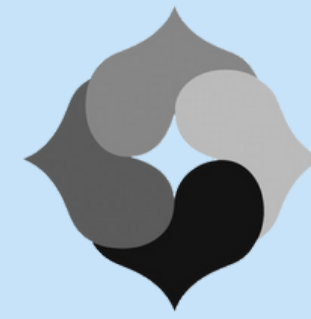


December 14, 2022



SHEENA'S PLACE  
Support for eating disorders

**nedic**  
National Eating Disorder  
Information Centre

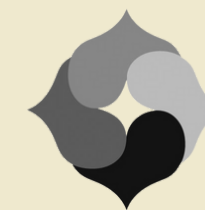
# Harm Reduction for the Holidays

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Community Engagement Facilitator, NEDIC

Kaitlyn Axelrod (she/her), MSW, RSW  
Manager of Community Outreach & Education, Sheena's Place

# Land Acknowledgement & Resources

- [Decolonizing Eating Disorders \(Podcast\)](#)
- [How to decolonize the way you think about your body](#)
- [Beyond "Eating Disorders Don't Discriminate"](#)
- [Toronto Indigenous Harm Reduction](#)
- [native-land.ca](#)
- [Indigenous Ally Toolkit](#)
- [Spirit Bear's Guide to the Truth and Reconciliation Commission of Canada Calls to Action](#)
- [IRSSS 24-hour crisis line: 1-866-925-4419](#)



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# Outline

1. Introduction
2. What are eating disorders?
3. What is harm reduction?
4. Harm reduction & eating disorders
5. Resources
6. Q &A

# Objectives

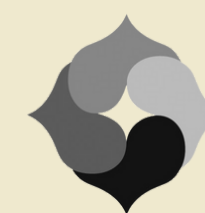
1. Understand the connection and justification for harm reduction within the context of eating disorders
2. Learn harm reduction strategies that can be used this holiday season (and beyond)





# NEDIC

- Non-profit founded in 1985 based out of the University Health Network in Toronto
- National, English-speaking toll-free telephone helpline and live chat service
- Searchable online directory of 700+ treatment and support providers across Canada
- Visit [www.nedic.ca](http://www.nedic.ca) to learn more



**SHEENA'S PLACE**  
Support for eating disorders

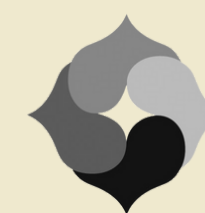
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# Sheena's Place

- Professionally-facilitated group support for people age 17+ affected by eating disorders & disordered eating in Ontario.
- Free of charge; no diagnosis or referral required.
- Visit [sheenasplace.org](https://sheenasplace.org) for more info.



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# What are eating disorders?

## Positive/neutral relationship with food & body

- Body acceptance
- Flexible, balanced, and intuitive eating and movement
- Self-esteem and self-worth are not solely defined by the body

## Disordered eating symptoms

- Binge eating
- Purging (e.g. self-induced vomiting, over-exercising, misuse of laxatives, diuretics, or medication)
- Restricting food intake
- Preoccupation with food, weight, calories, dieting
- Fear of weight gain
- Use of steroids

## Eating disorder diagnosis

- Binge eating disorder
- Bulimia nervosa
- Anorexia nervosa
- Pica
- Avoidant/restrictive food intake disorder
- Rumination disorder
- OSFED & UFED
- Orthorexia\*



# Risk factors

Eating disorders develop as a result of biological, psychological, and social factors.

## Predisposing factors:

- Childhood experiences of adversity & trauma,
- Experiencing discrimination and oppression
- Family history and genetics

## Precipitating factors :

- Separations, losses
- Disruptions in interpersonal relationships
- New environmental demands
- Loss of self-esteem
- Dieting

## Perpetuating factors :

- Cognitive effects of starvation and illness,
- Cultural approval of disordered eating behaviours
- Food insecurity
- Emotion regulation

\*These are not exhaustive lists.

