

A CALL FOR PAPERS

Mindfulness and Substance Use Intervention

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It is fortunate that Western science has extended its boundaries to pursue an exploration into the various ways in which the cultivation of conscious awareness can influence the functioning of mind and body. In general, meditation practices used to cultivate conscious awareness for purposes of enhancing health have been termed integrative medicine and fit within the domain of mind–body interventions as outlined by the National Center for Complementary and Alternative Medicine (NCCAM). Examples of these interventions include sitting meditation, which is a nonmovement practice entailing quieting the mind and directing attention to present-moment experience such as the continuous movement of the breath; movement meditation, which is a practice in experiencing the breath and other somatosensory events as the body is positioned in various postures (e.g., yoga, Tai Chi, and Qi-Gong); and guided body scan meditation, which is a practice in systematically scanning various sensations in the body guided by auditory cues (for further detail about these practices see Kabat-Zinn, 1990). The ubiquitous theme found at the core of all these meditation practices is *mindfulness*, which can refer to both an experiential practice and a mental state. For example, a meditator can intentionally practice the skill of mindfulness during meditation yet also draw forth or experience mindful awareness during common day-to-day activities.

Mindfulness training can be defined as a practice of intentionally directing attentional resources to present-moment mental and/or somatosensory experiences (e.g., the breath, sounds, and bodily sensations) with an attitude of openness and acceptance (i.e., nonjudgment and nonelaboration of mental content). Mindfulness as a state can be defined as the actual perception of a broadened conscious awareness residing within the present moment with nonjudgment and nonelaboration of mental content (for further discussion on definitions of mindfulness see Bishop et al., 2004). Just as a muscle acquires strength by repetitive musculoskeletal exertion, mindfulness gains momentum by the repetition of meditation practice. Those

who meditate have long argued that mindfulness practices are of benefit to the human condition; however, those foreign to mindfulness practice were offered little objective proof to support such arguments. However, over the course of the past 30 years, the application of the empirical method to evaluate mindfulness training has provided some compelling evidence for its proposed benefits. Indeed, evidence available to date suggests that practicing mindfulness can induce various beneficial effects on the mind and body, some of which are of clinical importance (see reviews by Black, Milam, & Sussman, 2009; Brown & Ryan, 2003; Chiesa & Serretti, 2011). Within this accumulated pool of evidence, a new and growing area of research is beginning to focus on the relationship between mindfulness and substance use/misuse (SU&M).

Although not widely known in the academic community, it appears that meditation practices were being administered in substance user programs well over four decades ago by pioneers such as Alan Marlatt (Marlatt, 1994; Marlatt & Marques, 1977; Shattuck, 1994); however, publications reporting on the use of *mindfulness* meditation as an adjunct therapy for substance users began being published in empirical journals in early 2000 (Marlatt, 2002). Not coincidentally, empirical data were also being released for the first time regarding the use of mindfulness training as an adjunct therapy in SU&M treatment (Marcus, Fine, & Kouzekanani, 2001). Results from that study suggested that practicing mindfulness had the potential to enhance healthy coping styles and mitigate hostility among people with alcohol, tobacco, and other drugs (ATOD) dependency. Anecdotal evidence from that early study also indicated that study participants were highly engaged with the meditation component of treatment and would have likely dropped out of treatment if it were not for the meditation training.

Since the time of that initial pilot study, at least 25 additional publications have gone on to explore and/or discuss the relationship between mindfulness and SU&M with some articles focused on mindfulness as a treatment

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for SU&M, some on SU&M correlates of mindfulness, and still others on mechanisms linking mindfulness and SU&M (see Appendix for a list of references by each category). However, findings from most, but not all, of these studies are replete with limitations including small sample sizes, lack of control conditions with treatments adequate to match the mindfulness training, lack of external validity, lack of assessment of biological markers of change, and lack of assessment of change in clinical outcomes (for further discussion on the limitations of this literature see a review by Zgierska et al., 2009). Although many of the research findings suggest mindfulness training is feasible and shows some proof of efficacy in the context of SU&M, this area of research remains fresh in its youth and requires much more research to validate these preliminary findings.

