

Alcoholism and
Drug Abuse
Conventional Treatment
&
Yoga Therapy

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Alcoholism and Drug Abuse

What is addiction, who can you turn to and what can be done? These are very big questions and depending upon whom you ask, you will get very different answers. The reason for this is that addiction crosses many different fields of science: psychiatry, psychology, genetics, neuroscience, molecular biology, behavioural science, sociology, and psycho-pharmacology, to name a few. Addiction is a field of study that continues to grow. To complicate matters there are disagreements on defining addiction, as well as, different viewpoints as to the causes and treatments of substance abuse. In this paper, we will look at the most popular views of substance abuse: moral, American disease, genetic, and behavioural models along with their treatments. We will then look at the yogic viewpoint and yoga therapy for alcoholism and substance abuse.

Scientific definitions of alcoholism and drug addiction:

addiction [ə'dɪkʃən] *n* the condition of being abnormally dependent on some habit, esp. compulsive dependency on narcotic drugs (Collins English Dictionary 2003)

“Addiction is a disease that causes changes in the brain, which then drive certain behaviour – taking the drug compulsively – but addicts can learn to change the behaviour.” Steven Hyman, MD

“Addiction results from the relationship between a person and the object of their addiction. Addiction is not simply a qualitative shift in experience, it is a quantitative change in behaviour patterns; things that once had priority become less important and less frequent behaviours become dominant. Addiction represents an intemperate relationship with an activity that has adverse biological, social or psychological consequences for the person engaging in these behaviours.” - Division on Addiction

“To be diagnosed with alcohol dependence according to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) (American Psychiatric Association 1994), an individual must meet at least four of the following criteria: drinking more alcohol than intended, unsuccessful efforts to reduce alcohol drinking, giving up other activities in favour of drinking alcohol, spending a great deal of time obtaining and drinking alcohol, continuing to drink alcohol in spite of adverse physical and social effects, and the development of alcohol tolerance.” – NIAAA Alcohol Dependence and Withdrawal

“Drug addiction manifests as a compulsive drive to take a drug despite serious adverse consequences. This aberrant behaviour has traditionally been viewed as bad “choices” that are made voluntarily by the addict. However, recent studies have shown that repeated drug use leads to long-lasting changes in the brain that undermine voluntary control. This, combined with new knowledge of how environmental, genetic, and developmental factors contribute to addiction, should bring about changes in our approach to the prevention and treatment of addiction.” – Science & Society Neurobiology

Most Popular Theories of Addiction

The **moral theory** - believes that substance abuse is caused by a lack of willpower and overindulgence. The person made a choice to use when they could have abstained. In this theory it is believed that will and determination are all that is required to overcome the addiction.

The **disease theory** - (American disease) believes addiction is a progressive disease with biomedical causes and requires medical and/or pharmacological treatments to overcome the addiction.

The **genetic theory** - believes there are biologically inherited causes of substance abuse, making the individual prone to dependence, and therefore, these substances must be avoided to prevent addiction.

The **behaviour theory** - believes that all addictions are learned behaviours with multiple causes. Treatment in this view is the analyzing of behavioural factors.

Drug use and abuse through history

Throughout history man has used plants in various ways to create altered mental states. These substances were obtained from the seeds, berries, or leaves of plants which were then drank, smoked, chewed, eaten or somehow consumed during religious rituals and ceremonies, for medicinal purposes, and in some cases to increase stamina or energy as required for long treks. Humans continue to use drugs and alcohol to obtain altered states; however, nowadays it is mainly for recreational purposes – to get “high”.

“Ours is a drug-centered society and that recreational substance abuse extracts a terrible toll from everyone living in this country.” (Doweiko, 1999 pg.2) Substance Abuse Counseling

Today, science has enabled the active ingredients to be extracted from plants producing more concentrated, reliable and potent delivery of the psychoactive substance.

Through the years many powerful drugs were discovered and indiscriminately prescribed only to discover their addictive qualities later. Only a few decades ago cocaine and heroin were regularly prescribed and at one time cocaine was an active ingredient in *CocaCola*. More recently prescribed drugs such as oxycodone and Ritalin exploded onto the drug scene; with Ritalin becoming a club drug or study “aid”, while oxycodone had devastatingly addictive effects on the lives of unsuspecting “mild” users.

From one country to another different laws and cultures dictate what the acceptable and legal use of psychoactive drugs is but that does little to stop the abuse of legal and/or illegal substances. Psychoactive drugs are those drugs that can cross the **blood-brain barrier** and, therefore, alter mood and behaviour. Substance abuse refers to the deliberate use of these psychoactive drugs (alcohol, cocaine, amphetamines, opiates, hallucinogens, club drugs (ie: ecstasy, GHB, ketamine, etc.) solely for their mind altering affects.

“All psychoactive drugs produce their effects by action on the nervous system – primarily by altering normal brain function.” – Drug Use and Abuse

*“The **blood-brain barrier** (BBB) is a separation of circulating blood and cerebrospinal fluid (CSF) maintained by the choroid plexus in the central nervous system (CNS).”* - Wikipedia

NATIONAL INSTITUTE ON DRUG ABUSE COMMONLY ABUSED DRUG CHART

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	<i>Intoxication Effects/Potential Health Consequences</i>
<i>Cannabinoids</i>			<i>euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination/cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety; panic attacks; tolerance, addiction</i>
hashish	boom, chronic, gangster, hash, hash oil, hemp	I/swallowed, smoked	
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/swallowed, smoked	
<i>Depressants</i>			<i>reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/fatigue; confusion; impaired coordination, memory, judgment; addiction; respiratory depression and arrest; death</i>
barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital:</i> barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	
benzodiazepines (other than flunitrazepam)	<i>Ativan, Halcion, Librium, Valium, Xanax:</i> candy, downers, sleeping pills, tranks	IV/swallowed, injected	<i>Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness, life-threatening withdrawal</i>
flunitrazepam***	<i>Rohypnol:</i> forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
GHB***	<i>gamma-hydroxybutyrate:</i> G, Georgia home boy, grievous bodily harm, liquid ecstasy	I/swallowed	<i>for benzodiazepines—sedation, drowsiness/dizziness</i>
methaqualone	<i>Quaalude, Sopor, Parest:</i> ludes, mandrex, quad, quay	I/injected, swallowed	<i>for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects</i> <i>for GHB—drowsiness, nausea/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death</i> <i>for methaqualone—euphoria/depression, poor reflexes, slurred speech, coma</i>
<i>Dissociative Anesthetics</i>			<i>increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting</i>
ketamine	<i>Ketalar SV:</i> cat Valiums, K, Special K, vitamin K	III/injected, snorted, smoked	
PCP and analogs	<i>phencyclidine:</i> angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	<i>Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest</i>

for PCP and analogs—
possible decrease in blood
pressure and heart rate,
panic, aggression,
violence/loss of appetite,
depression