# Prevalence & severity

- An estimated 2.7 million people in Canada have an eating disorder
- Eating disorders have the 2nd highest mortality rate of all mental illnesses



Leading causes of death: suicide and cardiovascular failure  
(restriction, diet pills, laxatives, self-induced vomiting)

- Rates & severity have increased during the COVID-19 pandemic



Loss of support, coping with emotions, maintaining control, food  
insecurity

- Early intervention leads to greater chance of recovery



# Prevalence & severity

Eating disorders impact people of all background and demographics. Eating disorders impact people in diverse, intersectional ways.



@meandmyedart

# Intersectionality & the holidays

- People who identify as 2SLGBTQI+ experience EDs at up to 5x the rate of cisgender, heterosexual individuals. Trans and non-binary folks are at a particularly heightened risk.
  - Holiday season: possibility of increased isolation due to rejection from family
- People who experience food insecurity are more likely to develop ED symptoms than those who do not.
  - Holiday season: Added pressure of buying gifts/spending money can exacerbate food insecurity
- Indigenous folks are just as likely (if not more likely) to have EDs as white people; however, they are less likely to access treatment and support.
  - Holiday season: Christmas specifically may be a time of aggravation from societal structures of power, consumerism, capitalism and colonialism
- People of all shapes and sizes experience all types of ED and health consequences are not dependent on weight.
  - Holiday season: Diet culture is rampant, which exacerbates fat phobia and weight stigma



# Harm reduction

A philosophy and an approach to policy, programs, and practices that aims to reduce the health, social, and economic harms associated with health-related behaviours in people unwilling or unable to stop

- Roots in social movements from the 1960's, 70's and 80's
- Micro, mezzo, and macro-level interventions
- Understands the interplay of personal and systemic issues
- Shifts a “person problem” into a “person-in-situation” problem





How else do you  
practice harm  
reduction in your daily  
life?





# Harm reduction for eating disorders

- Symptom-free recovery is often the explicit goal of intensive eating disorder treatment programs
- Symptom-free recovery may not be accessible for a variety of reasons...
  - lack of additional coping strategies
  - limited services and support options
  - lack of diversity in recovery spaces
  - differential access to treatment
  - food and movement are essential to human life
- Penalizing/reprimanding people often induces shame/stigma

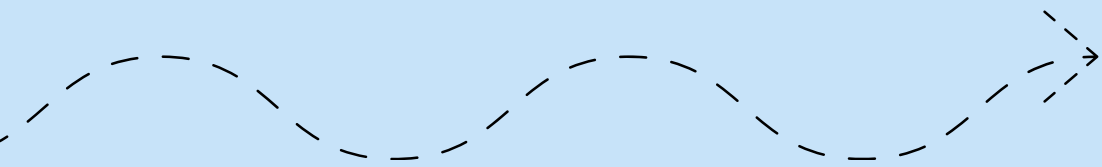
# Harm reduction & eating disorder recovery

- Harm reduction, recovery, & abstinence are not mutually exclusive
- "Clinical recovery" = absence/improvement of symptoms
- ED recovery goals can also look like....
  - decreased frequency of ED symptoms
  - reduction of unhelpful thinking patterns
  - greater ability to tolerate difficult emotions
  - resolution of some body-image or self-esteem challenges
  - the ability to develop and/or maintain loving and meaningful relationships with others
  - reducing isolation
  - improvement in well-being/quality of life

# Practicing harm reduction

## 1. Humanism (people do things for a reason)

- Understand ED symptoms as logical coping strategies (e.g. coping with difficult emotions, trauma, and oppressive circumstances - which may be exacerbated by the holidays)
- Approach with non-judgment
- Learn about actual risks to guide behaviour, not moral or societal standards
- Acceptance of individual choices

