

# Clinical Perspective on Yoga for Chronic Low-Back Pain in an Opioid Treatment Program

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## LEARNING OBJECTIVES

1. Describe the alignment of harm reduction with yoga philosophy.
2. Explain the potential of yoga for supporting management of comorbid chronic pain and opioid use disorder.
3. List strategies for applying harm-reduction principles to yoga delivery in opioid treatment program settings.

Chronic pain is one of the primary reasons people seek yoga and yoga therapy, and a growing body of research demonstrates yoga’s effectiveness for pain management, including for low-back pain.<sup>1</sup> Nonpharmacological approaches to pain management, including yoga, are recommended instead of or in addition to pain medications. Guidelines now include such options partly because of the risks associated with some pain medications, including opioids.

There isn’t nearly as much research on yoga’s effectiveness for opioid use disorder (OUD) management as there is for chronic pain, but yoga’s effects on pain management and its focus on building self-awareness, wise discernment, and self-regulation may make the practices helpful for managing OUD, too. In addition, the trauma-aware approaches used by many yoga therapists are likely to be helpful, considering that many people with OUD have complex trauma histories.<sup>2</sup> A nonjudgmental approach is also important given the strong stigma associated with OUD, which can contribute to further harm. For those living with both OUD and chronic pain, yoga may support the management of both conditions across the *koshas*, or layers of being.

In our experience developing and implementing a clinical trial of yoga for participants with comorbid OUD and chronic low-back pain, we have seen how important and meaningful this work can be when designed and delivered with a thoughtful, person-centered approach. For yoga professionals who feel called to serve this population in need, we believe the key considerations outlined in this article are essential.

## Background

Chronic pain and OUD are both highly prevalent. Chronic pain impacts 25% of adults in the United States<sup>3</sup> and globally.<sup>4</sup> As the population ages, the burden of chronic pain worldwide is expected to increase in the coming decades.<sup>5</sup> Almost everyone knows someone whose life has been affected by addiction, either directly or indirectly.

OUD in particular affects more than 16 million people globally.<sup>6</sup> The United States is most impacted, and 82,000 overdose deaths involving opioids were reported in 2022 alone.<sup>7</sup> Well over half of people living with OUD are also living with chronic pain.<sup>8</sup> In fact, a complicated bidirectional relationship exists between OUD and chronic pain: Chronic pain can lead to opioid use, and long-term opioid use can in turn worsen pain—and the combination can be especially challenging to manage.<sup>9</sup> The stigma often associated with OUD<sup>10</sup> and the too-frequent dismissal of chronic pain<sup>11</sup> can challenge access to compassionate healthcare and other services.

## Harm Reduction and Yoga Philosophy

*Harm reduction* is a public health and social justice movement that focuses on reducing stigma and respecting individuals’ self-determination. With origins in the late 20th century, harm-reduction

principles have been applied to a variety of high-risk behaviors, including opioid use. These ideas move away from an “abstinence-only” approach and toward optimizing health and well-being for individuals who use opioids and other substances.

Strategies for harm reduction related to OUD include naloxone to reverse opioid overdose, sterile equipment, access to wide-ranging general healthcare services, community support, and prescription medication for OUD management. The U.S. National Harm Reduction Coalition ([harmreduction.org](http://harmreduction.org)) outlines eight principles of harm reduction:

1. Accept, for better or worse, that licit and illicit drug use is part of our world and choose to work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understand drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledge that some ways of using drugs are clearly safer than others.
3. Establish quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
4. Call for the nonjudgmental, noncoercive provision of services and resources to people who use drugs and the communities in which they live to assist them in reducing attendant harm.
5. Ensure that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
6. Affirm people who use drugs themselves as the primary agents of reducing the harms of their drug use and seek to empower them to share information and support one another in strategies that meet their actual conditions of use.
7. Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
8. Do not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

As you may have already noticed, these principles align with some concepts of yoga philosophy. If you didn’t notice those at first look, we encourage you to reread the list and see how much overlap you can identify.

Thinking only of the ethical precepts of the *yamas* and *niyamas* as a starting place, we see alignment with *ahimsa* (nonharming), *satya* (truth), and *santosa* (contentment). Harm-reduction principles include a recognition of interconnectedness both individually and collectively. Regarding the *kleshas*, or afflictions that cause suffering, we can encourage away from attachment, without a posture of

aversion. We also see themes that promote loving-kindness and empower individual agency. And as yoga therapists, we are trained to meet each client where they are and to foster a space of physical and psychological safety that allows them to determine how they engage with the tools and practices we offer. Harm-reduction strategies can be applied when working with any population that may experience stigma, including many yoga students and clients outside of addiction treatment settings.

