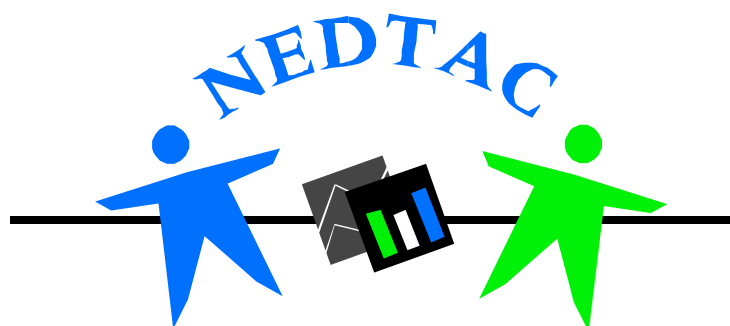


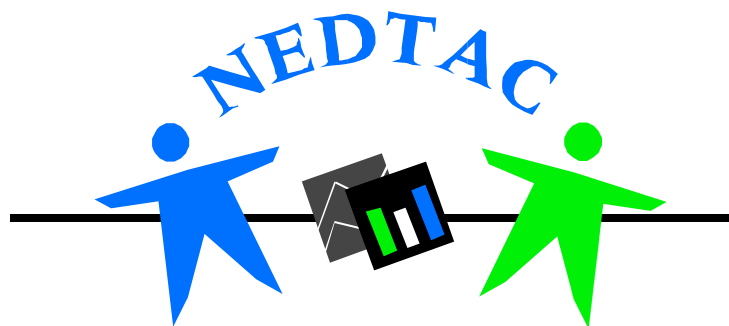
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**OVERVIEW OF ACUPUNCTURE AND SELECTED
BIBLIOGRAPHIES OF NON-TRADITIONAL METHODS IN
SUBSTANCE ABUSE TREATMENT, 1990-1998**

April 1999

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FOREWORD

One of the missions of the Center for Substance Abuse Treatment (CSAT) is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse.

As part of its mission to further the development and dissemination of knowledge in the treatment field, NEDTAC produced a series of bibliographies in key topic areas related to substance abuse treatment. As part of that series, this document provides an overview on the increasing use of acupuncture as an alternative method for substance abuse treatment. Although it has been acknowledged for decades as an effective treatment for pain and stress management in the Western world, lack of research and scientific data currently undermine acupuncture's validity in the scientific community as an effective method for treating substance dependence. We hope this document will assist professionals and providers within the substance abuse community to increase their knowledge with regard to alternative approaches to substance abuse treatment. In addition to the overview, this document contains both a selected annotated bibliography and a selected comprehensive bibliography that list non-traditional methods in substance abuse treatment, as well as three articles regarding treatment of drug abuse with acupuncture.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Tracey Fenwick for compiling and Beth Archibald Tang for reviewing this document. Tjinta May wrote the overview.

Sharon Bishop
Director
National Data Evaluation and
Technical Assistance Center (NEDTAC)

I. OVERVIEW OF ACUPUNCTURE IN SUBSTANCE ABUSE TREATMENT

I. OVERVIEW OF ACUPUNCTURE IN SUBSTANCE ABUSE TREATMENT

Acupuncture has experienced a resurgence as a “new” methodology in substance abuse treatment. In reality, acupuncture has been used in substance abuse treatment for more than 2 decades and has been known in the Western world since the 17th century (Brumbaugh, 1993).

Some of the questions that should direct research about acupuncture and substance abuse treatment are: “What is the scientific basis for acupuncture?” “How is acupuncture used in treating alcoholism, illicit drug use, and nicotine dependency?” “What are the results?” “Do results differ for the treatment of alcoholism, illicit drug use, and nicotine dependency?” “Have the results been replicated?” “What are the future trends?”