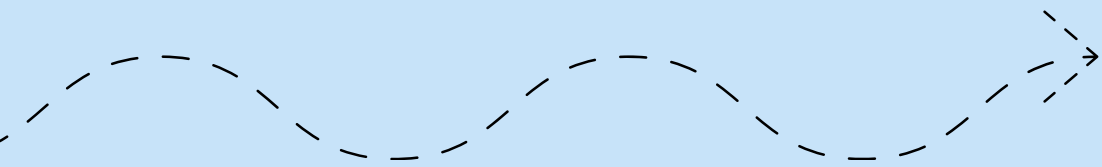




# Practicing harm reduction

## 2. Pragmatism (perfection is impossible)

- Understand that completely perfect health behaviours are impossible to achieve and thus complete abstinence from ED behaviours may not be feasible
- Consider what might be interfering with your/their ability to meet individual recovery goals



# Practicing harm reduction

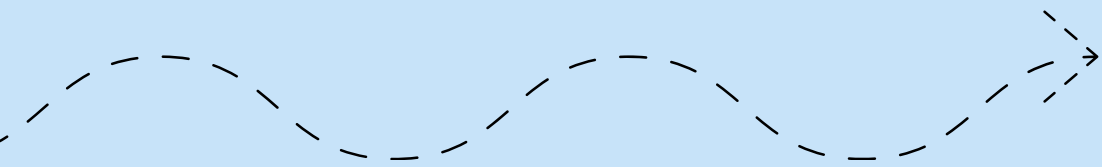
## 3. Individualism (every person is unique)

- Remember that there is no one size fits all approach to treatment or recovery
- You're allowed to challenge treatment modalities and practices
- Avoid making assumptions about others
- Learn and adapt new skills that work for YOU! (e.g. distress tolerance, emotion regulation, managing interpersonal conflict)

# Practicing harm reduction

## 4. Autonomy (individuals have the right to make their own choices)

- Understand that individuals have the right to make their own health decisions without running the risk of being turned away or terminated from care
- Offer person-centred care (collaboration, reciprocal learning) and avoid using coercive or punitive methods
- Set time aside to co-plan with supportive people to get tailored resources/support

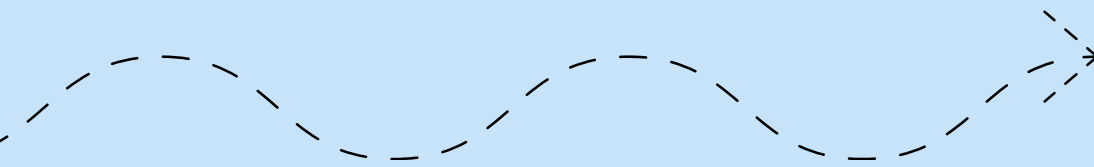




# Practicing harm reduction

## 5. Incrementalism (change is nonlinear and takes time)

- Celebrate positive change
- Normalize plateaus and setbacks
- Interpret relapse as an opportunity understand what's working and what's not working
- Do your best to minimize the harm associated with symptoms (e.g. through medical monitoring)
- Adapt goals when needed (maintaining current state is sometimes the best we can do in difficult situations)



# Harm reduction examples

## OVER-EXERCISING

- Stretch and warm up
- Work out with another person or take classes
- Incorporate slower moments, like walking or swimming
- If exercising alone, always keep your phone on you
- Listen to slower-paced music

## RESTRICTING

- Take multivitamins and supplements (as recommended by healthcare provider)
- Explore resistance-based exercise (to extent that body can safely handle) to keep bones strong
- Avoid exercise that involves motions that bend/twist the spine, contact sports, or those that involve a risk of falling
- Incorporate “safe” foods into some baseline intake/nutrition goals or to increase volume



# Harm reduction examples

## BINGEING

- Try eating slower. Bingeing is usually done in a dissociated state.
- Taking a short walk afterwards can aid digestion.
- Adding a hot compress to one's stomach if they experience pain while digesting
- Exploring eating till fullness rather than extreme pain while having large meals

## PURGING

- Use your hand (not a foreign object) when vomiting. Educate on dangers of asphyxiation when using objects. If scarring is a concern, alternate hands.
- Watch out for blood—it might signify a tear in the esophagus or stomach lining.
- Waiting at least an hour after vomiting to brush teeth or consume any sugary/acidic foods. Consider mixing baking soda with water to rinse and spit in the meantime.
- Using enamel-building toothpaste and a soft toothbrush.
- Drinking Pedialyte or Gatorade to restore electrolytes when vomiting and using laxatives and diuretics. Electrolyte abnormalities are a major risk for sudden death via cardiac arrhythmia/arrest.