## Opioid Treatment Programs

Opioid treatment programs (OTP) provide care to people with OUD, including medication, treatment and counseling, and additional support services. In the United States, OTPs must be certified and accredited by the Substance Abuse and Mental Health Services Administration, licensed by their state, and registered with the Drug Enforcement Administration.

Because people with OUD who are receiving care in OTP settings visit OTPs up to 7 days a week to receive medication, these are ideal places to offer yoga programs for OUD and chronic pain by literally meeting the student or client where they are. Many OTPs have an embedded culture of harm reduction that aligns well with yoga therapy’s approach, and yoga in turn brings a whole-person perspective that fits with OTP offerings. In the small body of evidence on the use of yoga for OUD, only a few studies provided yoga directly in the OTP setting.<sup>12–14</sup>

For the past few years, we have been offering yoga for chronic low-back pain in OTPs as part of the IMPOWR Research Center at Montefiore-Einstein (IMPOWR-ME), which was funded by the U.S. National Institutes of Health (NIH). The yoga program was informed by prior research on yoga for chronic low-back pain,<sup>15</sup> which was adapted for an OTP setting. During this project, we have learned a tremendous amount about the opportunities and challenges of delivering yoga in an OTP. If the field is to more broadly implement yoga programs in OTP settings, these lessons are important for us to bring forward.

## Yoga in Opioid Treatment Programs

For our current project, therapeutic yoga classes are offered for patients with chronic low-back pain who receive care, including medication, for OUD in one of the study OTP sites. Yoga classes are held weekly and follow a 12-week series, with the same general class structure each time allowing for rolling enrollment. We rotate four themes from yoga philosophy that align with harm reduction and chronic pain management through the classes, with relevant poems and quotes shared by the yoga therapist: (1) nonharming or kindness (*ahimsa/maitri*), (2) self-study or awareness (*svadyaya/smriti*), (3) balancing effort and ease (*sthira/sukha*), and (4) contentment and gratitude (*santosa/kritajnata*). The yoga therapist uses a flexible protocol that allows them to adapt practices to individual needs and select additional practices from a menu based on their judgment of what will best serve the participants that day.

The study team developed the program with input from a community leadership board that includes people with lived experience

with OUD and chronic pain, collaboration with medical doctors who practice addiction medicine, and ethical oversight from an institutional review board. Yoga therapists were selected for their relevant training and experience with chronic pain, the ability to deliver classes in both English and Spanish, and their willingness to deliver the approved program. We provided additional training on harm reduction, destigmatizing language, sexual harassment, trauma-aware practices, the yoga program, and study procedures.

### Our Approach

Our methodology focuses on nervous system regulation and “somatic anchoring” to break the cycle of physical sensitization and psychological distress. We also target nervous system regulation to address both structural physical needs and internal physiological balance.

The Vedic *panchamaya kosha* model of five sheaths allows for an assessment of how a person experiences pain or movement. Some participants have been in a cycle of fear avoidance in which pain, inactivity, and disability reinforce one another.<sup>16</sup> In cases where pain is magnified, the wisdom body of *vijnanamaya* can witness emotions such as worry and helplessness and prompt a return to the breath for inner quietude. This *pranamaya* (breath body) pause empowers the participant to have a moment of reprieve and settle into themselves, perhaps even finding some self-soothing in the process.

Using one of the four themes mentioned above in each session, we integrate physical and mental sensations while providing a focal point (*drishti*) to turn to. Yoga builds mindfulness and distress tolerance, helping participants manage stress, pain, and cravings while reconnecting with their bodies in a safe environment. Interoceptive awareness practices help participants clarify which movement choices are comfortable and even a little bit challenging, boosting movement confidence. The yoga professional guides the participant in becoming aware of the heartbeat, breath, and emotions. Reconnecting with bodily sensations without fear or numbing allows for a safe, felt experience of internal sensations. By fostering interoceptive awareness and distress tolerance, we aim to support participants’ safe reconnection with their bodies and, just as important if not more so, connection with their intrinsic wholeness and goodness.

We frame instructions as invitations, encouraging participants to choose their physical orientation, sensory input, and intensity. Offering choices empowers participants by shifting the dynamic from following instructions to personal agency. We provide options for physical orientation, prop use, or movement pace to ensure that practices feel safe and accessible.

