The Acupuncture Treatment of ALCOHOL AND CHEMICAL DEPENDENCY

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W e are still a long way from being able to say that acupuncture and the treatment of chemical dependency is revolutionising North American medical history, but it is certainly demonstrating, both across America and in the rest of the world, the therapeutic effectiveness and cost efficiency of a seemingly simple procedure.

Michael O. Smith could not have imagined 20 years ago, that his hospital clinic in the Bronx area of New York - filled with aggressive, anxious and street-beaten patients - would be transformed into the calm and tranquil atmosphere of the present-day busy outpatient clinic. The Bronx, in fact, seems the obvious location to treat drug and alcohol addiction, being the hottest spot in a high crime, high infant mortality and poverty afflicted New York city.

Michael Smith and Richard Taft, who were already running a methadone treatment program at Lincoln Hospital, Bronx, realised the limitations of such a drug-based therapy for heroin addiction. An article by H. L. Wen on the treatment of heroin withdrawal symptoms by acupuncture, gave them the incentive to look to TCM for the solution to the shortcomings of their treatment. In the early 1970’s, H. L. Wen used ear acupuncture with electrical stimulation, along with methadone, for treating symptoms of acute heroin withdrawal. He had found, initially by accident, that when he used ear acupuncture on heroin addicts for anaesthesia during treatment for knife chest wounds, many of the acute withdrawal symptoms lessened. These results he was able to duplicate in other patients.

Since 1974 the Lincoln Clinic has been a unique working model for the current 400 acupuncture detoxification programs in the United States and the rest of the world. The treatment protocol (Acudetox) depends not only on acupuncture treatment, but also on the comprehension of addiction from both a TCM and a modern counselling perspective. Treatment by ear acupuncture, however, cannot be seen as a symptomatic treatment only. Its effectiveness in tonifying the Yin to counteract the false heat symptoms (which were initially misinterpreted as excess symptoms needing to be eliminated by electrical stimulation), is demonstrated by the thousands of patients that experience relief of acute withdrawal symptoms, find their will power is strengthened, and return regularly for treatment.

A long-term addict or alcoholic is always recognisable by the ‘burnt-out’ look on their faces. The depletion of their Jing-Essence revealed by this premature ageing needs to be tonified to assist recovery. Continued use of drugs and alcohol damages the Jing and Yin, causing a pattern of Yin-Xu with empty heat. This creates a self-generating cycle where the empty heat gives rise to cravings for heroin and cocaine (and often any substance, as most users are polyabusers), aggression, nervousness and illusions of power. These factors further debilitate Yin. This clinical picture of empty heat is recognised by TCM but misinterpreted by society in general as a form of excess requiring sedation in the form of methadone, anabuse treatment, social isolation or even imprisonment.

An addict or alcoholic will present with a chronic pattern of Kidney and Liver Yin Xu as well as patterns of Qi and Yang Xu. It is the Kidney Yin Xu, however, which continues the addiction cycle. This chronic deficiency of nutritive Yin develops after years of poor nutrition and poor living standards, often with educational under nourishment and a disruptive family history. The Lincoln Clinic uses a five point ear treatment which tonifies Yin and moves Qi while calming the Shen - giving both physiological and psychological support to the patient.

The acute withdrawal symptoms are treated with this protocol. These include: runny nose, irritability, insomnia, loss of appetite, tachycardia, anxiety, cravings, headaches, nausea, vomiting, body aches, spontaneous sweating, strong body odour, high blood pressure, rapid pulse, being easily startled, and dilated pupils. The more psychological symptoms seen in the post-acute withdrawal stage may be treated by the same protocol. These include: anxiety, periodic agitation, fear and paranoia, lethargy, reduced response to stress, insomnia, reduced libido, poor digestion and pains of the knees and bones.

Patients at every stage of recovery are treated in the same way in a group setting so as to continue the...
supportive treatment process. Acudetox is not intended to contradict the TCM principles of individualised treatment based on pattern differentiation, but to reinforce treatment management of chronic abusers in a context where not only the actual treatment (acupuncture), but also the setting it is given in, helps tonify Yin whilst eliminating empty heat.

