MindBody Breakthrough
Restoring Control, Inspiring Success

Addiction, The Brain & Recovery

With
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Course Outline

- Session 1: Basic Understanding
- Session 2: Addiction, Attachment, & Trauma
- Session 3: The Three Brain Systems Implicated In Addiction
- Session 4: The A.D.R. Model For Addiction Recovery
- Session 5: Psychotherapy In Addiction Recovery

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Session 1

Basic Understanding of Addiction

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What is addiction?

Addiction, also known as substance dependence, is a chronically relapsing disorder characterised by; (a) compulsion to seek and take the substance/behaviour of abuse, (b) loss of control in limiting intake, and (c) emergence of a strong negative emotional state (e.g., dysphoria, anxiety, irritability) when access to the substance/ behaviour of abuse is prevented. (DSM V, 2013).

Types of Addictions (Substance & Behvioural)

Substance: alcohol; caffeine; cannabis; hallucinogens (such as LSD); inhalants; opioids; sedatives, hypnotics, and anxiolytics (such as benzodiazepines); stimulants (such as cocaine); and tobacco

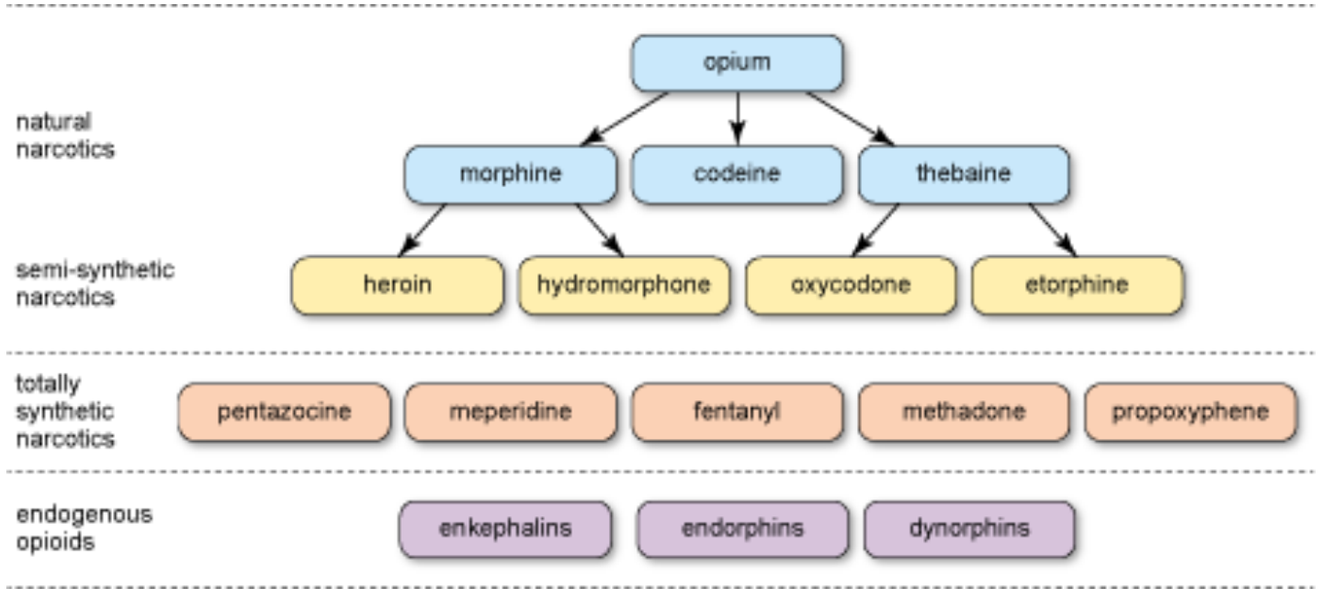
Behavioural: gambling disorder, compulsive sexual disorder, compulsive buying, compulsive/problematic internet use, pathological stealing (kleptomania), Internet gaming disorder, binge-eating disorder, pyromania (obsessive desire to set fire to things)

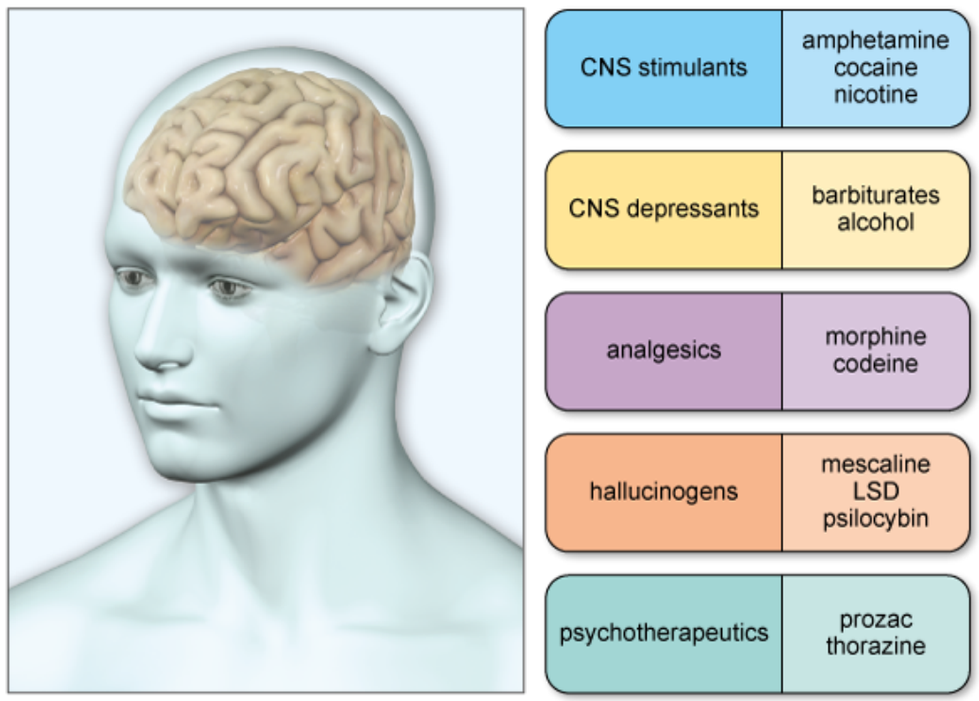
Substance Use Disorders

A 'substance' is defined as any psychoactive compound with the potential to cause health and social problems, including addiction. These substances may be legal (e.g., alcohol and tobacco); illegal (e.g., heroin and cocaine); or controlled for medical purposes (e.g., oxycontin, benzodiazepine)

These substances are classified into seven groups based on their pharmacological and behavioural effects:

- Nicotine — cigarettes, vapor-cigarettes, cigars, chewing tobacco, and snuff
- Alcohol — including all forms of beer, wine, and distilled liquors
- Cannabinoids — Marijuana, hashish, hash oil, and edible cannabinoids
- Opioids — Heroin, methadone, buprenorphine, OxyContin, Vicodin, and Lortab
- Depressants — Benzodiazepines (e.g., Valium, Librium, and Xanax) and Barbiturates (e.g., Seconal)
- Stimulants — Cocaine, amphetamine, methamphetamine, methylphenidate (e.g., Ritalin), and atomoxetine (e.g., Stratera)
- Hallucinogens — LSD, mescaline, and MDMA (e.g., Ecstasy)





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DSM 5 Criteria for Diagnosing Substance Use Disorders

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Fewer than 2 symptoms = no disorder; 2-3 = mild disorder; 4-5 = moderate disorder; 6 or more = severe disorder.

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Causes of Addiction

Adverse childhood experiences (ACE) is the number one risk factor for addiction in adolescent-hood and adulthood. (Dube, S.R. et al., 2003; Kara, R. Et al., 2011)

Several studies in addiction have repeatedly found extraordinarily high percentages of childhood trauma of various sorts, including physical, sexual and emotional abuse; neglect; household dysfunction; domestic violence; parental separation/divorce; loss of parents through death, incarceration, deportation, etc. (Gordon, H.W., 2002)

According to the renowned ACE (Adverse Childhood Experiences) studies, for each adverse childhood experience (ACE), the risk for addiction (substance or behavioural) increased between two and fourfold. Individuals with five or more ACEs had seven to ten times greater risk for substance abuse than those with none. (Dube, S.R. et al., 2006)

Nearly two-thirds of injection drug use can be attributed to abusive and traumatic childhood events. (Dube, S.R. et al., 2003)

The rate of ACEs among women substance abusers ranges from 50% to nearly 100% (National Institute on Drug Abuse in 2002)

For each emotionally traumatic childhood circumstance, there is a two-to-threefold increase in the likelihood of early alcohol abuse and other illicit substances (Dube, S.R. et al., 2003)

Session 2

The Addiction Cycle, Attachment & Trauma

"The Opposite Of Addiction Is Not Sobriety; The Opposite Of Addiction Is Connection." —Johann Hari

