

## 5.7 Acupuncture: effectiveness still in doubt

- Findings** Two US studies have counterbalanced previous negative findings about acupuncture in the treatment of stimulant or alcohol dependence, but only partially and in atypical treatment settings.
  - In **study 1** acupuncture replaced meditation during the first nine weeks of a non-residential rehabilitation programme for offenders on probation or parole. Outcomes for 37 clients over 180 days were compared to those of 49 before acupuncture was introduced. For half methamphetamine was their main drug, for most of the remainder it was alcohol. Largely due to improved retention among drinkers, acupuncture patients stayed significantly longer on the programme; at 30 days nearly all were retained when over 40% of the previous intake had left. Acupuncture clients had fewer positive urine tests and fewer arrests, but these trends did not come close to being significant.
  - Study 2** involved 82 methadone patients whose cocaine use had not been curtailed by the clinic's previous interventions. 28 were randomly allocated to eight weeks of acupuncture, 27 to sham 'acupuncture' using non-active ear sites, and 27 spent the same periods in relaxation sessions. 'Real' acupuncture patients attended the sessions for a shorter time; by the end of the study over 40% had been ejected for poor attendance compared to 30% in sham acupuncture and 7% in the relaxation condition. However, 'real' acupuncture patients were two to three times more likely to provide a week of cocaine-negative urine tests.
- In context** Expert reviews generally agree that evidence for acupuncture in addiction is limited and mostly negative, though strongest for alcohol. The more positive conclusion in **study 2** may be due to the care taken to ensure that 'sham' sites did not exert an effect similar to real sites, a spillover which might have contaminated previous research. In this study the paradox of better outcomes but worse retention could reflect self-selection out of acupuncture by patients for whom it was working and who felt no need to continue, and does not necessarily mean that retention in treatment as a whole was any worse. The authors of **study 1** believe that the improved treatment retention they saw should feed through into better outcomes. Lower drop out on acupuncture could have masked any such effect.
  - However, both studies involved settings in which acupuncture is not generally used in the UK. In **study 1** improved retention might have been due to being singled out for special treatment. In **study 2**, had missed urine tests been treated as cocaine-positive (the conventional assumption), the failure rate in the last week would have been 75% for real acupuncture, 85% for sham, and 93% for relaxation, not a great advantage for acupuncture. It is puzzling that there was no differential impact on addiction severity scores. On the other hand, neither study permitted clients to choose acupuncture, the normal procedure and one which should have maximised positive impacts.
- Practice implications** Typically offered (if at all) as an 'optional extra', acupuncture will usually only be tried and persisted with by clients who value it. Whether or not there is a neurochemical mechanism, for this self-selected group retention in treatment may improve and with it outcomes as therapeutic contact is increased. Evidence from trials which randomise clients is not sufficiently strong to support acupuncture as a mandatory or central feature of a therapeutic programme. Applied to large groups by staff trained in drug protocols rather than professional acupuncturists, acupuncture can be very cheaply and widely applied.
  - Featured studies**
    - 1** Russell L.C., *et al.* "Acupuncture for addicted patients with chronic histories of arrest. A pilot study of the Consortium Treatment Center." *Journal of Substance Abuse Treatment*: 2000, 19, p. 199–205
    - 2** Avants S.K., *et al.* "A randomized controlled trial of auricular acupuncture for cocaine dependence." *Archives of Internal Medicine*: 2000, 160, p. 2305–2312. Copies: for both apply DrugScope; **2** download PDF file at <http://archinte.ama-assn.org>.
  - Additional reading** Acupuncture Research Resource Centre. *Substance abuse and acupuncture*. Briefing Paper 7. British Acupuncture Council, 2000. Copies: <http://www.acupunctureresearch.org.uk>.
  - Contacts**
    - 1** Lisa Russell, Merle West Center for Medical Research, 1453 Esplanade, Klamath Falls, Oregon 97601, USA, fax 00 1 541 883 3534, e-mail [cmr@mwmc.org](mailto:cmr@mwmc.org)
    - 2** Kelly Avants, Substance Abuse Center, Yale University School of Medicine, 34 Park Street, Room S105, New Haven, Connecticut, USA, fax 00 1 203 789 7087, e-mail [kelly.avants@yale.edu](mailto:kelly.avants@yale.edu).
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**LINKS** Nugget 3.8