Hallucinogens

LSD	<i>lysergic acid diethylamide:</i> acid, blotter, boomers, cubes, microdot, yellow sunshines	I/swallowed, absorbed through mouth tissues	<i>altered states of perception and feeling; nausea; persisting perception disorder (flashbacks)</i>
mescaline	buttons, cactus, mesc, peyote	I/swallowed, smoked	<i>Also, Also for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors</i>
psilocybin	magic mushroom, purple passion, shrooms	I/swallowed	<i>for for LSD—persistent mental disorders for for psilocybin—nervousness, paranoia</i>

Opioids and Morphine Derivatives

codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine:</i> Captain Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV, V/injected, swallowed	<i>pain relief, euphoria, drowsiness/nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, addiction, unconsciousness, coma, death</i> <i>Also, for codeine—less analgesia, sedation, and respiratory depression than morphine for heroin—staggering gait</i>
fentanyl and fentanyl analogs	<i>Actiq, Duragesic, Sublimaze:</i> Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	I, II/injected, smoked, snorted	
heroin	<i>diacetyl-morphine:</i> brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	
morphine	<i>Roxanol, Duramorph:</i> M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	<i>laudanum, paregoric:</i> big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
oxycodone HCL	<i>Oxycontin:</i> Oxy, O.C., killer	II/swallowed, snorted, injected	
hydrocodone bitartrate, acetaminophen	<i>Vicodin:</i> vike, Watson-387	II/swallowed	

Stimulants

amphetamine	<i>Biphetamine, Dexedrine:</i> bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	<i>increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia</i>
cocaine	<i>Cocaine hydrochloride:</i> blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	<i>Also, for amphetamine—rapid breathing/tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction, psychosis</i>
MDMA (methylenedioxy-methamphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/swallowed	<i>for cocaine—increased temperature/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks</i>
methamphetamine	<i>Desoxyn:</i> chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	<i>for MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings/impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, liver toxicity</i>
methylphenidate (safe and effective for treatment of ADHD)	<i>Ritalin:</i> JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	<i>for methamphetamine—aggression, violence, psychotic behavior/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction</i>

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

** Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

*** Associated with sexual assaults.

Causes of addiction to alcohol and drugs

The initial contact with a drug can be by choice, outside pressure, or while still in the womb. Contrary to popular belief, not all addictions originate with a conscious choice to use to get “high”; sometimes the legitimate use of prescribed medications for pain and emotional relief can turn into addictions. (Class II drugs are those drugs that are accepted for therapeutic use but have a high potential for abuse and/or dependence,

such as: opium, morphine, codeine, cocaine, Ritalin, Percocet oxycodone, ativan, and others. See table above).

The person's experience of the drug-taking is affected by several factors, such as how the drug affects their biology, the biological and psychological characteristics of the person, and the setting in which the drugs were taken.

Research shows that no matter what drug is taken, some changes in the CNS are inevitable. Studies show various reasons for repeated use of mind altering drugs; here are some of the results:

A. Cravings: Some research proposes cravings as a major cause of repeated use and abuse of drugs.

1. Cravings caused by seeking reward caused by changes in the opiate and/or dopamine systems that lead to reduction of the reinforcing effect of the drug.
2. Cravings that seek relief from stress or anxiety – external or internal stresses.
3. Cravings referred to as obsessive cravings (Verheul et al. 1999). Loss of control over thought about alcohol consumption, which intrudes into a person's normal thinking patterns. These changes are a result of plastic changes in limbic and motor systems which control habitual behaviour and locomotor activity.

B. Pleasure seeking:

Some studies show that repeated use of most drugs in search of the same relief/pleasure creates a reduced response or tolerance to that particular drug. This tolerance then affects the user's behaviour in such a way that the user must increase the amount of drugs to achieve the desired affect and/or to avoid withdrawal syndrome. This is what strongly affects the addicted person's drug-taking habits, and it becomes a preoccupation with obtaining and using the drugs.

“Some research shows that if something elicits strong pleasure within the brain it is wired so that its owner will develop behaviours that will reinforce this good feeling. We learn quickly to reproduce events that bring us pleasure, and such rewards become one of the brain's most powerful learning mechanisms (Siegel, 1989).” - Substance abuse counselling.

1. Some people are considered to have addictive personalities and are therefore more likely to become addicted to substances like drugs and alcohol.
2. A person's expectation, based on previous experience with the drug, has a powerful effect on the drug experience of that individual. This is called drug expectancy.
3. The more sensation seeking a person is the more likely they are to be frequent users of drug or alcohol.

C. Stress: Drug and Alcohol use for stress reduction is high.

“Indeed, both preclinical and clinical studies suggest a link between anxiety and propensity to self-administer alcohol.” (Henniger et al 2002; Spanagel et al.1995; Willinger et al 2002)

1. External stresses increase the risk of substance abuse by stimulating the sympathetic nervous system (fight or flight response).
2. Alcohol and some drugs themselves can activate the stress response.
3. Excessive stress impedes the reward system, requiring an increase of drug to attain the same result.
4. Although at the beginning of the drug using behaviour, the person’s motivation is seeking to attain the same result as the first experience, this changes with increased use. At a certain point the body begins to produce stress factors that have a negative affect which are similar to withdrawal symptoms. This is known as hedonic allostasis and this condition becomes the motivator. The individual is now using the drug to avoid the stress of the negative-affect state.
5. Two studies, one in Europe (Marquenie et al. 2007) and another covering six nations (Merikangas et al 1998) discovered a link between pre-existing anxiety disorder and later alcohol and drug abuse. These studies revealed the anxiety disorder came before the alcohol abuse and suggested susceptibility to developing substance abuse disorders.

D. Genetics: “Some differences in how people react to drugs are genetically based” (Nurnberger, 1987). In the genetic model, a person’s **initial sensitivity** (reaction as a first time user) to a drug is believed to be inherited and determines how a drug (i.e. alcohol) will be experienced and metabolized by that individual; which influences possible development of abuse or dependence. Genetic inheritance does not make it a “disease” but rather a susceptibility to addiction.

Consequences of substance abuse on health & society

Malnutrition

Many substance abusers are malnourished because they simply eat too little or in the case of alcohol, the alcohol intake blocks absorption of nutrients even if the diet is adequate. Regardless of the case of malnutrition, it can lead to liver damage and impaired liver function.

Damage to liver and brain

Brain scans of alcoholics and drug addicts (marijuana, cocaine, heroin, meth-amphetamine, LSD, PCP and inhalant users) have shown changes in the brain. The findings show that the brains of substance abusers are less active and withered, with the most affected area being the prefrontal cortex, the area that controls our thoughts and behaviours, and lessens impulsiveness and irrational decision making. When the prefrontal cortex is less active, it results in an inability to learn from past mistakes. The

addicted brain is changed. The person can no longer think logically. The effects of psychoactive drugs on the brain can take years to reverse, and sometimes they never do.