Given the potential utility of mindfulness in SU&M research and treatment as well as considering the need for additional research to validate preliminary findings in this area, the journal *Substance Use & Misuse* will devote a special theme issue to the topic "Mindfulness and Substance Use: Intervention, Mechanisms, and Future Directions," which is anticipated for publication in January 2014. The special theme issue aims to cover the following content areas:

- the use of mindfulness-based interventions to treat SU&M among humans. Substances can include psychoactive drugs, psychiatric medications as well as behavioral addictions such as gambling, work, food, sex, overeating, shopping, internet, etc. Interventions can pertain to treatment, prevention, abstinence, harm reduction, and quality of life;
- reviews examining the current state of empirical evidence and/or mechanisms linking mindfulness and SU&M, the creation of new theory or extending previous theory to articulate the mechanisms linking mindfulness with SU&M and internal micro as well as external macro predisposing factors;
- the complexities of the implementation of mindfulness-based interventions in the context of SU&M treatment and how these complexities can be resolved;
- the measured construct of mindfulness (Five Facet Mindfulness Questionnaire [FFMQ], Mindful Attention and Awareness Scale [MAAS], Kentucky Inventory of Mindfulness Skills [KIMS], and other measures (e.g., loving-kindness, self-compassion, etc.) and its relationship to SU&M and individual dispositions that place one at risk for SU&M;
- the psychophysiology/neurobiology of mindfulness and the addiction process, including associations with craving, dependence, withdrawal, riding out the urge, loss of control, and pleasure seeking;
- the most critical, contemporary, and/or unresolved issues in mindfulness and SU&M research and practice, current limitations and future directions for the field of mindfulness and SU&M.

The journal engages an international readership, thus authors from all nations are encouraged to submit manuscripts representing high-quality original research that presents novel findings as well as systematic reviews, meta-analyses, and commentaries. The deadline for initial

submission is December 1, 2012. We urge authors to review the citations in the reference section as well as the appendix when crafting their manuscripts so findings can be comprehensively linked to the pool of available research. Authors should consult the manuscript guidelines set forth in the *Instructions for Authors* provided on the journal's website (<http://informahealthcare.com/journal/sum>). All submissions are subject to peer review. With great enthusiasm, we look forward to receiving your manuscripts for this special theme issue on mindfulness and substance use intervention.

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Appendix

I. Articles on the Mindfulness Training as a Treatment for SU&M

Amaro, H., Magno-Gatmaytan, C., Meléndez, M., Cortés, D. E., Arevalo, S., & Margolin, A. (2010). Addiction treatment intervention: An uncontrolled prospective pilot study of spiritual self-schema therapy with Latina women. *Substance Abuse, 31*(2), 117–125.

Bowen, S., & Marlatt, A. (2009). Surfing the urge: Brief mindfulness-based intervention for college student smokers. *Psychology of Addictive Behaviors, 23*(4), 666–671.

Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., et al. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors, 20*(3), 343–347.

Brewer, J. A., Mallik, S., Babuscio, T. A., Nich, C., Johnson, H. E., Deleone, C. M., et al. (2011). Mindfulness training for smoking cessation: Results from a randomized controlled trial. *Drug and Alcohol Dependence, 119*(1–2), 72–80.

Brewer, J. A., Sinha, R., Chen, J. A., Michalsen, R. N., Babuscio, T. A., Nich, C., et al. (2009). Mindfulness training and stress reactivity in substance abuse: Results from a randomized, controlled stage I pilot study. *Substance Abuse, 30*(4), 306–317.

Courbasson, C., Nishikawa, Y., & Shapira, L. (2011). Mindfulness-action based cognitive behavioral therapy for concurrent binge eating disorder and substance use disorders. *Eating Disorders, 19*(1), 17–33.

de Dios, M. A., Herman, D. S., Britton, W. B., Hagerty, C. E., Anderson, B. J., & Stein, M. D. (2012). Motivational and mindfulness intervention for young adult female marijuana users. *Journal of Substance Abuse Treatment, 42*(1), 56–64.

