



EVIDENCE FOR THE NADA EAR ACUPUNCTURE PROTOCOL

Summary of Research



A REVIEW OF LITERATURE

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Published by the NADA Literature Clearinghouse, Laramie, WY



Abstract

The National Acupuncture Detoxification Association (NADA) ear acupuncture protocol, originally developed for addiction treatment, has been adopted as a complementary therapy within a variety of community health settings. This review first offers an introduction to the NADA protocol, including its origins, development and its adjunctive application as a comprehensive model of care. Second, a review of evidence is offered on the use of the NADA protocol within addictions, behavioral health and cancer care.

Introduction

The National Acupuncture Detoxification Association (NADA) ear acupuncture protocol utilizes up to five ear points--shen men, sympathetic, kidney, liver, and lung. Based on acupuncture analgesia research in Hong Kong (Wen & Cheng, 1973), this protocol was developed in the mid 1970's at Lincoln Hospital in the South Bronx, NY by physicians including Omura, Taft and Smith (Mitchell, 1995). The NADA protocol has since been incorporated within a variety of health care and self-help settings around the world. The technique is variously referred to in existing literature as acupuncture detoxification, acu detox, NADA acupuncture, the three-point protocol, the five-point protocol, five-needle protocol, 5NP, the SMART protocol, and Auricular Acupuncture (abbreviated AA). It is also commonly referenced as "community acupuncture," "acupuncture" and "auriculotherapy." For the purposes of this summary it will be referred to as the NADA protocol.

The NADA protocol is ideally offered as a part of a comprehensive model of care. Developed at Lincoln Hospital, the approach is known as the NADA model (see p.6), which includes several components that made it an effective and economical system of care (Smith, 2010). The model recognizes that not one single component of a comprehensive recovery or health program can be seen as a "cure" or "stand-alone" therapy for any condition. This assumption poses a challenge for researchers to isolate and determine the efficacy of the NADA protocol. As recent US Department of Justice and British Medical Journal publications have noted, the NADA protocol is best utilized as a component, not as an isolated function within community health programs (American University School of Public Affairs Justice Programs Office, 2011, Cowan, 2011). Future research should take this into consideration.

The NADA US organization, established in 1985 to provide training and education in the technique, estimates today that over 25,000 providers worldwide have been trained in the procedure. Projects that offer the NADA protocol exist today in over 40 countries (National Acupuncture Detoxification Association, 2013). The settings in which the NADA model has been integrated include addictions, psychiatric/mental health, prisons, disaster relief, Native American reservations, refugee settings, pastoral care, humanitarian aid, sickle cell, cancer and HIV/ADS care. This summary covers three areas: addictions, community health and cancer/blood disorders.



Review of literature on the NADA protocol for community health

The following sections offer a review of current research, outcomes, prevalence and pilot data on the use of the NADA protocol as a community health adjunctive therapy, including addictions treatment, behavioral health and cancer care.

Addictions

The prevalence and appropriateness of acupuncture for addictions is well established. The US federal government's Center for Substance Abuse Treatment (2007), the United Nations (2006), the State of New Mexico (Bigelow, 2008), as well as the US Department of Defense/Veteran's Affairs (2010) have each published best practice guidelines that address the value of acupuncture for chemical dependency.

Federal statistics (SAMHSA, 2000) show that over 500 addictions programs in the US use some form of acupuncture. A more recent estimate by Reuben et al. (2005) determined that at least 1500 addictions programs worldwide use some form of acupuncture for addictions. In Denmark, the NADA protocol is one of the most prevalent forms of Complementary and Alternative Medicine modalities used within rehabilitation programs (Skovgaard, la Cour, & Kristensen 2012).

The evidence base for the adjunctive use of the NADA protocol for addictions continues to grow. Studies published in peer-reviewed journals support the adjunctive use of the NADA protocol for heroin, alcohol and cocaine addictions treatment (Bergdahl et al., 2012 Santasiero & Neussle, 2007, Russell, Sharp and Gilbertson 2000, Avants, Margolin, Holford, & Kosten, 2000, Shwartz, Saitz, Mulvey & Brannigan, 1999, Washburn, et al., 1993, Bullock, Culliton, Olander, 1989, Bullock, Ulmen, Culliton, & Olander, 1987,) as well as nicotine addictions (White, Rampes, Liu, Stead, & Campbell, 2011, Bier, Wilson, Studt, Shakleton, 2002, Stuyt & Meeker, 2006, He, Medbe, & Hostmark, 2001, He, Berg, & Hostmark, 1997). Recent studies by Chang, Sommers, & Hertz (2010), and Carter, Olshan-Perlmutter, Norton, & Smith (2011) demonstrate that the NADA protocol in addition to standard care is significantly better than standard addictions care alone. One observational study (Janssen, Demores & Whynot 2005) demonstrated the value of the NADA protocol for people with addictions problems within a harm reduction setting.

