

### 3.8 Acupuncture yet to convince

- **Findings** Three trials which randomised patients to acupuncture at sites on the ear recommended for addiction or at nearby 'sham' sites have not demonstrated an advantage for the recommended sites.
- Modelling itself on a landmark study which did record benefits from recommended sites, study ① randomised 72 alcohol dependent patients from a Swedish outpatient clinic to recommended or sham acupuncture additional to usual treatment. Though men given the recommended treatment tended to stay longer, interviews conducted up to six months after treatment started revealed that the only significant impact was temporary reduction of anxiety among women. Drinking and craving for drink were unaffected.
- The next two studies involved US cocaine dependants. Study ②'s methodology was similar to that of study ①. 36 men received acupuncture as well as usual inpatient treatment and outpatient after-care. Using recommended sites did not reduce cocaine use or craving. However, both sets of patients were retained in treatment longer than previous patients not given acupuncture.
- The possibility that 'sham' sites are nevertheless effective was tested at a US therapeutic community in study ③. It was led by Dr Bullock, whose work inspired studies ① and ②. 236 volunteers were randomised to usual therapy or additionally to eight weeks' acupuncture. Whether the analysis included all subjects or only those who completed treatment, neither recommended nor sham acupuncture improved retention or reduced cocaine use or craving during treatment. A companion study found outcomes were not improved by higher 'doses' of acupuncture at recommended sites.
- **In context** Using sham sites close to recommended ones is intended to ensure that patients are 'blind' to which treatment they are receiving. However, if sham sites exert a similar effect (and there is evidence that they do), this would account for the typical finding of no advantage for recommended sites.
- Some studies have found that both sham and real sites improve outcomes over conventional treatments. Conceivably the value patients attach to acupuncture encourages retention, giving treatment time to work, an effect hinted at in studies ① and ②. Improved retention was one of the clearest findings in a report on complementary therapies at a British alcohol service ➤ *Secondary sources* ①.
- An expert panel convened by the US government saw the evidence for acupuncture in addiction as less convincing than in other sectors but promising enough to support its use within a comprehensive programme ➤ *Secondary sources* ②.
- In study ① scoring drop-outs as treatment failures would if anything have biased the results in favour of 'real' acupuncture, adding weight to the negative findings. High drop-out rates in studies ② and ③ would have mitigated against finding benefits from acupuncture.
- **Practice implications** Typically offered by drug and alcohol services (if at all) as an 'optional extra', acupuncture will usually only be tried and persisted in by clients who value it. For this *self-selected* group retention and outcomes may be improved just as they may be by other valued services (childcare, transportation, etc). However, evidence from trials which *randomised* clients to acupuncture does not justify its provision as a mandatory or central feature of a therapeutic programme. Complementary therapies may particularly help attract and retain clients from cultures and subcultures in which these approaches are accepted and valued.
- **Main sources** ① Sapir-Weise R. "Acupuncture in alcoholism treatment: a randomized out-patient study." *Alcohol and Alcoholism*: 1999, 34(4), p. 629–635. Copies: apply Alcohol Concern ② Otto K.C., et al. "Auricular acupuncture as an adjunctive treatment for cocaine addiction." *American Journal on Addictions*: 1998, 7(2), p. 164–170. Copies: apply DrugScope ③ Bullock M.L., et al. "Auricular acupuncture in the treatment of cocaine abuse: a study of efficacy and dosing." *J. of Substance Abuse Treatment*: 1999, 16(1), p. 31–38. Copies: apply DrugScope.
- **Secondary sources** ① Burns S. *Southall Alcohol Advisory Service. Evaluation report. The complementary therapy service*. Alcohol Concern, 1999. Copies: apply Alcohol Concern ② *Acupuncture*. NIH Consensus Statement 107, 1997. Copies: [http://odp.od.nih.gov/consensus/cons/107/107\\_statement.htm](http://odp.od.nih.gov/consensus/cons/107/107_statement.htm).
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