In 1973, scientists discovered that the brain contains narcotic receptor sites that are programmed to receive naturally occurring opiates called enkephalins, the chemical name for endorphins. Endorphins naturally relieve pain and stress and are released by the body in response to environmental stimuli; e.g., endorphins explain a severely wounded soldier who is able to hold her/his position until replacements arrive. However, the injection of heroin and/or other opiates can cause an endorphin deficiency. Thus, abstaining addicts are unusually sensitive to pain and stress and consequently are inclined to use the drugs again.

During acupuncture treatment, very thin needles are inserted into the skin at strategic points to relieve pain and stress “by correcting the flow of energy or **chi**.” Precisely how acupuncture works can not be explained using Western scientific reasoning. It is suggested from animal studies that acupuncture can release endorphins (see above) and thus aid in relieving the physical withdrawal symptoms in opiate detoxification (Lipton, Brewington, & Smith, 1991, cited in McLellan, Grossman, Blaine, & Haverkos, 1993).

Variations of acupuncture include acupressure and transcutaneous nerve stimulation. Acupressure is a Japanese method of acupuncture treatment that employs finger pressure on the acupuncture points. Transcutaneous electrical nerve stimulation is similar to acupuncture but uses electricity instead of needles (Lewis, 1987).

In 1993, there were more than 175 acupuncture-based chemical dependency programs in the United States (Brumbaugh, 1993). There have been myriad claims made about acupuncture, but it is considered particularly effective for prepartum and postpartum women and chemically exposed infants (Smith, 1988). These results have been predicated more on observation than on empirical studies, however.

Within the scientific community, there is a growing consensus that acupuncture is not an effective treatment for opiate or cocaine dependence. In a meta-analysis of 22 controlled clinical studies, more than half received fewer than 50 points (100 points maximum), and no study received more than 75 points (100 maximum) (Ter Riet et al., 1990). These studies included addictions to nicotine, heroin, and alcohol. Only Bullock et al. (1989) has offered any empirical evidence regarding the efficacy of acupuncture. Unfortunately, his findings significantly relating acupuncture to alcoholism reduction were not replicated by Worner, Zeller, Schwarz, Zwas, and Lyon (1992).

For the most part, studies in the treatment of addictions with acupuncture have been methodologically deficient (Ter Riet, Kleijnen, & Knipschild, 1990; McLellan et al., 1993). There is a lack of standardized terminology and outcome measures vary greatly between and even within programs. If in the future acupuncture is to be considered as a serious form of therapy for addictions, its advocates must support claims with a more valid and reliable pragmatic research agenda.

**II. NON-TRADITIONAL METHODS IN SUBSTANCE ABUSE TREATMENT:
SELECTED ANNOTATED BIBLIOGRAPHY**

II. NON-TRADITIONAL METHODS IN SUBSTANCE ABUSE TREATMENT: SELECTED ANNOTATED BIBLIOGRAPHY

Bennett, L.W., Cardone, S., & Jarczyk, J. (1998). Effects of a therapeutic camping program on addiction recovery. The Algonquin Haymarket Relapse Prevention Program. Journal of Substance Abuse Treatment, 15, 469-474.

A group of 13 men and women in substance abuse treatment participated in a 3-day residential program experience based on integrated principles from adventure therapy, therapeutic camping, and relapse prevention. The experimental group was compared to a group of 18 men and women who received the customary relapse prevention program. Both groups completed pre- and post-intervention questionnaires. The authors found no differences in drinking-related locus of control, stress, or problem-solving between groups at the post-intervention interview, but there were significant improvements in autonomic arousal, frequency of negative thoughts, and alcohol craving. Participants in both groups were interviewed 10 months after the 3-day intervention. Considering individuals who were unreachable as relapsed, the 10-month follow-up relapse rate was 31 percent for the experimental group and 58 percent for the comparison group. These results add to the limited body of research supporting outdoor adventure and therapeutic camping experiences integrated with traditional relapse prevention activities as an adjunct to substance abuse treatment.

Brumbaugh, A.G. (1993). Acupuncture: New perspectives in chemical dependency treatment. Journal of Substance Abuse Treatment, 10(1), 35-43.

