

**REPORT OF THE  
BOARD OF MEDICINE ON**

**The Feasibility of  
Utilizing Acupuncture  
as a Treatment for  
Substance Abuse**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 6**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1992**



# COMMONWEALTH of VIRGINIA

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December 2, 1991

TO: The Honorable Lawrence Douglas Wilder  
Governor of the Commonwealth of Virginia

The Members of the General Assembly of Virginia

House Joint Resolution Number 478 of the 1991 Session of the General Assembly requested the Board of Medicine to study the feasibility of utilizing acupuncture as a treatment for substance abuse. That Board, through its Advisory Committee on Acupuncture, has prepared the appended report which has been formally endorsed by the full Board of Medicine.

As required by the Resolution and by procedures of the Division of Legislative Automated Services, I have the obligation and the pleasure to transmit the Board's report to you.

  
Bernard L. Henderson, Jr.

## Enclosure

pc: The Honorable Howard M. Cullum  
Secretary of Health and Human Resources

Tony C. Butera, D.P.M., President  
Board of Medicine

**VIRGINIA BOARD OF MEDICINE**

**STUDY OF THE FEASIBILITY OF UTILIZING ACUPUNCTURE  
AS A TREATMENT FOR SUBSTANCE ABUSE**

In Response To  
House Joint Resolution Number 478  
of the  
1991 Virginia General Assembly

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**HOUSE JOINT RESOLUTION NO. 478**

*Requesting the State Board of Medicine to examine the feasibility of utilizing acupuncture as a treatment for substance abuse.*

Agreed to by the House of Delegates, February 4, 1991

Agreed to by the Senate, February 12, 1991

WHEREAS, because substance abuse is one of the primary forces increasing prison and jail populations, with more than one-third of all arrests in Virginia relating to substance abuse and 60 to 80 percent of the prison population known to have a history of substance abuse; and

WHEREAS, there is a need to develop additional treatment programs; and

WHEREAS, acupuncture detoxification was first conducted on an outpatient basis in 1974 in the State of New York as a treatment for substance abuse and AIDS; and

WHEREAS, this innovative treatment modality can produce a feeling of relaxed well-being and reduced craving for drugs; and

WHEREAS, acupuncture enhances addicts' mental and physical capabilities to function in society; and

WHEREAS, traditional treatments for substance abuse are not sufficiently available; and

WHEREAS, acupuncture is a simple procedure which can be applied in almost all chemical dependency treatment settings by a wide range of health-care professionals; and

WHEREAS, numerous crimes are committed by addicts who are seeking to support their habits, such that acupuncture therapy may result in reducing prison and jail overcrowding; and

WHEREAS, the major benefits of acupuncture therapy may be related not only to the length of time that sobriety can be maintained, but also to the decreased utilization of expensive health-care facilities; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Board of Medicine be requested to examine the feasibility of utilizing acupuncture as a treatment modality for substance abuse.

In its deliberations, the Board shall seek the expertise of acupuncturists, medical providers and other experts in the area of substance abuse services.

The Board shall complete its work in time to submit its findings and recommendations to the Governor and the 1992 Session of the General Assembly pursuant to the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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## EXECUTIVE SUMMARY

In the conduct of this study, the Virginia Board of Medicine has focused on the use of auricular acupuncture in theory and in practice in order to determine the feasibility of this modality for the treatment of substance abuse in the Commonwealth. To understand the issues involved, the study examined the research, consulted with medical, acupuncture, and substance abuse experts, looked at programs utilizing auricular acupuncture, and reviewed regulations in other states and in Virginia.

The first task of this study was to develop an understanding of the modality - how, where, and by whom is it being used. Through the past decade, a protocol for its use has evolved, which now entails the use of 3 to 5 acupuncture needles inserted 1/8" bilaterally in the outer ears without electrical stimulation. [It should be noted that any reference to acupuncture in this report should be so defined as auricular acupuncture.] Used as a tool in the detoxification process, acupuncture is generally delivered by a variety of personnel in the context of a total treatment program. The auricular acupuncture protocol has been taught to substance abuse counselors, nurses, midwives, and others who are involved in the treatment of complex problems associated with addiction. Programs can be found in outpatient alcohol and drug abuse clinics, inpatient facilities, hospitals, jails and prisons, and even in private industry. Retention in acupuncture treatment seems to be a key element in the success of this and any other modality.

A central issue for this study was the efficacy of acupuncture in treating addiction. While anecdotal studies and reports of the therapeutic value of acupuncture are readily available, scientific research on its use has been inconclusive. Agencies such as the National Institute on Drug Abuse have begun an investigation, but studies reviewed were found to be somewhat flawed in their conception or procedure or offered mixed findings and results. The first chapter of this report, therefore, summarized the current literature and presented the views of the medical profession and the agencies involved in alcohol and drug problems. The key finding of this study was that: **Scientific evidence of the efficacy of acupuncture as a treatment modality remains inconclusive.**

The need for definitive, well-controlled studies on efficacy and long-effectiveness remains. However, considering the current interest in acupuncture, as a treatment modality, from acupuncturists, substance abuse specialists, and those faced with the burden of addiction in the criminal justice system, the Board

has recommended that: The Governor's Council on Alcohol and Drug Abuse Problems or some specifically created task force to include representatives of the Department of Health Professionals, MHMRSAS, Corrections, and others, should review the findings and recommendations of this study and continue to monitor the research and collection of data on the utilization of auricular acupuncture in substance abuse treatment programs.

To understand the nature and inception of the modality, a great deal of information on acupuncture programs across the country was gathered and reviewed. The Lincoln Hospital clinic in New York has become the model and catalyst for the establishment of more than one hundred programs, the most important of which include the court diversion program in Dade County, Florida, the outpatient clinics in Hennepin County, Minneapolis, and the clinics in Multnomah County, Portland. Self-reported results from these programs include improvement statistics in client retention, in the collection of negative urines, in the reduction in recidivism, in the ability of addicts to assume responsibility, and in the reduced number of boarder babies in hospitals. From evidence gathered and testimony heard, the study found that: Clinical reports from acupuncture-based treatment programs and anecdotal reports from addicted individuals offer subjective evidence of the benefit of auricular acupuncture as a treatment intervention.

Throughout this study, it has been emphasized that acupuncture is not a cure for addiction nor is it effective as a stand-alone treatment. The most ardent proponents describe it as an adjunct that assists in detoxification or empowers the individual to enter treatment in a comprehensive psycho-social rehabilitation program. Therefore, this study found that: No evidence has been presented to indicate the effective use of auricular acupuncture as a treatment modality without the support and involvement of a total treatment program. To be useful in detoxification and early withdrawal from drugs, auricular acupuncture must be combined with a broad-based program of counseling and other interventions in order to be considered effective.

In view of the necessity for coordinated, comprehensive detoxification and treatment services demonstrated by studies and research and by the experiences of acupuncture programs, this study recommended that: Should auricular acupuncture be utilized as a treatment modality for substance or alcohol abuse, it should only be done within the context of an established, comprehensive treatment program.

The study found limited knowledge and acceptability of this concept of acupuncture treatment within the Commonwealth. A small number of physicians and addictionists comprise the group most interested in the modality; while state agencies involved in the conception and administration of policies and programs remain largely uninitiated. Some who have provided information and



research for this study have suggested that a demonstration project embodied within an existing treatment program might be useful in offering some data and comparisons with other modalities. While the Board does not endorse such a project, it does recommend that: Should a demonstration project be considered for implementation, it should be done by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) in cooperation with selected organizations such as Community Services Boards or with the Department of Corrections. An assessment of costs and benefits could assist localities or departments in determining the advisability of the inclusion of auricular acupuncture in substance abuse clinics or in the creation of acupuncture-based court diversion programs. If a demonstration project should be undertaken, there would be some initial funding required. If it should prove to be effective, there would be little or no budgetary considerations after the initial phase since the addition of auricular acupuncture as an adjunct to treatment could be incorporated into existing programs within current funding mechanisms and could theoretically result in a cost-savings due to a reduction in recidivism.

Collection of data on programs and regulations has shown that wide range exists in the staffing and in the delivery of acupuncture treatment. In order to understand the nature of the acupuncture service, the study included information on the training protocol for auricular acupuncture service personnel, a look at how other states have handled the procedure, and a review of the regulations and laws in Virginia. At present, there is no language to specifically include or exclude the use of auricular acupuncture as a treatment modality. The study found that: The utilization of auricular acupuncture as a treatment modality for substance abuse is feasible under present Virginia law. Currently, there are physician acupuncturists in the Commonwealth utilizing the modality in their practices.

Clearly, the use of ancillary personnel trained as auricular acupuncture technicians for substance abuse treatment would be advantageous if it is to be used extensively or to be most cost-effective. Therefore, the study found that: Data provided by treatment programs and testimony given at the public hearing have demonstrated that a wide range of health and substance abuse personnel can be trained to perform the procedure of auricular acupuncture for the specific purpose of detoxification or addiction control. We believe that such a procedure could be considered to be of a non-discretionary and non-judgmental nature and therefore permissible to trained personnel under the direct supervision of physician acupuncturists under current Virginia Law. (Section 54.1-2901)

In Section 54.1-2901, the Code of Virginia provides certain exceptions and exemptions from the General Provisions on the "Practice of medicine." The provisions of the chapter do not prohibit a "physician from delegating to personnel in his

personal employ and supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by physicians, if such activities or functions are authorized by and performed for such physicians and responsibility for such activities or functions is assumed by such physicians."