As the patient works through the detoxification process, and withdrawal symptoms are reduced, ear acupuncture alone as a treatment method becomes less effective. When the patient moves out of the addiction cycle, conventional acupuncture and herbs play a more significant role in regaining homeostasis. Addicted patients, however, first require stabilisation through the ear acupuncture protocol prior to being able to respond to social, psychological and full TCM interventions. At this stage, patients become interested in keeping the rehabilitation process moving.

Psychology is perhaps the only branch of Western medicine that is able to see the person as a whole, aware of the relationship between cause and effect, emotional and physiological balance, which is primary to diagnosis and treatment by TCM. The development therefore of these 400 Acudetox programs is rooted in the interrelationship of these two medical systems.

Resistance from the medical community to the efficacy of acupuncture continues, despite research on pain and the acupuncture-stimulated production of endogenous opiates (beta-endorphins). Widespread research data shows the connection between acupuncture and alpha- and beta- endorphins, leu- and met- enkephalins, dynorphin A and B, substance P, serotonin, epinephrine, noradrenaline, dopamine, acetycholine, adrenocorticotrophic hormone (ACTH), glycin, glutamic acid, the prostaglandins and cyclic AMP and GMP. Even though the ‘mystery’ remains of how acupuncture works in medical-scientific terms, the benefits of acupuncture detoxification is making inroads into the acceptance of the TCM medical model by American, English, Saudi Arabian and Hungarian health funding agencies and legal systems.

The Acudetox program used at Lincoln Hospital to treat 250 patients a day, is extremely simple in that it does not require differential diagnostic analysis of signs and symptoms nor does it depend on which substance of abuse is used. Persons dependant on alcohol, heroin, sedatives, methadone, stimulants, cocaine, crack and psychotropic drugs are all treated in the same way, at the same time, without delays, lengthy waiting lists or intimidating questions. This is the very reason for its success. TCM therapy and approach is adapted for the condition it is treating - a deep social problem which requires treatment management of chronic abusers in a context where not only the actual treatment (acupuncture), but also the setting it is given in, helps tonify Yin whilst eliminating empty heat.

Acupuncture helps patients quickly reach a state of mental and physiological equilibrium, thereby being better able to interact with other modalities used in the treatment of chemical dependence. It loses a lot of its effectiveness when used in isolation from Western counselling techniques, AA and NA 12 step programs and urine toxicology testing. This acupuncture treatment protocol is seen to complement these other therapeutic forms. People working in this field often burn themselves out trying to use counselling methods alone to overcome chronic cravings and insomnia. Withdrawal symptoms reflect a body imbalance as well as a psychological imbalance. The soothing and anxiety relieving effects of acupuncture treatment nurture self control and behaviour modification and the patient is able to experience immediate substantial relief from acute withdrawal symptoms.

The effectiveness of acupuncture treatment is often difficult, if not impossible, to verify using classical research standards i.e. double blind testing, placebo studies etc. The Lincoln Hospital, treating large numbers of patients daily, used a survey analysis to report the following results:

- 90% of acute withdrawal symptoms are relieved.
- 90% of patients returned to continue acupuncture treatment without financial or medical (methadone, tranquilisers etc.) incentives.
- 60% of patients remained drug and alcohol free after a period of several months.

One of the largest placebo controlled studies on the efficacy of acupuncture on alcohol detoxification was conducted in 1989 and was subsequently published in The Lancet. These researchers at the University of Minnesota designed a single blind random assessment study comparing real acupuncture detoxification points (as outlined by the Lincoln Clinic) and false points. Treatment of the 80 recidivist alcoholic male patients was divided into 3 phases: Phase 1 - treatment once a day, 5 days a week for 2 weeks; Phase 2 - treatment 3 times a week for 4 weeks; Phase 3 - treatment twice a week for 2 weeks. 21 (52.5%) of the 40 patients in the treatment group completed all 3 phases, while only 1 (2.5%) of the 40 control patients did so. Only 3 (7.5%) of the treatment patients left during Phase 1 compared to 19 (47.5%) of the control patients. At a six month follow-up, 6 of the 21 treatment patients who had finished all 3 Phases reported no alcohol consumption compared to 1 of the control, and none of the patients who did not finish all 3 Phases. Readmission to detoxification centers was also markedly different between the 2 groups. The effectiveness of acupuncture for this chronic therapy-weathered group of patients is seen as a valuable tool especially when compared to costly in-patient detoxification.