The use of auricular acupuncture in treating acute drug withdrawal began in Hong Kong in 1972. Its practical application in the traditional drug treatment setting evolved at New York City's Lincoln Hospital during the 1970s, and over 250 acupuncture programs in diverse treatment settings have since been established worldwide, based on the Lincoln protocol. Acupuncture treatment offers the client support during acute and post-acute withdrawal through relief of classic symptoms. It has also been found useful as an entry point to treatment and/or recovery in such non-treatment settings as jails and shelters and has particular efficacy in the treatment of resistant clients, and of prepartum and postpartum women. Though acceptance of the legitimacy of acupuncture by the chemical dependency community has been guarded, both research and outcome studies indicate that it holds promise as a complement to traditional substance abuse modalities.

Cartwright, W.S., & Kaple, J.M. (1994). Economic costs, cost-effectiveness, financing, and community-based drug treatment. Rockville, MD: National Institute on Drug Abuse.

This NIDA technical review organizes the following issues into three main themes: the development of the latest cost estimates associated with drug abuse and new approaches to improve the methodology; cost-effectiveness research of alternative drug treatments; and alternative drug treatments financing from the public and private perspectives. Suggested services

research opportunities and data collection needs were examined. The first section covers economic costs of drug abuse and illicit-drug studies; and economics and drugs. The second section covers evaluating the cost-effectiveness of drug abuse treatment—relevant issues and alternative longitudinal modeling approaches; new perspectives on the benefit cost and cost effectiveness of drug abuse treatment; and cost effectiveness of drug abuse treatment for primary prevention of acquired immunodeficiency syndrome-epidemiological considerations. The third section covers policy relevant research of drug treatment; community-based drug treatment reimbursement; financing treatment for substance abuse; forecasting the cost of drug abuse treatment coverage in private health insurance: and health insurance coverage questions, public health surveys, and drug abuse.

Denney, M.R., Baugh, J.L., & Hardt, H.D. (1991). Sobriety outcome after alcoholism treatment with biofeedback participation: Pilot inpatient study. International Journal of the Addictions, 26, 335-341.

The effect of the amount of biofeedback training received upon abstinence from alcohol was studied at 3, 6, and 12 months post-discharge for 233 male veterans in an inpatient alcohol rehabilitation unit. The frequency of sobriety for those patients with at least six training sessions was significantly better than for those with less or no training at all three time periods. The effect was most prominent for those receiving the highest level of biofeedback training (eight or more sessions), and at the earlier time frame (3 months). The discussion focused upon the implications for overall rehabilitation programming for the alcoholic and on factors involved in the efficacy of biofeedback therapy. (NCADI abstract)

Ermalinski, R., Hanson, P.G., Lubin, B., Thornby, J.I., & Nahormek, P.A. (1997). Impact of a body-mind treatment component on alcoholic inpatients. Journal of Psychosocial Nursing and Mental Health Services, 35(7), 39-45.

A group of alcoholic patients who were treated with a physical fitness program as an adjunct to the usual program showed significantly fewer cravings for alcohol than members in the standard treatment group. The group treated with physical fitness as well as therapy saw themselves as having more internal locus of control and being less controlled by powerful others. Nurses are the hospital professionals most likely to play an important role in exercise programs with alcoholic patients. (Author abstract)

Frawley, P.J., & Smith, J.W. (1990). Chemical aversion therapy in the treatment of cocaine dependence as part of a multimodel treatment program: Treatment outcome. Journal of Substance Abuse Treatment, 7, 21-29.