Further, the study found that: If the delivery of auricular acupuncture in substance abuse programs performed by trained technicians under direct supervision of licensed physician acupuncturists according to statutory provisions in the Code for nondiscretionary, non-judgmental activities is debatable, then the legislature would need to consider an exemption for auricular acupuncture used exclusively and specifically for substance abuse in the statutory exclusions listed in the definition of the "Practice of acupuncture" found in Section 54.1-2900. Should a decision be made to institute such a program for addiction, the legislature would want to consider the addition of auricular acupuncture used exclusively and specifically for substance abuse treatment in the listing of activities excluded in the practice of acupuncture.

While the direct supervision of a physician acupuncturist over the administration of auricular acupuncture would provide reasonable safety to the public, concerns about training and sterilization procedures have led to two additional recommendations: That any personnel trained to perform auricular acupuncture under the supervision of physician acupuncturists receive their training in a program with a protocol approved by the Board of Medicine similar to that approved by the National Acupuncture Detoxification Association, Inc. and That auricular acupuncture treatment for alcohol or substance abuse should be performed only with the utilization of disposable needles.

In summary, the Board was requested to examine the feasibility of acupuncture as a modality of treatment. It has found its effectiveness lauded by anecdotal reports but unsubstantiated by scientific study and governmental policy. In no case was the modality found to be useful apart from its inclusion in a comprehensive treatment program. It has found that the use of auricular acupuncture for detoxification is feasible under Virginia law.

Since the question of efficacy remains, the Board has recommended that continued review of the data and research be undertaken by some agency of the Commonwealth. The Board has not recommended its use or the initiation of any program. It does, however, recommend that any utilization of auricular acupuncture should be done within the context of a total treatment program by personnel trained in a specific protocol and employing only disposable needles. The Board further recommends that if a demonstration project is undertaken, it should be initiated and monitored by the appropriate agency of the Commonwealth.

## INTRODUCTION

House Joint Resolution Number 478 of the 1991 Session of the General Assembly (See Appendix A) requested the State Board of Medicine to "examine the feasibility of utilizing acupuncture as a treatment modality for substance abuse." Interest in the use of acupuncture arose from a growing frustration and concern about the substance abuse crisis in our society, the demands being placed on our criminal justice and health care systems, and the devastating effects on the lives of many of our citizens. In an attempt to respond to the crisis, acupuncture-based programs have been established in other states in a variety of settings. Publicity of those programs and their reported successes has generated the recent interest in acupuncture as a treatment modality and as an alternative to incarceration.

The concept of utilizing acupuncture for the treatment of substance abuse began in Hong Kong in 1972, when Dr. Wen discovered coincidentally that opium addicts who were being treated for other ailments reported a reduction of their withdrawal symptoms with the application of acupuncture points on the ear. Since 1974, Lincoln Hospital in the South Bronx section of New York City has pioneered in the field of acupuncture detoxification and has become the model and catalyst for the establishment of at least sixty other programs in the United States. As a physician and substance abuse specialist, Dr. Michael Smith first learned acupuncture from Dr. Yoshiaki Omura, who used electro-acupuncture for heroin addiction. The original protocol was modified to a specific formula of auricular acupuncture, described as a relatively simple procedure involving the insertion of 3 to 5 acupuncture needles in specific points on the ear, placed 1/8" bilaterally just under the skin. Today, crack/cocaine abusers comprise the majority of recipients of acupuncture-based treatment, though the modality is also used for alcoholics, poly-drug users, and even in the treatment of HIV/AIDS.

Throughout the discussion of the findings and recommendations of this study, the term acupuncture used in addiction detoxification and treatment always means auricular (ear) acupuncture.

In the passage of the resolution, certain assumptions were made which have been examined in the course of this study. Statements such as "this innovative treatment modality can produce a feeling of relaxed well-being and reduced cravings for drugs;" and "acupuncture enhances addicts' mental and physical capabilities to function in society;" refer to the efficacy of

such treatment and its relative role in the overall detoxification program. To examine the question of effectiveness, we have sought scientific studies and policy statements from the medical, health and drug abuse professions. Through the collection of reports and research on acupuncture treatment and an analysis of the current literature and studies on the subject, we have focused in Chapter I on the key question of efficacy.

Further, HJR 478 suggests that "acupuncture therapy may result in reducing prison and jail overcrowding;" and that the major benefits of "acupuncture therapy may be related not only to the length of time that sobriety can be maintained, but also to the decreased utilization of expensive health-care facilities." In an attempt to assess the potential impact on penal and health systems, a number of acupuncture programs have been studied to determine the methods of treatment, the delivery systems established, and the reported rates of recidivism. Chapter II of this report has been directed to a review of the practice of acupuncture as a treatment modality as seen in hospital clinics, drug and alcohol treatment centers, and as an alternative to incarceration.

And finally, HJR 478 states that "acupuncture is a simple procedure which can be applied in almost all chemical dependency treatment settings by a wide range of health-care professionals." To assess the scope of acupuncture detoxification and the regulation and licensure of service delivery personnel, we have surveyed the states and the District of Columbia and have looked at the use of acupuncture personnel in treatment facilities. It does appear that there is great diversity in the regulation of acupuncture across the U. S. However, those programs that utilize auricular acupuncture in the treatment of substance abuse generally rely on supervised, non-physician staffing. Since the availability of treatment personnel would impact the potential implementation of such programs, Chapter III examined the staffing of programs, their regulation by other states, and the feasibility of auricular acupuncture under Virginia law.

The Advisory Committee on Acupuncture has conducted the study of the use of acupuncture, assisted by the staff of the Board. They have held an informational hearing, received public comment, reviewed the data collected, examined current studies and literature, and developed the findings and recommendations which were then approved by the Virginia Board of Medicine.

## CHAPTER I: EFFICACY OF ACUPUNCTURE TREATMENT

Throughout the conduct of this study, we have received numerous anecdotal reports of the promising results of auricular acupuncture as a treatment modality for substance abuse. Newspaper articles, television tapes, congressional testimony, annual reports, and journal publications have attested to the successful outcomes for patients treated with acupuncture. What the medical and scientific community and the policy makers have sought is scientific evidence that auricular acupuncture is effective and that it has some long-term benefit in keeping the addict off the addictive substance. After a review of the current studies and evidence from persons in the medical and addiction field, this study finds that:

- ° Scientific evidence of the efficacy of acupuncture as a treatment modality remains inconclusive.

### Studies of Efficacy

#### **The Haight-Ashbury Study**

A study of heroin abusers at the Haight-Ashbury Free Medical Clinic in San Francisco, entitled "Acupuncture as a Detoxification Modality" and published in 1984 in the Journal of Psychoactive Drugs, provided some interesting information about the nature of the modality and the susceptibility of some individuals to its application. (See Appendix B) Conducted by John A. Newmeyer, Ph.D., Gregory Johnson, Ph.D. and Steven Klot, the study offered clients acupuncture only, acupuncture and medication, or medications only. Authors of the study stated that, "The reality of acupuncture detoxification at the Haight-Ashbury Free Medical Clinic fell considerably short of its original promise. On a positive note, it provided successful short-term relief to most addicts and was a long-term aid in detoxification for certain kinds of addicts..." (See page 259) Without the control of a group receiving placebo acupuncture treatment, the study lacked some scientific application, but it did demonstrate the setting and conditions necessary to make acupuncture more efficacious in treatment and provided a profile of clients who are more likely to respond to acupuncture for detoxification.

#### **The Lincoln Hospital Papers**

Most quoted and consulted of the proponents of auricular acupuncture in treatment programs is Michael O. Smith, M.D.,

founder and director of the Lincoln Hospital Acupuncture Clinic. (A discussion of the program at Lincoln can be found in Chapter II) Numerous articles have been authored or co-authored by Dr. Smith to report the results of their protocol with various addicted populations. In addition, Dr. Smith has provided testimony to Congress and a number of international conferences. While his published articles do not represent scientific studies, they do recount case histories of acupuncture success stories and offer survey and statistical results of their program. Representative of the articles on the Lincoln program is "Acupuncture Treatment for Crack: Clinical Survey of 1,500 Patients Treated," published in 1988 in the American Journal of Acupuncture. (See Appendix C) It primarily described the work at the Clinic and surveyed the outcomes for 100 of their crack clients and 46 of their "crack-mothers" who attended Lincoln. Smith concluded his article by saying, "We would never claim that acupuncture alone is an adequate treatment for crack abuse. Psychological and social intervention is necessary for any lasting behavioral change to occur. Nevertheless acupuncture detoxification with counseling seems to be an adequate means of reaching the early sobriety stage of treatment for today's cocaine abuser."

#### **The Hennepin County Study**

A noted American, placebo-controlled study of acupuncture for the treatment of substance abuse was published originally in 1986 in Alcoholism: Clinical and Experimental Research by Milton L. Bullock, M.D., Patricia D. Culliton, M.A., and Robert T. Olander, M.A. (See Appendix D) Entitled "Acupuncture Treatment of Alcoholic Recidivism: A Pilot Study," it was conducted at the Hennepin County Detox Center in Minneapolis with 80 severe recidivist alcoholics. The treatment group received specific auricular acupuncture points while the control group had nonspecific points. Retention in the program was significantly higher for the treatment patients, who also reported a reduced need for alcohol, fewer drinking episodes, and fewer admissions to the detox center. Certain limitations and reservations about the conduct of the study were noted by the authors, but they felt that their results "suggest that even the most severe alcoholic recidivist may benefit from this form of therapy." (See page 294) While they found their results encouraging, they concluded that their findings leave many unanswered questions and recommended further investigation by other research groups to validate the efficacy of acupuncture.