Relapse is a common phenomenon among drug and alcohol treatment patients. Often, patients do not return to continue or to re-enter treatment as they feel guilty or fear being judged as failures. Acupuncture treatment overcomes this initial resistance to re-enter treatment, as a patient will sit and have acupuncture first rather than have to clarify the reasons for the relapse. Patients will often volunteer the reasons for the relapse after the soothing effects of acupuncture are felt. In the otherwise
non-treatable protracted abstinence syndrome, post-acute withdrawal symptoms may be effectively treated, providing continuing support for the patient. Patients are seen to return after months or even years into recovery for a “tune up”.

In a study at Yale University of Medicine the effectiveness of acupuncture, using the Acudetox protocol, was tested on 32 cocaine dependent methadone maintained patients. Abuse of alcohol, cocaine and other substances is often encountered in methadone maintenance programs, which contravenes the fundamental goal of such programs, i.e. cessation of drug use. Statistical analysis of the 32 patients showed that they had been using cocaine for an average of 13.41 +/- 7.7 years and using opiates for an average of 15.6 +/- 8.0 years. Treatment was given over a period of 8 weeks where 5 treatments were given a week for 6 weeks, and 3 treatments a week for the last 2 weeks. Urine toxicology screenings were taken 3 times a week to determine cocaine use. 14 of the 16 (88%) who completed treatment obtained abstinence, and at a 6 month follow-up, 10 patients (62.5%) had continued their abstinence from cocaine. The study also reported, through the application of Beck Depression Scores, a substantial shift away from self representation as “addict” to “non-addict”.

The lack of emphasis placed on mood modification by traditional drug and alcohol treatments ignores the very reason why one uses drugs. Acupuncture efficacy is directly related to its power to modify behaviour, calming and inducing sleepiness in a patient who was aggressive and verbal 15 minutes beforehand. Relaxation (not to be confused with the sedative effects of tranquillisers) and the reduction of stress are the effects reported by the patients themselves.

Unpublished research at Lincoln Clinic indicates that acupuncture treatment of crack/cocaine users is effective and is the most widely used treatment for crack dependency in New York city. Indeed experimental pharmacological treatment for cocaine dependence (Desipramine [DMI] and Amantadine [AMA]) showed far less effect on abstinence from cocaine than acupuncture only in a research context. Lincoln Clinic alone has treated 3,000 crack/cocaine users per year since 1987, where 60% of new patients dependent on crack give a series of clean urine tests within several weeks.

Acupuncture has helped Native American alcoholism programs on Crow and Sioux reservations to make a breakthrough in alcoholic detoxification. Alcohol abuse is extremely common among these native populations. Programs showed a 500% increase in daily volume of treatment after the implementation of acupuncture. Patients showed “new-found calmness, respect for themselves and consequently a growing interest in the counselling components of the program” and further, the Sioux called acupuncture “takus kanskah” in the Lakota language, meaning “the mysterious power that moves or flows through life”. Many also remarked that the TCM approach was similar to their traditional health practices.

Saudi Arabia has had such a successful acupuncture detoxification program, that since opening in July 1991, admissions have been reduced by 50%. Acupuncture was performed in in-patient/out-patient settings in 3 different hospitals in this very socially controlled Arab country.

The Gateway Clinic (London, England), started several years ago, is a public out-patient clinic (totally funded by the National Health System) that treats entirely by TCM acupuncture and herbs. Staffed and directed by TCM trained personnel, this clinic treats 120 patients daily suffering from drug and alcohol abuse, AIDS, HIV+ and AIDS related complex (ARC).

Phoenix House, also in London, is a residential drug and alcohol rehabilitation community, one of many that combine traditional therapeutic counselling with an acupuncture detoxification program. Marked reduction in violence and other symptoms related to acute withdrawal were seen after the implementation of acupuncture. The now more responsive patients remain for continued therapy - 80% retention since acupuncture was used, compared to 33% previously.

