

Weight Stigma and Substance Use Recovery

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Recovery-related weight gain is a common concern for individuals in treatment for substance use disorder (SUD). While negative attitudes or judgments about being overweight are commonly experienced by many people living in the United States, for those in recovery for SUD this anti-fat discrimination is compounded by an existing prejudice related to their drug use. The dual cultural context that stigmatizes and discriminates against individuals during treatment can negatively influence the treatment experience and overall effectiveness of recovery from SUD.

Weight Changes During Recovery

There are many factors that make gaining weight relatively common during treatment for SUD's including metabolic changes, malnutrition, certain medications, and the side effects of using food as a coping mechanism¹. People who use stimulants, for example, will naturally lose weight during drug use because of the common side effects of appetite suppression and metabolism disruption. Once they enter drug treatment, however they often experience significant weight gain.

Use of food as a coping mechanism may not be purely behavioral as it can also be traced to underlying neurobiological mechanisms that link substance use and food consumption². Much like drugs, highly palatable foods can trigger dopamine surges in the brain's reward system pathway. This can alter voluntary behavior controls and affect a person's ability to resist cravings for food and drugs. Additionally, cycles of withdrawal and recurrence observed in SUD's often biologically mirror the binge and restriction patterns commonly seen in disordered eating. Both involve dysregulated reward processing, impaired impulse control, and heightened sensitivity to environmental cues, suggesting shared biological underpinnings that contribute to compulsive behavior and difficulty in maintaining long-term recovery. For many, especially women who used drugs in part for their weight-loss side effects, this weight gain can also lead to significant body image disturbance distressing enough to trigger drug relapse³.

Weight Stigma and Anti-Fat Discrimination

Weight stigma refers to negative attitudes, beliefs, stereotypes, and discriminatory behaviors directed towards individuals based on their body weight or size⁴. For example, overweight and obese individuals are frequently labelled using negative attributes such as "lazy", "incompetent", being socially inept, lacking in moral integrity, uncooperative and intellectually slower compared to thinner people⁵. In addition, addictive disorders are socially viewed more harshly than other mental health issues because of the culturally endorsed belief that individuals have control over their actions and choose to engage in substance use. Both obesity and addiction are stigmatized as disorders of low self-control and yet, this is in direct contrast to the research which shows that both conditions are shaped by a complex intersection of factors including socioeconomic status, genetic vulnerability, and environmental influences. This dual stigma not only undermines the recovery process but can also deter individuals from continuing treatment or seeking help altogether, especially if they fear being judged for weight changes that are part of their healing process.

Weight Stigma Can Impact Health

While weight gain is commonly associated with poor health, weight stigma can negatively impact a person's health. Adopting and internalizing societies' anti-fat attitudes is particularly damaging because it not only reinforces harmful stereotypes and fosters self-judgment, but it has been linked to a range of negative mental health outcomes, including mood and eating disturbances, diminished self-esteem, and heightened body dissatisfaction^{1, 5}. These psychological effects of internalizing weight-based stigma can further create a self-perpetuating cycle of shame, avoidance, and unhealthy coping strategies, that are especially relevant for individuals vulnerable to substance use or disordered eating.

Internalizing weight stigma does not occur in isolation but is often reinforced and intensified by direct experiences of weight-based discrimination. Children report experiencing appearance and weight-based bullying more frequently than

any other form of prejudice-based harassment. Adolescents who face weight stigma from family members are more likely to engage in harmful coping strategies like restrictive dieting, binge eating, and physical inactivity. These youth also report elevated stress, sleep disturbance, and emotional distress. Together, these internal and external experiences of weight stigma contribute to a cycle of psychological harm that can increase vulnerability to various mental health challenges and poor mental health outcomes including depression, eating pathology and overall psychological distress⁵.

One area where this vulnerability is especially pronounced is the intersection between eating disorders and SUD's. Engagement in unhealthy weight control behaviors, such as chronic dieting, restrictive eating, vomiting, and laxative use, predicts future substance use, particularly among girls and women who internalize weight-based stigma highlighting the importance of addressing weight stigma and disordered eating as part of a comprehensive approach to SUD treatment.

Addressing Weight Stigma in Recovery

Healthcare professionals including psychologists, physicians, nurses and dietitians frequently hold biased attitudes and beliefs about obese patients and often characterize them as unmotivated, non-compliant, and blame them for their weight⁶. Even patients themselves rank healthcare professionals among the most common sources of weight-based stigma⁶. This presence of weight stigma in healthcare settings makes it more difficult for people struggling with weight and SUD's to seek or receive adequate medical attention. For example, in patients with comorbid eating concerns, research suggests that people living in larger bodies are less likely to be diagnosed with eating pathology, take longer to get assessed or treated, and may be simply encouraged to diet by their healthcare professional⁶. Furthermore, it decreases the likelihood that patients will engage in health promoting behaviors such as exercise, healthy eating, and nutrition education. Taken together, this increased stigma and decreased self-efficacy increase the risk of developing or intensifying mental health symptoms such as depression, anxiety, weight concerns, binge eating, purging, and prolonged substance use.

Developing a healthy relationship with one's body is critical to SUD recovery. This includes healthy eating and exercise behaviors, positive body image, and abstinence or reducing problematic substance use. Because recovery often involves significant changes in one's eating patterns, body weight, and emotional regulation, individuals are especially vulnerable to the harmful effects of weight-based judgment. A recovery environment that reinforces body shame or prioritizes weight

loss over well-being risks alienating those that most need support.

To promote successful recovery approaches inclusive and supportive of all bodies, weight stigma must be actively addressed. This may include:

- Conducting mandatory training (including CEU's) for educators and healthcare professionals to recognize and challenge their own weight biases
- Reviewing agency policies to ensure activities and environments are weight-inclusive
- Using person-first, non-stigmatizing language
- Shifting focus from weight to health behaviors and outcomes
- Implementing interventions (e.g., healthy lifestyle skills, media literacy/body image, cognitive behavioral therapy, etc.) that help individuals resist internalizing weight stigma and improve self-perception⁷.
- Consider frameworks that lend itself to non-judgmental body size health conversations between healthcare professionals and clients/patients⁴.

Ultimately, addressing weight bias in SUD treatment is a necessary part of ethical, effective, and compassionate care.

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