



Acupuncture Treatment for Chemical Dependency - An Overview

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Introduction

The purpose of this overview is to provide additional information about the studies on acupuncture and the treatment of addictions from acupuncture detox programs in the United States, and it is in large measure the result of the successful work of the National Acupuncture Detoxification Association (NADA), of which I am a certified member, in developing public, acupuncture-based chemical dependency treatment programs in Miami, Minneapolis, New York, Portland, Oregon, and elsewhere (British Columbia is also pioneering acupuncture detox programs through my local web site's research data base and my Acupuncture and TCM Detox Clinic with other B.C. NADA certified acupuncturist associates), and in the research that has resulted showing that acupuncture does improve detox outcomes as endorsed by the [National Institutes of Health's Office of Alternative Medicine](#).

National Acupuncture Detoxification Association

A nonprofit organization has been established to teach and annually recertify practitioners who utilize the auricular acupuncture detox protocol developed at Lincoln Clinic. The National Acupuncture Detoxification Association (NADA) is known by the acronym NADA, which means "nothing" in Spanish and symbolizes the commitment to a drug free response to addiction. NADA consults with communities and other groups interested in starting similar treatment programs, provides training and certification in the treatment protocol developed at Lincoln, and provides cross training for chemical dependency specialists and acupuncturists to enhance treatment collaboration. Since the founding of NADA anecdotal reports on the application of NADA protocol acupuncture have been consistently encouraging (Smith & Kahn, 1988). More than 200 publicly funded clinics in 14 states and another 50 in Europe, Eastern Europe, Latin America and Asia have been established explicitly on the model of the South Bronx clinic (AHA, 1995). The treatment settings are diverse and include psychiatric outpatient clinics, chemical dependency inpatient and outpatient programs, homeless shelters and criminal justice settings (Pittman, 1992; Smith, 1987; Smith, 1990; Smith, Alvarez & Small, 1987; Smith & Kahn, 1988).

Theory of Acupuncture Detoxification Oriental Medicine Model

Acupuncture is part of an Eastern tradition which embraces a systemic/holistic perspective (Macek, 1984; Mann, 1973). Drug dependence is seen as a symptom of a system or society which is out of balance. For a comprehensive overview of the philosophical and historical context of Oriental Medicine, see *The Web That Has No Weaver* (Kaptchuk, 1983). The mechanisms of acupuncture detoxification from the perspective of Oriental Medicine can be described metaphorically. The lack of inner calm tone due to intense and frequent use of chemical substances is described as a condition of "empty fire" (Smith, 1985) wherein heat of aggressiveness overcompensates and the calm inner tone is lost.

It is easy to be confused by empty fire and to conclude that the main treatment goal should be sedation of excess fire. Addicts themselves take this approach to the extreme by using sedative drugs. The empty fire condition represents the illusion of power, an illusion that leads to more desperate chemical use and senseless violence. Acupuncture helps patients with this condition by stimulating "yin" points to restore inner calm tone (Smith & Ra, 1985). "Patients often consider these prolonged symptoms as permanent results of their past activities. They are amazed that fresh, clear, youthful life is still possible" (Smith, 1985, p. 3).

According to Traditional Oriental Medicine, the same acupuncture points seem to be effective for various substances of abuse suggesting that the critical energy disturbances is similar regardless of the substance abuse (Smith, 1986b). The procedure of stimulating points on the external ear links the ear which is shaped like a fetus or a kidney to kidney function. Frequent repetition of kidney-related ear (auricular) treatments works even with severely debilitated alcoholics and addicts. When the kidney energy has been damaged, the recovery period is slow and undulating in intensity. Even patients with severe paranoia respond well to this protocol. Paranoia involves fear - a kidney related and yin depleted

emotion - and a hollow, aggressive ego structure that is an expression of empty fire. The more desperate antagonistic patients who have suffered more yin depletion seem to benefit most from these treatments. "In addition, many socially functioning empty fire patients who may or may not be abusers benefit greatly from these treatments" (p. 2). Patients with moderate chemical dependency or who have completed most of their recovery from severe addictions do not respond as well to the kidney-ear protocol alone and often need additional body point acupuncture according to the conventional principles of Chinese Medicine. The distinction of treatment protocols between moderate and severe abusers is critical. Smith observed (1985) that severe abusers are most in need of better health care and are most resistant to virtually all forms of intervention. By strengthening the kidney, these deficient patients are rehabilitated to return to the commonly expected level of yin function. Severely addicted clients need auricular-kidney treatment before they are able to respond to other forms of acupuncture or psychological and social interventions. (1)

Acupuncture Detoxification Studies

Subjectively, acupuncture treatment offers to the client support during acute withdrawal through relief of classical withdrawal symptoms. According to Michael Smith, MD (2) the body's response to acute withdrawal from toxic drugs is a "crisis in elimination," which is seen as a "healing crisis." He suggests that acupuncture works by releasing blockages of energy and correcting imbalances of energy flow, and that its physiological effects also likely involve homeostatic action in the autonomic nervous system, various neurotransmitters, and elements in the pituitary subcortical axis. (3)

In 1987 in a medically supervised study of chronic homeless alcoholic men in Hennepin County, Minnesota, 80 subjects were divided into two groups matched for drinking history and prior treatment experience. The control groups were given sham acupuncture, needled at non-therapeutic points a few millimeters away from standard points. 93% of the treatment group completed the eight week treatment regimen, compared with 2.5% of the control group. During the six month follow-up of the two groups, the control group had more than twice as many drinking episodes and had to be readmitted to detox more than twice as often as the experimental group. (4)

These same researchers are currently comparing acupuncture with Valium in treating the symptoms of acute withdrawal from alcohol, and are the recipients of the new National Institutes on Drug Abuse (NIDA) cocaine research grant.