# Harm reduction during the holidays

- Eating foods that feel safe; not challenging oneself to face all fear foods at once
- Bringing safe meals/snacks with you to events
- Calling ahead to find out who will be in attendance and what food will be served so you can mentally prepare
- Identifying a support person who you can text or call if you're feeling triggered/distressed
- Make a plan for after an event/situation that you anticipate will be difficult (e.g. holiday gathering)
- Reduce isolation by scheduling activities that bring you into community spaces
- Consider joining an online peer support group and reaching out to crisis resources if needed



# Medical support red flags

Immediate medical attention should be sought if a person is experiencing any of the following symptoms:

- Suicide risk
- Deliberate self-harm
- Heart rate <50 bpm
- Difficulty breathing
  - especially when lying flat
- Deterioration in consciousness
- Arrhythmia; chest pain
- Severe hypotension
- Pins and needles in toes
- Bleeding (e.g. in vomit, stool)

NOTE: For admission to a hospital-based eating disorder treatment program, an individual must receive a referral from a doctor. Emergency room admissions will lead to short-term medical stabilization, not a referral to a treatment program.

# Resources - Treatment & Support

Information, service provider directory, toll-free helpline and live chat:  
National Eating Disorder Information Centre (NEDIC) - 1-866-NEDIC-20

Inpatient & outpatient hospital treatment:  
Ministry Of Health Funded Eating Disorder Programs in Ontario

Community-based treatment:

- Body Brave (community-based, OHIP-covered, virtual treatment, age 18+)
- For private therapists & clinics, visit nedic.ca

Community-based group support (virtual & in-person):

- Sheena's Place (free group support, age 17+)
- Hopewell (reduced cost group support, age 17+)
- Danielle's Place (free group support, youth & caregivers)
- The Looking Glass Foundation (free peer support, age 14+)
- Eating Disorders Nova Scotia (free peer support, age 18+)
- Eating Disorder Support Network of Alberta (reduced cost group support, age 18+)
- Silver Linings Foundation (reduced cost group support, age 12+)
- Fighting Eating Disorders in Underrepresented Populations (FEDUP - free peer support)
- Nalgona Positivity Pride (free peer support for BIPOC, age 18+)



# Resources – Information

## Eating Disorders - General Information:

- [National Eating Disorder Information Centre](#)
  - [Myths and truths about dieting and weight loss](#)
  - [Guide for supporting a friend who might be struggling with an eating disorder](#)
  - [A parents' and caregivers' guide to supporting youth with eating disorders](#)
- [National Eating Disorders Association](#)
- [Kelty Eating Disorders Resource Library](#)
- [“Sick Enough” by Jennifer Gaudiani](#)
- [Centre for Clinical Interventions - Disordered Eating Self-Help](#)
- [Harm Reduction Is For Eating Disorders, Too by Kastalia Medrano](#)

## Eating Disorders - Medical Monitoring

- [ED Toolkit for Primary Care](#)
- [AED Guide to Medical Care](#)
- [Medical Monitoring Form](#)
- [NEDIC Guide for Primary Care](#)

# Resources – For the holidays

- [Responding to Diet-Talk](#) (Sheena's Place & Planned Parenthood Toronto)
- [Coping with the Holidays](#) (Sheena's Place)
- [Coping with the Holidays](#) (NEDIC)
- [List of Toronto food banks & community fridges](#)

## Articles:

- [6 Stupid Holiday Food 'Rules' That Are Really Diets In Disguise](#)
- [How to Take Back the Holidays from Diet Culture](#)
- [Is Diet Culture Destroying Our Holiday Happiness? We Think So](#)



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