The health costs of alcoholism include chronic diseases of the liver (cirrhosis) and brain (hepatic encephalopathy, Wernicke's encephalopathy, and alcoholic cerebellar degeneration). Hepatic Encephalopathy is a brain disorder caused by end stage alcoholism, where there is chronic liver failure resulting in toxins not being adequately removed from the blood by the liver. These toxins can then enter the brain where they cause serious damage characterized by mood disorders, insomnia, motor in-coordination, tremors and possible coma and death. Wernicke's encephalopathy and alcoholic cerebellar degeneration are both caused by deficiencies in the vitamin thiamine and the toxic effect of alcoholism on the brain.

Cost of Substance Abuse to Society

A report by Schneider Institute for Health Policy (2001) estimated the total economic cost of alcohol and drug abuse in the US at \$276 billion in 1995. This amount includes costs due to illness, death, medical expenses and crime, with crime accounting more than half the total. The Drug Abuse Warning Network in USA estimated 627,923 drug-related emergency room visits in the last half of 2003.

Road to Recovery

The stages of recovery include: detoxification, withdrawal symptoms, and often times relapse.

Readiness for recovery is when there is recognition that there is a problem. Only then is there the possibility of quitting: on one's own, by joining a self-help group, or by seeking professional help.

"When do people change? – When they want to. No amount of science, therapy and brain scans is ever going to change this truth." 7 Steps to Beat Addiction

Intervention: Treatment does not need to be voluntary to be effective. There are cases where family, friends, employers, or the justice system successfully convince addicts to get help and get them into treatment; however they only remain clean when they chose to.

Detoxification: To detoxify is the process of going off drugs and/or alcohol to rid the body of the toxic effect. Going through detox can be very frightening, stressful and often painful; sometimes even life threatening. This is when the addict is most vulnerable to relapse in order to end the discomfort.

Withdrawal Syndrome/Symptoms: This is also known as dependence or tolerance for the drug. This occurs when the body cannot adjust or function when the drug taking ceases or is decreased. This is not the case for all drugs. The immediate time following the detox stage is usually a time of strong cravings, heightened awareness of drug-related cues, increased sensitivity to stresses (internal and external), depression

and anxiety. Other withdrawal symptoms can include: pain, flu-like symptoms, digestive disruptions, sweats, hallucinations, and more. Many withdrawal symptoms persist for a long period of time and are a powerful motivational force for the resumption of excessive consumption. **Fear of withdrawal** symptoms alone can cause relapse.

Relapse: Relapse is defined as a return to drug use after a time of abstinence. More often than not, there are several attempts at abstinence before success is reached. After detoxification and withdrawal there can still be a considerable time of cravings to deal with, as well as, anxiety, stress and environmental and social cues that can lead to relapse. In the case of heroin, research shows that after successful detoxification, if the addict returns to the same environment, the relapse is 90% within the next two years, and most before six months.

Treatment for alcohol and drug abuse

Conventional treatment can include

1. Spontaneous remission – Addict quits habit without any outside help.
2. Hospitalization during detoxification – Important if serious withdrawal symptoms are imminent or if there are other co-existing illnesses present that complicate the transition (mental illness).
3. Rehabilitation centre stay – Professionals available to help manage medium to mild withdrawal and to provide pharmacotherapy, as well as, psychotherapy/behavioural therapy to prepare for return to a non-drug environment
4. Participation in a self-help group, such as AA, NA, SMART Recovery, MM (Moderation Management), etc.
5. Pharmacotherapy – through hospital, clinic, or private doctor a substitute drug is prescribed to help with weaning off substances such as: heroin, alcohol or cocaine dependence. See below.

Spontaneous Remissions: Yes, it is possible to quit entirely on your own, people do it all the time, even heroin addicts. During the Vietnam War many American soldiers became addicted to heroin. When they returned from overseas there was concern that there would be thousands of heroin addicts needing treatment. As it turned out, most were able to quit without any assistance once they were back home.

Hospitalization: This is necessary when serious withdrawal effects are expected (i.e. late stage alcoholism) or other co-existing illnesses are present and medical treatment is needed.

Pharmacotherapy: This is the replacement of one opiate for another as in the case of heroin and methadone as the person is weaning off. Then another drug such as naloxone or buprenorphine can be used to block the opiate's effect on the brain, which frees the individual from using, as there are no longer any psychoactive effects. In the

case of cocaine withdrawal symptoms (cravings and depression) treatment with desipramine, amatadine and fluoretine can help prevent relapse.

Rehabilitation Centres: For some people a stay at a rehab centre is the first time they experience orderly living. Here they are taught behavioural skills, attitudes and values associated with social living while enjoying a drug-free, safe environment.

Self-Help Groups: These are groups that meet regularly to lend support. Members are often ex-addicts that can offer their experience, “been there – done that”. The most popular organization related to alcohol addiction is **Alcoholics Anonymous**. There are other groups such as SMART Recovery and Moderation Management (non-twelve-step).

Alcoholics Anonymous (AA), NA or CA, etc: This organization has groups for all major substance addictions, such as Narcotics Anonymous, Cocaine Anonymous, etc. These self-help groups follow what is called the twelve-step program. This is a method of recovery from alcoholism (originally), first published in 1939. AA believes that social drinkers or heavy drinkers can quit anytime, but alcoholics can never get sober without help from a higher power, outside of themselves. In this program it is believed there is no cure for addiction; that recovery requires abstinence from all mood-altering drugs and sobriety requires working a program for recovery. Many hospitals, rehab centres and the justice system often require recovering addicts to participate in a twelve-step program as part of their treatment. Not everyone is comfortable with this style.

The Twelve Steps:

1. Admit powerlessness over the addiction.
2. Believe that a Power greater than oneself could restore sanity.
3. Make a decision to turn your will and your life over to the care of God, as you understand him.
4. Make a searching and fearless moral inventory of self.
5. Admit to God, yourself, and another human being the exact nature of your wrongs.
6. Become willing to have God remove all these defects from your character.
7. Humbly ask God to remove shortcomings.
8. Make a list of all persons harmed by your wrongs and become willing to make amends to them all.
9. Make direct amends to such people, whenever possible except when to do so would injure them or others.
10. Continue to take personal inventory and promptly admit any future wrongdoings.
11. Seek to improve contact with a God of the individual's understanding through meditation and prayer.
12. Carry the message of spiritual awakening to others and practice these principles in all your affairs.

Yoga and recovery from substance abuse

As scientific research reveals, it is crucial to be aware that the addicted person often lives in a state of fear and anxiety. The life of an addict (alcohol or substance) is a tortured existence in search of relief. The addicted person seeks a reprieve from stress (internal and external) and the mistake is looking for relief outside of themselves. The withdrawal syndrome, caused by decrease or cessation of most substances, confuses and tricks the addict into believing release comes in the form of a pill/drink.