Twenty patients who primarily snorted cocaine completed a program that included chemical aversion to the sight, smell, and taste of a cocaine substitute (tetracaine, mannitol, and quinine

with psychem). Ninety-five percent of the patients were followed up in 6 months with a total abstinence rate from cocaine of 56 percent (78% current abstinence of at least 30 days prior to follow up) in the cocaine-only group and total abstinence from cocaine of 70 percent (also 70% current abstinence) for the cocaine/alcohol group. Validation of results was obtained from “significant others” for 90 percent of patients. (Author abstract modified)

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

This study was undertaken to examine the effects of acupuncture on smoking reduction/cessation and to examine whether some acupoints are more effective than others for smoking cessation. A total of 46 healthy men and women, who smoked about 20 cigarettes per day and had smoked for about 23 years, and who wanted to quit smoking, volunteered to participate. The subjects were randomly assigned to two groups. One group was given acupuncture treatment at points previously used for anti-smoking (test group, TG). The other group was given acupuncture treatment at points assumed to have no effect for smoking cessation (control group, CG). Before each treatment and after the last treatment subjects answered questionnaires about their smoking habits and attitudes. The results indicated that daily cigarette consumption fell during the treatment period in both groups; altogether 31 percent of subjects in TG had quit smoking completely at the end of the treatment, compared with none in CG. For both groups, the taste of tobacco worsened during the treatment period; the desire to smoke fell significantly in both groups after treatment. In conclusion, this study suggests that acupuncture may help motivated smokers to reduce their smoking or even quit smoking completely. Different acupoints appear to have different effects for smoking cessation and reduction. (Author abstract modified)

Joshi, Y.M. (1992) Acupuncture—A critical evaluation. Journal of Associated Physicians India, 40 (3), 84-87.

Acupuncture is a traditional form of Chinese medicine that has been practiced for over 3,000 years. It was not accepted in the West mainly due to cultural barriers. However, research during the last decade has established the physiological basis of acupuncture. Although it is mainly used for chronic musculoskeletal pain in the West, it also has a place in the treatment of various non-painful disorders like bronchial asthma, alcohol and nicotine addiction, and functional gastrointestinal disorders. Controlled trials published in the literature have many methodological flaws, and these can be rectified by standardization of acupuncture technique. Since traditional Chinese medicine and Western medicine differ in their concepts of anatomy, physiology, and systems of diagnosis, it is not possible to reconcile them into a common language. However, it is possible for them to co-exist.

Kominars, K.D. (1997). A study of visualization and addiction treatment. Journal of Substance Abuse Treatment, 14, 213-223.

Using a quasi-experimental design in an intensive outpatient chemical dependency treatment program, this research compared a psycho-educational addiction treatment group with an intervention that combined progressive relaxation and visualization in a group setting; a total of 76 participants were involved in this study. The intervention consisted of six hour-long sessions that replaced psycho-education treatment groups over the space of a 3-week period. The visualization group and the psycho-education treatment groups were compared via pre- and post-test instruments to examine the impact of treatments on levels of emotional arousal, self-efficacy, and coping resources. There were outcome differences for individuals who achieved greater degrees of relaxation and increased involvement in visualization session. In conclusion, both psycho-education and visualization treatments were equally effective in producing positive effects. Although there is little empirical research that evaluates the effectiveness of psycho-education treatment provided by chemical dependency treatment programs, these findings support that psycho-education treatment is producing positive treatment effects. Further research is needed to assess the incremental benefit of using visualization as an adjunct to psycho education treatment. (Author abstract modified)

Mattson, M.E., & Allen, J.P. (1991). Research on matching alcoholic patients to treatments: Findings, issues, and implications. Journal of Addictive Diseases, 11(2), 33-49.

No single treatment has emerged as effective for all persons diagnosed as alcoholics. "Patient-treatment matching" is a method of choosing between alternative treatment options based on particular patient characteristics that interact differentially with interventions to produce more beneficial results than if matching had not been done. This review distinguishes three models for interactions between patient characteristics and interventions in terms of their clinical implications. Supporting empirical evidence for matching is also summarized. Requirements for the future research agenda are discussed and the pros and cons of implementing patient treatment matching in the clinical setting are addressed. (Author abstract)

McLellan, A.T., Grossman, D.S., Blaine, J.D., & Haverkos, H.W. (1993). Acupuncture treatment for drug abuse: A technical review. Journal of Substance Abuse Treatment, 10(6), 569-576.