Behavioral health

The use of ear acupuncture within behavioral health/psychiatric care has expanded in recent years, particularly within US and Indian military units (Niemtzow, 2011, Smith, 2012), European and US prisons and psychiatric hospitals (Smith, Carter, Landgren, & Stuyt, 2011). A national survey in Sweden found that the NADA protocol is widely used in public psy-



Acupuncture continues to be accepted within mainstream psychiatric treatment in the US. Yale Medical School has established a NADA training program for psychiatric residents (Bruce, 2011). The Department of Veteran's Affairs (VA) and the Department of Defense Evidence Based Practice Guidelines (2010) assigns a "good quality" of evidence to support the use of acupuncture to treat post traumatic stress disorder (PTSD), including symptoms of pain, insomnia, depression and addictions issues. Standardized ear protocols are applied for trauma and pain by mainstream military medics in the US (Niemtzow, Litscher, Burns, & Helms, 2009, Niemtow et al., 2008, Niemtow, 2011, Belard & Pock, 2011, Helms et al., 2011).

A number of studies support the adjunctive use of the NADA protocol for non-addictions programs within psychiatric hospital, mental health, and prison settings (Lemaire & Gonzalez, 2011, Payer, Ots, Marktl, Pfeifer, & Lehofer, 2007, Berman, Lundberg, Krook, & Gyllenhammar, 2004, Nixon, Cheng, & Cloutier, 2003, Berman & Lundberg 2002). Carter et al. (2011), though conducted within an addictions recovery setting, demonstrated how the NADA protocol alleviates a number of different common health symptoms. Additionally, several published qualitative reports (Cole & Yarberr, 2011, Yarberr, 2010), program evaluations (DARE 2011), acupuncture field reports (Dolan & Menolascino, 2010, Sommers & Porter, 2011) and news stories (Kocherga 2012, Scudder, 2012) demonstrate the value of the NADA protocol as a disaster relief/humanitarian aid intervention for first responders as well as populations affected by violence and trauma. Preliminary reports on the Military Stress Recovery Project's numerous clinics around the US demonstrate that the NADA protocol can assist veterans with a variety of psychiatric symptoms (Duda Harris, 2012).

Cancer/Blood disorders

The NADA protocol has been used as an adjunctive care and self-help support modality for people with cancer and blood disorders, including sickle cell disease, AIDS/HIV, and cancer. Programs using the NADA protocol have been established in the Sickle Cell Support Group of Atlanta, Quest Center for Integrative Health's breast cancer and HIV programs in Portland, and the University of South Carolina Medical School. Two recent studies have demonstrated preliminary evidence for the use of the NADA protocol as part of cancer therapy (Valois, Young, Robinson, McCourt, & Maher, 2012, Harding, Harris, & Chadwich, 2008).

Conclusion

The NADA protocol, developed as an addictions therapy, has been adapted into a variety of health care settings worldwide. The protocol is best integrated as a comprehensive model of care. This review of literature substantiates this modality's continued expansion within addictions and behavioral health treatment, including prisons, military medicine, and disaster relief/humanitarian aid, as well as its use to treat cancer/blood disorders.



Components of the NADA model

Integration within other interventions

These may include a supportive non-confrontational approach to counseling and medical care; an emphasis on self help, peer mentoring and/or 12 step groups early in the recovery process.

Barrier free

NADA treatments are offered as a “barrier free” treatment; lengthy assessments and intake are unnecessary to screen for “appropriate” patients. The NADA clinic serves as a “front end” to the other services, allowing the client the opportunity to experience “something significant” prior to committing to a treatment or med-

Regular treatments

Treatment is available without appointment throughout the week, ideally on a daily basis in early stages of treatment.

Communal setting

NADA treatment is provided in a group setting for a duration of 40-45 minutes. All clinical activities take place within a tolerant informal family-like atmosphere.

Local personnel and/or cross-trained health providers offer the therapy

Service delivery of the NADA protocol should not be dependent on full body acupuncturists or physicians. To maximize the cost-effectiveness, the accessibility of the treatments, and cultural competency, NADA protocol treatments are provided by NADA-trained health workers who already work within the existing community health program.

