Mindfulness-based Relapse Prevention for Substance Use Disorder

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Q. What is mindfulness-based relapse prevention?

A. Mindfulness-based relapse prevention (MBRP) is a structured, eight-week group program that teaches a combination of mindfulness meditation and cognitive-behavior skills. The aim of the program is to help individuals control cravings and avoid relapses into substance misuse. The technique encourages non-judgmental, open and acceptant observation of cravings to bring greater awareness to negative thoughts and emotions, and the range of choices available to the individual beyond substance use.

Q. What is the treatment model underlying MBRP for substance use disorder (SUD)?

A. Theoretical foundations for MBRP suggest that mindfulness techniques foster an increased awareness of internal and external cues that may trigger relapse behaviors, greater regulation and tolerance of thoughts and emotions that are associated with substance use, and more effective decision-making in the face of triggers (Witkiewitz, Marlatt, & Walker, 2005). This theory has not been conclusively tested.

Q. Is MBRP recommended as a treatment for SUD in the Military Health System (MHS)?

A. No. The *2015 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* does not include MBRP, or any mindfulness-based treatment for SUD.

The MHS relies on VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend MBRP as a treatment for SUD?

A. No. Other authoritative reviews have not substantiated the use of MBRP for SUD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports evaluating MBRP for SUD were identified.
- Cochrane: No systematic reviews of MBRP for SUD were identified.

Q. Is there any recent research on MBRP as a treatment for SUD?

A. A 2017 systematic review and meta-analysis of MBRP for SUD included nine randomized clinical trials (RCTs) with 901 total participants with a diagnosis of substance abuse or dependence (Grant et al., 2017). All included studies took place in the specialty care setting, and the majority did not limit participants by primary substance of misuse. MBRP was not more effective than any comparator (i.e., treatment as usual, cognitive behavioral therapy, standard relapse prevention, health education) when used adjunctively or as stand-alone monotherapy for reducing relapse rate, frequency of use, treatment dropout, depressive symptoms, and anxiety symptoms. All of these comparisons were rated as either low or very low quality of evidence. There were significant differences in favor of MBRP on withdrawal/craving symptoms, but the authors noted limited confidence in this result (low quality of evidence), and small clinical effects.

An August 2020 literature search identified three RCTs published after the above systematic review. Davis et al. (2018) randomized 79 young adults with SUD at a residential SUD treatment center to receive either treatment as usual (TAU) plus group MBRP, or TAU plus additional 12-step meetings. At the end of treatment, participants receiving MBRP had lower substance abuse and stress relative to the TAU plus 12-step condition. Another study randomized 70 adults with opioid dependence to receive either MBRP or TAU, and found that the MBRP group had significant decreases in craving and impulsivity, and significant increases in quality of life scores (Yaghubi & Zargar, 2018; Yaghubi, Zargar, & Akbari, 2017). A third study evaluated MBRP for alcohol dependence (MBRP-A), randomly assigning 123 alcohol-dependent adults to receive either MBRP-A (adjunctive to TAU) or TAU (Zgierska et al., 2019). MBRP-A was not found to improve outcomes in early recovery compared to TAU; both groups had favorable drinking-related outcomes.

Q. What conclusions can be drawn about the use of MBRP as a treatment for SUD in the MHS?

A. The current state of evidence for MBRP is not mature enough to recommend it as an effective evidence-based treatment in the MHS. Although the emerging body of research on MBRP for SUD in service members is a noteworthy start, the burden of evidence needed to substantiate a novel treatment such as MBRP is considerable. Future randomized clinical trials are needed to provide firm conclusions about the efficacy and safety of MBRP.

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