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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: The 2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders indicates that there is insufficient evidence to recommend for or against mindfulness-based therapies for the treatment of 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: A 2021 systematic review noted the evidence regarding the impact of mindfulnessbased interventions (MBIs) on SUD-related outcomes compared with no treatment was uncertain. Compared to other treatments, MBIs may slightly reduce days with substance use at post-treatment and follow-up (4 to 10 months) but evidence regarding its relative impact on abstinence, consumed substance amount, or craving is uncertain (Goldberg et al., 2021).



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 evidencebased 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.

References

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Witkiewitz, K., Marlatt, G. A., & Walker, D. (2005). Mindfulness-based relapse prevention for alcohol and substance use disorders. *Journal of Cognitive Psychotherapy*, 19(3), 211–228.