### Safety

When participants have limited capacity to engage in the physical practice due to fatigue or pain, the focus shifts from traditional movement to proprioceptive grounding. This somatic anchoring involves short, simple verbal cues that emphasize the here and now, such as focusing on the sensation of belly breath or body weight against a chair. The main focus will always be the participants’ safety and privacy.

## Practical Ways to Offer Choice

Framing instructions as invitations enables participants to regulate their own nervous systems and build trust in their bodies’ signals.

- **Physical orientation:** “You may practice this sequence seated in a chair or standing with the support of the wall.”
- **Sensory input:** “Feel free to keep your eyes open with a soft gaze or close them if that feels comfortable for you.”
- **Intensity:** “You can move through this breath cycle quickly to build heat or slowly to focus on the sensation of the stretch.”
- **Prop engagement:** “If you like, you might elevate your legs to support your knees during progressive relaxation”

To ensure the highest standard of care and clinical rigor, our protocol includes the following elements.

- **Sensitivities.** We maintain a scent-free environment and omit chanting, music, and Sanskrit to remove cultural and sensory barriers. We strictly avoid touch corrections and long silences and are intentional about room setup and positioning to remain trauma-aware.
- **Fidelity and documentation.** We use an iPad and a microphone for fidelity checks to ensure consistent treatment across all sessions. We meticulously track all progress using SOAP (subjective, objective, assessment, plan) notes. Because this program is part of a research study, we track outcomes, including pain levels and mobility, over a 9-month period in the REDCap (Research Electronic Data Capture) app.
- **Compliance and safety.** Our yoga professionals are trained in the intervention, overall program aims, and in principles of human-subjects protection and good clinical practice. All participant data are secured in accordance with HIPAA (Health Insurance Portability and Accountability Act) confidentiality protocols.
- **Interdisciplinary collaboration.** We use “if/then” framing of our sessions, which allows us to adapt to participants’ needs in real time (e.g., “If you feel more pain in your back here, then you can bend your knees a little bit more”).

Just as important as the elements we include are those we do not, which include the following. Although we note some of these above, the practices we avoid bear repeating.

- **Chanting, music, tingsha bells.** Sound vibration is a gorgeous tool that can stir our souls. What is calming for one person may be disruptive for another, and although we cannot account for all such individual differences, we can work to consciously minimize potential harm.
- **Aromatherapy.** People may have allergies or sensitivities, and a scent-free environment is safe for the participants.
- **Sanskrit.** Avoiding Sanskrit terms removes potential cultural and communication barriers, especially in a low-literacy population with diverse language backgrounds.
- **Complex or abstract language.** To optimize clarity and understanding, we keep verbal instruction both kind and simple.
- **Long silences.** For people with a trauma history, long silences can cause stress and discomfort. Centering, body scans, intention, and mindfulness practices are fitting, but only for a few breaths.
- **Touch.** Given the risk of injury or triggering, we use specific verbal cues and demonstrations to foster complete independence in participants' practice.
- **Taking things personally.** It's not about us! We practice detachment and aim to be "mission ready" to deliver the session for anyone who attends, no matter when or how they arrive.
- **Arriving late.** Getting to the site early allows the yoga professional to center and prepare both mentally and logistically. It also allows for an open, welcoming room about 10–15 minutes early, in case anyone has questions or observations to share. This practice also gives participants the option for privacy if they want to discuss something delicate.

### Honoring Community

While approaches such as getting to know the place culture, partnering with the community, aligning philosophy with the population, and providing choice-based instruction are particularly important in OTPs, they can be applied in diverse community and institutional settings. The field of study called community-based participatory research (CBPR) operates from a nonhierarchical perspective, collaborating with members of the affected community to identify needs and feasible intervention delivery. Programs designed by experts without community input are less likely to receive stakeholder support, may struggle with long-term sustainability, and may be less effective. A CBPR approach requires humility to acknowledge that an expert in the intervention may not always know the best way to deliver it for a specific group or setting. In fact, CBPR aligns with nonharming to ensure that the intervention is a fit for the specific population it aims to serve. This is true whether you are bringing yoga to a school, hospital, church, or shelter. Getting to know the community and working with them from the beginning is often essential to program success.

## Chronic pain can lead to opioid use, and long-term opioid use can in turn worsen pain—and the combination can be especially challenging to manage.