“The substance that one day may bring fleeting release or respite may, if left unchecked, turn into an obsession and compulsion that feeds the imbalances they were trying to correct.” – Addiction and the Path of Yoga - Yoga Basics

Addiction is a symptom of a serious imbalance in the individual. Through the practice of yoga, a sense of desperately needed peace and equanimity can be brought into the life of the individual. It is through Hatha yoga and tantric philosophy the truth, that life is essentially good, can be realized.

Health is balance in the body, mind and spirit. The physical practice purifies and strengthens the “food body”; the pranayama practice teaches valuable techniques to manage energy and, therefore, stress; meditation prepares and trains the mind to stay focused on what is important and release what is not; and guided relaxation brings peace, tranquility and healing to the mind and body. The spirit is healed by nurturing safe unconditional relationships with each student, between students, and whenever possible, the student with a power greater than themselves, that’s not separate from them. Through yoga nidra and kriyas we heal the whole body, on all levels. Post traumatic stress disorder is often found to be the root of addiction, which we can gently begin to heal through yoga nidra and kriyas.

As yoga therapists, we can suggest healthy eating habits, supplements, and alternatives – while educating not to automatically run to drugs (legal or not) for relief, yet acknowledging there is a time when they are necessary. We must make ourselves available before and after class to “listen” so the student can say what is on their mind, share their experience or ask questions. We can also offer one-on-one sessions. It is important to actively listen; only offering our experience when it is asked for and staying within our area of expertise.

The yogic view is that **addiction is a crisis of spirit**. Yogic philosophy does not agree with the first step of the twelve-steps of AA; the powerlessness of the individual. Addiction has already made the individual feel powerless. In fact, through yoga we nurture inner-strength and willpower to bring the student back into balance. Yoga reminds us that willpower is the key to change and willingness to change is crucial.

Recovery does not end with abstinence. For the individual, this is the beginning of a path to self-awareness, a time of rediscovering, or discovering for the first time: who they are, where they are going, and how they are going to get there. It is all about healing the soul.

Teaching a group in recovery:

Often yoga therapy takes place in a rehabilitation centre and is considered a group therapy session. Within the same class there will be newly arrived (detoxing) students, students midway through the program, as well as, students that are preparing to head back out into their lives. It is very different from what we would normally call a multi-level class. There are many variables at work: physical abilities, level of interest, maturity level, age (teen to senior), not to mention multiple injuries of varying degrees. Car accidents or serious falls are frequent precursors to drug rehabilitation. Some of the students will have a physical background and have no problem with level I poses, yet others will be very weak and can only manage very simple, easy postures for short duration. It is not possible to prepare a class and expect to rigidly adhere to it. The teacher has to be flexible enough to accommodate all the above, as well as, the changing abilities of the students, as the capabilities can change from day to day. This is especially true if the treatment includes pharmacotherapy (i.e.: methadone) which is decreased incrementally.

There is also the difficulty of having a few individuals that participate only because it is mandatory. These are usually the same individuals that are in the centre because of intervention (i.e. justice system). Frequently these students are quickly won over by the magic of yoga and come to love it.

The best approach to working with this mixture of needs is a class based on a common thread; a themed practice that everyone can relate to. Therefore, yogic philosophy is woven through the practice in such a way that the student is encouraged to participate at their level and always made to feel successful. Although the poses enhance the psychological benefits of yoga, the focus is more on the pranayama, meditation and the uplifting message.

Intention, alignment and cueing is connected to a deeper meaning; every word chosen carefully and deliberately spoken. As much as possible, real-life situations are linked to the practice, to teach coping skills that support recovery.

Typical Class Outline:

1.5 hour class:

- Introduction of theme and context for class – short discussion
- Centering and check in. Cue to sit quietly, feel at all levels: starting with physical sensations, then breath pattern, emotions, mental (thoughts) present. This sets the baseline, which we come back to at the end of practice.
- Instruction to deepen the breath, to create even, steady, ujjayi breath
- Set group intention and invite students to set a personal intention
- Sequence of asanas, kriyas, and pranayamas, related or in support of theme
- Guided Relaxation, savasana, or yoga nidra

- End in seated posture, short meditation and check in again: insights, changes, experience, come back to intentions – did you follow through?
- Bow and state, *“The light in me, honours the light in you, where we are one.”* This clearly shows open-heartedness and non-judgement on your part.
- Ask if there are there any questions? Possible discussion period. Be available for personal questions.

Asanas that support recovery: (with modifications & variations)

Standing Poses: Tadasana (Mountain), Virabhadrasana I (Warrior I), Virabhadrasana II (Warrior II), Trikonasana (Triangle), Parsvakonasana (Side Angle), Parivrrta Virabhadrasana (Rvld Warrior), Parsvottanasana (Intense Stretch), Prasarita Padottanasana (Wide Angle Fwd Fold), etc (Use of props essential)

Sun & Moon Salutes: Classical A and B (slow and modified)

Arm Balance Poses: Phalankasana (Plank), Vasisthasana A (Side Plank), Chaturanga Dandasana (4 Limb Staff), Bakasana (Crow)

Standing Balance Poses: Vrksasana (Tree), Eka Pada Bekasana (Standing 1 legged Frog), Natarajasana Prep (Dancer Prep), Garudasana (Eagle), Warrior III, Ardha Chandrasana (Half Moon), Utthita Hasta Padangusthasana (Standing Big Toe), Urdhva Prasarita Ekapadasana (Vertical Splits), etc

Hip Opening Poses: Succirandrasana (Eye of Needle), Anjaneyasana Variations (Lunges -bent leg, straight leg, lizard, crescent), Baddha Konasana (Bound Angle), Eka Pada Rajakapotasana Preps (Pigeon variations), Janu Sirsasana (Head to Knee Pose), etc.

Back Bending Poses: Bhujangasana (Cobra), Sphinx, Eka Pada Bekasana (1-legged Frog), Urdhva Mukha Svanasana (Upward Facing Dog), Salabhasana (Locust), Ustrasana (Camel), Urdhva Danurasana (Bow), Setu Bandhasana (Brdige)

Core Strengthening Poses: Navasana (Boat), Purvottanasana (Eastern Intense Stretch), Phalankasana (Plank), Vasisthasana (Side Plank), Salabhasana (Locust), Jathara Parivartanasana (Belly Turning), Urdhva Prasarita Padasana (Leg Lifts), etc.

Twists: Parivrrta Parsvakonasana (Rlvd Side Angle), Ardha Matsyendrasana (Half Lord of Fishes), Marichyasana (Sage Pose), Parivrrta Utkatasana (Twisted Chair), Parivrrta Balasana (Twisted Child), Parivrrta Urdhva Mukha Svanasana (Twisted Dog), Parvrrta Uttanasana (Twisted Forward Fold), Parivrrta Upavistha Konasana Twisted Wide Angle Forward Fold, etc.