Use of toxicologies to monitor progress

When in the context of addictions treatment or pharmaceutical medication detoxification/tapering, frequent toxicologies are emphasized to monitor progress.

Collaboration with court-agencies

Clinicians have a willingness to work with court-related agencies, including drug court, mental health court and veteran’s court.



Acknowledgments

Many thanks to Elizabeth Stuyt, Sara Bursac, David Eisen, Mateo Bernal, Ruth Ackerman, Kimberly Culligan, Hermine Berenger and Andrea Weber for assistance with this paper.

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References

- American University School of Public Affairs, Justice Programs Office. (2011). Frequently Asked Questions Series: Effectiveness of acupuncture as an adjunct to substance abuse treatment: Summary of recent research findings. BJA Drug Court Technical Assistance Project. May 24, 2011. Retrieved from <http://www1.spa.american.edu/justice/documents/4348.pdf>
- Avants, S.K., Margolin, A., Holford, T.R., Kosten, T.R. (2000). A randomized controlled trial of auricular acupuncture for cocaine dependence. *Archives of Internal Medicine*, 160(5), 2305-2312.
- Belard, J.L. & Rock, A.R. (2011). Acupuncture and NATO. *Medical Acupuncture*. 23(4), 271-273.
- Bergdahl, L., Berman, A.H., Haglund, K. (2012). Patients' experience of auricular acupuncture during protracted withdrawal. *Journal of Psychiatric and Mental Health Nursing*. Blackwell Publishing, 1-7. doi: 10.1111/jpm.12028
- Berman, A.H., Lundberg, U., Krook, A.L., Gyllenhammar, C. (2004). Treating drug using prison inmates with auricular acupuncture: a randomized controlled trial. *Journal of Substance Abuse Treatment*. 26(2), 95-102.
- Berman, A.H., Lundberg, U. (2002). Auricular acupuncture in prison psychiatric units: a pilot study. *Acta Psychiatrica Scandinavica Supplementum*. (412),152-157.
- Bier, I.D., Wilson, J., Studt, P., Shakleton, M. (2002). Auricular acupuncture, education and smoking cessation: A randomized, sham controlled trial. *American Journal of Public Health*. (92), 1642 – 1647.
- Bigelow, J. (2008). Governor Richardson's Task Force On Prison Reform. Increasing public safety in New Mexico before, during and after incarceration: New directions for reform in New Mexico corrections. State of New Mexico. Retrieved from http://corrections.state.nm.us/reentry_reform/docs/prision_reform.pdf
- Brizer, D., Castenada, R. (2010). Ear acupuncture in addiction treatment: NADA protocol. *Clinical Addiction Psychiatry*. Cambridge: University Press, 232-236.
- Bruce, L. (2011). Ear Acupuncture: A tool for recovery. Yale School of Medicine Department of Psychiatry Website. Contributed by Connecticut Mental Health Center. Retrieved from from <http://medicine.yale.edu/psychiatry/newsandevents/cmhcacupuncture.aspx>



Bullock, M.L., Culliton, P.C., Olander, R.T. (1989). Controlled trial of acupuncture for severe recidivistic alcoholism. *The Lancet*. 1(8652), 1435-1439.

Bullock, M.L., Ulmen, A.J., Culliton, P.D., & Olander, R.T. (1987). Acupuncture treatment of alcohol recidivism. *Alcoholism: Clinical and Experiential Research*, 11(3), 292-295.

Carter, K.O., Olshan-Perlmutter, M., Norton, H.J. & Smith, M.O. (2011) NADA acupuncture prospective trial in patients with substance use disorders and seven common health symptoms. *Medical Acupuncture*. 23(3), 131-135. doi:10.1089/acu.2010.0784.

Center for Substance Abuse Treatment. (2006). Detoxification and substance abuse treatment. Treatment Improvement Protocol (TIP) Series 45. (DHHS Publication No. SMA 06-4131). Rockville (MD): Substance Abuse and Mental Health Services Administration (US).

Chang, B.H., Sommers, E., Hertz, L. (2010). Acupuncture and relaxation response for substance use disorder recovery. *Journal of Substance Use*. 15(6),390-401.

Cole, B., Yarberry, M. (2011). NADA training provides PTSD relief in Haiti. *Deutsche Zeitschrift für Akupunktur*, 54, 21-24.