Acupuncture detoxification in Hungary, since being introduced in 1985, is being heralded as a major technique for its 2 million alcoholics. With an overall population of 10 million, government health services are keen to implement effective, cost efficient detoxification services. This versatile acupuncture technique can be used in any out-patient, hospital or residential setting as well many other locations such as prisons, neighbourhood centres and clinics where counselling, either individual or group, may take place.

Acupuncture entry into general medicine is long awaited. The Lincoln Clinic, like many of the other hospitals and clinics that house acupuncture detoxification programs, has now enlarged their acupuncture program to include general medical problems. The reason is clear - not only does acupuncture work but it is extremely cheap. Burdening health costs are a major concern for any government which sees ever escalating health service costs. Governments from Hungary and England to the new Clinton administration in the USA are now starting to realise that many patients can be treated effectively and cost-efficiently by TCM.

At the moment, referrals from the Criminal Justice Department in New York City make up a majority (75%) of the treatment population at the Lincoln Clinic. It is estimated that 65% of these become drug free (as tested by daily urine toxicology) for 2 months or more. Smith outlines that the scenario of chemical dependency treatment for criminal justice referrals is quite different, as the patient has to abstain to stay out of prison. They have used the same basic principles for chemical dependency i.e. daily acupuncture, brief daily counselling and taking daily urine samples. Smith continues that “we are functioning at the same rhythm as the patient’s struggle for recovery” and that the patient replaces the previous adversaries (counsellors, court systems) with a non-judgmental urine analysis machine. In this way counselling and detoxification can be totally separated from judgement and evaluation. This important process re-

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lies most of the pressure felt by drug and alcohol workers whose role is transformed, by the patient themselves, from being judgmental to being supportive (counsellor “burnout” and high turnover is often encountered in drug and alcohol programs).

Acupuncture detoxification programs combined with Criminal Justice Agencies are currently working in many North American cities. In Portland Oregon the alcohol detoxification program has reported that 85% of patients now complete the program compared to 34% prior to the use of acupuncture. 6 month recidivism has also dropped, from 25% to 6%.

The Miami Dade acupuncture detoxification program based entirely on court-referred clients, is a unique success story; it is the forerunner to the current eight functioning programs based on court referrals and another eleven which are in the planning stage. Started in 1990, and functioning on the already successful Lincoln Clinic model, the court system diverts drug-related offenders to this program and uses daily urine toxicology readings as the proof of drug rehabilitation. A 2 year statistical update shows that of 4296 drug possession arrestees who entered the program, 1600 graduated as being drug free and have a 3% re-arrest rate; 1153 are still in the program, having fluctuating urine toxicology results and a 7% re-arrest rate; 500 had their charges dismissed; 1043 left, failing to comply with the program (of whom most left in the first 2 weeks of participation). The effectiveness of the program is enthusiastically accepted by judges and offenders alike. Only 16 (1%) of those who graduated were rearrested. A comparable study of first time offenders in 1987 showed that the re-arrest rate was 68%.

The justice system is interested in drug and alcohol programs - not to ensure that a first offender achieves abstinence, but primarily to prevent resumption of criminal activity after graduation from a program. Continued abstinence, as recorded by urine testing, can therefore be used to dismiss charges. Relapse is often catastrophic, as offenders return to initial levels of alcohol consumption and drug use, signifying reversion into criminal activity. The above re-arrest rates are important as they reflect the effectiveness of this out-patient clinic program integrated with the daily social activity of the patient. Residential social models of drug and alcohol treatment are often considered the treatment of choice, as the environment is in contrast to that outside, being clean, safe and healthy. Their success, however, is often marked by relapse during the reintegration phase and the prolonged wait for re-entry. In acupuncture programs, relapse is often shallow and is accepted as a part of abstinence progression. People may return easily as there are no waiting lists. The struggle is “one day at a time” as physiological/psychological abstinence is juggled with daily social and economic factors.

Recovery for an addicted person involves not only their relationship with the outside world, but more so their relationship with the self - the power of healing from within which is integral to treatment by Traditional Chinese Medicine.

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