Executive summary

Background: Among people who have undergone treatment for substance abuse disorders, relapse continues to be a significant problem, affecting more than 60% of people with the disorder. Although there is empirical evidence to support the use of psychological treatment such as CBT to prevent relapse, the relapse rate continues to be high. Recently, mindfulness as an intervention measure has gained significant attention in the fields of clinical medicine and mental health. Although preliminary studies show that mindfulness-based relapse prevention (MBRP) specifically designed for people with substance use disorders may be a promising intervention to prevent relapse in substance use, no studies have been conducted in a non-Caucasian population.

Aim and Objectives: The aim was to evaluate the feasibility and effectiveness of MBRP among individuals with substance abuse in Hong Kong

Study Design and Methods: This study is a single-blinded, randomized controlled trial to test the feasibility and effectiveness of the MBRP programme among adults with substance abuse in Hong Kong. 81 participants were successfully recruited from Oct 2019 to May 2023. There were two study arms: the MBRP group and the waitlist control group (WCG). Outcome measures were collected at same time points in both the MBRP and WCG groups (baseline, immediately post-intervention, at 3 months post-intervention and 6 months post-intervention). The primary outcome was the abstinence status measured by a 7-day drug taking self-report. Secondary outcome measures included PCS, GAD-7, PHQ-9, ASI, DASES, AAQ-II, FFMQ, and EQ5D. Evaluation forms, focus group discussions or individual interviews were also conducted to obtain feedback on the MBRP programme from participants after the MBRP course.

Results: The current study demonstrated a strong retention rate for course attendance and follow-up assessments compared to previous studies. 66% of participants attended at least half of the sessions. Regarding assessment follow-up, the retention rates were 82.7%, 76.5%, and 66.7% immediately after intervention, at 3 and 6 months post-intervention follow-ups, respectively. For the MBRP group, retention rates were 80.5% immediately after intervention, 70.7% at 3 months, and 63.4% at 6 months post-intervention follow-ups. The waitlist control group saw slightly higher retention rates of 85%, 82.5%, and 70% at the same respective time points. The MBRP programme received highly positive evaluations from participants, who found it to be important and beneficial, as evidenced by high ratings in terms of importance ($M = 8.31$, $SD = 1.35$), helpfulness ($M = 8.19$, $SD = 1.87$), satisfaction ($M = 8.31$, $SD = 1.66$), and the intention to continue mindfulness practice ($M = 7.31$, $SD = 2.44$). Taking account of the qualitative component, those practical benefits included improved emotional regulation, heightened awareness, and shifts towards more positive thinking. For the primary outcome, no significant differences between groups were found in abstinence status across measured time points. However, within the MBRP group, a significant improvement was observed at the 3-month follow-up. Secondary outcomes showed significant differences between the MBRP and waitlist control groups, particularly in Drug Avoidance Self-Efficacy Scale (DASES) scores immediately after intervention and Addiction Severity Index (ASI) composite scores at the 6-month post-intervention follow-up. Furthermore, within-group analysis showed that the MBRP group significantly improved in DASES across all the time points and in ASI at 6 months post-intervention follow-up. Similar results were not seen in the waitlist control group. Significant differences between two groups were not seen in other secondary outcomes.

Conclusions: Overall, the program was highly regarded by participants, who reported it as valuable and beneficial. MBRP was associated with improvements in relapse prevention, self-efficacy in drug avoidance, the severity of addiction, and the intensity of drug cravings. Further studies involving a larger sample size of Chinese drug abusers and a comparison with an active control group could provide more definitive evidence of MBRP's effects.