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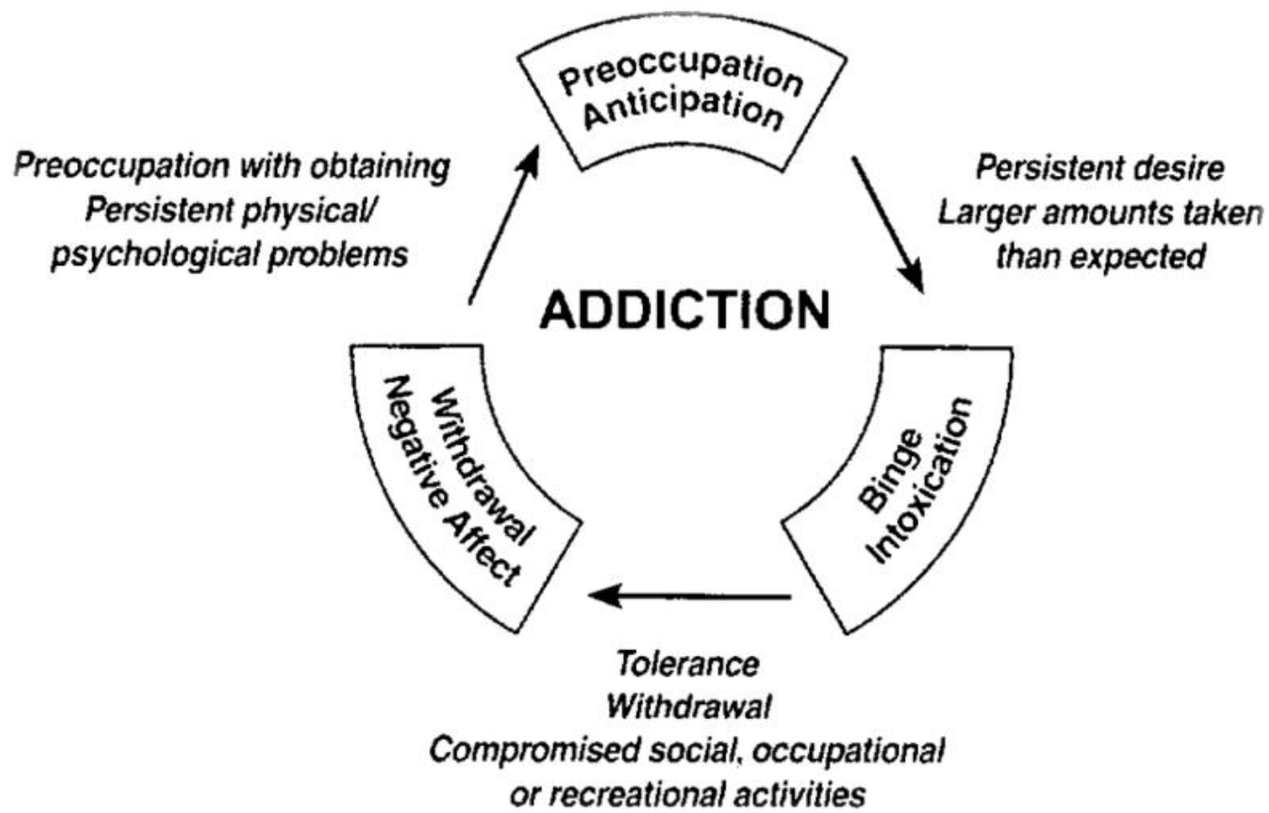
The Addiction Cycle

Addiction can be conceptualised as a three-stage, recurring cycle;

- binge/intoxication
- withdrawal/negative affect
- preoccupation/anticipation (craving)



(Koob, 2004)

Trauma, Attachment, Addiction and Brain Activity

- Imaging studies on individuals with severe childhood trauma show shrunk brain volumes in multiple regions (e,g. the PFC and corpus callosum are 7-8% smaller, the hippocampus is 15% smaller). These abnormalities are associated with increased risk factors for substance addiction. (Anderson, C.M. et al., 2002)

- A traumatised developing brain shows reduced blood flow in the vermis, a part of the cerebellum at the back of the brain thought to play a key role in addictions because of its influences on the dopamine system in the midbrain. (De Bellis, M.D. et al., 1999)

- In one study of the EEGs of adults who had suffered sexual abuse, the vast majority had abnormal brainwaves, and over a third showed seizure activity. (Teicher, M.H. 2000)

- Early abuse also dysregulates the serotonin system, the feel good neurotransmitter, leading to depression, aggression and higher susceptibility to addictions. Similar effects are seen in the norepinephrine system involved in mood and behaviour regulation, resulting in hypersensitivity to life stressors and hyperactivity,. Such maladaptations increase the risk of addiction. (Higley, J.D & Linnoila, M., 1997; Clarke, A.S. et al., 1996)

Trauma, Attachment, Addiction and Brain Activity

- Early maternal deprivation/neglect dysregulates the oxytocin system. Oxytocin regulates social bonding, mood, anxiety and aggression. The interaction between oxytocin and dopamine has been linked to drug-seeking behaviours (Heim, C. et al., 2009; Teicher, M.H., 2000; McGregor, I.S., 2008)

- Rats whose mothers had given them more licking, grooming and other types of nurturing contact during their infancy had, as adults, more efficient brain systems for reducing anxiety. They also had more receptors for benzodiazepines, natural tranquillising chemicals found in the brain. (Caldji, C. et al., 1998)

- Early attachment experiences with caregivers contribute to variations in the calibration and continued regulation of the attachment system and the stress system (HPA axis) The HPA axis is also involved in inflammatory responses and immune system functioning (Adam et al., 2007; Gunnar & Quevedo, 2007;Chen, Miller, Kobor, & Cole, 2011)(Adam et al., 2007; Gunnar & Quevedo, 2007

- This calibration plays an important role in shaping our behavioural responses to threat and our stress threshold to psychic/emotional pain (Jessop & Turner-Cobb, 2008)

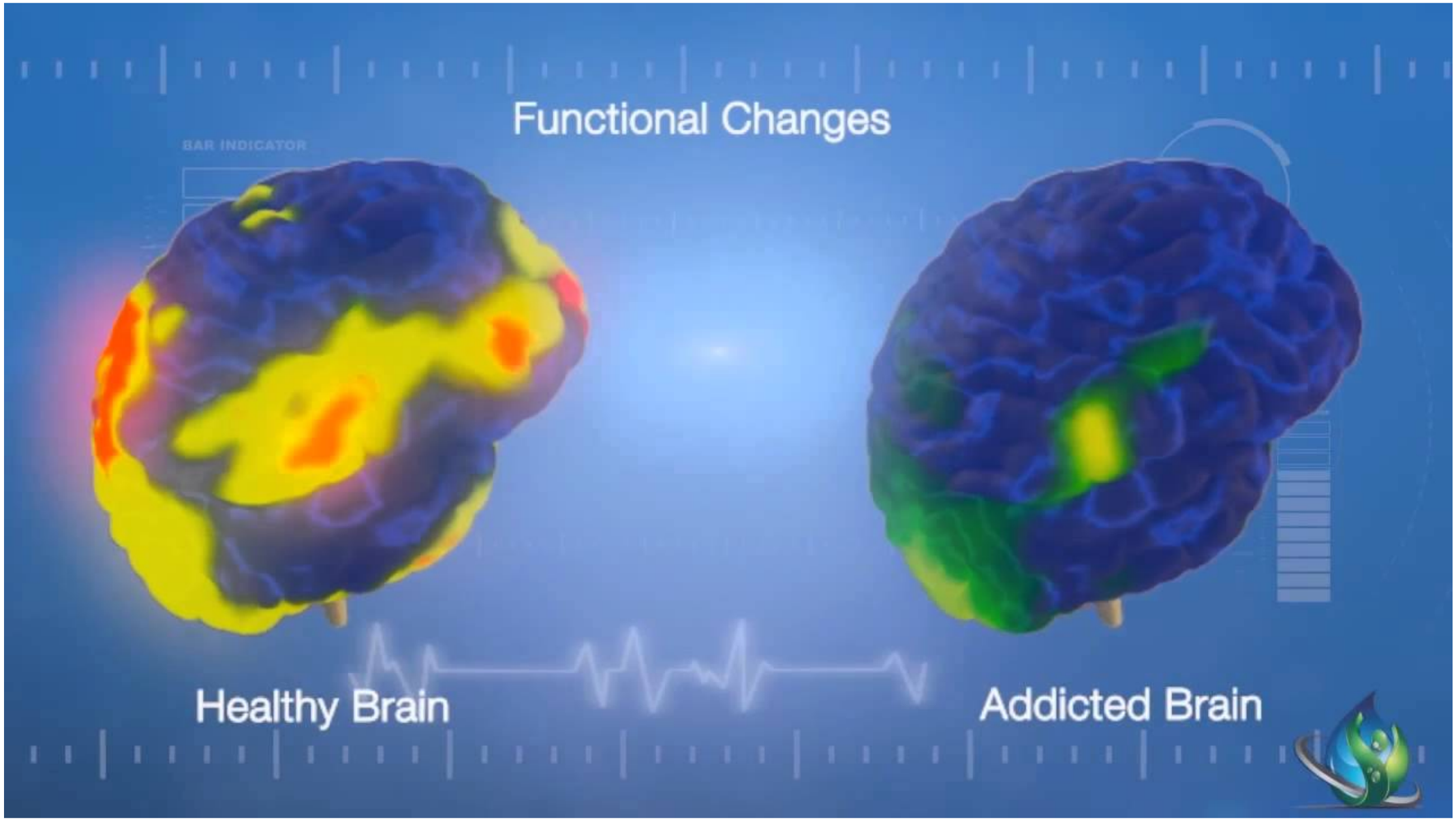
Neurotransmitters Implicated In the Addiction Cycle

