating disorders, are influenced by genetic, biological, environmental, and psychological factors. Scientists estimate that genetic factors account for between 40 to 60 percent of a person's vulnerability to addiction, including the effects of environment on gene expression and function. Multiple shared neurotransmitters are thought to be involved in both eating and substance use disorders.

Although caloric, alcohol abuse is common in this population and can be used in the service of the eating disorder to facilitate regurgitation and dehydration. In addition to alcohol and illicit drugs (i.e., marijuana, cocaine, crack, methamphetamine, hallucinogens and club drugs such as ecstasy), individuals with eating disorders also abuse prescription (i.e., steroids, insulin, minor tranquilizers, thyroid medications and psychostimulants such as Ritalin®) and over-the-counter drugs (i.e., diet pills, laxatives, diuretics, syrup of ipecac, and weight loss supplements such as Orlistat and Alli®).

Directionality of onset is not clearly understood but it is important to note that substance abuse can develop before, during, or after treatment for an eating disorder. In some individuals, substance use may cause appetite suppression leading to significant weight loss that can trigger the onset of an eating disorder. In other cases, eating disorders and substance abuse can be relied upon for avoidance-based coping. Such strategies are both ineffective and counterproductive in that emotions remain unaddressed, problems go unresolved, and healthy strategies to cope are not developed. Treatment that attempts to address both disorders in an integrated way holds promise to help reduce the all too common pattern of patients vacillating between their eating disorder and substance abuse.

As is the case with eating disorders, early intervention of substance use is essential. Every day roughly 8,000 individuals aged 12 or older will use an illicit drug for the first time. Studies indicate that adolescents whose first use of alcohol occurred at age 14 or younger are more than 5 times as likely to be classified with alcohol dependence or abuse as adults than those who had their first drink at age 21 or older.

If your loved one has an eating disorder and is also abusing substances, there are several issues you should consider when seeking professional intervention. First, find an eating disorder specialist that is also skilled in assessing substance abuse/dependence. Once a complete assessment is made and a level of care is recommended (inpatient, residential, partial or outpatient), research the facility and treatment providers to determine their level of expertise in treating individuals with this comorbid condition. Most eating disorder treatment facilities are equipped to deal with patients who abuse over-the-counter diet pills, laxatives, emetics and diuretics, but few are able to accommodate the patient that requires medical detoxification or methadone maintenance. Educate yourself, be proactive and know that both these disorders are treatable. Seek treatment and find recovery.