### Hiring Considerations

Our study team grappled with the hiring criteria for yoga professionals on the project. While the role would ideally be filled by yoga therapists, we want these programs to be scalable across diverse geographies and settings where yoga therapists may be in short supply. We decided to write the position with a C-IAYT as preferred, but also allowing for an individual trained at the 500-hour level plus specialized training and/or experience in chronic pain. We also needed bilingual providers, further limiting the pool of qualified candidates.

Another important staffing consideration is the fact that licensed healthcare providers (LHP) who are already providing care in OTP settings and have additional training in therapeutic, trauma-aware yoga may be well-suited to these roles because they are on staff and can therefore provide yoga onsite at minimal additional cost. Such LHPs already understand community norms, harm-reduction philosophy, administrative procedures, and safety concerns. Yoga provided or supervised by LHPs may also be billable under some public insurance plans, making it more feasible in OTPs with limited resources.

A fair amount of discourse has taken place in yoga professions recently about earning a living wage. It is important to note that OTPs are often resource-limited. The professional staff in such settings may earn less than they would in other places. People are often drawn to this work as a meaningful dharma and consider the compensation to be multifaceted, including the meaning and fulfillment the work brings. In some cases, market-rate payment may be available, but yoga professionals interested in this work might consider it karma yoga, nourishing the soul while earning a higher wage elsewhere. Importantly, this does not necessarily reflect a low value placed on yoga specifically, but rather a larger context of limited funding for addiction care. Anyone feeling called to this work should thoughtfully consider these realities.

### Lessons for Clarity and Carrying Forward

This work is not for everyone. It calls us to confront our own journey with the kleshas to shed attachments, aversions, and ego. It asks us to be impeccable with our words and deeds in service to a population that faces incredible barriers to healthcare and in daily life, let alone personal transformation. It requires tremendous communication and collaboration to continuously reduce harm and improve care. It demands humility, curiosity, and a beginner's mind. Those lessons, which apply to all yoga therapy work, are amplified here.

## Personal Reflection: Dolores's Perspective

Since 2022, I have had the joy of working as a yoga therapist with participants in the IMPOWR-ME program at two clinical sites. With my own 44 years of lived experience in recovery, I am deeply committed to honoring each person's healing journey without judgment, helping them reconnect with their inherent wholeness and goodness.

I have come to appreciate harm reduction and community support and understand that people can heal in multiple ways. The language of the heart honors where each person is in their healing, without comparison or judgment. The participants show courage, willingness, and discipline when they show up. When a person in recovery can chase positive goals the way we chased getting high, we begin to live in the fourth dimension, or *anandamaya kosha* (awe) consciousness. The system of yoga can provide tools for self-soothing without self-harm.

Bridging the gap between clinical theory and the reality of addiction means immersing ourselves in actual recovery environments. Attending a 12-step meeting may help yoga therapists and healthcare professionals gain insight into the lived experience of recovery and the peer-support model. Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon have open meetings specifically designed for the public, including healthcare professionals.

I like bringing levity and humor to my clinical work. I once commented on a small gold Oscar on a receptionist's desk, and we mutually acknowledged the importance of our work at the facility. In March 2026, Dr. Moonaz and I presented "Implementing Yoga for Chronic Back Pain in Opioid Treatment Programs" at the New York Society of Addiction Medicine, and our team presented "Implementing Non-Pharmacologic Pain Management in Opioid Treatment Programs." These presentations were my Oscar.

## Resources

- National Harm Reduction Coalition: [harmreduction.org](https://harmreduction.org)
- Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](https://www.samhsa.gov)
- Al-Anon Family Groups: [al-anon.org](https://al-anon.org)

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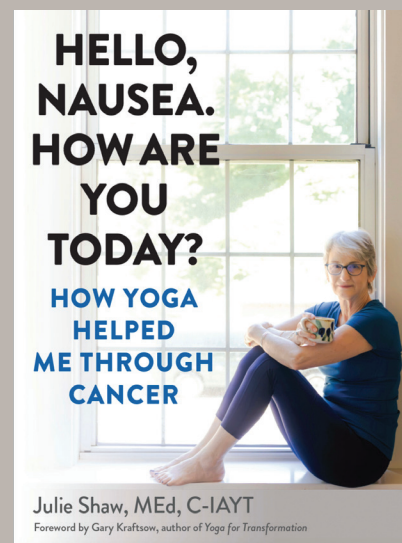


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