Lange, B. (2011). Cocreating a communicative space to develop a mindfulness meditation manual for women in recovery from substance abuse disorders. *Advances in Nursing Science, 34*(3), e1–e13.

Lee, K. H., Bowen, S., & An-Fu, B. (2011). Psychosocial outcomes of mindfulness-based relapse prevention in incarcerated substance abusers in taiwan: A preliminary study. *Journal of Substance Use, 16*(6), 476–483.

Singh, N. N., Lancioni, G. E., Winton, A. S. W., Singh, A. N. A., Singh, J., & Singh, A. D. A. (2011). Effects of a mindfulness-based smoking cessation program for an adult with mild intellectual disability. *Research in Developmental Disabilities, 32*(3), 1180–1185.

Smith, B. W., Shelley, B. M., Leahigh, L., & Vanleit, B. (2006). A preliminary study of the effects of a modified mindfulness intervention on binge eating. *Complementary Health Practice Review, 11*(3), 133–143.

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Vieten, C., Astin, J. A., Buscemi, R., & Galloway, P. D. G. P. (2010). Development of an acceptance-based coping intervention for alcohol dependence relapse prevention. *Substance Abuse, 31*(2), 108–116.

Zgierska, A., Rabago, D., Zuelsdorff, M., Coe, C., Miller, M., & Fleming, M. (2008). Mindfulness meditation for alcohol relapse prevention: A feasibility pilot study. *Journal of Addiction Medicine, 2*(3), 165–173.

II. Articles on SU&M Correlates of Mindfulness

Black, D. S., Semple, R. J., Pokhrel, P., & Grenard, J. L. (2011). Component processes of executive function-mindfulness, self-control, and working memory-and their relationships with mental and behavioral health. *Mindfulness, 2*(3), 179–185.

Chawla, N., Collins, S., Bowen, S., Hsu, S., Grow, J., Douglass, A., et al. (2010). The mindfulness-based relapse prevention adherence and competence scale: Development, interrater reliability, and validity. *Psychotherapy Research, 20*(4), 388–397.

Dakwar, E., Mariani, J. P., & Levin, F. R. (2011). Mindfulness impairments in individuals seeking treatment for substance use disorders. *The American Journal of Drug and Alcohol Abuse, 37*(3), 165–169.

Fernandez, A. C., Wood, M. D., Stein, L. A. R., & Rossi, J. S. (2010). Measuring mindfulness and examining its relationship with alcohol use and negative consequences. *Psychology of Addictive Behaviors, 24*(4), 608–616.

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Smith, B. W., Ortiz, J. A., Steffen, L. E., Tooley, E. M., Wiggins, K. T., Yeater, E. A., et al. (2011). Mindfulness is associated with fewer PTSD symptoms, depressive symptoms, physical symptoms, and alcohol problems in urban firefighters. *Journal of Consulting and Clinical Psychology, 79*(5), 613–617.

Vilardaga, R., Luoma, J. B., Hayes, S. C., Pistorello, J., Levin, M. E., Hildebrandt, M. J., et al. (2011). Burnout among the addiction counseling workforce: The differential roles of mindfulness and values-based processes and work-site factors. *Journal of Substance Abuse Treatment, 40*(4), 323–335.

Waters, A. J., Reitzel, L. R., Cinciripini, P., Li, Y., Marcus, M. T., Vidrine, J. I., et al. (2009). Associations between mindfulness and implicit cognition and self-reported affect. *Substance Abuse, 30*(4), 328–337.

III. Articles on Mechanisms Linking Mindfulness and SU&M

Black, D. S., Sussman, S., Johnson, C. A., & Milam, J. (in press). Testing the indirect effect of trait mindfulness on adolescent cigarette smoking through negative affect and perceived stress mediators. *Journal of Substance Use*. Early online. doi:10.3109/14659891.2011.587092.

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