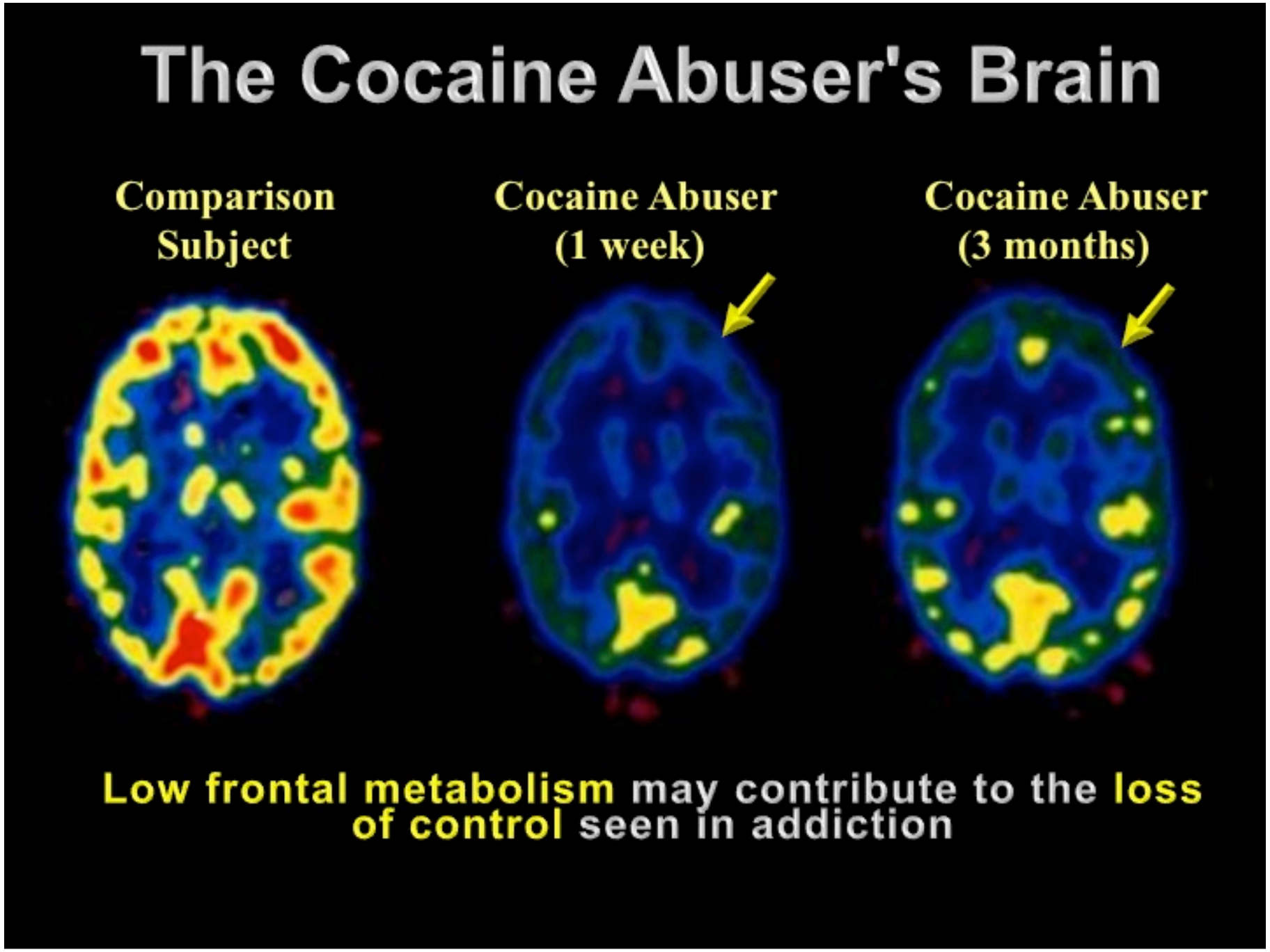
Koob, F.B. & Simon E.J., 2009

Binge/Intoxication	Response
Dopamine	Increase
Serotonin	Increase
GABA	Increase
Acetylcholine	Increase
Opioid Peptides	Increase

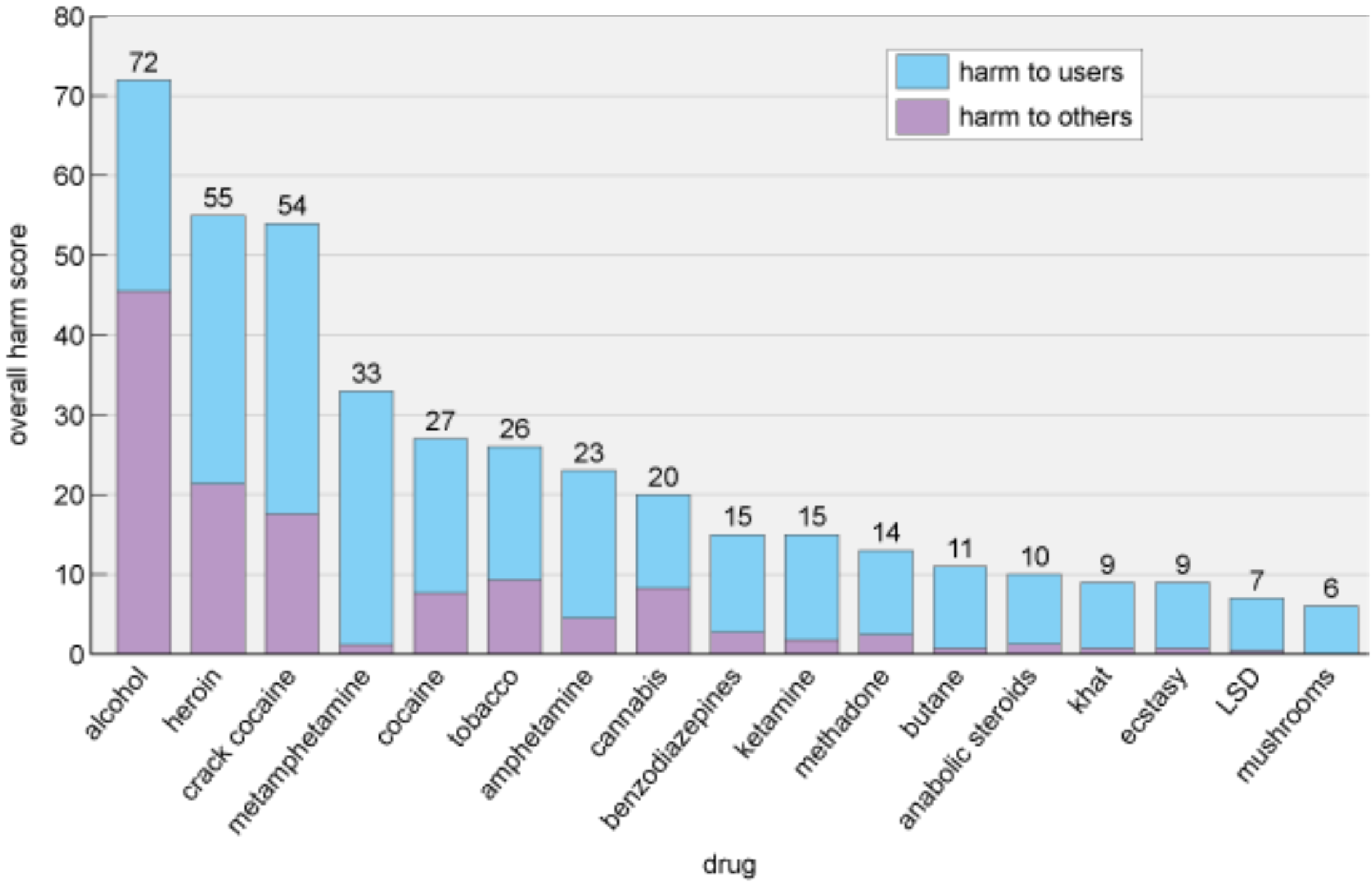
Preoccupation/ Anticipation	Response
Dopamine	Increase
Serotonin	Increase
Glutamate	Increase
Hypocretin (orexin)	Increase
CRF	Increase

Withdrawal/ Negative Affects	Response
Dopamine	Decrease
Serotonin	Decrease
Dynorphine	Increase
CRF	Increase
Substance P	Increase
Neuropeptide Y	Decrease
Nociceptin	Decrease
Oxytocin	Decrease
Endocannabinoids	Decrease


Functional Changes
BAR INDICATOR
Healthy Brain
Addicted Brain


The Cocaine Abuser's Brain
Comparison Subject
Cocaine Abuser (1 week)
Cocaine Abuser (3 months)
Low frontal metabolism may contribute to the loss of control seen in addiction

