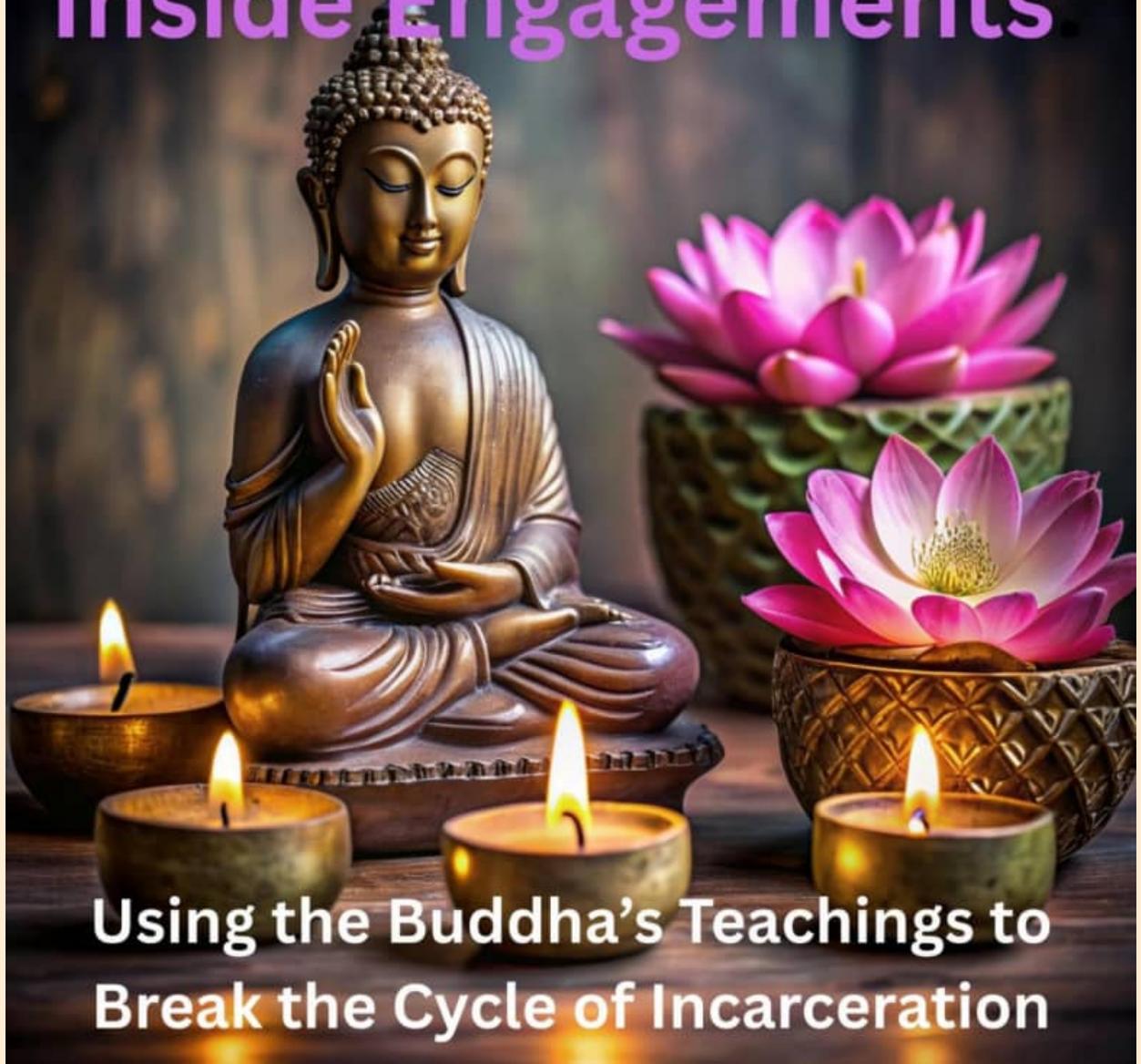


Inside Engagements



Using the Buddha's Teachings to Break the Cycle of Incarceration

A quarterly publication of the Engaged Buddhist Alliance.

**Vesak at California Institute for Women (CIW)
and
Valley State Prison (VSP)
By Venerable De Hong**

On April 26, Venerable De escorted seven guests to celebrate Vesak at the California Institute for Women (CIW). The institution approved Ven. De's purchase of food from the outside: vegan subs (bánh mì), Envy apples, Pringles potato chips, Gatorade, brownies, and raw organic cashews.

Then on May 25, 2025, Venerable De held a daylong meditation at Valley State Prison (VSP), in Chowchilla, CA. Fifty-eight incarcerated men joined the celebration in the chapel. The institution approved catering by Panda Express for lunch.

Both events were greatly appreciated by attendees, as evidenced by these excerpts; first from Sally at CIW:

“... Once again, the event was very special and very encouraging to me. I have been practicing meditation and focusing on loving-kindness... I am a better person than I was when we first met, and I owe a significant part of my change and awareness to your teaching and meditation practice. I am sure you see the change in me as I am far less judgmental and more caring and kind. I feel better about myself, and this is due to the empathy I have received from the meditation group. “

And our second excerpt is from *Citta* at VSP;

“I am incredibly grateful for the insight and sense of community the visit provided. Being able to sit amongst the other incarcerated men and receive instructions on the science of trauma, and its impact on our mental and physical health...

Having our questions answered by a monk gives us confidence along our path, when doubt may cause our self-confidence to waiver, is an asset we are not provided anywhere else. and the banquets create a sense of camaraderie that helps us see past the “us” versus “them” mentality, connecting and building friendships with those we'd never expect...