In a January/February 1990 article on "Cracking Crack with Acupuncture," found in the publication In Health, Dr. Bullock is quoted as saying, "We have encouraging anecdotal evidence the needles help break crack addiction, but there'll be a lot of skepticism about the treatment until we get some well-controlled studies on the long-term effects." This study would concur with that observation.

## **A National Institute of Drug Abuse Study**

A single-blind placebo test of the efficacy of acupuncture in the treatment of crack addicts did in fact offer mixed results. Conducted by Douglas S. Lipton, Ph.D., Vincent Brewington, M.A. (Narcotic and Drug Research, Inc.) and Michael Smith, M.D. (Director of the Substance Abuse Division of Lincoln Medical Center), the study was funded by the National Institute on Drug Abuse (NIDA). (See Appendix E) While urine profiles resulted in lower cocaine metabolites for the experimental subjects, both the control group and the placebo group reported diminished cocaine use during the trial period. Retention in the program was exactly the same with both groups, those who received the acupuncture points and those who received sham points. No significant differences were reported in the subjects' perception of cravings or in withdrawal symptoms. Attrition from the program may have skewed the results in that those who remained were susceptible to treatment, so both experimental and placebo groups showed a general tendency toward decreased cocaine use. What remains to be done are studies of long-term effectiveness and of the effects of acupuncture versus other treatment in combination with other psychotherapeutic techniques.

According to a letter from Debra Grossman in the Division of Clinical Research of NIDA, this NIDA-funded study "demonstrated little support for acupuncture as a treatment for cocaine abuse, however, the investigators recognize that providing acupuncture without counseling was not a recommended clinical procedure." Further, she says, "Although at this time there does not appear to be reliable evidence that acupuncture is an effective technique in substance abuse treatment, we believe further investigation is warranted due to the claims of success..." Another NIDA-funded study is currently underway in the highly-publicized Miami-Dade program.

## Views of the Medical Profession

### **American Medical Association**

Experts are still not sure exactly how acupuncture works, but it is believed to trigger an increase in the production of endogenous opiate peptides (e.g., beta-endorphins, enkephalins), which may affect physiological functions. The scientific and medical community schooled in Western thought and technology remains skeptical. In 1981, the American Medical Association's Council on Scientific Affairs described acupuncture as experimental and appropriate only in research settings. According to their Director of the Department of Toxicology and Drug Abuse, John J. Ambre, M.D., Ph.D., the AMA has adopted no position or policy on acupuncture in the treatment of drug addiction. Assumptions made in Virginia's study resolution were

specifically challenged by Dr. Ambre. He could find no scientific basis for the statements that acupuncture "reduces craving for drugs" and "enhances addict's mental and physical capabilities to function in society;" and he does not expect AMA endorsement of acupuncture before there is a firm experimental basis for the modality.

#### **Medical College of Virginia**

Dr. G. S. Hoegerman, a Medical Fellow in the Division of Substance Abuse Medicine at the Medical College of Virginia prepared a review of the Use of Acupuncture in Substance Abuse Treatment. (See Appendix F) Her exposure to auricular acupuncture as a modality for treating addictions was based on her review of the literature on the subject, a two-day site visit at the Lincoln Hospital Clinic, attendance at a Medical Acupuncture Conference on "Applications in Pain Management and Substance Abuse," and her clinical training in acupuncture and addiction medicine. Her conclusions, concurred in by Dr. Amir Rafii and Dr. Sidney Schnoll also of MCV, were that acupuncture may be "a useful additional tool" within a treatment program, but that the "efficacy of acupuncture in improving outcomes for addiction treatment is unproven." (See page 3)

#### **American Academy of Medical Acupuncture**

In response to our request for research regarding acupuncture in substance abuse treatment, the American Academy of Medical Acupuncture consulted Dr. Alan Tractenberg, who prepared a paper on Acupuncture in the Treatment of Addiction in the USA: Clinical Practice and Policy Questions for the Nineties. (See Appendix G) In his analysis, he acknowledged the individual studies performed in the United States and in Europe that support the efficacy of acupuncture in treatment. He noted that American medicine has been much slower than its European counterparts to evaluate and incorporate acupuncture as a treatment modality. Dr. Tractenberg believes that, "The field is now at a crucial point. Although well-designed American studies of acupuncture treatment for addiction are still lacking, this modality is well on its way to becoming a standard in the addiction treatment field... What is urgently needed now are both randomized, double-blind trials of the modality as well as a description, compilation, and synthesis of data from existing programs around the country." (See page 5)

#### **World Health Organization**

In a statement of policy from the World Health Organization (WHO), Hans Emblad, the Director of their Program on Substance Abuse acknowledged that a variety of methods are currently being used for drug-dependency, and "that the acceptability and



usefulness of these methods appear to vary from one society to another." For that reason, WHO does not have a position on the use of any particular treatment and encourages the exploration of any treatment method "in so far as there is reasonable sufficient theoretical or empirical basis supporting the method in question."

### **National Council against Health Fraud**

Other groups in the health and medical field are more critical of the research and of acupuncture as a modality. In a Position Paper, edited by Wallace I. Sampson, M.D. of the National Council Against Health Fraud recently published in The Clinical Journal of Pain, acupuncture was described as an unproven modality whose "theory and practice are based on primitive and fanciful concepts of health and disease that bear no relationship to present scientific knowledge." (See Appendix H) (See page 162) Further, the paper asserts that the life force or Ch'i, described as flowing through the body, has no scientific basis in human physiology, and that the meridians and acupuncture points utilized are imaginary. Biochemical studies are described as flawed with reports based primarily on anecdote and tradition. The NCAHF also contends that the scientific literature gives us no evidence that acupuncture can perform consistently better than a placebo.

### Governmental Policies on Acupuncture as a Treatment Modality

#### **Federal Government**

Policy makers with the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) within the U. S. Department of Health & Human Services have worked with the NIDA to identify treatment interventions that have been proven efficacious through clinical trials and applied research studies. The ADAMHA Office of Treatment Improvement (OTI) has stated in response to our study that "neither OTI nor NIDA is aware of any scientifically-based research which conclusively points to the value of acupuncture as a treatment modality for chemically-dependent individuals. Until such time as NIDA or another research entity of similar stature completes a clinical assessment of the efficacy of acupuncture, OTI will not be in a position to support it as a primary intervention for the treatment of addiction." The OTI believes that there is no single intervention which constitutes effective treatment for addiction - rather the focus should be on a comprehensive program of services. (The complete text of the statement from the Office of Treatment Improvement can be found in Appendix I)

A request for policies and information on programs was sent to Mr. Herb Kleber of the National Drug Control Policy Staff in the Executive Office, but there has been no response.

### **State Government**

In Virginia, governmental agencies that deal with substance abuse treatment, drug policy, and interventions in the criminal justice system have not adopted any stance on acupuncture as a treatment modality. Consultation with the Director of Substance Abuse Services and the Substance Abuse Consultant for Youth and Family Services in the Department of Mental Health, Mental Retardation and Substance Abuse Services (MHMRSAS), with Drug Policy Staff in the Office of the Governor, with the State Council of Higher Education, with the Director of State and Local Services in the Department of Criminal Justice Services, and with the Boards of Clinical Psychologists and Professional Counselors in the Department of Health Professions provided resource material and persons for the study, but there was little or no first-hand knowledge of the use of auricular acupuncture for drug or alcohol treatment.

### **Recommendation**

While there is optimism among those involved in the study and operation of acupuncture-based programs, there is an acknowledgement that skepticism remains and acceptance awaits the results of definitive, well-controlled studies on efficacy and long-term effectiveness. Repeatedly, the comment is heard or read that results are promising but more research is needed. Scientific evidence of the efficacy of acupuncture as a treatment modality remains inconclusive, but additional studies and data on long-term results are currently being collected by NIDA and others. At the present, the mechanism and familiarity with acupuncture does not seem to exist in Virginia to a degree necessary to sustain a major program such as those in major urban localities, such as Miami, New York, or San Francisco. For these reasons, the Board recommends that:

**That the Governor's Council on Alcohol and Drug Abuse Problems or some specifically created task force to include representatives of the Departments of Health Professions, MHMRSAS, Corrections and others, should review the findings and recommendations of this study and continue to monitor the research and collection of data on the utilization of auricular acupuncture in substance abuse treatment programs.**

## CHAPTER II: PRACTICE OF ACUPUNCTURE TREATMENT

With the reported anecdotal successes of acupuncture-based treatment programs and with the suggested salutary effect of those programs on over-crowded prisons and patient facilities, a major function of this study was the fact-finding and review of treatment programs currently being operated in the United States. We have sought information on their operations, their method of treatment, their utilization of acupuncture within the context of their total program, and on their rates of recidivism. We have looked at acupuncture programs that reside within a medical facility, exist under the auspices of a Community Services Department, function as a court-sponsored diversion project for drug offenders, or operate as privately-funded clinics.