Savasana: Corpse pose teaches the ability to consciously relax, to actively release tension, to let go at will, to be fully present, to accept what is, to trust, and to allow healing to take place.

Chakra Imbalances of alcoholism and addiction:

First – Fear which manifests as lack of discipline. This chakra is related to survival. The student needs to **focus on stability**; therefore, standing poses are helpful to learn how to stand on one's own feet. Tadasana, Warriors, Triangle, Side Angle, etc

Second – Guilt that manifests as obsession or numbness - This chakra is related to pleasure. The student needs to **open to fluidity and change**; therefore, hip-openers are helpful to learn to be open to and accept change. Pigeon, Bound Angle, Eye of Needle, etc

Third – Anger or Shame manifested as aggression/low self-esteem. This chakra is related to personal power. Student needs to **strengthen will and increase vitality with integrity**. The poses that help are core strengtheners to learn how to connect with inner strength. Boat, Belly Turning, Locust, Warrior III, etc

Forth – Loneliness manifesting as possessiveness/isolation. This chakra is related to **unconditional love and compassion**. The student needs to learn to trust, forgive and foster healthy relationships: be authentic self. The poses that are helpful are back bends to learn how to open our hearts. Cobra, Sphinx, Bow, Camel, etc Also partner poses are sometimes appropriate depending on the group dynamics.

Fifth – Dissonance manifesting as lies or secrets. This chakra is related to **speaking your truth** without fear. It is where the will of the 3rd chakra gets voiced; student needs to practice free expression. Neck stretches and poses like fish, bridge and camel followed by chanting (i.e. bijas) are very helpful. Encourage journaling after class.

Sixth – Illusion manifesting as false beliefs, denial or fantasizing. This chakra is related to **finding your "vision"**, seeing past what is and seeing what can "be" - to see a better future. Twisting poses, yoga mudra and yogic eye exercises help stimulate this chakra. Sharing of dreams and meditation experiences.

Seventh – Attachment manifesting as narrow-mindedness, disconnection, or over-intellectualization. This chakra is related to wisdom and a sense of wholeness. Student needs to learn to trust life and have a sense of purpose. Poses that are helpful are those that bring the crown of the head to the floor (change perspective), block or chair, as in supported forward fold, yoga mudra or variations of headstand.

All 7 Chakras – To bring alignment and balance to the whole body (spine, chakras, doshas, etc.), as well as, to **detoxify**, a practice focused on twists is beneficial.

"He who knows others is wise, but he who knows himself is enlightened." - Lao Tzu

Themes that support recovery:

Themes are the perfect way to teach concepts that the students would possibly be uncomfortable about sitting down to discuss; topics like worthiness, death and change. With a theme you ease the topic into the classroom and then explore it through the body and mind in a non-threatening way. Often the theme is exactly what a student needs to hear at that time.

I have experienced this directly during a yoga class, when through the combination of the words being spoken and the pose being performed, you witness a shift, a small aha moment, an epiphany, visible in their eyes or body language. You know that in that moment their brain changes, new pathways are created, old patterns fall away and their life can be forever changed. It is beautiful to witness.

Sample themes include:

Blissfulness – Set students up to feel uncaused joy and pleasure in the body through pauses between deep poses (like backbends or twists) or during yoga nidra. Ask them to feel the difference. Remind the students that that is their natural state; it is their right to feel blissful at any time.

“We long to step out of the limitations of the body. We long to be free of fear and limitation. We hunger for the oblivion of our ego so that we can experience our infinite Being. When the ego or the image of the self overshadows the unbounded Self, we feel cut off or disconnected from infinite consciousness, our source. This is the beginning of fear, the onset of suffering, and all of the problems of humanity, from our minor insecurities to our major catastrophes, such as war.” - Deepak Chopra

Challenges – Teach students to deal with life’s challenges in a skilful way. Often challenges send the addict running back to their old habits. Here we need to create new patterns, to break old habits. Teach the students to be mindful in the placement of their bodies, staying present through the whole process. In every pose, break it down and build from the foundation up – longer holds. I like to ask the student to step into a lunge and feel it and come out. Then lead them in slowly and mindfully, securing the foundation (focus on 4 corners, lift toes to lift the arches, spread and release toes but keep the arch) hug legs toward each other, etc until the pose is complete, then compare the pose. It is also a good to teach, “breathing through the challenge” (not physical pain). This is practiced through challenging poses which the student knows will come to an end within 5 breaths. (Scale, boat, warrior III, Four Limb Staff, etc) This builds confidence and inner strength.

Change – Discuss the truth about change; everything changes. *The only constant is change.* This can be taught by flowing with the in and out breath through a slow, gentle, vinyasa-style class that includes lots of hip-openers. No long holds, just come into the pose and then back out and onto something new. Teach no grasping or clinging to the pose, build it and release it. Keep the awareness on the top and bottom of each inhalation and exhalation, where one dies and the other is born. This teaches an acceptance of the cycle of beginning, endings, birth and death. You can explore death through Savasana, corpse pose and the rebirth at the end of class – born into a new moment in time. If the students are open to chanting, teach them AUM – Creation, sustainment, destruction and absorption.

“Infinite flexibility in the face of constant change.” – Deepak Chopra

Co-creation – Remind students we are all connected to something bigger (call it: God, Universe, energy, etc.) and there is one consciousness that pulsates through every living thing. Teach that we are not separate; we are co-creators of our own lives - not victims. Teach a pose that looks more difficult than it is (such as half moon, crow or scales) to show how we often limit ourselves before we even begin. Use whatever is needed to get the students into a variation of the pose (i.e. blocks, hands-on assist, or partners). As you methodically build the pose and they succeed (all attempts are successes), they remember that if they are **open to all possibilities** – they often surprise even themselves.

Goals – Teach the importance of setting life goals by beginning small with class intention and follow through. Point out how the addiction gets in the way of what they really want (i.e. to be in control of life or to be healthy). Teach alignment as a means to setting yourself up for success; how to set safe boundaries and limits; and to come carefully into the postures to enhance diligence when they make choices. Ask, “Are your choices consistently life-enhancing and positive or do you always sabotage yourself?” We all need a plan for our life or we wander aimlessly, being directed by others. Allowing the students to choose some of the poses, is a fun way to teach choices/goals. Success becomes part of the process. The student begins by saying yes to one, while firmly closing doors to all others that are not on his/her path.

*“... when a habit or addiction interferes with accomplishing a goal you want to attain or something larger you are committed to, you are more inclined to quit. Thus, instead of focusing on what you need to quit or escape from, it is **critical to focus on what you want to achieve.** Giving up your addiction then becomes a necessary step on the road to getting where you wish to go.”* - Stanton Peele, Ph.D., J.D. - 7 Steps to Beat Addiction

Gratitude – Teach the importance of being grateful for what is good in your life right now. Discuss gratitude for any support, be that family, friends or staff; thankfulness to be able to sit and breathe and hear this teaching. See if they are open to celebrating the legacy that is them; remembering the generations past, personal experiences, and the lessons that have lead up to this very moment.