What I do know is that with your help, I have spiritual fulfillment that I lacked before my incarceration.”



Alcohol & Other Drug Addiction – A Disease?

By Mark Scott

In 1784, Dr. Benjamin Rush in a paper entitled “An Inquiry into the Effects of Ardent Spirits”, he referred to “the habitual use of ardent spirits” as “an odious disease”. (Slaying the Dragon: The History of Addiction Treatment Recovery in America” by WilliamWhite).

The largest association of physicians – the [American Medical Association](#) (AMA)– declared that alcoholism was an illness in 1956. In 1991, the AMA further endorsed the dual classification of alcoholism by the [International Classification of Diseases](#) under both [psychiatric](#) and [medical](#) sections. The modern disease theory of alcoholism states that problem drinking is sometimes caused by a [disease of the brain](#), characterized by altered brain structure and function. Today, [alcohol use disorder](#) (AUD) is used as a more scientific and suitable approach to [alcohol dependence](#) and [alcohol](#)-related problems.

But many people do not like the feeling of having a disease. A famous celebrity with multiple sclerosis said she hid the symptoms of her illness from family and friends because it made her feel weak and helpless.

Some of the many studies that support the genetic transmission of addiction include: “Adoption studies show that alcoholism in adoptees correlates more strongly with their biological parents than their adoptive parents.” Twin studies in the US and Europe suggest that approximately 45-65% of the liability is due to genetic factors. (Nat Rev Gastroenterol Hepatol. 2013 August; 10(8): 487–494.doi:10.1038/nrgastro.2013.86.) Another study showed that “Adolescents with an alcoholic father may have an increased tolerance for alcohol due to exposure to parental drinking events”.(Effect of Parental Drinking on Adolescents, Michael Windle, Alcohol Health Res World. 1996;20(3):181–184.)

Bill Wilson, the founder of Alcoholics Anonymous and author of the book with the same name, states that alcoholism is “an allergy of the body and an obsession of the mind”. I and a number of others with whom I attended AA meetings, used that as a reason not to drink when confronted by family members, friends, or associates who asked me to join them in drinking at some celebratory event. The allergy in our case is manifested by a persistent and annoying sense of craving – a strong desire to have ‘just one more’. Researcher and author, Dr. Kevin McCauley, states that this is due to what he calls ‘Pleasure Unwoven’. In his video by that name, he describes a biochemical deficiency in the brains of those who develop an addiction. A neurochemical in the brain that relates to a sense of pleasure and comfort, dopamine, is underproducing when the individual is faced with normal daily stresses. Any drug that stimulates this neurotransmitter is perceived as something needed to better function. The problem, though, is that the drug (alcohol or other drugs) are external and thus temporary rather than internal and permanent. Thus, this lack is translated cognitively as a craving.

In Dr. McCauley’s understanding of addiction, it is a disorder of the following: genes (vulnerability, the cause of 60% of addiction) – stress(anti-reward system) – memory (learning) – pleasure (hedonic system) – and choice(motivation). The stress can be the normal pressures of daily living or the more extreme pressures of a trauma of some sort, like adverse childhood trauma, war, natural disasters, sudden loss, or other abnormal and unpredictable, and overwhelming events. With this model, it is possible that a person who never experienced a traumatic event could still develop an addiction if they had a genetic vulnerability. Genetic vulnerability can be inherited or caused by parental excess in the birth process. I remember reading stories of members of isolated non-drinking religious communities leaving and coming in contact with alcohol and developing an addiction shortly afterwards. It is also likely that a person without genetic vulnerability but who has been subjected to severe trauma may never develop a substance use disorder.

Twenty-two percent of adults in the United States have at least one biological parent with alcohol use disorder (AUD). The odds of lifetime AUD are 2.5 times higher for the offspring of one AUD parent and 4.4 times higher for the offspring of two AUD parents, as compared to children of non-AUD parents. (Genetics and Addiction: What We've Learned, April 18, 2024. Psychology Today, Mark S.Gold, M.D.)

The DSM-5 Substance Use Disorder criteria list 11 criteria, including drug cravings, unsuccessful attempts to cut back, taking more of a substance than intended, and continued use despite negative consequences. The severity of the disorder is broken down into 3 categories – Mild, Moderate, Severe. Two to three symptoms indicate a mild disorder. Four to five symptoms indicate a moderate disorder. Six or more symptoms indicate a severe disorder. The symptoms have to be displayed for a year or more to be considered indicative of a disorder in any of the categories. In my experience, the majority of the people seen in any treatment setting, inpatient or outpatient, have a moderate or severe disorder. People with a mild disorder may never be seen by a treatment professional.

I believe that the combination of trauma and genetic vulnerability produces the most severe of the substance use disorders. I think that it is important for those of us who have identified as having been addicted to accept that the addiction is a disease rather than deny it out of shame or guilt. This disease can be treated successfully. The danger I have seen is that those of us who clearly have genetic vulnerability have to adopt an abstinent lifestyle as opposed to attempting to be a 'normal' user of substances. I have seen too many relapse and, in some cases, die because they chose not to remain abstinent.



Thank you for your donation.

What We Do

The Engaged Buddhist Alliance (EBA) provides college-level classes on Buddhism to incarcerated individuals in eight southern California state prisons. We employ a contemplative pedagogy that includes critical as well as experiential learning. The EBA serves as a hub to coordinate the efforts of member organizations working in California prisons and jails. We are working towards college accreditation for the classes we offer and are exploring with our member organizations how to offer reentry services. We do offer occasional reentry guidance to some of our students.



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