Self-reported results from these acupuncture treatment programs across the country include improvement statistics in client retention in treatment, in the collection of negative urines, in the lowered percentage of re-arrests among court-referrals, in the ability of addicts to resume normal responsibilities, and in the reduced number of boarder babies from addicted mothers. This study finds, therefore, that:

- ° **Clinical reports from acupuncture-based treatment programs and anecdotal reports from addicted individuals offer subjective evidence of the benefit of auricular acupuncture as a treatment intervention.**

### Acupuncture Programs in the United States

#### **Outpatient Medical Program - Lincoln Hospital**

The Lincoln Medical and Mental Health Center in South Bronx, New York City, has pioneered in the field of acupuncture detoxification and has become the model and catalyst for the establishment of some sixty or more programs in this country. Currently between 200 and 250 addicts receive acupuncture on an out-patient basis each day at Lincoln. Most are referred to the program by the court; but as a city clinic, no one is rejected for treatment. About half are women, many of whom are "crack mothers" who receive acupuncture therapy in an effort to reduce the number of "boarder babies" in city hospitals and in social services custody cases. With the infusion of crack cocaine into the drug abuse crisis, an avalanche of cases has come to the clinic where practitioners have found acupuncture to be the basis for the most effective treatment protocol available. Lincoln has now treated over 8000 crack addicts.

Detoxification is accomplished in an open-group setting in which approximately fifty patients sit quietly and read, sleep, or converse with counselors while they receive treatment. Needles are inserted bilaterally in the ear just under the skin (1/8") at three to five specific locations: the sympathetic, Shenmen, Liver or Lung and Kidney points. They are kept in place with no manipulation or electrical stimulation for 30 to 45 minutes after which they are sterilized by autoclave. The technique of insertion and sterilization and the location of ear points can be taught to substance abuse clinicians who participate directly in the treatment process.

An important aspect of the process is the participation of the treatment recipient in counseling and rehabilitation. Several Narcotics Anonymous groups meet at Lincoln each week, and addicts are strongly encouraged to participate. Counselors are involved in a non-judgmental atmosphere, where progress towards a drug-free existence is measured by the urine samples voluntarily given by most patients. All the samples are fed into a computerized record system with results available by telephone to the counselors or for those referred from criminal justice, to the court or probation officer.

In 1989, Dr. Smith testified to the Select Committee on Narcotics of the House of Representatives on the work of the Lincoln Hospital Acupuncture Drug Abuse Program. (See Appendix J) In describing their alliance with the criminal justice system in New York City and the protocol developed for that purpose, Dr. Smith reported that more than 50% of their clients have provided negative urine toxicologies for more than two months. He believes that "our program has had the highest success ever recorded in the treatment of an unscreened court mandated population seen on an out patient drug-free basis." (See page 2) In a preliminary study of 34 people referred to Lincoln by NYC Probation in 1987-88, they found that 18 clients had attended more than 10 visits over a period of months and only one of the 18 had had his probation revoked. Frequent attendance at the clinic correlated with an improved outcome for court referees.

In enumerating for the Committee the suggested reasons for the success of their program with criminal justice clients, Dr. Smith offered a description of the unique attributes of the program apart from the acupuncture that may account for its positive results. (See pages 6 - 8)

- 1) Patients learn to have confidence in the modality and respond well to the non-antagonistic counseling and consistently calm atmosphere of the treatment.
- 2) Basic principles of chemical dependency, often neglected in criminal justice situations, are applied to the program - namely, that the struggle for sobriety is a "one day at a time" proposition. Hence, the daily treatments, daily testing, and daily counseling contribute to the patient's

daily efforts for recovery.

3) The dual alliance of the clinical staff with the criminal justice referral agency and with the client works toward the goal of recovery, because there are no contradictory messages or excuses. The "primary focus is on sobriety and increasing the client's integrity which is the common goal of all parties."

4) The "counseling process at Lincoln emphasizes a non-judgmental, non-invasive, supportive approach. The firm challenge of sobriety is established, but the treatment relationship is quite flexible and open-ended."

5) Frequent urine testing gives all parties an objective, non-personalized measure of progress. Counseling can be separated from the process of judgment by the court, which depends on only the documentation from a series of urine tests. Counselors are therefore freed to interact in a more open, honest relationship with clients.

6) Autonomy and self-sufficiency are stated goals of the program - both for the clinical staff itself and for the clients they serve. The approach followed at Lincoln is aimed toward independent functioning.

7) The definitive requirements of the court-referral with its impending incarceration or removal of a child provide strong motivation for successful completion of the program.

8) Lincoln accepts all referrals and classifies no one as "unsuitable" or "hopeless."

In her testimony to the Acupuncture Advisory Committee, Dr. Hoegerman of MCV gave her personal observation about the reasons for the anecdotal success of acupuncture clinics. She believes that they represent a non-confrontational, gentle approach in which an anxiety-relieving atmosphere is created in contrast to the traditional confrontational approach that may be counter-therapeutic.

In addition to the walk-in clients and those referred by probation officers or the courts, Lincoln has begun to serve a population of drug-abusing women in a pre-natal substance abuse program where they receive acupuncture, using the regular protocol, and a program of education, medical examination, and counseling. Special Services for Children and the hospital now refer nearly all maternal substance abuse patients to the acupuncture program as virtually the only available out-patient facility. Lincoln roughly estimated that in 1987, more than three million dollars was saved by the city in the reduction of costs for boarder babies and subsequent foster care for infants born to crack-abusing mothers by enabling them to stay clean and regain custody of their children.

At our public informational hearing, Dr. Hoegerman and Dr. Amir Rafii of MCV expressed particular concern about the safety of utilizing acupuncture for treatment during pregnancy and recommended that it not be done until more research is available.

Dr. Smith and his staff believe that acupuncture can control withdrawal symptoms and relieve cravings; but at no time in his testimony to city officials in New York or to members of Congress, or in his various reports and published articles has he described acupuncture as a stand-alone treatment, a "magic bullet," or a cure for substance abuse. He has always supported acupuncture as only a component part of the overall process of drug abuse treatment.

### **Court Diversion Program - Miami/Dade County**

With the pervasiveness and overwhelming scope of the cocaine problem in South Florida, the judges of the Circuit Courts agreed that something had to be done to relieve the congestion in the criminal justice system and in the jails. The strategic plan that was developed involved an innovative approach of securing the cooperation and commitment of the Court system, the Corrections Department, the Health and Rehabilitative Services, and even the educational institutions and labor unions. Judge Herbert Klein was empowered to develop the "Diversion and Treatment Program" or DATP, which came into existence in June of 1989. Under the guidance of the staff at the Lincoln clinic, acupuncture detoxification became one of the primary components of this alternative to incarceration program.

Designed to serve primarily the first-offender cocaine user, the Dade program involves a drug treatment phase, monitoring of offenders, and an educational and vocational component, which includes the opportunity to attend literacy classes, to learn English, to pass the G.E.D., or to get vocational training and an apprenticeship run by various unions. If they choose not to go into the program, their case is set for trial; if they drop out, they may be rearrested.

Statistics as of April 1991 were provided by Timothy Murray, Director of the Office of Substance Abuse Control for the Metro-Dade area. (See Appendix K) He reported that 4,296 defendants have been placed into the program. Over 1,600 clients have successfully completed treatment and have returned to society. In most cases they leave the program with full-time employment. Less than 3% of this group have been rearrested on new charges.

1,153 clients are presently in treatment; of this group, 9% have been rearrested.

500 have had their charges dismissed for reasons not related to the program.

Almost 1000 clients have failed to comply with the program

(most in the earliest stages of treatment), been rearrested, or referred to other Courts for prosecution.

Costs for the program are approximately \$500 per client with increased traffic fines and general revenue funds bearing the additional costs associated with the program. The total budget for 1991 is \$1,497,902, which includes intake, treatment and aftercare. If additional resources can be secured, there are plans to expand the Drug Court concept to include additional offenders. The County has also increased from 84 to 541 the number of beds committed to drug treatment within the jail system at an additional cost of \$983,100 annually. While the cost of treatment is less than the cost of a extended jail sentence, there are no estimates given of the savings to the County as a result of this program.

#### **Outpatient Services - The Hennepin County (Minneapolis) Program**

Robert T. Olander, Director of the Hennepin County Chemical Health Division provided a 1990 outline of their Community Services Program and the 1988 and 1989 Acupuncture Annual Reports. (See Appendix L) They describe the Acupuncture Services Program as one of several intervention and treatment options and as an adjunct to other programs. It serves three off-site Pilot Projects in conjunction with other modalities of treatment. Begun four years ago, it was developed from the Bullock research study done with chronic alcoholic recidivists and now serves approximately 1,100 clients each program year. The programs are staffed by RN/Acupuncturists and substance abuse counselors.

The 1989 Annual Report from one of the three Pilot Projects offered this statement. "In 1987, Eden Day experienced a sharp increase in the number of crack/cocaine specific clients entering treatment. We found ourselves ill equipped to deal with the withdrawal symptoms associated with cocaine cessation...We began searching for an effective detoxification tool that could be incorporated into an outpatient treatment program...Acupuncture became an integral part of Eden Day's program schedule as well as the foundation for subsequent treatment." (See page 13) Acupuncture treatment in conjunction with outpatient therapy increased the overall effectiveness of the program by reducing withdrawal symptoms, increasing retention, increasing completion and reducing overall length of stay. Eden Day now reports a 74.2% client retention rate.

#### **Outpatient and Inpatient Acupuncture Services - Multnomah County (Portland, Oregon)**

In an evaluation of the Acupuncture Detoxification Demonstration Project at the Hooper Center during 1988-89 (See Appendix M), Carolyn Lane took random samples to measure

demographic characteristics and differences of the client population and to provide data on client response to acupuncture treatment. Clients received treatment in both inpatient and outpatient clinics with no significant demographic differences in the groups.