The discussion centers on a meeting, sponsored by the National Institute on Drug Abuse (NIDA), in which the current status of research pertaining to acupuncture treatment for drug abuse was considered. Primarily it was concluded that although acupuncture has been used to treat substance abuse for a number of years, the research has been methodologically deficient.

Moon, M.M., & Latessa, E.J. (1994). Drug treatment in adult probation: An evaluation of an outpatient and acupuncture program. Evaluation and Program Planning, 17, 217-226.

The effectiveness of an innovative, outpatient, drug-free treatment facility serving felony drug offenders who are placed on probation is evaluated. Treatment included educational and group therapy as well as acupuncture. Background characteristics, levels of treatment, and selected outcomes are described. Principles of successful interventions are explored. (ERIC abstract)

Otto, K.C., Quinn, C., & Sung, Y.F. (1998). Auricular acupuncture as an adjunctive treatment for cocaine addiction. A pilot study. American Journal of Addiction, 7(2), 164-170.

The authors conducted a single-blind study of auricular acupuncture in 36 cocaine-dependent inpatient veterans on a substance abuse treatment unit to determine whether the treatment could help reduce craving, increase treatment retention, and prevent relapse. Acupuncture was given on a predetermined schedule to both treatment and control groups, with status assessed regularly by independent, blinded raters. The study failed to show a significant difference between treatment and control groups. However, the study patients, as a whole, did remain in treatment longer than a retrospectively analyzed group who received no acupuncture. (Author abstract modified)

Sharp, C., Hurford, D.P., Allison, J., Sparks, R., & Cameron, B.P. (1997). Facilitation of internal locus of control in adolescent alcoholics through a brief biofeedback-assisted autogenic relaxation training procedure. Journal of Substance Abuse Treatment, 14, 55-60.

This study explored whether autogenic relaxation training facilitated through biofeedback promotes an increase in internal levels of locus of control. The participants were residents of two alcohol treatment centers, and ranged in age from 18 to 21 years. Treatment and control groups were compared on their responses on the Drinking Related Locus of Control Scale and fingertip temperature pre- and post-training. The training was effective in teaching autogenic relaxation as demonstrated by increased fingertip temperature for the treatment group post-training, while no differences were observed for the control group. Most importantly, the treatment group was not only significantly more internal in their locus of control after training but were also significantly more internal than the control group post-training. Given that alcoholics are significantly more external in their locus of control than nonalcoholics, and that an internal locus of control implies an individual's belief that he or she has control and is responsible for his or her behavior, autogenic relaxation facilitated through biofeedback may be a very important component in therapeutic intervention for adolescent alcoholics. (Author abstract modified)

Ter Riet, G., Kleijnen, J., & Knipschild, P. (1990). A meta-analysis of studies into the effect of acupuncture on addiction. British Journal of General Practice, 40(338), 379-382.

A literature search revealed 22 controlled clinical studies on the efficacy of acupuncture in three fields of addiction: cigarette smoking (15), heroin (5), and alcohol (2). Claims for acupuncture as an efficacious therapy for these addictions are not supported by results from sound statistical research.

Velicer, W. F. et al. (1995). An empirical typology of subjects within stages of change. Addictive Behaviors, 20, 299-320.

The transtheoretical model of behavior change postulates five distinct, well-defined stages of change: Precontemplation, Contemplation, Preparation, Action, and Maintenance. Each stage has been regarded as reflecting a motivational posture and treated as if it were homogenous with respect to membership. This paper reports the results of four cluster analytic studies, one within each of the first four stages of change. The cluster analysis was based on three constructs of the model. Four distinct subtypes were found within Contemplation, Preparation, and Action, and three subtypes were found within Precontemplation. External validation for the clusters was provided using the 10 Processes of Change and eight behavioral measures as dependent measures. At least one subtype corresponded to the existing stage definition but the other subtypes suggested alternative intervention strategies.