Not least of all, gratitude for life itself, remembering the preciousness of life; how fleeting it can be, how others at this time would love to have this opportunity you have right now! Your life is a gift, don't waste it. Use a gentle back-bending (heart-opening) sequence to embody the message.

Intuition – Teach that yoga is about listening to inner-guidance (inner guru) and that the yoga instructor is a guide and ultimately they need to pay attention to inner messages – especially - do not push through pain. Through clear and detailed cueing, teach the student proper alignment, move into and out of a pose and ask the student to feel their edge, and recognize their limits. The goal is to find freedom in the pose and to be able to smile in the pose. Teach the importance of listening to the messages the body is sending, and to begin to trust its innate wisdom.

Love - What is lacking in the addict's life? What need was the substance fulfilling, superficially? Ultimately, we all want to love and be loved. Start by being friendly and loving towards others. Discuss the practice of unconditional love and performing random acts of kindness. The yoga practice could include heart openers; gentle back bends, a couple of partner poses and one big group pose like Standing Big Toe and end with a Metta meditation (loving-kindness).

Mindfulness – bring awareness to the inner critic. Observe thoughts during rest and in poses. What are the reoccurring negative thoughts? Remaining aware of this inner-dialogue, allows student to become aware of what they are constantly thinking and saying to themselves. We have approx. 60,000 thoughts a day and the majority of those are the same ones we have every day. Most often we are analysing, evaluating, criticising and classifying – it is the voice of judgement. When we are being mindful, we are able to catch ourselves, and therefore change the looping tape. Mindfulness enables us to respond instead of react to situation. Include a Mindfulness Meditation.

Non-competitiveness – Teach that yoga is not about getting into pretzel shaped poses. It is not about being the most flexible, strongest, or most experienced. If we are comparing or judging ourselves, we are not practicing yoga. Teach that it is more yogic to listen to your limitations and to respect them. We are not one against the other, but all in this life together. We are all working on something, or we wouldn't be here. Point out students' individual qualities if possible (i.e. infectious smile, sense of humour). Each of us has our unique strengths, talents, and gifts that we offer to the world. Although we are unique individuals, we are still reflections of the one "light".

"The philosophy of yoga is to embrace your capabilities instead of cursing your limitations." – Galina Pembroke, *Healing Addiction with Yoga* – SelfGrowth.com

Non-doing – Teach students that most often we overdo and don't allow... that sometimes the greatest insights come when we completely surrender. This is a great time to do a chair or restorative practice, where the benefits are reaped by

allowing, by opening up to support. Remind students that no one goes it alone and anyone who has successes had help. Never be afraid to ask.

Oneness – Teach the reality of our interconnectedness. Science teaches us that we are mostly energy in empty space. “There is no exact point where you end and I begin; we are all one.” Focus on the in and out breath, the pulsations of the universe – the one breath that breathes us all. A flowing, meditative practice is helpful here.

“Every life has a purpose, and intervention is a negotiation for life and the fulfillment of its purpose. Somewhere far beneath the addiction, inside the captive heart, the true spirit hears the voice of love calling and experiences a moment of clarity. In that moment, our loved ones cease to listen to the voice of addiction. They instead listen to our voice and trust us. Addiction loses its power and the true spirit asserts itself and says yes. In that moment, we open the door and move the person we love into the first state of recovery.” – Debra Jay, No More Letting Go

Respect and honour – Teach students to honour the legacy of yoga, that has been handed down, teacher to students, for thousands of years. Include the remembrance of our teachers, role models, and special people we respect and look up to and suggest dedicating the practice to a special person of their choice. Respect can also be taught by setting a clear standard regarding the use and handling of props, mats, and straps. *“These are not toys – they are the property of the facility or teacher – and should be used respectfully.”* Teach that shoes should be removed at the door to maintain cleanliness and order. Clearly state, no foul or disparaging language is acceptable. Remember these students do not all choose to practice, if your class is mandatory. Ultimately we need to teach our students to respect and honour their fellow students and themselves. A simple partner pose is useful here to teach respect of other’s limitations and needs, as well as, to be able to express their own needs. Teach that the body is the vessel (temple) for the observer (soul).

Responsibility – Teach the responsibility for return to health lies with the individual; the staff is there for support but the individual needs to take the necessary steps to come back into balance. Setting intentions for the short term of the practice is helpful here. Throughout the practice, remind the students to come back to their intention. The student is then asked to check in with themselves at the end of class to see if they took the necessary actions to move toward that outcome. Teaching that linking pain to an old behaviour and pleasure to the new one is helpful for change to occur. The pain can be the fear of pain, physical or emotional, (relapse) and the pleasure (health) can be the certainty that pleasure will come. This is how they can create a desired outcome.

“If we link massive pain to any behaviour or emotional pattern, we will avoid indulging in it at all costs. We can use this understanding to harness the force of pain and pleasure to change virtually anything in our lives”. – Anthony Robbins – Awaken the Giant Within

Self-Image – It is important to create a new self-image. Make sure this new image does not include any negativity. You should not define yourself as an “addict”, “ex-addict”, “recovering alcoholic”, etc. Need to see yourself in a brand new light that no longer includes the image of an addict. Choose a powerful archetype or role model: warrior, knight, monk or successful person that is not associated in any way with addiction. Addiction should not be part of the makeup of your new identity. Visualize yourself, see it - believe it. Be committed, have conviction. This class can be supported by powerful poses like warrior I, II and III, eagle, and an arm balance.

“All personal breakthroughs begin with a change in beliefs.” Anthony Robbins – Awaken the Giant Within

Solitude – Learn to sit quietly with your own thoughts, without fear or judgement. Begin to open up to what is and feel what is in this moment, without needing to change it, or run away from it. Seated poses that allow the student to close their eyes safely when fully in the pose are helpful here. Prepare a class of reflective, forward folding poses, or restoratives, along with meditation and pranayama techniques that calm anxiety.

Universal Self – Teach that the individual self (front body) represents our individuality (ego, personality, etc.) and the back body represents the universal self (connected and supported by the universal energy that flows through us). Demonstrate how much easier it is to move from the back body during back bending poses, and how much more peaceful we are when we move into the back body (thighs and upper arm bones back) during relaxation.

Vibration – Teach that we are all made of the same energy. We are visible vibration. Experience the body’s response to sound – cymbals, Tibetan bowls, bijas. Introduce chanting AUM. Not a theme that can be used in all classes.

Yamas & Niyamas – Teaching these first two limbs of yoga is essential. All students need to be reminded of self-love, non-violence, truth, non-grasping, non-stealing, contentment, purity, discipline, self-awareness, and devotion. These are best handled as individual topics each as a separate class. They teach our students to look at and honestly evaluate themselves – accept where they are, without criticism – and start then and there to make the necessary changes. Now!

