

Should spiritual meditation be used in drug treatment facilities? an examination of substance abstinence and psychological symptoms of substance use disorder.

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Introduction

The excessive use of alcohol and other substances represents a significant public health problem worldwide (World Health Organization, 1999). The United Nations Office for Drug Control and Crime Prevention (UNODCCP, 2013) recently reported between 167 and 315 million people worldwide are current drug users, not including the rise of new psychoactive drugs. The lack of empirically supported treatments and the minimal application of available treatments to those needing services, as well as the high cost of long-term treatment, and a decline in support from insurance providers show that brief innovative treatments to serve those individuals with alcohol and drug use disorders are highly desired (Marlatt & Witkiewitz, 2002). The American Society of Addiction Medicine defines addiction as a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic psychological, social and spiritual manifestations (ASAM, 2011). Traditional CBT and group drug counseling (GDC) seem to primarily address the psychological and social manifestations of SUD. However, the spiritual component may be neglected or minimized within these therapies. This could partly account for why substance abstinence has been difficult to attain in GDC and CBT (Crits-Christoph, Gibbons, Ring-Kurtz, Gallop, & Present, 2009; Waller, Trepka, Collerton, & Hawkins, 2010). This study will examine the effects of different treatments (spiritual meditation, progressive relaxation, treatment-as-usual) and the twelve steps on substance use and general psychological distress and dysfunction among patients in intensive outpatient treatment centers for individuals with SUDs.

Method

Participants

- 17 men and 8 women
- Mean age: 40.2

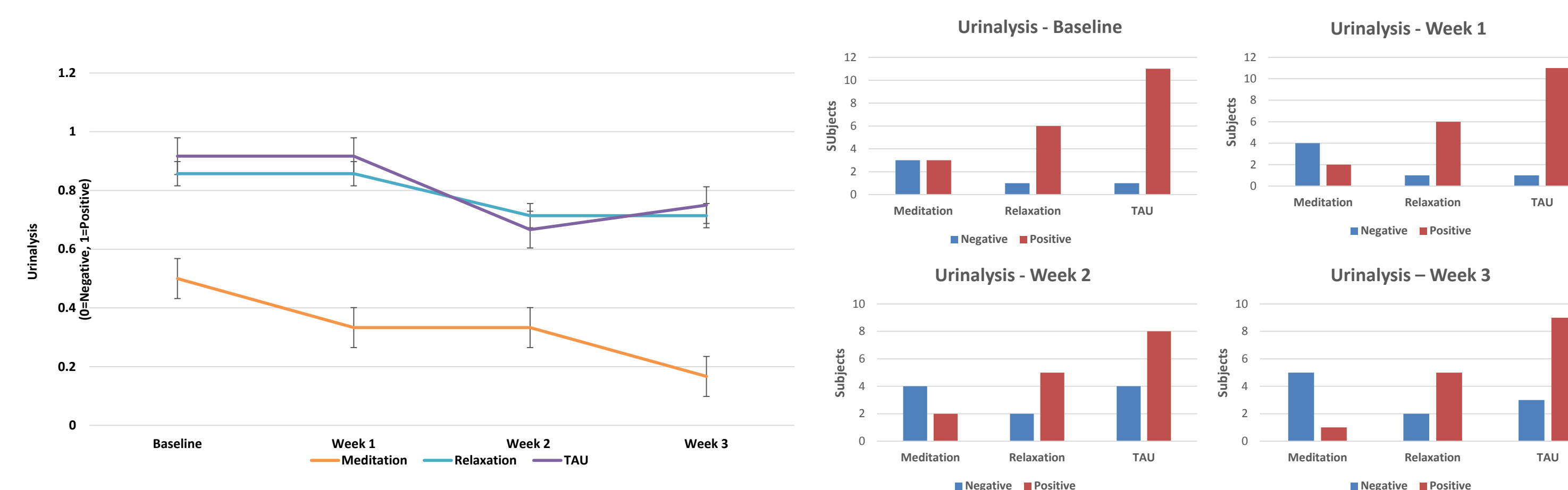
Measurements and Instruments

- **Urinalysis (UA)** was used to assess substance abstinence.
- **General Psychological Distress and Dysfunction** was measured on a self-reported 1-10 scale. Items included lack of focus, relative anhedonia, ritualistic behavior, trouble forming attachments, frustration, irritability, procrastination, tics and stutters, fear of the world, sleep patterns, and cravings.
- **12-step involvement** was measured by self-reported measures of having a sponsor, number of meetings attended weekly, and current step.