Walker, S.R., Tonigan, J.S., Miller, W.R., Corner, S., & Kahlich, L. (1997). Intercessory prayer in the treatment of alcohol abuse and dependence: A pilot investigation. Alternative Therapy and Health Medicine, 3(6), 79-86.

The authors conducted a pilot study of the effect of intercessory prayer on patients entering treatment for alcohol abuse or dependence. In addition to standard treatment, 40 consenting patients were admitted to a public substance abuse treatment facility for treatment of alcohol problems and were randomized to receive or not receive intercessory prayer (double-blind) by outside volunteers. Assessments were conducted at baseline, 3 months, and 6 months. The results indicated no differences were found between prayer intervention and nonintervention groups on alcohol consumption. Compared with a normative group of patients treated at the same facility, participants in the prayer study experienced a delay in drinking reduction. Those who reported at baseline that a family member or friend was already praying for them were found to be drinking significantly more at 6 months than were those who reported being unaware of anyone praying for them. Greater frequency of prayer by the participants themselves was associated with less drinking, but only at months 2 and 3. The authors concluded that intercessory prayer did not demonstrate clinical benefit in the treatment of alcohol abuse and dependence under these study conditions. Prayer may be a complex phenomenon with many interacting variables. (Author abstract modified)

Washburn, A.M., Fullilove, R.E., Fullilove, M.T., Keenan, P.A., McGee, B., Morris, K.A., Sorenson, J.L., & Clark, W.W. (1993). Acupuncture Heroin Detoxification: A Single-Blind Clinical Trial. Journal of Substance Abuse Treatment, 10(4), 345-351.

One hundred addicted persons were randomly assigned, in a single-blind design, to the standard auricular acupuncture treatment used for addiction or to the “sham” treatment that used points that were geographically close to the standard points. Attrition was high for both groups, but subjects assigned to the standard treatment attended the acupuncture clinic more days and stayed in treatment longer than those assigned to the sham condition.

White, A.R., Resch, K.L., & Ernst, E. (1998). Randomized trial of acupuncture for nicotine withdrawal symptoms. Archives of Internal Medicine, 158, 2251-2255.

This article reports on a randomized, double-blind trial of smoking cessation via acupuncture. Seventy-six adults who wanted to stop smoking received either electroacupuncture with needles inserted into the appropriate point in each ear or a sham control procedure over the mastoid bone. Interventions were administered on days 1, 3, and 7 of smoking cessation; nicotine withdrawal symptoms were measured by visual analog scale scores recorded in a daily diary for 14 days and smoking cessation was confirmed objectively. There was no significant difference between the mean reduction of withdrawal symptom scores of the two groups from day 1 to day 14. Fifteen participants (39%) who received electroacupuncture and 16 participants (42%) who received a sham procedure were abstinent on day 14. This form of electroacupuncture is no more effective than placebo in reducing nicotine withdrawal symptoms. (Author abstract modified)

Worner, T.M., Zeller, B., Schwarz, H., Zwas, F., & Lyon, D. (1992). Acupuncture fails to improve treatment outcome in alcoholics. Drug Alcohol Dependency, 30(2), 169-173.

Fifty-six alcoholics (49 male, 7 female) of lower socioeconomic class attending an outpatient treatment program in Brooklyn, NY, were prospectively randomized to one of three treatment groups: point-specific acupuncture, sham transdermal stimulation, or standard care (control). Results in this small sample showed no significant differences in attendance at Alcoholics Anonymous meetings, number of outpatient sessions attended, number of weeks in either the study or in the outpatient program, number of persons completing treatment or in the number of relapses. It is therefore concluded that in this small, racially mixed sample of urban outpatient alcoholics, fixed point-specific standardized acupuncture did not improve outcome.

**III. NON-TRADITIONAL METHODS IN SUBSTANCE ABUSE TREATMENT:
SELECTED BIBLIOGRAPHY**

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