More detox inpatients who participated in acupuncture completed their detox program than those who did not. Almost three-quarters of both drug and alcohol outpatients reported coming to acupuncture clinics for relief of withdrawal symptoms; there was no data to verify how many clients continue through withdrawal to maintenance in the outpatient clinics. In random samples of inpatients, more clients were arrested after acupuncture treatment than before, but among the outpatients treated, fewer were arrested after treatment. The evaluator noted many variables in the sampling but found reason for "cautious optimism."

#### **Private and Public Clinics - New Jersey**

Three acupuncture detoxification programs are being operated in different locations. Two are private clinics with research or treatment grants; one is a public health clinic for all abusers. A \$35,000 clinical research pilot project conducted with homeless substance abusers resulted in a grant of \$175,000 from the N.J. Department of Human Resources for a permanent acupuncture program in Jersey City.

Lahary L. Pittman, who conducted the pilot program on homeless substance abuse, concluded in his published report that acupuncture improved patients' mental status and coping skills and decreased their withdrawal symptoms and cravings. (See Appendix N) 80% of the sample group completed the ten-day detox requirement and 50% of them went on to attend treatment for 29 or more days. Experts agreed that retention in a program is a major factor in an individual's ability to become drug-free. Those results were obtained without the assistance of counseling, a twelve-step support group, or other therapy normally offered in a permanent acupuncture drug treatment clinic.

#### **Substance Abuse Program - Austin, Texas**

A program operated through Mental Health and Mental Retardation was originally a methadone clinic, but needed to find ways to deal with the volume of cocaine patients. Auricular acupuncture with five points of insertion by disposable needles has been successful in early term withdrawal in conjunction with the use of existing techniques of counseling and a twelve-step recovery program. They report that acupuncture patients have a higher rate of compliance than regular patients. According to Program Director, Carla Wilson, auricular acupuncture therapy is not considered traditional acupuncture and therefore does not



fall under the practice of medicine and is being done in Texas by trained substance abuse counselors.

#### **Other Examples of Acupuncture Detoxification**

(1) The Los Angeles County Sheriff's Department has established a program for approximately 500 of its inmates.

(2) A program for Native Americans has been set up on the Crow and Sioux reservations, where recipients have been very receptive to this therapy for substance abuse and recidivist alcoholism.

(3) A protocol approved by the National Acupuncture Detoxification Association (NADA) was established within private industry as a part of their Employees' Assistance Program at General Motors in Flint, Michigan. With this program, addicted employees have completed the program 2-6 times as frequently as those without the assistance of acupuncture.

(4) According to information provided by NADA, by the state regulatory boards, or from published materials, acupuncture detox programs exist in some form and within a variety of settings in at least these following places:

Colorado	Michigan
New Jersey	New York
Massachusetts	Minnesota
Florida	Pennsylvania
Washington	District of Columbia
Maryland	Texas
California	Connecticut
Oregon	Puerto Rico

#### **Support for the Use of Acupuncture in Criminal Justice Settings**

##### **The National Association of Criminal Justice Planners**

The NACJP is an organization composed of criminal justice professionals, primarily from urban areas in the United States; it focuses on improved cooperation, planning and management of criminal justice programs. In letters from its Executive Director and Assistant Director, the NACJP has indicated its support for acupuncture as a "gateway" treatment to be coordinated with traditional therapies. The absence of cost-effective drug treatment programs for the criminal justice population has led NACJP to consider the potential of acupuncture for programs based in jails, for diverted offenders, and as part of probation.

A summary of research and options, entitled Acupuncture Treatment for Drug Addiction in the Criminal Justice System,

prepared by Mary Shilton, Assistant Director of NACJP, pointed to the problems for criminal justice professionals and substance abuse providers. (See Appendix O) Specifically, the problems are a lack of treatment resources for drug addiction, controversy over types of treatment, and the absence of leadership at the federal level. Her observations of drug treatment protocols using acupuncture are that they are effective in the diminution of cravings and produce results when used in combination with counseling.

### **National Center for State Courts**

Briefing Papers entitled Drug Issues Affecting State Judicial Systems were prepared for the Conference of Chief Justices and Conference of State Court Administrators Advisory Committee on Drug issues Affecting State Judicial Systems as a joint project of the National Center for State Courts and the Bureau of Justice Assistance. (See Appendix P) In two of the briefing papers, the authors took a look at programs where acupuncture has become an important component.

In the paper on "Improved Management of Drug Cases Without Additional Resources," the innovative approach initiated by Judge Herbert M. Klein in Dade County, Florida was hailed for the establishment of a Coordinating Committee to improve the processing and resolution of drug cases. The authors observe that, "Full court involvement in coordinating committees and in fashioning and trying innovative, and often unusual, programs like Comprehensive Adjudication of Drug Arrestees, Differentiated Case Management and acupuncture will place the courts in a position unfamiliar to them...The stakes in the drug war are simply too high for the courts not to take the risks that may come with these actions." (See page 4-15)

In the paper on "Intermediate Punishment Options," the authors reviewed a "broad spectrum of sanctions and programs." The alternative programs which are being used in lieu of incarceration have creditability "because they are believed to provide appropriate supervision levels and recidivism rates that are no higher than prison." (See page 6-1) Included in the discussion of punishment options are the acupuncture programs at Lincoln Medical Center and in Dade County. Acupuncture was described as non-judgmental, "user-friendly," non-addictive, and the least expensive of the intermediate sanction drug programs reviewed.

### Acupuncture in the Context of a Comprehensive Treatment Program

It has been emphasized repeatedly that acupuncture should not be regarded as a "cure for addiction." The most ardent proponents of auricular acupuncture describe it as an adjunct

that empowers people to enter treatment. It should never be viewed as a cure but should only be utilized as a component in a comprehensive psycho-social rehabilitation program. Therefore, this study finds that:

° No evidence has been presented to indicate the effective use of auricular acupuncture as a treatment modality without the support and involvement of a total treatment program. To be useful in detoxification and early withdrawal from drugs, auricular acupuncture must be combined with a broad-based program of counseling and other interventions in order to be considered effective.

In his published testimony to Congress, Dr. Michael Smith categorized the treatment in this statement: "Acupuncture is a foundation for psycho-social rehabilitation so that counseling, drug-free contracts, educational and employment referrals, and Narcotics Anonymous are essential parts of the program." (See Appendix J) In her observation of the Smith program at Lincoln Hospital, Dr. Hoegerman noted that, "Conventional counseling, drug screening, participation in self-help groups such as alcoholics anonymous, narcotics anonymous and cocaine anonymous, vocational training, and traditional management of medical, obstetric and psychiatric problems are rigorously attended to in his treatment program." (See Appendix F) Coordination of services and information with the various systems characterizes successful programs such as the ones at Lincoln and Dade.

Acupuncturists and addiction specialists who have written or testified for this study have agreed that acupuncture is not a panacea for addiction. A distinction must be made between detoxification and recovery - acupuncture does not address recovery, but must be regarded as an adjunct to long-term treatment leading a patient to recovery.

Comments include:

From Michael O. Smith, M.D., Director of the Lincoln Program: "Acupuncture is used as an adjunct that empowers people to enter treatment."

From Carla Wilson, Director of Mental Health Clinic in Austin, Texas: "Our program using auricular acupuncture has been successful in early term withdrawal in conjunction with the use of existing treatment techniques of counseling, twelve-step programs and other interventions."

From Andrew M. Baer, M.D., Internist/Addictionist in Arlington: "Detoxification is not treatment for addiction nor does it constitute recovery. Detoxification is the process of getting a patient off of drugs...Addiction is not curable. It can be arrested by the maintenance of the recovery state. This

is accomplished presently by involvement in Alcoholics Anonymous, Narcotics Anonymous, or other 12 step programs." Dr. Baer advocates the use of acupuncture along with other treatment modalities for detoxification, but says "it in itself does not address recovery."

From Alan I. Trachtenberg, M.D., researcher for the American Academy of Medical Acupuncturists: "(Acupuncture) may have true efficacy as a treatment modality. If not, it may at least serve as a useful "hook" to bring addicts from the street into a relaxing, drug-free, group setting."

To view acupuncture as a stand-alone treatment has proven to be fallacious thinking. Practitioners and researchers do not recommend its use as a clinical protocol without the supportive systems of counseling and rehabilitation.

Addiction is described by the Office of Treatment Improvement of the ADAMHA in the U.S. Department of Health and Human Services as a "chronic, complex bio-psycho-social disorder...with a host of physical, psychological and environmental factors that contribute to the onset and maintenance of addiction in any single affected individual. As a consequence, there is no single intervention which constitutes effective treatment for this disorder...Focusing on any single intervention, such as acupuncture, to the exclusion of a broader array of interventions designed to address the host of addiction-related diseases and disorders clinically indicated in most patients, does not make for sound public health policy." (See Appendix I)

### Recommendations

With the demonstrated necessity for coordinated, comprehensive detoxification and treatment services, this study makes the following recommendation:

**That should auricular acupuncture be utilized as a treatment modality for substance or alcohol abuse, it should only be done within the context of an established, comprehensive treatment program.**

With the limited knowledge of the use of acupuncture among those involved with substance abuse services in Virginia and with the continuing review of the efficacy of acupuncture and its relative role in treatment, some have suggested a pilot or demonstration project for the Commonwealth would be a prudent consideration. We have received a letter of support for the use of acupuncture in detoxification facilities from one agency under a Community Services Board. John N. Volpe, Ph.D., Director of Alcohol and Drug Services for Fairfax-Falls Church writes that their program is constantly seeking new ways of providing care to

clients. They would be interested in exploring the efficacy of acupuncture as an ancillary treatment modality within their total program. Such a locally-based out-patient facility or a correctional facility could be considered for a demonstration project. Therefore, the study also recommended that:

**That should a demonstration project be considered for implementation, it should be done by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) in cooperation with selected organizations such as Community Services Boards or with the Department of Corrections. An assessment of costs and benefits could assist localities or departments in determining the advisability of the inclusion of auricular acupuncture in substance abuse clinics or in the creation of acupuncture-based court diversion programs.**

**If a demonstration project should be undertaken, there would be some initial funding required. If it should prove to be effective, there would be little or no budgetary considerations after the initial phase since the addition of auricular acupuncture as an adjunct to treatment could be incorporated into existing programs within current funding mechanisms and could theoretically result in a cost-savings due to a reduction in recidivism.**

### CHAPTER III; STAFFING AND DELIVERY OF ACUPUNCTURE TREATMENT

To understand the delivery of acupuncture treatment in substance abuse treatment settings, the study has examined the staffing of such programs and considered the assertion made in HJR 478 that "acupuncture is a simple procedure which can be applied in almost all chemical dependency treatment settings by a wide range of health-care professionals."