Cowan, D. (2010). Methodological issues in evaluating auricular acupuncture therapy for problems arising from the use of drugs and alcohol. *Acupuncture Medicine*. 29(3), 227-229. doi:10.1136/aim.2010.003772

DARE Network Staff. (2011). DARE Network 2011 Annual Report. Retrieved from http://www.darenetwork.com/images/documents/2011dare_annual_report.pdf

Department of Veterans Affairs and Department of Defense. (2010). Clinical practice guideline for management of post-traumatic stress. Washington, DC: US Department of Veterans Affairs. Retrieved from http://www.healthquality.va.gov/Post_Traumatic_Stress_Disorder_PTSD.asp

Dolan, S.D. & Menolascino, S. (November 2010). The legacy of St. Vincent's Hospital for trauma recovery. *Guidepoints*. (1, 4-5)

Duda Harris, T. (2012). Finding Solace and Relief: Acupuncture for Veterans. *Acupuncture Today*. 14 (2). Retrieved from <http://www.acupuncturetoday.com/mpacms/at/article.php?id=32693>

Harding, C., Harris, A., Chadwich, D. (2008). Auricular acupuncture: A novel treatment for vasomotor symptoms associated with luteinizing-hormone releasing agonist treatment for prostate cancer. *BJU International*. 103(2), 186-190.



He, D., Berg, J.E., Hostmark, A.T. (1997). Effects of acupuncture on smoking cessation or reduction for motivated smokers. *Preventive Medicine*. 26, 208-214.

He, D., Medbe, J.I., Hostmark, A.T. (2001). Effect of acupuncture on smoking cessation or reduction: an 8-month and 5-year follow-up study. *Preventive Medicine*. 33, 364-372.

Helms, J.M., Walkowski, S.A., Elkiss, M., Pittman, D., Kouchis, N.S., Lawrence, B. (2011). HMI auricular trauma protocol: An acupuncture approach for trauma spectrum symptoms. *Medical Acupuncture*. 23(4), 209-213.

Janssen, P.A., Demorest, L.C., Whynot, E.M. (2005). Acupuncture for substance abuse treatment in downtown eastside of Vancouver. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 82 (2), 285-295.

Kocherga, A. (September 11, 2012). Residents in violent border city use acupuncture to cope with trauma. KVUE News. Austin: Border News Bureau. Retrieved from <http://www.kvue.com/news/Residents-in-violent-border-city-use-acupuncture-to-cope-with-trauma-169254316.html>

Lemaire, J., Gonzalez, M., (2011). Auricular acupuncture pilot project: Final report. Addictions Foundation of Manitoba: Program Evaluation Department. Retrieved from <http://www.afm.mb.ca/About%20AFM/documents/AFMAurAcupReportFinalMay2011.pdf>

Lindell, L. & Ek, A.M. (2010). Komplementära metoder i psykiatriska verksamheter –och brukares upplevelser och erfarenheter [Complementary Methods in Psychiatric Activities– and Users' Experiences]. Malmö, Sweden: Malmö University. Retrieved from http://dspace.mah.se/bitstream/handle/2043/10520/FoU%20Rapport%202010_5.pdf?sequence=1

Mitchell, E.R. (1995). *Fighting drug abuse with acupuncture*. California, USA: Pacific View Press.

National Acupuncture Detoxification Association. (2010). *Acupuncture Detoxification Specialist Training and Resource Manual*. Laramie, WY: NADA Literature Clearinghouse.

National Acupuncture Detoxification Association. (2013). National Acupuncture Detoxification Association website. Retrieved from <http://www.acudetox.com/about-nada/12-faqs>

Niemtzow, R.C. (2011). Integrating acupuncture into military medicine: Strategies and challenges. *Medical Acupuncture*. 23(4), 203-204.

Niemtzow, R.C. Litscher, G., Burns, S.M., Helms, J.M. (2009). Battlefied Acupuncture: Update. *Medical Acupuncture*. 21, 1-4.



Niemtzow, R.C., Burns, S.M., Cooper, J. Libretto, S, Walter, J.A.G., Baxter. (2008). Acupuncture clinical pain trial in a military medical center: Outcomes. *Medical Acupuncture*. 20(4), 255-261. doi:10.1089/acu.2008.0594

Nixon, M.K., Cheng, M., Cloutier, P. (2003). An open trial of auricular acupuncture for the treatment of repetitive self-injury in depressed adolescents. *Canadian Child Adolescent Psychiatric Review*. 12(1), 10-12.