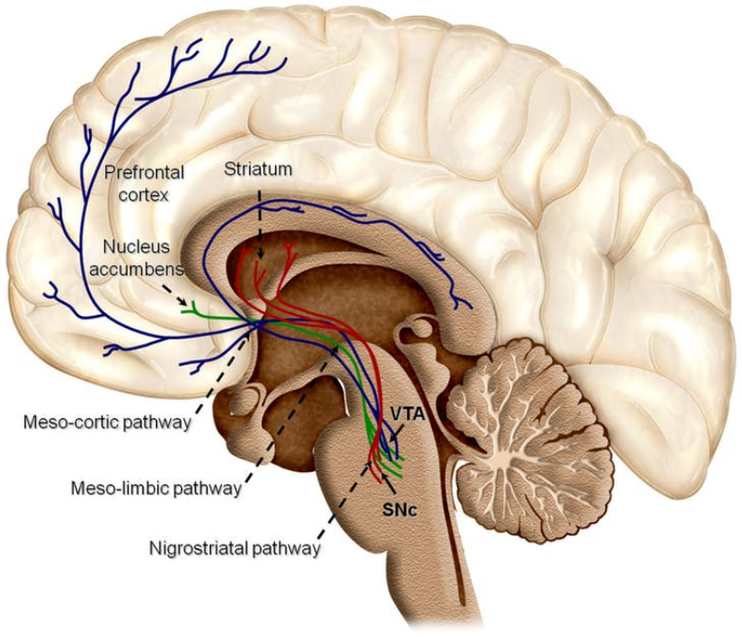
Relative Harm Ratings for Various Drugs of Abuse



Professor David Nutt and colleagues (2010) at Imperial College London have calculated relative harm ratings for various drugs of abuse

Session 3

Three Brain Systems Implicated In Addiction



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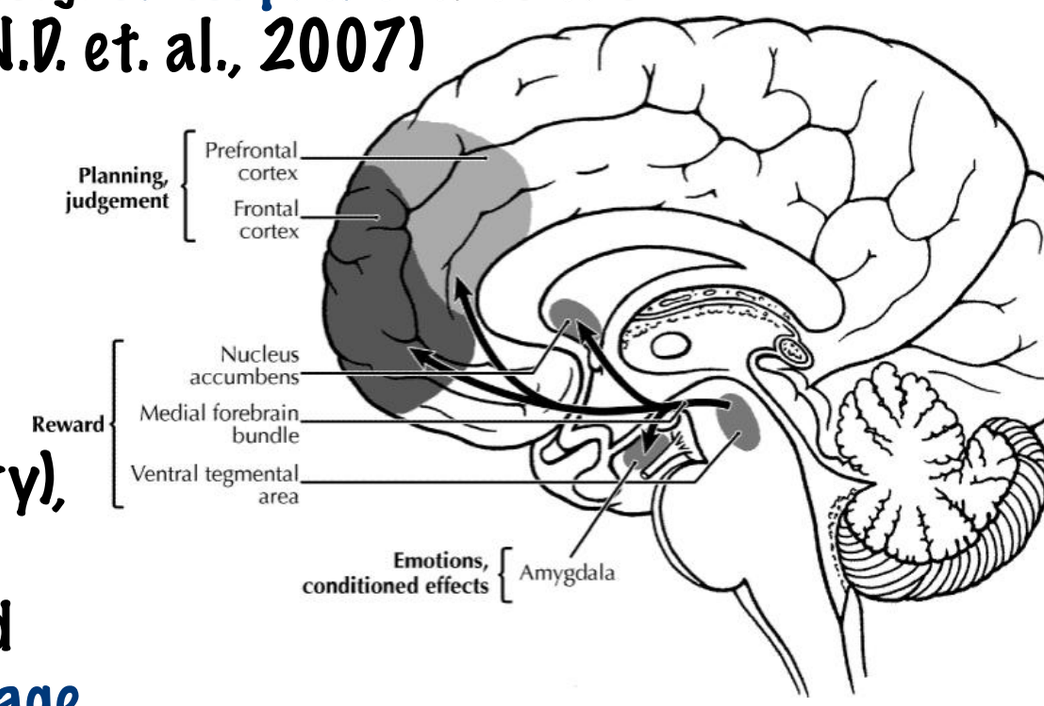
Three Brain Systems Implicated in Addiction

- The opioid and dopamine system (mediates the binge/intoxication stage)
- The stress system (mediates the withdrawal/negative affect stage)
- The self-regulation system (mediates the preoccupation/ anticipation (craving) stage)

The Opioid & Dopamine System

Mediating the binge/intoxication stage

- In humans, positron emission tomography studies have shown that intoxicating doses of alcohol and drugs release dopamine and opioid peptides (e.g. endorphins) into the emotional brain. (Mitchell, J.M. et. al., 2012; Volkow, N.D. et. al., 2007)

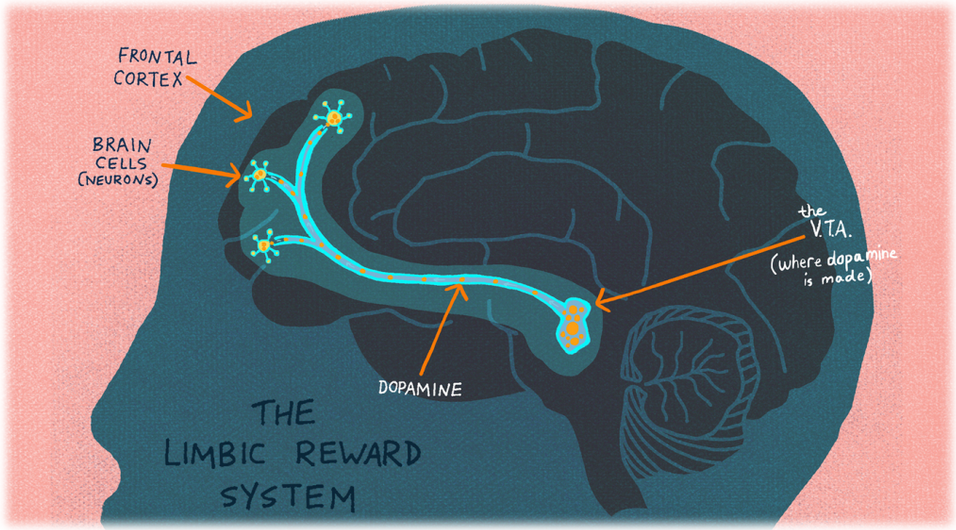


- The fast and steep release of dopamine is associated with the subjective sensation of the so-called high/ euphoria. (Volkow, N.D. et. al., 2003)
- This is because fast and steep increases in dopamine activate low-affinity dopamine D_1 receptors (stimulatory), which are necessary for the rewarding effects of addictions and for triggering substance dependency and drug-seeking habits linked to the binge/intoxication stage. (Caine, S.B et. al., 2007)
- D_2 receptors help inhibit addictions (inhibitory). Dopamine stimulation of high affinity D_2 receptors is not sufficient to generate enough reward in addiction but vital in leading a normal life. D_2 receptors eventually gets suppressed and worn out as addiction takes root. (Caine, S.B et. al., 2002; Norman, A.B., et. al., 2011)
- Excess dopamine exposure promotes habit formation and exaggerated incentive salience that fosters excessive seeking, via increases in dopamine, GABA, and glutamate neurotransmissions. (Norman, A.B., et. al., 2011)