As you can see, the possibilities for themes are endless, as long as the theme is relevant. You can take any quality (i.e. strength) and build a class around it. Take the time to find poses, pranayama and meditations that support that idea. It is helpful to find synonyms for the quality so you do not sound too repetitive during the practice (i.e. strength = power, force, potency, vigour, etc.). With some students you can have a theme with complementary opposites (i.e.: strength & yielding) and explore the balancing of these opposites during a single pose.

Yoga Nidra

This practice of deep relaxation allows the mind and body to heal and be rejuvenated. As stated earlier, most addicts suffer from stress and anxiety so all methods of relieving stress are beneficial. Yoga nidra systematically brings the body and mind into that space between waking and sleeping, where profound healing can take place. This is especially powerful when including a Sankalpa (see below) throughout.

Sankalpa (Resolve)

This is the practice of setting a deeply insightful intention, which can be very helpful in overcoming addictions. The Sankalpa is used to strengthen the will. Similar to an affirmation or intention, but not limited to or focused on changing a negative behaviour, like - I am free of addiction, it is actually the antidote to the root cause of the addiction (stress, fear, loneliness, etc.).

Stress -	“I am that perfect space of peace and tranquility”
Powerlessness –	“I am strong, and supported by the Universe”
Fear –	“I am fearless”
Loneliness -	“I am connected to and at one with the universe”
Sadness –	“My true essence is unbounded joy”

It can take time to discover the perfect phrase, which really should come from inner reflection and not from someone else. This is a powerful phrase that must be set in the present tense, with positive words, meant to build resolve; to strengthen the mind. The sankalpa chosen should resonate with the soul and can be used as a mantra during meditation, pranayama or quiet moments upon waking or going to sleep. It can also be repeated several times during your yoga nidra.

Pranayama that supports recovery

Full Yogic Breath – This deep full breathing calms anxiety and rejuvenates the body.

Ujjayi – Practicing this steady, even breath, in and out through the nose, brings peace and tranquility to the mind and helps lift depression.

Nadi Shodana – Practicing alternate nostril breathing is balancing and relaxing to the nervous system, perfect for combating stress and anxiety.

Shitali – Practicing this cooling in-breath through the mouth, calms the fire, diffusing anger and resentment.

The Eight Kriyas – This series of pranayama promotes balance, clarity and healing. It is a great preparation for meditation as it creates a meditative state.

Mudras (hand gesture) that support recovery

Using mudras during asana helps bring the mind into the pose. They engage the mind and infuse the pose with more meaning. This particularly benefits students that are anxious or easily distracted.

The following are just a few of many mudras that can be used during asana or meditation:



Abhaya Mudra – The ***Fearlessness*** mudra (hand up, palm facing away with fingers straight) invokes a feeling of power, strength, and friendliness and can be performed during standing poses.



Anjali Mudra – This is the mudra of ***Offering*** (hands in prayer posture) which connects us with spirit and is usually performed at the heart, at the beginning and end of practice, as well as, in Tadasana and Tree pose.



Darmachakra Mudra - The ***Wheel of Dharma*** mudra (bring index and thumb of each hand together, then you turn left palm in, right palm away and bring the right thumb and index finger to touch left middle finger in front of the heart) invokes a sense of truth and service; perfect for meditation on life's path (goals).



Garuda Mudra – The ***Eagle*** mudra (palms face torso, thumbs hooked together with right over left, fingers spread) invokes a sense of expansion and freedom



Padma Mudra – The ***Lotus*** mudra (start with palms together in prayer then open hands apart while keeping thumbs and pinkies touching). Like the lotus flower, the lotus mudra, symbolizes light growing out of darkness, as the flower grows from the mud. This mudra invokes a sense of heart opening.



Vajrapradama Mudra – The ***Thunderbolt*** mudra (Interlace fingers, then straighten them, placing the palms over the centre of the chest) represents unshakeable confidence; an antidote to mistrust, doubt and hopelessness. It can be performed in hero pose, bound angle or other seated postures.

Meditations for recovery

At the end of an asana and pranayama practice, while the student is in a relaxed and receptive state, it is a great time to lead a short meditation. Learning to Meditate is so beneficial to the recovering addict, as it gives them another tool to deal with life's stresses. Learning how to calm a restless mind; to witness thoughts without fear or judgement; and how to maintain a drug-free tranquil state can be godsend to someone whose body and mind are often shocked by the sensations and reality of maintaining a non-anaesthetized and engaged life.

Mindfulness - Begin with taking a simple meditative seat, with eyes closed. The attention is then brought to the breath. Become aware of the incoming and outgoing breath without making any changes – let it be as it is. Observe your breath. As thoughts arise (and they will), do not follow the thoughts, do not engage in memories of the past or fantasies of the future but rather keep the mind in the present. To keep the mind in the present you must be alert to what is. When you catch yourself engaging in a discussion in your mind, immediately stop, do not judge or chastise yourself but rather simply bring your attention back to watching the in and out breaths and allow the mind to re-settle. This meditation helps us witness how thoughts and emotions come and go. Learn to ride the wave as you observe the coming and goings of thoughts and emotions.

Label the thoughts: Use the same procedure as above but when you catch yourself thinking, planning, remembering, etc., label the thought as such and let it go. Say in your mind “planning” “remembering” then release the thought. Bring your attention back to the breath and repeat the process as necessary. Eventually the space between the thoughts increases, the engagement with the thoughts lessens and releasing of them is quicker.

Metta Meditation - This is a Tibetan loving-kindness meditation where you repeat the following phrases:

May I be safe, May I be joyful, May I be healthy, May I be Free,

You begin with yourself (May I be safe...), then visualize a loved one and repeat the phrases with their name (May --- be safe, May --- be joyful, etc.), then visualize a neutral person (gas attendant, bank clerk, etc.) and repeat phrases, eventually you add a difficult person (someone that challenges you) and it is always good to end with a wish for all beings (May all beings be safe, etc.).

Some students prefer to put the phrases in present tense, ex: I am safe, I am free, etc.

It is best when you first start out to omit the difficult person. Establish a metta practice and when comfortable add this element.

Guided Meditation – This is especially helpful when it is related to theme of yoga practice that day. (ex: Feeling Connected. You can use imagery of setting roots down into the earth, like a tree. Visualize roots growing out the soles of the feet, growing downward, tapping into the earth's energy and then drawing that energy up into your body, etc.)

Healthy Tips to Assist Healing and Recovery

It is always important but especially when healing, to nourish your body with whole, organic, natural foods and fresh water to increase energy, vitality, and vibrancy. Remember, we are what we eat, literally.