#### **The NADA Training Protocol**

The practice of auricular acupuncture for detoxification purposes is performed in the United States by a variety of individuals which may include a supervising licensed physician-acupuncturist, licensed non-physician acupuncturists, substance abuse counselors, registered or practical nurses, midwives, and others. In order to establish some standard for training of these individuals who are employed in hospitals, clinics, jails, and shelters, Dr. Michael Smith has been instrumental in the creation of the National Acupuncture Detoxification Association, Inc. (NADA). NADA has initiated a training and certification program for physicians and related staff which is approved by the New York State Department of Education and conducted within the Lincoln clinic. (See Appendix Q) Drug and alcohol abuse treatment providers in other places now refer their directors and staff members to Lincoln for training in acupuncture detoxification. The NADA protocol has also been adopted for the training of service delivery personnel by community and hospital programs in other states and abroad. NADA stresses the importance of an overall treatment program and accepts for training only those individuals sponsored by an agency that provides a full array of substance abuse services. In their informational brochure, NADA says it "is not promoting acupuncture detoxification as a commodity. We are demystifying this technology and seeking to train and certify a broad class of practitioners and programs."

NADA certifies trainees as "acupuncture detoxification specialists" after a satisfactory four-week term of apprenticeship and the completion of the training protocol. That protocol includes the use and limitations of the treatment, the consistent use of sterile precautions, an understanding of the theory and practice of ear acupuncture, and the relationship of acupuncture to an overall treatment plan at various stages of rehabilitation. Certified specialists also receive training in counseling skills and ethical responsibility, and they are instructed that they have been trained to perform ear acupuncture only in relation to substance abuse and not to any other type of problem.

While the training program is of shorter duration than the general acupuncture certification programs which generally

require educational prerequisites and a two-year course of didactic and clinical training (such as that approved by the National Commission for the Certification of Acupuncturists), it is more specific to the needs of the substance-addicted person. The curriculum of most acupuncture programs is broadly-based for the treatment of a variety of health disorders. Short-courses for physicians in the use of electro-acupuncture are useful; but addiction experts have observed that the use of electro-acupuncture for the treatment of drug-dependent persons is not as effective as the traditional use of needles and point locations. NADA will also arrange demonstration clinics and program development consultation to blend an acupuncture component with existing services.

At the public hearing conducted for this study, the Reverend Lynwood Fonville, Director of the "Just Say No" program in Richmond, identified himself as an acupuncture detox specialist trained in the NADA protocol at Lincoln hospital. As such, he had hands-on experience in performing most functions at the N.Y. clinic - from intake to insertion of acupuncture needles. He provided the Committee a copy of his one-year, renewable training certificate from NADA, the tea mixture provided patients, and the needles used at Lincoln. In his observation of the Lincoln program, the success of the modality can be attributed to the client bond established with counselors during the course of treatment. He also testified to the Committee that he believed the use of disposable needles would be safer and cheaper in the final analysis.

Lahary L. Pittman, a member of the Board of Directors of NADA and director of a public health clinic funded by the Jersey City Department of Human Resources, responded to our question on who should perform auricular acupuncture for substance abuse. He strongly urged the any persons performing this specialized service be required to become NADA trained and certified. He says, "The NADA position is that the detox treatment should be performed by counselors, RN's, recovering people, etc., who are already in facilities and have pre-existing working relationships with the abuser--people who are primary chemical dependency professionals who can add this training to their effort. The acupuncture community, by and large, is not invested into, nor knowledgeable of substance abuse dimensions."

#### **Regulation of Auricular Acupuncture in Other States**

To gather data on the practice of acupuncture in other states, we requested licensing boards to provide their regulations and laws and information on existing or proposed acupuncture treatment programs.

To date, a specific exemption for auricular acupuncture performed in substance abuse treatment has been enacted by a few states. A New York law provides an exemption for non-licensed

health or mental health professionals to do acupuncture in certain types of programs and under the general supervision of a physician certified to practice acupuncture or under a licensed acupuncturist. In Massachusetts, the Department of Public Health, Division of Substance Abuse Outpatient Counseling Services allows acupuncture detoxification treatment in an approved Public Health facility. In Texas, auricular acupuncture is not considered to be the practice of acupuncture and is being performed by substance abuse counselors in a clinic in Austin.

Some programs have been initially established for acupuncture detoxification under a pilot project grant or as a research project and have received a specific exemption from licensure requirements for the acupuncture therapists under supervision.

### **Regulation of the Practice of Auricular Acupuncture in Virginia**

In the House Joint Resolution that requested this study, the Board of Medicine was asked to "examine the feasibility of utilizing acupuncture as a treatment modality for substance abuse." Under present laws and regulations governing the definition or practice of acupuncture, there is no language to specifically include or exclude the use of auricular acupuncture as a treatment modality. The study finds, therefore, that:

- ° **The utilization of auricular acupuncture as a treatment modality for substance abuse is feasible under present Virginia law.**

Licensed physician acupuncturists in Virginia are in fact utilizing the modality in their practices for treatment of addiction. Virginia physicians who responded to our request for information for this study reported its use in Northern Virginia, Charlottesville, Tidewater, Richmond, and other localities. Dr. Garland Simpkins of Norfolk testified that a clinic using the Lincoln Hospital protocol was begun in that city in 1979; he reported that it was unsuccessful because it did not provide the counseling necessary for recovery. With the acknowledgement that detoxification is only the first step, another effort is being made to initiate a new clinic with acupuncture as only one component in a comprehensive treatment and recovery plan.

In acupuncture treatment programs across the U. S., individuals from varied backgrounds and professions have been trained as auricular acupuncture technicians for substance abuse. Clearly, the use of ancillary personnel trained as auricular acupuncture technicians in a treatment program or clinic is advantageous if it is to be used with large populations or is to be cost-effective. Likewise, the expansion of auricular acupuncture treatment into the public sector or as an alternative



to incarceration is somewhat dependent of the ability of technicians to assist the physician acupuncturist in the delivery of the service. Therefore, the study also finds that:

° Data provided by treatment programs and testimony given at the public hearing have demonstrated that a wide range of health and substance abuse personnel can be trained to perform the procedure of auricular acupuncture for the specific purpose of detoxification or addiction control. We believe that such a procedure could be considered to be of a non-discretionary and non-judgmental nature and therefore permissible to trained personnel under the direct supervision of physician acupuncturists under current Virginia law. (Section 54.1-2901)

If the delivery of auricular acupuncture in substance abuse programs performed by trained technicians under direct supervision of licensed physician acupuncturists according to statutory provisions in the Code for nondiscretionary, non-judgmental activities is debatable, then the legislature would need to consider an exemption for auricular acupuncture used exclusively and specifically for substance abuse in the statutory exclusions listed in the definition of the "Practice of acupuncture" found in Section 54.1-2900.

In Section 54.1-2901, the Code of Virginia provides certain exceptions and exemptions from the General Provisions on the Practice of medicine. The provisions of the chapter do not prohibit a "physician from delegating to personnel in his personal employ and supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by physicians, if such activities or functions are authorized by and performed for such physicians and responsibility for such activities or functions is assumed by such physicians."

The delegation of such a procedure might be possible since auricular acupuncture for substance abuse treatment is described as a relatively simple procedure involving the insertion of 3 to 5 acupuncture needles in specific points on the ear. Needles are inserted 1/8" bilaterally just under the skin. The procedure does not vary from patient to patient and could therefore be considered nondiscretionary and not requiring professional judgment. Sterile practices and attention to other medical needs would be supervised by the responsible physician acupuncturist.

Effective July 1, 1991, the "Practice of acupuncture" is described in Section 54.1-2900 of the Code of Virginia as "the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception

of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, osteopathic manipulative techniques nor the use or prescribing of any drugs, medications, herbal preparations, nutritional supplements, serums or vaccines." Should a decision be made to institute such a program for addiction, the legislature may want to consider the addition of auricular acupuncture...used exclusively and specifically for substance abuse treatment in the listing of activities excluded in the practice of acupuncture.

### **Recommendations**

While the direct supervision of a physician acupuncturist over the administration of auricular acupuncture would provide reasonable safety to the public, concerns about training and sterilization have led to two additional recommendations:

**That any personnel trained to perform auricular acupuncture under the supervision of physician acupuncturists receive their training in a program with a protocol approved by the Board of Medicine similar to that approved by the National Acupuncture Detoxification Association, Inc. (NADA)**

**and**

**That auricular acupuncture treatment for alcohol or substance abuse should be performed only with the utilization of disposable needles.**

Evidence gathered by this study has indicated a need to have some standard for training in the specific procedure of auricular acupuncture. The NADA protocol, developed at Lincoln Hospital, has become nationally recognized by the acupuncture programs and their directors and would therefore serve as a standard, subject to approval by the Board.