Procedure

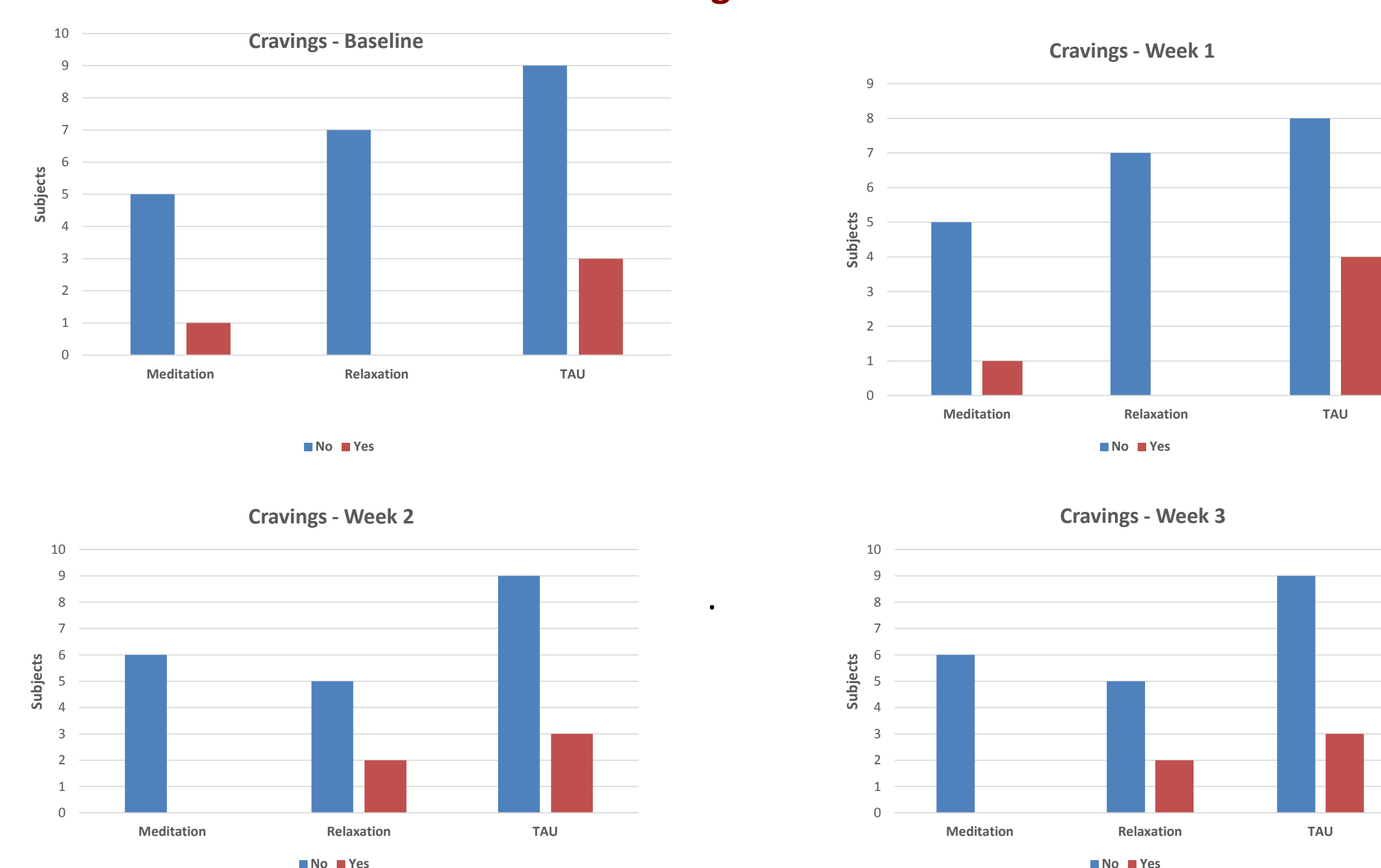
Subjects were screened and recruited to our study from an outpatient treatment center. Six subjects ($n=6$) the meditation group (group 1/Lafayette), was offered 20 minute meditation sessions, 4 times a week. Seven subjects ($n=7$), the progressive relaxation group (group 2/Baton Rouge) was offered 20 minute progressive relaxation sessions, 4 times a week. And twelve subjects ($n=12$) the treatment-as-usual group (group 3/Covington) was our control group, receiving treatment-as-usual. The first 2 groups received treatment for 6 weeks. Each participant was informed of the study purpose and signed a consent form prior to the study in order to participate. Baseline and weekly measures of self-reported psychological distress and dysfunction, 12-step involvement, and UA's were taken for the duration of the study.