Payer, K., Ots, T., Marktl, G., Pfeifer, F., Lehofer, M. (2007). Patient satisfaction with the NADA protocol in a psychiatric ward: An observational study of practical application. *Deutsche Zeitschrift für Akupunktur*, 50, 10-13.

Reuben, C, Chen, T.J.H, Blum, S.H. Braverman, E., Waite, R., Miller, J., Sewall, S., Blum, K., Meshkin, K., Mengucci, J. (2005). Acupuncture & auriculotherapy: valuable natural treatment modalities for addiction. *Townsend Letter for Doctors and Patients*. 269 (81), 84.

Russell, L.C., Sharp, B., Gilbertson, B. (2000). Acupuncture for addicted patients with chronic histories of arrest. A pilot study of the Consortium Treatment Center. *Journal of Substance Abuse Treatment*, 19, 199-205.

SAMSHA: Substance Abuse and Mental Health Services Administration. (2000). Uniform Facility Data Set (UFDS):1999 (DHHS Publication no. (SMA) 99-3314). Washington, DC: US Department of Health and Human Services.

Santasiero, R. P. Neussle, G. (2007). Cost-effectiveness of auricular acupuncture for treating substance abuse In an HMO setting: A pilot study. *Medical Acupuncture*. 16 (3).

Scudder, C. (August 11, 2012). Doctors, specialists use non-traditional medicine to treat veterans. *Kansas City Health Infozine*. Retrieved from <http://www.infozine.com/news/stories/op/storiesView/sid/52791/>

Shwartz, M., Saitz, R., Mulvey, K., Brannigan, P. (1999). The value of acupuncture detoxification programs in a substance abuse treatment system. *Journal of Substance Abuse Treatment*. 17(4), 305-312.

Skovgaard, L, la Cour, S. Kristensen, M. (2012). Use of complementary and alternative medicine at Danish rehabilitation institutions and drug centres. *Ugeskr Laeger*. 174(1-2), 39-41.

Smith, Michael. (2010). Ear acupuncture in addiction treatment: NADA protocol. In D. Brizer & R. Castenada (Eds.), *Clinical Addiction Psychiatry* (232-236). Cambridge: Cambridge University Press.



Smith, M.O., Carter, K.O., Landgren, K., Stuyt, E.B. (2011). Ear acupuncture in addictions treatment. In Johnson, B.A. (Ed.), *Addiction Medicine, Science and Practice: Volume 1* 1237-1262). Springer: New York.

Smith, M.O. (2012). The use of acupuncture in addictions treatment programs. *Huffington Post*. Retrieved from http://www.huffingtonpost.com/dr-michael-o-smith/addiction-acupuncture_b_1665796.html

Sommers, B. & Porter, K. (2011). Public health initiatives bring acupuncture to natural disaster survivors. *Acupuncture Today*. 12 (11).

Stuyt, E.B., Meeker, J.L. (2006). Benefits of auricular acupuncture in tobacco-free inpatient dual-diagnosis treatment. *Journal of Dual Diagnosis*, 2(4), 41-52.

United Nations: Office on Drugs and Crime. (2006). Drug dependence treatment: Interventions for drug users in prison. 38. Retrieved from http://www.unodc.org/docs/treatment/111_PRISON.pdf

Valois, B., Young, T.E., Robinson, N., McCourt, C., Maher, E. (2012). NADA ear acupuncture for breast cancer treatment-related hot flashes and night sweats: An observational study. *Medical Acupuncture*. 24 (4), 256-268.

Washburn, A.M., Fullilove, R.E., Fullilove, M.T., Keenan, P.A., McGee, B., Morris, K.A., Sorensen, J.L., Clark, W.W. (1993). Acupuncture heroin detoxification: A single blind clinical trial. *Journal of Substance Abuse Treatment*, 10 (4), 345-351.

Wen, H.L., Cheng, S.Y.C. (1973). Treatment of drug addiction by acupuncture and electrical stimulation. *Asian Journal of Medicine*. 9, 138-141.

White, A.R., Rampes, H., Liu, J.P., Stead, L.F., Campbell, J. (2011). Acupuncture and related interventions for smoking cessation. *Cochrane Database of Systematic Reviews*. 1(CD000009). doi: 10.1002/14651858.CD000009.pub3.

Yarberry, M. (2010). The use of the NADA protocol for PTSD in Kenya. *Deutsche Zeitschrift für Akupunktur*. 53, 6-11.