Likewise, concerns expressed about the transmission of disease through unsafe sterilization practices have indicated the need to require the use of disposable needles in settings where auricular acupuncture for substance abuse treatment is being performed. At the Public Informational Hearing before the Acupuncture Advisory Committee, several individuals trained and experienced in the acupuncture treatment attested to the low cost and added safety of using disposable needles. There was testimony which described costs of approximately \$1.50 for a pack of five disposable needles. Use of disposable needles would

necessitate proper disposition of used equipment but would eliminate the concerns about the reuse of needles.

### Conclusion

To sum up the findings of the study of the utilization of acupuncture as a treatment modality for substance abuse, the Virginia Board of Medicine finds:

° That scientific evidence of the efficacy of acupuncture as a treatment modality remains inconclusive.

° That clinical reports from acupuncture-based treatment programs and anecdotal reports from addicted individuals offer subjective evidence of the benefit of auricular acupuncture as a treatment intervention.

° That no evidence has been presented to indicate the effective use of auricular acupuncture as a treatment modality without the support and involvement of a total treatment program. To be useful in detoxification and early withdrawal from drugs, auricular acupuncture must be combined with a broad-based program of counseling and other interventions in order to be considered effective.

° That the utilization of auricular acupuncture as a treatment modality for substance abuse is feasible under present Virginia law.

° That data provided by treatment programs and testimony given at the public hearing have demonstrated that a wide range of health and substance abuse personnel can be trained to perform the procedure of auricular acupuncture for the specific purpose of detoxification or addiction control. We believe that such a procedure could be considered to be of a non-discretionary and non-judgmental nature and therefore permissible to trained personnel under the direct supervision of physician acupuncturists under current Virginia law. (Section 54.1-2901)

If the delivery of auricular acupuncture in substance abuse programs performed by trained technicians under direct supervision of licensed physician acupuncturists according to statutory provisions in the Code for nondiscretionary, non-judgmental activities is debatable, then the legislature would need to consider an exemption for auricular acupuncture used exclusively and specifically for substance abuse in the statutory exclusions listed in the definition of the "Practice of acupuncture" found in Section 54.1-2900. acupuncturists under current Virginia law.

With these findings in mind, the Board has made the following recommendations:

1. That the Governor's Council on Alcohol and Drug Abuse Problems or some specifically created task force to include representatives of the Departments of Health Professionals, MHMRSAS, Corrections and others, should review the findings and recommendations of this study and continue to monitor the research and collection of data on the utilization of auricular acupuncture in substance abuse treatment programs.
2. That should auricular acupuncture be utilized as a treatment modality for substance or alcohol abuse, it should only be done within the context of an established, comprehensive treatment program.
3. That should a demonstration project be considered for implementation, it should be done by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) in cooperation with selected organization such as Community Services Boards or with the Department of Corrections. An assessment of costs and benefits could assist localities in determining the advisability of the inclusion of auricular acupuncture in substance abuse clinics or in the creation of acupuncture-based court diversion programs.
4. That personnel trained to perform auricular acupuncture under the supervision of physician acupuncturists receive their training in a program with a protocol approved by the Board of Medicine similar to that approved by the National Acupuncture Detoxification Association, Inc. (NADA)
5. That auricular acupuncture treatment for alcohol or substance abuse should be performed only with the utilization of disposable needles.

## APPENDIXES

Included in this section are abstracts of the appendixes referred to in the study report. The full text of each of the appendixes may be found in the office of Hilary H. Connor, M.D., Executive Director of the Virginia Board of Medicine at 1601 Rolling Hills Drive, Richmond, VA 23229.

### **Appendix A: House Joint Resolution 478**

The full text of HJR 478 is found at the beginning of this document. The resolution, patroned by Delegate Jerrauld C. Jones, requested the State Board of Medicine to examine the feasibility of utilizing acupuncture as a treatment for substance abuse.

### **Appendix B: "Acupuncture as a Detoxification Modality"**

This article authored by John A. Newmeyer, Ph.D., Gregory Johnson, Ph.D., and Steven Klot, Ph.D., appeared in the Journal of Psychoactive Drugs, Vol. 16, July-September, 1984.

The article reviewed the findings of an 18-month study of the efficacy of acupuncture in the treatment of a population of opiate abusers from the San Francisco area at the Haight-Ashbury Free Medical Clinic. The effects of acupuncture detoxification on 297 heroin abusers were investigated by the use of 30-minute sessions of electrostimulation auricular acupuncture in comparison with traditional methods of medication and counseling.

In this study, a major weakness of acupuncture proved to be its failure to attract a significant cross-section of heroin addicts, and attrition was greater than the sample receiving medication. For those who were retained in acupuncture treatment, improvement was reported in symptomatology and heroin use. Only five percent reportedly had detoxified completely. While acupuncture had the advantage of cost-effectiveness, its narrow appeal to a younger, more educated, soft core user was found to have a limiting effect.

### **Appendix C: "Acupuncture Treatment for Crack: Clinical Survey of 1,500 Patients Treated"**

This article authored by Michael O. Smith, M.D. of the Lincoln Hospital Acupuncture Clinic appeared in the American Journal of Acupuncture, Vol. 16, No. 3, July-September 1988.

The article reviewed the treatment of crack abusers at Lincoln who had received acupuncture on the external ear in several locations. Clients were not screened or rejected for complicating diagnoses or lack of funds, and there was no comparison of sample groups receiving other forms of therapy or sham points of acupuncture. The report included a summary of the estimated outcome for 100 of the crack clients after the intake visit which showed that 10 of them had demonstrated a pattern of clean urines and regular attendance at the clinic for more than one year.

The article also described the treatment of 46 "crack mothers" referred to the clinic by Special Services for Children with a summary of the two-month outcome for this group of patients. Case histories for nine crack/cocaine clients receiving acupuncture were also reported.

Smith concluded the article with a disclaimer that acupuncture should ever be used as a stand-alone treatment; but utilized in conjunction with psychological and social intervention, it showed promise in assisting the crack abuser to reach the early sobriety stage. Acupuncture treatment was described as useful in expanding the potential use of out-patient and self-help modalities.

#### **Appendix D: "Acupuncture Treatment of Alcoholic Recidivism: A Pilot Study"**

This article authored by Milton L. Bullock, M.D., Andrew J. Umen, M.S., Patricia D. Culliton, M.A., and Robert T. Olander, M.A. was first published in the journal Alcoholism: Clinical and Experimental Research, Vol. 11, No. 3, May/June 1987 and was subsequently reprinted in 1987 in the American Journal of Acupuncture and in 1989 in The Lancet.

The authors performed a randomized trial of acupuncture on a group of 54 recidivist alcoholics at the Hennepin County Detox Center in Minneapolis. The purpose of the trial was to evaluate acupuncture therapy in specific points on the ear as compared with sham acupuncture to determine if there would be a positive effect on patient retention, drinking behavior, and craving for alcohol. Differences in the two groups were noted at the end of the study with the treatment group expressing less need for alcohol and reporting fewer drinking episodes and admissions to the Detox Center. The study results indicated that acupuncture may be a useful intervention in the cycle of recidivist alcoholism, but further investigation was necessary.

#### **Appendix E: "Acupuncture and Crack Addicts: A Single-Blind**

## **Placebo Test of Efficacy"**

This study was authored by Douglas S. Lipton, Ph.D., Vincent Brewington, M.A. and Michael O. Smith, M.D. Funded by the National Institute on Drug Abuse, the study was presented at the NIDA Technical Review Meeting on Advances in Cocaine Treatment at Bethesda, Maryland on April 16-17, 1990.

With the anecdotal reports of the effectiveness of acupuncture in the treatment of cocaine/crack abuse in mind, the authors designed a controlled study for the examination of the efficacy of auricular acupuncture in reducing individuals' cravings and consumption. One hundred and fifty people at the Lincoln Hospital Substance Abuse Division were randomly assigned either the experimental or placebo auricular acupuncture treatment in an outpatient setting for a one month period. Subjects provided urine specimens for drug content analysis after each session, and those profiles plus self reports on drug consumption and cravings were used to evaluate treatment results.

While urinalysis results indicated that experimental subjects had significantly lower cocaine metabolite levels, decreased cocaine use and reduced need for the drug were reported by both the experimental and placebo groups. Retention in treatment was identical for both groups with 15 in each group remaining in the program longer than the required two week protocol.

The study concluded with a recommendation for replication of the experiment with a focus on exploring different acupuncture point protocols, examining the effects of acupuncture in combination with other psychotherapeutic treatment techniques, and identifying the characteristics that make a person amenable to acupuncture treatment.

## **Appendix F: "Acupuncture in Substance Abuse Treatment"**

This report was given by G. S. Hoegerman, M.D. a Medical Fellow in the Division of Substance Abuse Medicine at the Medical College of Virginia in concurrence with Drs. Amir Rafii and Sidney Scholl. Dr. Hoegerman reviewed the literature and research available on auricular acupuncture for substance abuse treatment and utilized her own observations, conference attendance, and clinical training to evaluate the efficacy of the therapy. The report was made in writing to the Board, and Dr. Hoegerman testified at the Public Informational Hearing for this study.