The Opioid & Dopamine System & ACE

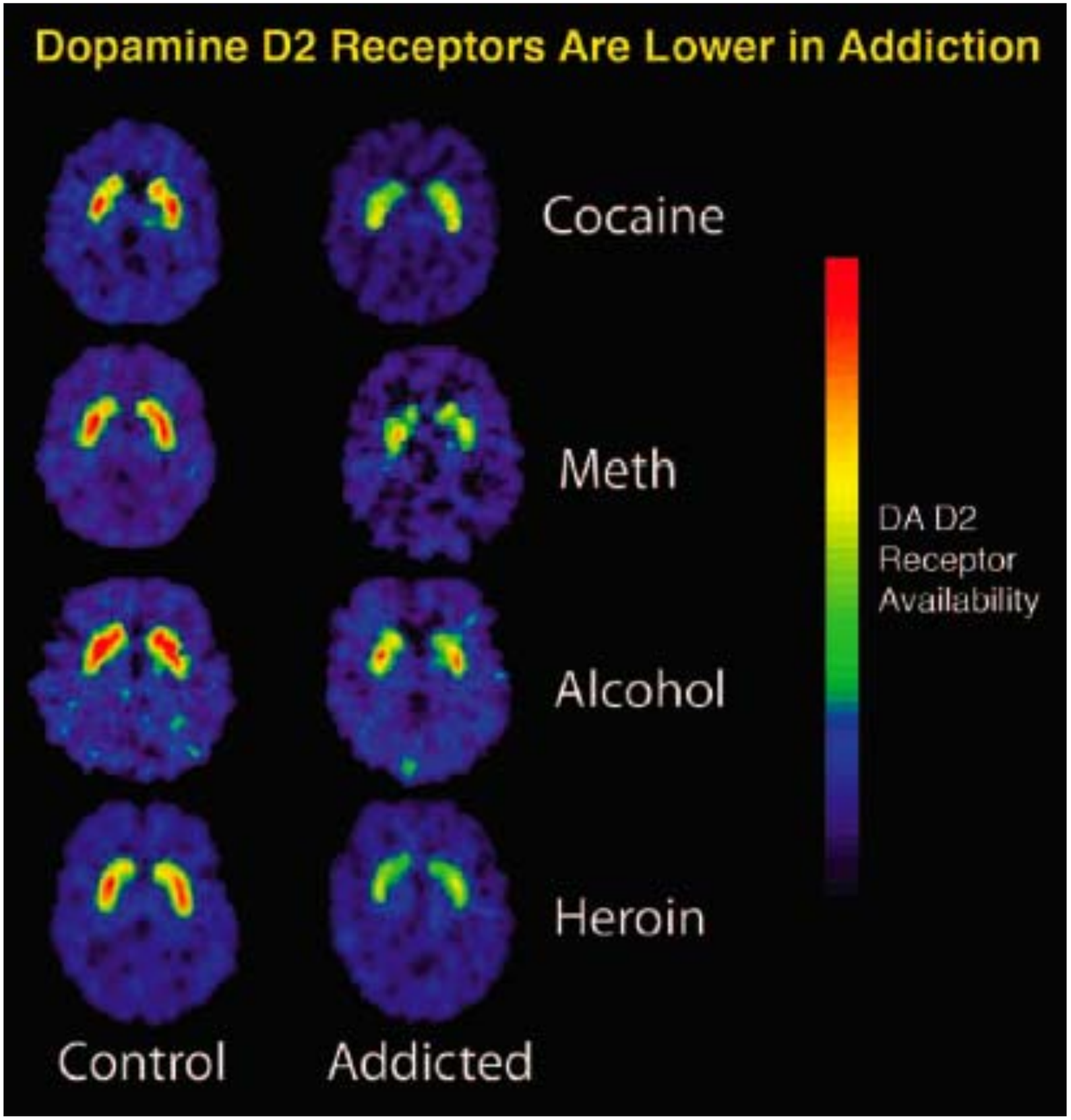
- Childhood attachment relationship influences the child's opioid and dopamine systems. Happy, safe and attuned emotional interactions with parents stimulate a release of natural opioids in an infant's brain. (Schore, A.N. 1994; Machin and Dunbar 2011)

- This opioid release promotes the mother-infant attachments and the proper development of the child's opioid and dopamine systems involved in mediating love, connection, pain relief, pleasure, incentive and motivation. (Nummenmaa, L. et al.,2015)



- Childhood trauma reduces the number of both endogenous opioid release and dopamine receptors, leading to insecure attachment styles in human adults and high risk factors for addiction. (Nummenmaa, L. et al.,2015)

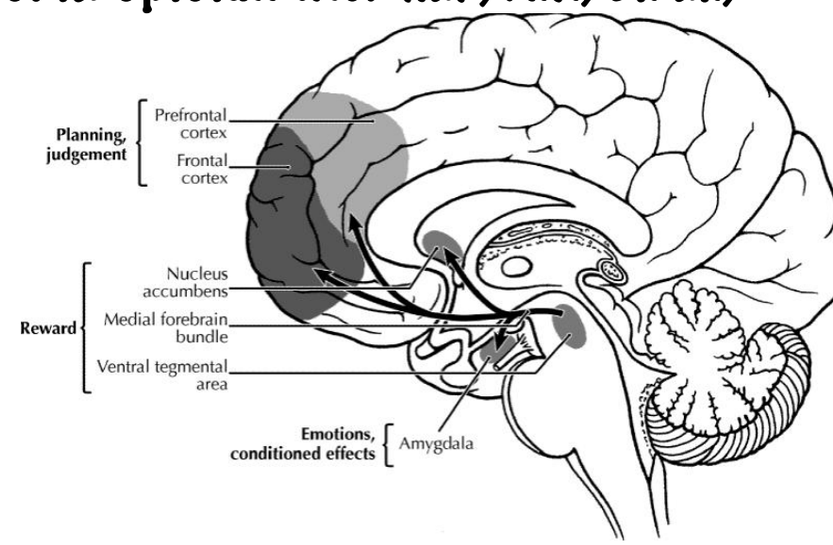
- Studies have shown that healthy social-emotional stimulation in childhood is necessary for the growth of the nerve endings that release opioids and dopamine and for the growth of receptors to which opioids & dopamine need to bind in order to do its work (Lehmann, K. et al., 2009)



The Stress System

Mediating the withdrawal/negative affect stage of addiction

- The binge/intoxication stage triggers opponent-process responses (tolerance) that diminish the reward system and increase the activity of the stress system through the engagement of stress hormone (corticotropin-releasing factor (CRF)) and dynorphin (dysphoria opioid). (Norman, A.B., et. al., 2011)



- Addiction dysregulates both the hypothalamic-pituitary-adrenal (HPA) axis and the brain stress system mediated by corticotropin-releasing factor (CRF) (Heinrichs & Koob, 2004).

- The brain's stress and reward systems are intricately connected. Moderate forms of stress, such as skydiving, activate the reward system. Excessive activation of the reward system, as in addictions, excessively engage the brain's stress system (Funk, C.K. et al., 2007).

- During withdrawal from abused substances that include alcohol, cocaine, cannabinoids, opioids, and nicotine, the peptide CRF is excessively activated in the amygdala triggering exaggerated fight/flight responses (George, O. et al., 2007). Symptoms may include; chronic irritability, emotional pain, restlessness, dysphoria, alexithymia (inability to recognise or describe one own's emotional feelings), stress, and loss of motivation for natural rewards

- These stress-driven negative emotional states create an additional source of motivation for compulsive craving/seeking of substance of abuse, leading to negative reinforcement (Nealey, K.A., et al., 2011).

- Endogenous anti-stress systems, such as neuropeptide Y, nociceptin, and endocannabinoid, that oppose the stress system are under-active in addictions, contributing to the severe negative emotional states during withdrawal that often drive chronic relapse. (Hirvonen J. et al., 2012).

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The Self-Regulation System

Mediating the preoccupation/anticipation (craving) stage

Regarding craving, there are two opposing systems: The Go system and the Stop system; The Go system drives craving and engages habits via the emotional brain, while the STOP system suppresses craving and increases self-regulatory capacity via the thinking brain. (Jasinska, A.J. et al., 2014; Milella, M.S. et al., 2016)

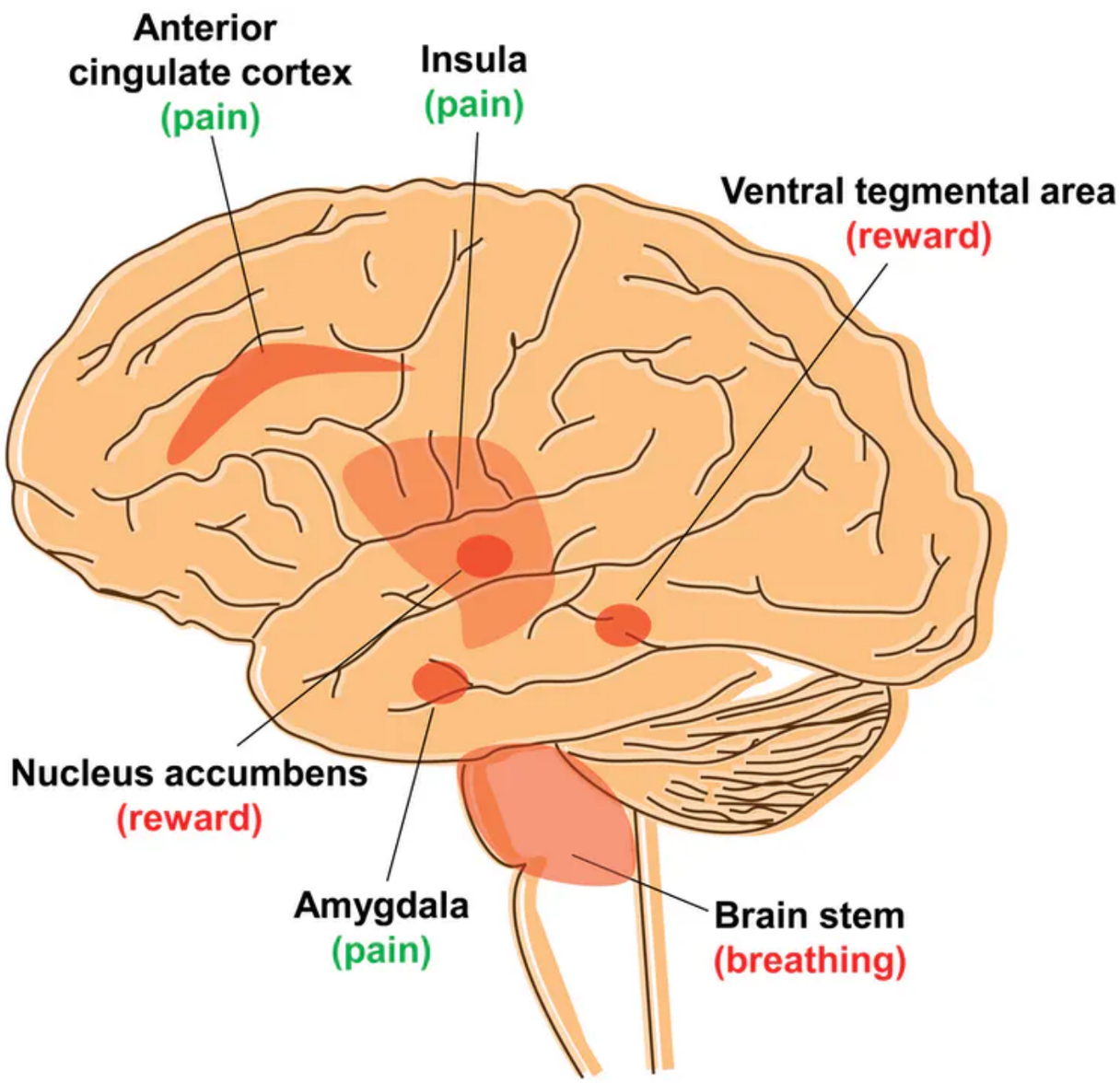
When an individual with addiction encounters an external cue or stimulus associated with their addiction, cells in the nucleus accumbens are excessively activated, blunting the effects of the self-regulation system (The STOP system)(Gipson, C.D. et al., 2013)