A similar placebo-type study was done at Bayview Hunter's Point Clinic comparing methadone and acupuncture in the detoxification from heroin. This three-phase, one and a half year study was commissioned by the California legislature. A report to the legislature indicates that acupuncture clients were more likely to have clean urinalysis and reported longer periods of abstinence with fewer problem days than their methadone controls. (5)

When used in an inpatient detoxification setting, alcoholic seizures virtually disappear, even without the use of pharmaceutical intervention. One of the first residential detox programs to implement acupuncture was Portland, Oregon's Hooper Memorial Detox Center in 1987. Clients entering this 5 day residential detox-to-referral program were six times less likely to return in the following six months than clients who entered the facility prior to the implementation of twice-daily acupuncture, and the program's overall completion rate increased from 60% to 92%. (6)

A residential, social model, detox-to-referral program operated by Santa Barbara, California's Council on Alcoholism and Drug Abuse opened in June of 1991, offering twice-daily acupuncture. Only two alcoholic seizures were reported out of the first 150 clients, the majority of whom were late stage, chronic alcoholics, and completion rates for the program are comparable to Hooper's. In the treatment of acute 284 withdrawal, acupuncture is also effective, the symptoms of "kicking" often resembling a mild flu. And the cravings, anxiety, and depression of crack cocaine withdrawal become manageable. (7), (8), (9)

On November 5, 1997, the National Institutes of Health's Office of Alternative Medicine Consensus Statement concluded and recommended that acupuncture is useful for addiction as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. (10)

FOOTNOTES

(1) Alex G. Brumbaugh, Transformation & Recovery, A Guide for the Design and Development of Acupuncture-Based Chemical Dependency Treatment Programs, California, Stillpoint Press, 1994, 310-311.

(2) Michael Smith, "Acupuncture and Natural Healing in Drug Detoxification," American Journal of Acupuncture 2, 7 (1979), 97-106.

(3) Michael Smith & I Kahn, "An Acupuncture Programme for the Treatment of Drug Addicted Person," Bulletin on Narcotics XL (1) 1988, 35-41.

(4) See M. Bullock, A. Umen, P. Culliton, & R. Olander, "Acupuncture Treatment of Alcoholic Recidivism: A Pilot Study."

(5) Clark, "Trial of Acupuncture Detoxification: Final Report."

(6) Carolyn Lane, "Final Evaluation Report: Acupuncture Detoxification Project," Hooper Center, Central City Concern, Multnomah County, Oregon, Alcohol & Drug Program (1988).

(7) Michael Smith, MD, interested in potential alternatives to methadone treatment, began employing Chinese doctors at Lincoln Hospital in New York to experiment with different protocols in the treatment of heroin addiction. Dr. H. L. Wen's research in Hong Kong concerning the treatment of heroin withdrawal with acupuncture had involved electrical stimulation as well, and Lincoln Hospital experimented extensively with electrostimulation protocols, eventually discontinuing its use when it was discovered that manual acupuncture resulted in more consistent clinical outcomes. A five-point auricular protocol was eventually established, consisting of four to five points in each ear, including kidney, liver, lung (or heart), sympathetic, and shen-men. By 1975, acupuncture had become a permanent feature at the Lincoln program, not only for heroin dependence but also for alcoholic patients as well. And, in 1985, when the "crack" cocaine epidemic reached New York, it was discovered that the same protocol was effective in addressing the cravings, anxiety, and dysphoria accompanying 'crack' withdrawal. Michael Smith, "Acupuncture Treatment for Crack: Clinical Survey of 1,500 Patients," *American Journal of Acupuncture* 16 (3) (1988), 241-247. Unfortunately, a subsequent NIDA-funded study (Douglas S. Lipton, Vincent Brewington, & Michael Smith, "Acupuncture and Crack Addicts: a single-blind Placebo Test of Efficacy," NIDA Grant No. 1 R01 DA05632-01 (1990); available from Narcotic and Drug Research, Inc., 11 Beach St., New York, NY 10010 failed to meet standards required for publication due to problems with the urinalysis protocols. However, the researchers reported significantly lower positive urine toxicology for acupuncture patients versus controls who remained in treatment for over two weeks.

A more recent study not cited in this original article showed that cocaine-addicted patients on methadone maintenance who received acupuncture at Lincoln Hospital delivered fewer positive urines than a control group receiving weekly psychotherapy. This study also showed that females who received acupuncture had better outcomes than males. (Arthur Margolin, et.al., "Acupuncture for the Treatment of Cocaine Dependence in Methadone-Maintained Patients," *The American Journal of Addictions*, Vol. 2(3), Summer, 1993, 194-201).

(8) Arthur Webb, Director, "Acupuncture Detoxification and Relapse Service: A Concept Paper," New York State Division of Substance Services, October 1, 1991 states *Why Acupuncture for Substance Abuse?*

While acupuncture can assist most clients seeking treatment, it has a special application in helping addicted clients who resist initial treatment.

Typical beneficiaries are those who:

- need an immediate intervention for their substance abuse problem;
- may not be initially receptive to verbal, interpersonal intervention or counselling due to active drug use or presence of withdrawal symptoms;
- are in denial, are distressed and suffering from anxiety, depression, and other withdrawal symptoms;
- and require a simple, non threatening and structured opportunity to begin to cope with their substance abuse problem, in order to later engage in more formal treatment;
- need help in dealing with their cravings to use and are experiencing sleep disorders and drug dreams.

(9) WHO (The World Health Organization), The medical conditions responsive to Acupuncture treatment lists addictions as one of the medical conditions responsive to Acupuncture treatment.

(10) National Institutes of Health Consensus Development Statement on Acupuncture, Revised Draft 11/5/97.

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