Macrobiotic Viewpoint - alcohol – The body is always trying to come into balance. In this view alcohol is considered to be a very expansive energy and salt a much contracted energy. If the diet is high in the contracted energy of salt, the individual will crave the expanding energy of alcohol to try to bring itself back into balance. Therefore, reducing the salt in the diet can help reduce cravings.

Liver detox support – Add foods that naturally support healthy liver function, such as: dandelion greens, asparagus, beetroot, artichoke hearts, and citrus fruit.

Supplements – B-vitamins (whole grains and pulses) and magnesium

Milk Thistle – Protects and regenerates the liver in most diseases such as Cirrhosis. It not only protects the cells but encourages the liver to cleanse itself of toxins.

Ayurvedics – consider following a cleansing diet to support the detoxification period. It is best to consult a trained practitioner when cleansing following illness or addiction.

Conclusion

In conclusion, yoga therapy has a lot to offer an individual seeking relief and support during the time of recovery from alcohol or substance abuse, as well as, for maintaining abstinence. Yoga can continue to support the individual well after leaving the rehabilitation centre. The techniques taught throughout the yoga therapy sessions provide the individual with valuable tools they can take with them off the mat and into their lives. These proven methods of dealing with life's stresses help calm anxiety, lift mild depression, diffuse anger and resentment, and restore a sense of tranquillity. The practices taught in the yoga sessions can be used anytime, anywhere to combat stress-related cravings as they arise. The individual can maintain a state of peacefulness and balance by continuing to practice Hatha yoga at home or in a studio. By joining a yoga studio, the individual could have the added benefit of connection to a healthy community. Namaste

Addiction is the affliction and yoga is the cure



NIAAA National Institute on Alcohol Abuse & Alcoholism Publications

<http://pubs.niaaa.nih.gov/publications/arh312/93-95.htm>
Kranzler, Henry R., M.D., Ting-Kai Li, M.D. *What Is Addiction?*

<http://pubs.niaaa.nih.gov/publications/arh312/96-99.htm>
Martin, Christopher S., Ph.D. *Timing of Alcohol and Other Drug Use*

<http://pubs.niaaa.nih.gov/publications/arh312/111-118.htm>
Dick, Danielle M., Ph.D., Arpana Agrawal, Ph.D. *The Genetics of Alcohol and Other Drug Dependence*

<http://pubs.niaaa.nih.gov/publications/arh312/119-136.htm>
Wand, Gary, M.D. *The Influence of Stress on the Transition from Drug Use to Addiction*

<http://pubs.niaaa.nih.gov/publications/arh314/310-339.htm>
Clapp, Peter, Ph.D.; Sanjiv V. Bhave, Ph.D.; and Paula L. Hoffman, Ph.D.
How Adaptation of the Brain to Alcohol Leads to Dependence - A Pharmacological Perspective

<http://pubs.niaaa.nih.gov/publications/arh314/348-361.htm>
Becker, Howard C., Ph.D. *Alcohol Dependence, Withdrawal, and Relapse*

<http://pubs.niaaa.nih.gov/publications/arh27-3/220-231.htm>
S. Lieber, Charles, M.D., M.A.C.P *Relationships Between Nutrition, Alcohol Use, and Liver Disease*

<http://pubs.niaaa.nih.gov/publications/arh27-3/240-246.htm>
Butterworth, Roger F., Ph.D., D.Sc. *Hepatic Encephalopathy*

Scientific Journals – Nature Reviews-Neuroscience – Peer Reviewed

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0050141#s4>

Toward a Global View of Alcohol, Tobacco, Cannabis, and Cocaine Use: Findings from the WHO World Mental Health Surveys

<http://www.medsci.org/v06p0160.htm>
Determinants of improvement in quality of life of alcohol-dependent patients during an inpatient withdrawal programme

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030437>
The Mechanistic Classification of Addictive Drugs

<http://www.nature.com/nrn/journal/v5/n12/abs/nrn1539.html#top>
Science and Society: Drug addiction: the neurobiology of behaviour gone awry

National Institute on Drug Abuse Publications:

<http://www.drugabuse.gov/PODAT/PODATIndex.html>
NIDA's Principles of Drug Addiction Treatment - A Research-Based Guide

<http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html>
NIDA Commonly Abused Drugs Chart

<http://www.drugabuse.gov/ResearchReports/Therapeutic/default.html>
Research Report – Therapeutic Community

Websites on 12 Step Program and Drug Abuse

<http://www.addictionpro.com/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=AD4DC923204D49B7BFF12659584A7051>

Influenced by the Evidence

<http://www.addictionpro.com/me2/dirmod.asp?sid=9B6FFC446FF7486981EA3C0C3CCE4943&nm=Articles%2FNews&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&id=21109D72497E4A9496FE6D2689CDEA9F>

12 Steps Building the Evidence

<http://www.nytimes.com/2001/07/29/magazine/the-alchemy-of-oxycontin.html>
New York Times – The Alchemy of OxyContin Paul Tough

<http://www.aa.org/lang/en/subpage.cfm?page=1>

12 Steps of Alcoholics Anonymous – pdf Service material from the general service office

http://en.wikipedia.org/wiki/12_steps
12 Steps according to Wikipedia

http://en.wikipedia.org/wiki/Drug_abuse
Drug Abuse according to Wikipedia

Yoga website references:

<http://www.yogabasics.com/connect/addiction-and-the-path-of-yoga.html>

Yoga basics website – Addiction and the Path of Yoga

http://www.yoga-abode.com/talkingpoints/yoga_for_addiction

Addiction recovery: how yoga can help

www.selfgrowth.com

Published on SelfGrowth.com – Healing addiction with Yoga

<http://www.yogajournal.com/lifestyle/1526>

Guthrie, Catherine Yoga Journal “Resolve to Evolve”

http://EzineArticles.com/?expert=Deborah_Bernstein

Recovery meeting – yoga

Alternative website references:

http://www.detoxaustralia.com.au/help_your_liver_to_detox.htm

What to eat & drink to detox your liver.

http://www.skyeherbals.com/materia_medica/milk_thistle.php

Milk Thistle

<http://www.natural-cancer-cures.com/index.html>

What is macrobiotics?

Books:

Anodea, Judith Balancing Chakras

Chopra, Deepak Perfect Health

Gilliam, Marianne How Alcoholics Anonymous Failed Me, The Spirituality of Taking Action Against

Jay, Debra No More Letting Go

Maisto, Stephen A., Mark Galizio, Gerard J. Connors. Drug Use and Abuse 4th edition

McGonigal, Kelly ``From Hand to Heart`` Yoga Journal – Aug 2008, Issue 212

Peele, Stanton, Ph.D., J.D. 7 Tools to Beat Addiction

Robbins, Anthony Awaken the Giant Within

Stevens, Patricia, Robert L. Smith. Substance Abuse Counseling, Theory and Practice, Vol. 1

Thombs, Dennis L. Introduction to Addictive Behaviours 2nd edition