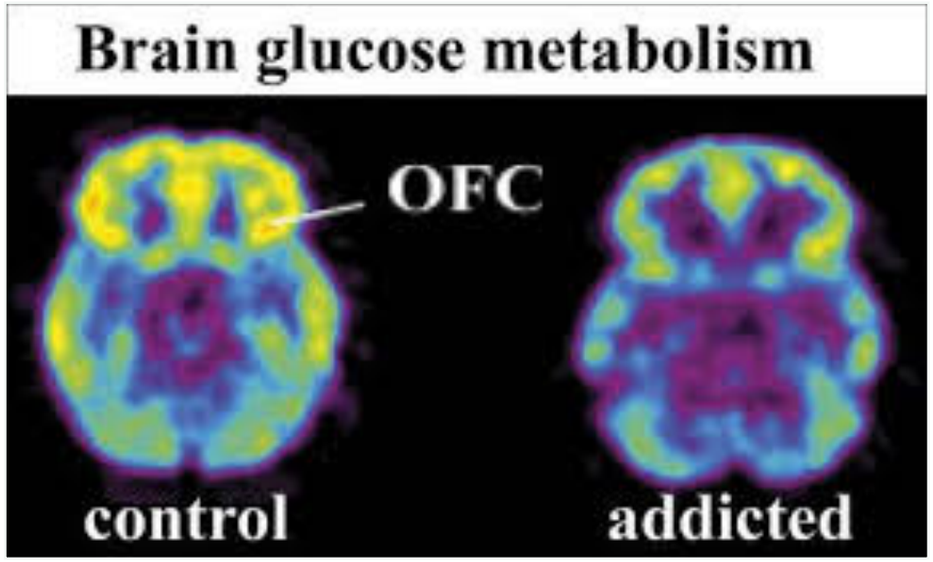
Normally, when a cue comes to the prefrontal cortex, glutamate is released into the nucleus accumbens, triggering a memory trace or engram (craving). Excess glutamate is then removed from the synaptic cleft by glial cells (serving as glutamate transporters). In addiction, however, there are fewer glial cells, causing glutamate to accumulate in the synaptic cleft and overpower the PFC's self-regulatory circuits (The STOP craving system; e.g., the orbital pre-frontal cortex,) (Scofield, M.D. et al., 2016)

Thus, the GO craving system (anterior cingulate cortex, amygdala, insula & basal ganglia) that stimulates addiction preoccupation/craving overpowers the STOP craving system that is meant to suppress it. (Rando, K. et al., 2011; Contreras-Rodríguez, O, et al., 2015)

Human imaging studies have reported deficits in executive function that are reflected by decreases in the pre-frontal cortex activity, interfering with decision making, self-regulation, inhibitory control, and working memory. (Volkow, N.D. et al., 2011)

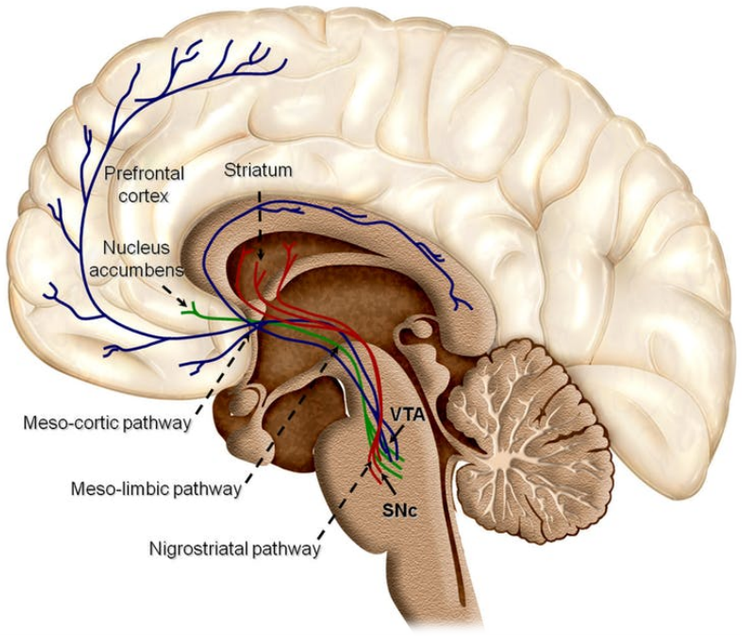
The Go System Vs The Stop System Of Addiction





Session 4

The A.D.R. Model For Addiction Recovery



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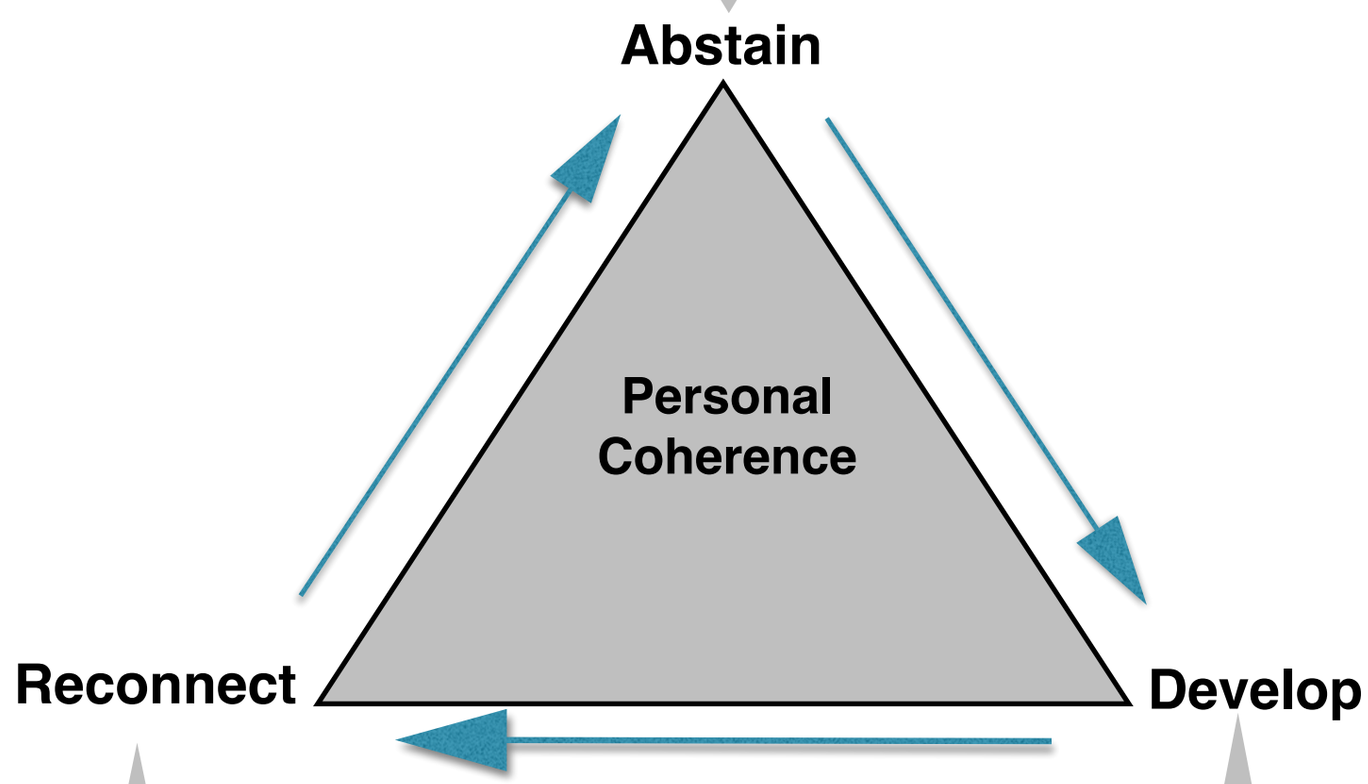
The A.D.R. Model Of Addiction Recovery