Preliminary Results - Urinalysis



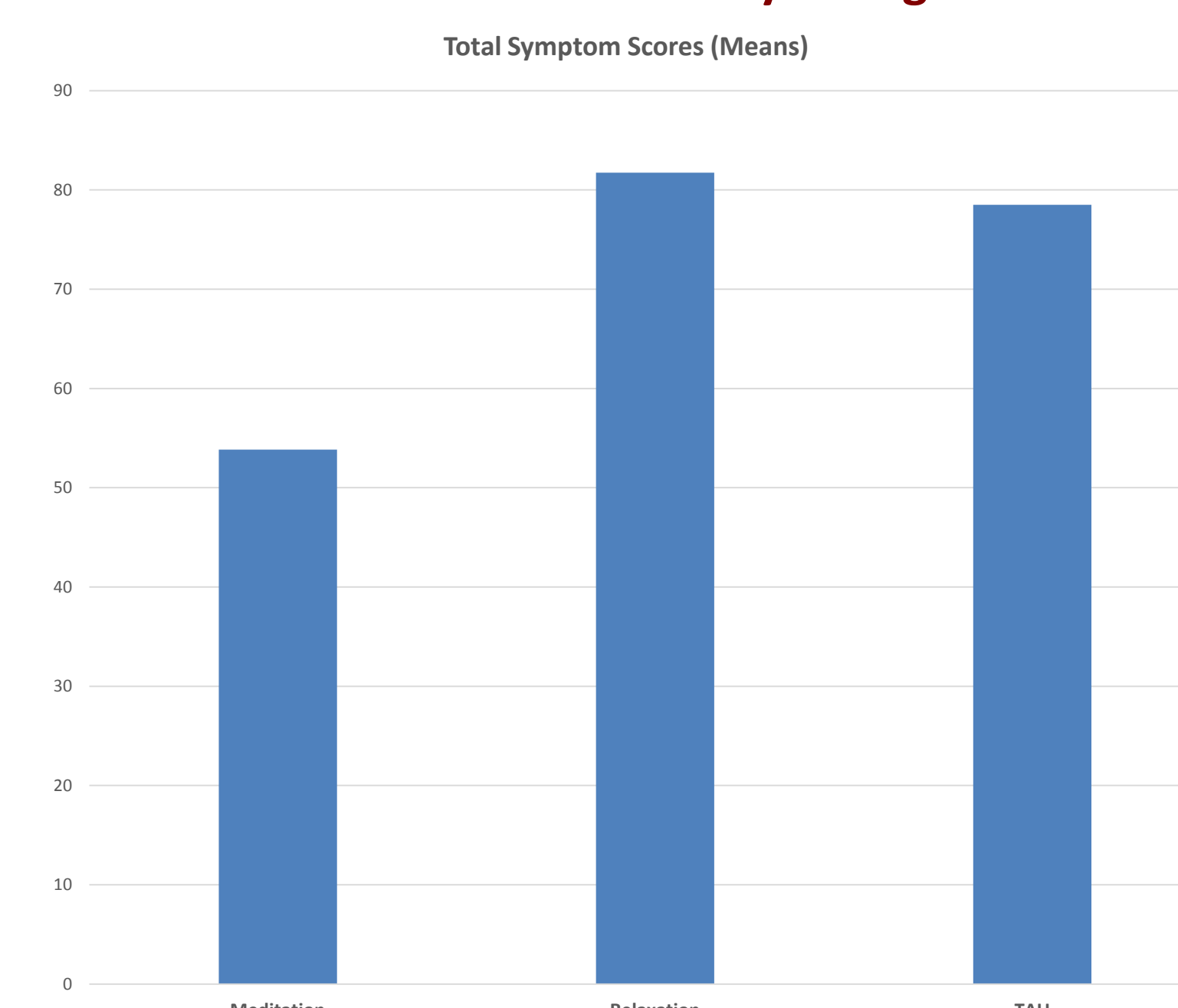
Three weeks into the study subjects in the meditation condition ($n=6$; $*p=0.346$) displayed significantly fewer positive urinalysis than the other two conditions ($n=19$). Although preliminary, this data suggests that spiritual meditation may be more beneficial in promoting substance abstinence than standard outpatient treatment alone as well as non-spiritually based meditations like progressive muscle relaxation.

Cravings



Over the course of three weeks the meditation condition displayed no cravings while the relaxation condition increased from baseline and the treatment-as-usual condition declined slightly. If this trend continues it may warrant further discussion, however in early recovery it is normal for cravings to vary in their intensity.

Total Psychological Distress and Dysfunction



Overall, the meditation condition displayed less symptoms of general psychological distress and dysfunction than the other two conditions. However, at baseline the meditation condition showed fewer symptoms than the other two groups. If symptom scores decline significantly over the course of 6 weeks in the meditation condition versus the other two it would suggest that meditation may help reduce psychological distress typically associated with substance use disorder.

Analysis

- Repeated Measures ANOVA: Intervention x Time (Baseline, 1-week, 2-week, 3-week) x Urinalysis(Positive, Negative)
- General distributions

Discussion

The findings, although preliminary, suggest that spiritual meditation may promote substance abstinence to a greater degree than non-spiritual meditation and treatment-as-usual alone. This may be due to spirituality being found to be a protective factor against substance use (Miller, 1998). Measures on step work and sponsorship in spiritually based fellowships will be analyzed upon completion of this study. General psychological distress and dysfunction in the meditation condition compared to the other two were approaching significant differences at three weeks. However, it is too early to tell if the meditation condition had an effect on psychological distress and dysfunction, as well as craving.

Limitations and Future Directions

There were several limitations within this study. The design for this study was originally meant to include several reliable measures of spirituality, self-reported drug use, 12-step involvement, depression, anxiety, stress, and emotional regulation. It proved rather difficult to implement long questionnaires across three cities. In the groups where the principle investigator was not present it also proved difficult for treatment providers to administer assessments along with providing treatment.

Future studies may consider using a similar design in an inpatient treatment center. Here, groups could be completely randomized and research assistants could administer assessments outside of treatment times.

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