The conclusions of the report were that: 1) Acupuncture may be a useful additional tool in a coordinated addiction treatment program; 2) The efficacy of acupuncture in improving outcomes for addiction treatment is unproven; 3) While a majority of the

prison population has a history of substance abuse, traditional treatments for substance abuse are not sufficiently available. Funding a pilot project to study the efficacy of acupuncture as part of an intensive, multi-modality substance abuse treatment program would be a reasonable approach.

**Appendix G: "Acupuncture in the Treatment of Addiction in the USA: Clinical Practice and Policy Questions for the Nineties"**

The report was prepared by Alan I. Trachtenberg, M.D., M.P.H., research and epidemiology consultant for the American Academy of Medical Acupuncture in response to our request for literature and research regarding acupuncture in substance abuse treatment.

In the report, Dr. Trachtenberg gave his synopsis of a complete MEDLINE literature search conducted in 1991 on the descriptors Acupuncture and Addiction. He found that investigation of acupuncture in the U.S. has tended to be performed more in community-based settings and less in the academic arena and is discussed in journals which he has described as being more "on the fringe." He also described the difficulties encountered in conducting a 1987 comparative study of acupuncture and methadone treatment in California. Designed as a randomized, double-blind trial utilizing non-acupuncturists for the simple and routine protocols of ear acupuncture, the study was flawed by insistence of Certified Acupuncturists who lobbied against the use of technicians under the supervision of a licensed physician.

Dr. Trachtenberg concluded his report by recognizing the urgent need for trials of the modality and a synthesis of data from existing programs around the country. He has found that acupuncture may serve as a cost-effective adjunct to addiction treatment or may at least serve as a useful "hook" to bring addicts into a treatment program.

**Appendix H: "Acupuncture: The Position Paper of the National Council Against Health Fraud"**

The article was prepared by the National Council Against Health Fraud, edited by Wallace I. Simpson, M.D., Chairman of the NCAHF Task Force on Acupuncture, and published in The Clinical Journal of Pain, Vol. 7, No. 2, 1991.

Highly critical of acupuncture as a treatment modality, the article cited its theory and practice as unrelated to modern scientific concepts. In reference to the use of acupuncture in



drug and alcohol treatment programs, the paper asserted that serious flaws in the way studies on rehabilitation have been performed make the results invalid. In conclusion, the "NCAHF believes that after more than 20 years in the court of scientific opinion, acupuncture has not been demonstrated effective for any condition."

**Appendix I: Statement from the Office for Treatment Improvement (OTI) in the Alcohol, Drug Abuse, and Mental Health Administration, U. S. Department of Health & Human Services**

In response to our request for a position statement from OTI on the use of acupuncture and its efficacy as a treatment modality for the chemically dependent, Lisa W. Scheckel, the Acting Deputy Director for Treatment Improvement wrote of their mission to improve the quality of substance abuse treatment services. Working in cooperation with the National Institute on Drug Abuse, they seek to identify interventions that have been proven through clinical trials and applied research studies. Their findings form the basis for OTI's demonstration grants and technical assistance efforts.

In stating their position, she writes that neither OTI nor NIDA is prepared to support acupuncture as a treatment modality until a research entity of some stature completes a clinical assessment on its efficacy. OTI supports a comprehensive service delivery model which recognizes the chronic, complex nature of addiction as a bio-psycho-social disorder, and they strongly recommend that the State Legislature devote its resources and statutory authority to the development of such a model.

**Appendix J: "The Lincoln Hospital Acupuncture Drug Abuse Program: Testimony presented to the Select Committee on Narcotics of the House of Representatives by Michael O. Smith, M.D."**

Dr. Smith introduced the Committee to the work of the Acupuncture Clinic in the Substance Abuse Division at Lincoln Hospital. He described the protocol used, their work with clients referred from the criminal justice system, and the special effort being made to treat crack addicted mothers. In addition, his report described work being done in Portland, Oregon, Dade County, Florida and in other settings across the country.

The Lincoln program has become the mecca for those interested in acupuncture as a modality for substance abuse treatment and has gained worldwide recognition. In order to develop some standards for the training of service delivery

personnel, the National Acupuncture Detoxification Association was founded in 1985. NADA programs are being introduced in locations ranging from the Sioux reservation to Kathmandu. Dr. Smith described acupuncture as the source of empowerment for patients to take control of their lives.

**Appendix K: Drug Court Statistics for April 1, 1991 from  
Metro-Dade County, Florida**

The statistics and program description provided by Timothy J. Murray, Director of the Office of Substance Abuse Control gave information on the outcomes for the 1600 clients who successfully completed their acupuncture-based treatment. From June 1989 to April 1991, 4,296 defendants had been placed into the program from the Drug Court in the Dade/Miami jurisdiction. Program costs and revenue sources were outlined as well as plans for future expansion.

**Appendix L: Hennepin County, Chemical Health Division,  
Department of Community Services:  
1990 Program Summary  
1988 Annual Report on the Acupuncture Program  
1989 Annual Report of Outpatient Program Services**

These materials provided by Robert T. Olander, Director of the Chemical Health Division summarized a variety of traditional and innovative approaches and programs in the Minneapolis area. The 1990 Program Summary described the Acupuncture Services Program as an adjunctive service operating at three off-site Pilot Projects and used in conjunction with other modalities to provide for treatment of the physical and emotional needs of the client. Acupuncture services are provided by a RN and a substance abuse counselor.

The 1988 and 1989 Annual Reports focused on the demographics and client satisfaction surveys conducted at the outpatient facilities. "The acupuncture program as of yet has not generated enough data to indicate sufficient claims of client behavioral predictability;" but the reports have shown positive trends which will be tracked in subsequent reports. In the annual reports from each of the three clinics, the acupuncturists, the counselors, and the acupuncture participants all attested to the benefits of the modality.

**Appendix M: Final Report, 1988-89 Evaluation  
Acupuncture Detoxification Demonstration Project  
Hooper Center, Central City Concern**

Prepared by Carolyn A. Lane, this Evaluation for the Alcohol and Drug Program in Multnomah County, Oregon contained a description and analysis of client service statistics, client characteristics, and client response to acupuncture in their inpatient and outpatient clinics. Attendance at all four of the acupuncture clinics has increased dramatically since 1987; and while slightly more women than men chose acupuncture, there were no significant demographic differences between treatment and non-treatment groups. Generally, clients seem to be seeking treatment for the first time with 75% of alcohol and 90% of drug outpatient respondents reporting that they had never before been enrolled in a detox program.

**Appendix N: "Acupuncture Detoxification for Homeless Substance Abuse" - A Clinical Research Pilot Program**

Sponsored by the Jersey City Department of Human Resources, the report on this pilot program was prepared and provided for this study by Lahary L. Pittman, C.A. This research project was the first public health acupuncture detoxification clinic in New Jersey and the first nationally to treat exclusively the homeless for drug abuse.

The study sought to establish the effects of acupuncture in relation to certain aims and objectives, which included the short term benefits of retention and reduction in cravings, the cost-effectiveness of the modality, and the susceptibility of the abusing, homeless community to the treatment. The project was also to serve as a barometer for the consideration of funding a permanent clinic and was designed to impel further clinical and scientific investigation.

**Appendix O: "Acupuncture Treatment for Drug Addiction in the Criminal Justice System" - A summary of research and options prepared for the National Association of Criminal Justice Planners**

This summary was prepared by Mary Shilton, Assistant Director for the National Association of Criminal Justice Planners, which supports the use of acupuncture as part of a treatment program for substance abuse. The major points of her summary were: 1) The problems are system-wide: lack of treatment resources for drug addiction, controversy over types of treatment, and the absence of leadership at the federal level. 2) The NACJP has closely followed the development of experimental acupuncture treatment programs and evaluations in an effort to provide information on these new developments to criminal justice managers and officials. 3) There has been a resistance to funding acupuncture treatment programs at all levels of government, particularly at the Federal level. 4) Acupuncture

studies reveal that it diminishes craving and assists addicts to participate in drug counseling.

**Appendix P: "Drug Issues Affecting State Judicial Systems"  
Briefing Papers prepared under a grant to the  
National Center for State Courts from the Bureau of  
Justice Assistance, U. S. Department of Justice**

These papers, prepared for the Conference of Chief Justices and the Conference of State Court Administrators Advisory Committee on Drug Issues Affecting State Judicial Systems, were provided by Geoff Gallas, Vice-President for Research and Technical Services. Guidelines provided by the Committees for the papers were: "To identify and disseminate information on existing state judicial system programs that have been found, based on research and evaluation, to be effective in the comprehensive adjudication of drug cases." (pg.1-1)

In two of the six briefing papers, some discussion of acupuncture-based treatment programs was included. In "Improved Management of Drug Cases Without Additional Resources," the use of Coordinating Committees such as found in the Dade County program was touted as an effective approach to handling the overwhelming load of cases. In the paper on "Intermediate Punishment Options," acupuncture was described as the least expensive of the intermediate alternatives and as effective in partnership with the Criminal Justice Systems in such places as Lincoln in New York and Dade County in the Miami area.

**Appendix Q: Acupuncture Detoxification Training Institute**

Provided by Dr. Michael O. Smith, M.D., founder of NADA, this manual described the training program for auricular acupuncture to be used in substance abuse treatment. The Institute is conducted at Lincoln Hospital Medical & Mental Health Center, Drug-Free Acupuncture Clinic in the Bronx, New York. The manual listed the faculty of the Institute, outlined the training protocol and apprenticeship, and established goals for completion. It also summarized their program consultation and training support system which are available to client agencies.