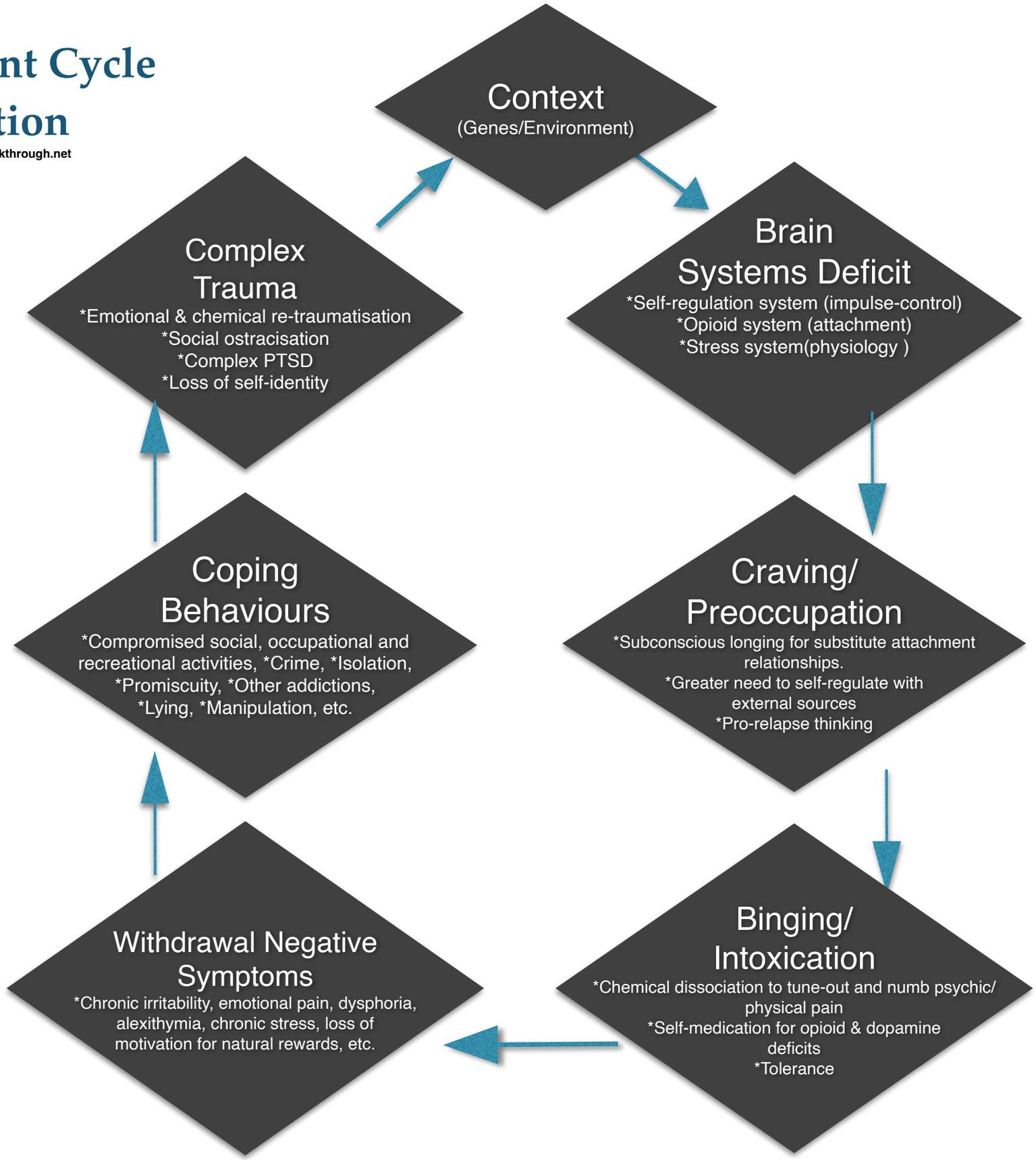
•Come out of hiding
•Seek help (e.g. recovery support, family support, medical support, etc.)
•Observe sobriety & renounce addicting,
•Accountability



•Find meaning and purpose, •Reconnect to personal passions,
•Repair ruptured relationships (e.g. restitution),
•Positive social affiliations, •Spirituality (e.g. prayer, contemplation, solitude walk in nature) , • Regular meditation and mindfulness practice,

•Psycho-education, •Secure attachment relationship, •Therapy (process repressed emotions, make sense of the past, let go),
•Healthy social support, •Self-compassion,
•Self-care, •Manage relapse triggers, •Regular exercise, •Balanced diet, •Manage stress,
•Manage boredom, •Develop patience and resilience

The Attachment Cycle Of Addiction



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Managing Triggers

Triggers of addictions can be internal or external.

Common internal triggers are negative emotional states: such as, stress, anger, worry, boredom, fear, loneliness, hopelessness, envy, self-pity, self-hatred.

Common external triggers include: people, places, things and situations that trigger cravings (such as walking through the neighbourhood where you got your supply, a call from a dealer, places where you addicted, bars, casinos, TV ads, drug paraphernalia, seeing people using, etc.)

The 6 Rs For Managing Internal Triggers

- **Recognise;** be mindfully aware of your negative internal state that is triggering you.
- **Re-label;** see these internal emotional triggers as natural when dealing with addictions.
- **Reflect;** observe your feelings/thoughts without self-judgement. Say 'thank you' to the identified emotional trigger and listen to learn. See it as an opportunity to practise self-compassion.
- **Reconnect;** talk it out with a trusted supporter.
- **Re-energise;** engage in a positive and fun activity that involves movement, such as taking a walk, playing sports, yoga, tai chi, dancing, gardening, etc.
- **Relax;** meditate to rewire the brain for greater resilience and calm worry.

Managing Triggers

The 5 Rs For Managing External Triggers

- **Recognise;** be mindfully aware that you're being triggered.
- **Relocate;** remove yourself from that environment as fast as possible.
- **Reconnect;** talk it out with a trusted supporter
- **Re-energise;** engage in a positive and fun activity that involves movement, such as taking a walk, playing sport, yoga, working out, dancing, gardening, listening to music, exercising, going to the movies, spending time on a hobby, etc.
- **Relax;** meditate to rewire the brain for greater resilience and calm worry.

Managing Cravings

The 7 Rs For Managing Cravings

- **Recognise;** be mindfully aware of your cravings.
- **Relabel;** see craving as a natural state in addiction recovery. Adopt a positive and non-judgemental attitude towards your craving feelings. Embrace self-compassion. The craving does not come from you; it is a result of your brain chemistry.
- **Reprocess;** take a moment to look inside to see if there is anything in particular that is driving the thoughts of re-addicting. Write it out - journal it.

- **Resist;** refuse to act on the craving.
- **Reconnect;** talk it out with a trusted supporter
- **Re-energise;** engage in a positive and fun activity that involves movement, such as taking a walk, playing sport, yoga, working out, dancing, gardening, listening to music, exercising, going to the movies, spending time on a hobby, etc.
- **Relax;** meditate to rewire the brain for greater resilience and calm worry.

Note: There are some safe, non-addicting medications that can help reduce craving.

Neuro-Exercise for Managing Craving (The Flashcard Method)

The impulse-control pathway of the pre-frontal cortex (PFC) can be strengthened through daily mindful reflection on a flashcard that contains positive effects of resisting the craving and negative consequences of giving in to the craving.

Positive effects may include:

- I will be one step closer to my recovery goal
- I will be able to spend positive time with my family
- I will be able to save money and clear my debt
- I will be a better role model to my children
- I will be able to drive safely
- I will be able to eat full nutritious meal
- I will be giving my brain the consistent sobriety it needs to fully repair itself for greater wellbeing
- I will be able to attend to my responsibility at home and at work

Negative consequences may include:

- I might cause further damage to my important relationships
- I might drink drive again and cause a fatal accident
- I will not be able to see my children any more
- I might lose the respect of my family and friends
- I might end up in jail
- I might put the lives of my children in danger
- I will cause further damage to my brain systems

Note: The flashcard should be personalised based on what is important to each person, and read aloud daily with mindfulness

