

Integrated Care for Substance Use and Eating Disorders



4 Critical Topics for EATING DISORDER PROVIDERS

1

THE ISSUE

Did you know? Substance use (SU) and eating disorders (ED) frequently occur together and can affect all ages, genders, and body shapes.

- 28% of individuals with ED have problems with alcohol or drugs, compared to 9% of the general population
- ED and SU disorders have two of the highest mortality rates among all mental health conditions
- Co-occurring ED & SU disorders can increase early mortality in ED by more than 10-20 times

If supporting patients who use substances is unfamiliar and challenging, **you are not alone!**

2

PROVIDE PERSON-CENTRED CARE



CULTURAL SAFETY

- **Stay curious** and provide care with humility, kindness, and an open mind
- **Recognize cultural beliefs** play a role in SU, without making assumptions
- **Acknowledge the individual** in their unique intersectionality and support systems



- [Culturally Safe and Anti-Oppressive Practice for SU Workforce](#)
- [Indigenous Harm Reduction](#)



REDUCE STIGMA

- **Understand the harms** of stigma for those living with SU and ED
- **Approach mindfully** when discussing SU, as safety may matter more than abstinence
- **Recognize coping behaviours** in SU and ED, which often arise from trauma or distress



- [Communicating about SU in Safe and Non-Stigmatizing Ways](#)
- [Overcoming Stigma Through Language](#)



THERAPEUTIC ENVIRONMENT

- **Build trust** and reduce shame through active listening and deep validation
- **Ask open, non-judgmental questions** to normalize experiences of SU
- **Focus on the person**, their treatment goals, their motivators, and how SU has impacted their life



- [Therapeutic Relationships](#)
- [Therapeutic Alliance: The Key to Improving Outcomes](#)

3

SCREENING & ASSESSMENT



SCREEN FOR CONCURRENCY

- **Screen for SU** as a standard intake practice to enable timely, effective intervention
- **Use motivational interviewing (MI)** to address stigma and build confidence in managing SU behaviours
- **Determine treatment steps** and connect with SU programs or provider support hotlines (e.g. [R.A.C.E Line](#), [BCCSU 24/7 Line](#), [Compass BC](#))



- Screening tools: [CRAFFT](#), [C.A.G.E.-AID](#), [SBIRT](#)
- [ED & SU: 4 Best Practices for Treating Both Together](#)



TRANSFERABLE SKILLS

- **MI, rapport-building, mindfulness, distress tolerance, CBT, DBT, and family therapy** can support those who use substances
- **Your skills are transferable** and can foster safety, predictability, and trust



- [Fundamentals of Addiction: Motivation and Change](#)
- [Using MI in SU Disorder Treatment](#)

4

TREATMENT FACTORS



APPLY HARM REDUCTION

- **Meet patients where they are at**, assess readiness, and plan manageable next steps
- **Focus on safety** and monitor for increased SU symptoms during ED treatment
- **Address symptoms promptly**, such as withdrawal, cravings, irritability, sleep changes, or concealed use
- **Provide holistic care** for physical, mental, emotional, and spiritual health



- [HealthLink BC - Understanding Harm Reduction](#)
- [Youth Harm Reduction: A Toolkit for Service Providers](#)



MEDICAL CARE

- **Monitor for overdose or withdrawal**, and ensure timely medical care or hospital transfer for complications
- **Consider baseline urine drug screens**, but routine testing is not always necessary



- [Want to Learn More About Substance Use?](#)
- [Provincial Child and Youth Substance Intoxication and Withdrawal Guideline for Acute Care Settings](#)