Managing Slips & Relapses

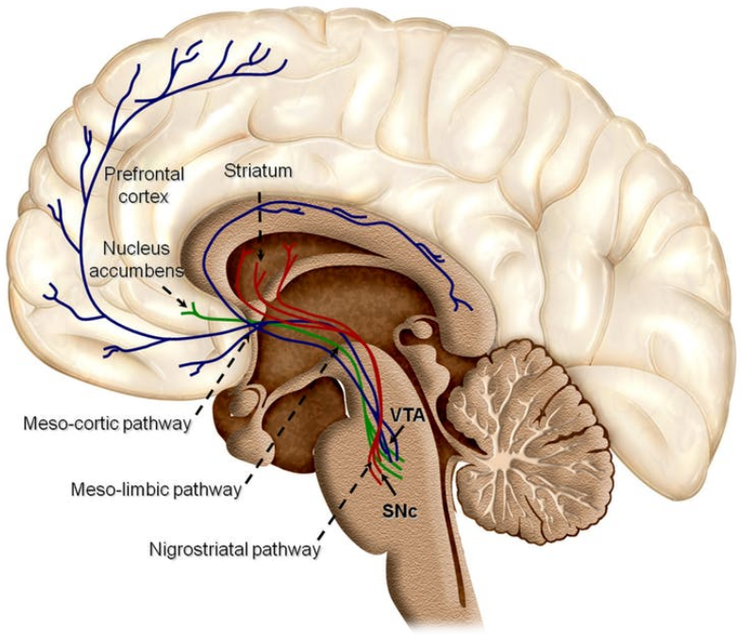
The 6 Rs For Managing Slips/Relapses

- **Recognise;** Admit your mistake, but refuse to beat yourself up or give up. No one does recovery perfectly. Remember that slips/relapse are part of the recovery process of a chronic condition, such as addictions.
- **Reconnect;** talk it out with a trusted supporter. Refuse to evade accountability by keeping it to yourself.
- **Reprocess;** take a moment to look inside to see if there is anything in particular that made you to re-addict. What trigger did you miss? What recovery steps did you fail to engage? Write it out - journal it.
- **Release;** Forgive yourself and let go of the guilt, disappointment and shame. Tell yourself that mistakes are opportunity to practise self-compassion
- **Re-energise;** engage in a positive and fun activity that involves movement, such as taking a walk, playing sport, yoga, working out, dancing, gardening, listening to music, exercising, going to the movies, spending time on a hobby, etc.
- **Relax;** meditate to rewire the brain for greater resilience and calm worry.

Note: Individuals in recovery are more vulnerable to relapses if they are H.A.L.T; (Hungary, Angry, Lonely or Tired)

Session 5

Psychotherapy In Addiction Recovery



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Roles of Psychotherapy In Addiction Recovery

- Provides a safe, non-judgemental and secure base upon which individuals with addiction can emotionally heal and rebuild.
- Offers a comprehensive recovery pathway that caters for all the vital areas of healing in addiction recovery (see the A.D.R. Model)
- Provides empathic accountability and co-regulation of affect for clients in recovery
- Regularly evaluates recovery progress using the attachment cycle of addiction
- Works with other recovery agencies involved to deliver an effective multidisciplinary intervention
- Provides support in gradually reducing/eliminating negative coping behaviours
- Offers in-depth therapy for trauma/complex trauma recovery where possible
- Helps manage pro-relapse thinking

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Identifying & Working With Pro-Relapse Thinking

Pro-relapse thinking is any thought process that provides an alibi (a defending evidence) for one's addiction and generates the negative emotions (consciously or subconsciously) necessary to trigger a process of re-addicting.

Common pro-relapse thinking Include:

- I can't control my anxiety without drinking or using drugs
- I can't relax without alcohol or drugs
- My life is meaningless unless I drink or use
- My addiction is caused by someone else (such as, parent, spouse, boyfriend/girlfriend, boss, etc.
- Having an addiction means that I am fundamentally defective and flawed
- Substance use is not a problem for me
- It is impossible for me to be social without drinking or using
- Life will be depressing if I stop using or drinking
- I don't deserve to recovery from my addiction
- I'm weak and never will be strong enough to stop
- My life won't get any better even if I stop drinking or using. So what is the point?
- Using drugs and alcohol is my way of coping with my overwhelming psychic pain
- I am not ready to stop
- I can't function without drinking or using
- Life is boring without using or drinking
- I drink or use to increase my creativity

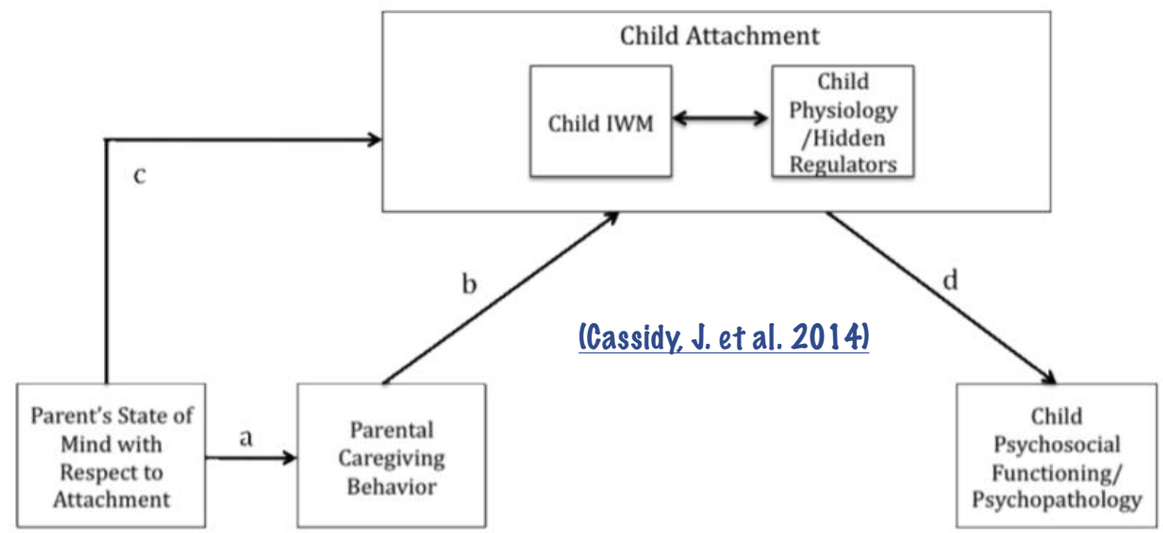
Early Attachment Therapy: Using The Adult Attachment Interview (AAI) (George, Kaplan, and Main 1996)

In the Adult Attachment Interview (AAI), individuals are asked both to describe their childhood attachment experiences, especially their early relations with parents or parenting figures, and to evaluate the influence of these experiences on their early development and current functioning.

The AAI contains a series of questions that clients are asked to answer, after which their adult attachment category is evaluated and established. For the AAI, there are 3 adult attachment categories:

- Secure-autonomous
- Dismissing
- Preoccupied

- According to Bowlby (1969/1982), during the first year of life, infants develop internal working models (IWMs) of self and environment, based on their environmental stimulations and quality of attachment relationships with their primary caregivers.(Main et al., 1985)



(Cassidy, J. et al. 2014)

- Attachment insecurity per se does not guarantee pathological outcomes later in life, unless there are subsequent negative environmental factors (such as, poverty, abuse, trauma, parental psychopathology, etc) (Bowlby, 1944, 1951). Secure attachment (acquired (earned) or innate) is a protective factor against negative life events later in life (Sroufe et al., 1999)

- In 1985, Main and colleagues published the first evidence of the intergenerational transmission of attachment. In other words, there is a link between a mother's attachment category and her infant's attachment category later in life.

- The good news is that we can acquire what is known as 'earned secure attachment' through mindful awareness, mental/emotional integration, social support and co-regulation of emotions with a trusted other.

Adult Attachment Interview (AAI) Questions

(George, Kaplan, and Main 1996)

1. To begin with, could you just help me to get a little bit oriented to your family—for example, who was in your immediate family, and where you lived?

2. Now I'd like you to try to describe your relationship with your parents as a young child, starting as far back as you can remember.

3-4. Could you give me five adjectives or phrases to describe your relationship with your mother/ father during childhood? I'll write them down, and when we have all five I'll ask you to tell me what memories or experiences led you to choose each one.

5. To which parent did you feel closer, and why?

6. When you were upset as a child, what did you do, and what would happen? Could you give me some specific incidents when you were upset emotionally? Physically hurt?

7. Could you describe your first separation from your parents?

8. Did you ever feel rejected as a child? What did you do, and do you think your parents realised they were rejecting you?

9.....20. (SEE FULL AAI PROTOCOL PDF)

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List of Helpful Recovery Organisations

- 12 Steps Meetings (https://www.alcoholics-anonymous.org.uk)
- Refuge Recovery (www.refugerecovery.org)
- Narcotics Anonymous (https://ukna.org)
- Rehab Online (https://rehab-online.org.uk)
- Drinkline (0300 123 1110)
- Celebrate Recovery (www.celebraterecovery.com)
- Women for Sobriety (www.womenforsobriety.org)
- SMART Recovery (www.smartrecovery.org)
- Drugsand.me (https://drugsand.me)
- LifeRing (www.lifering.org
- In The Rooms (www.intherooms.org)
- Al-Anon (https://www.al-anonuk.org.uk)
- Co-Dependants Anonymous (https://codauk.org)
- Re-Solv (https://www.re-solv.org)
- Visit Adfam for more helpful organisations: https://adfam.org.uk/help-for-families/useful-organisations

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"There are no constraints on the human mind, no walls around the human spirit, no barriers to our progress except those we ourselves erect."

—Ronald Reagan, 40th U.S President