

This is the abstract of a study selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the United Kingdom. It was not published by Drug and Alcohol Findings. Unless permission has been granted, we are unable to supply full text. Click on the [Title](#) to visit the publisher's or other document supplier's web site. Other links to source documents also in blue. Hover mouse over orange text for explanatory notes. Free reprints may be available from the authors - click [Request reprint](#) to send or adapt the pre-prepared e-mail message. The abstract is intended to summarise the findings and views expressed in the study. Below are some comments from Drug and Alcohol Findings.

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### ► [Auricular acupuncture as an adjunct to opiate detoxification treatment: effects on withdrawal symptoms.](#)

**Bearn J., Swami A., Stewart D. et al.,** [Request reprint](#)

**Journal of Substance Abuse Treatment: 2009, 36, p. 345–349.**

From south London, one of only a handful of randomised studies trialling acupuncture for opiate detoxification adds to the accretion of 'ineffective' verdicts, raising the question of why the treatment continues to be popular.

**Abstract** The issue addressed in the study was whether supplementing a standard inpatient methadone-based detoxification with acupuncture would 'add value' by further relieving craving and the severity of withdrawal symptoms. Standard treatment at the specialist unit in London was based on stabilisation on methadone then reducing doses over 10 to 14 days. Total stays were intended to last four weeks. For the study, 82 opiate dependent patients **provided data** after being randomly assigned to receive **ear acupuncture** daily for two weeks during their stay, or instead to undergo a similar procedure involving attaching clips to the ear. Patients were told that this too was an active treatment, though as far as was known it did not have nor was it intended to have any impacts on withdrawal severity or craving. Daily measures of withdrawal severity and craving were taken using standard questionnaires. Urine screening was used as an objective assessment of treatment adherence. On none of the 14 days nor over the entire fortnight were there statistically significant differences between patients allocated to 'real' acupuncture and the 'sham' treatment. Such statistically insignificant differences as there were favoured the 'sham' treatment, in the last few days of which patients experienced slightly less intense craving and withdrawal symptoms than acupuncture patients during the same period. The authors commented that the results are consistent with the findings of other studies which failed to find any effect of acupuncture in the treatment of drug dependence. They expressed concern that despite negative research findings, acupuncture continues to be widely seen as an effective intervention by workers and patients.

 This is one of only a handful of randomised studies trialling acupuncture for opiate detoxification. Lack of impact is particularly disappointing as if anything the

**circumstances favoured** the 'real' protocol. Like the featured study, previous studies of acupuncture in the treatment of opiate addiction have been unconvincing, leading **a reviewer** to conclude that such positive findings as there have been were due to placebo effects. What seems to have been the only **previous randomised trial** of acupuncture for opiate detoxification available in English was conducted in an outpatient clinic in San Francisco. In a programme with dramatically poor retention in either of the studied treatments, retention was nevertheless significantly improved by assigning patients to recommended ear acupuncture as opposed to a similar, but non-recommended, 'sham' procedure. However, by the last week of the three-week treatment period there was no difference in **known** heroin abstinence rates, which in both cases were around a very poor 7%. Even in respect of improved retention, it is **impossible to exclude** the possibility that this was due to patients' awareness of which was intended to be the active treatment. A **second randomised study** available only as an abstract found that prior body acupuncture attenuated the increase in withdrawal severity after rapid detoxification using an opiate antagonist. It seems that no 'sham' treatment was used as a comparator, leaving the possibility that simply doing *something* in the lead up to the detoxification which patients expected to make them more comfortable was the active ingredient, rather than acupuncture itself.

The 'ineffective' verdict on acupuncture extends to the **treatment of cocaine dependence**, while an **attempt to replicate** earlier positive findings in the treatment of alcohol dependence using a more definitive research design found no benefits in terms of drinking reductions and worse retention.

These studies concerned patients already attracted to treatment and generally compared real acupuncture to a pretend but still convincing alternative. The possibility remains that offering something concrete like acupuncture helps attract people to services, and that doing something both clients and staff believe is worthwhile (even if it is a 'sham' procedure) helps **retain patients** in treatment, and in doing so could improve outcomes. Just such a role was **specified** in recent guidance from the National Treatment Agency for Substance Misuse **on treatment intervention costing** and on **treatment systems**. Such considerations may explain why despite no convincing evidence of efficacy, acupuncture continues to feature in many of the **treatment plans** developed by local partnerships responsible for commissioning services in England.

*Thanks for their comments on this entry in draft to Jennifer Bearn, Michael Gossop and John Witton of the National Addiction Centre in London and Russ Hayton from the Plymouth Drug and Alcohol Action Team. Commentators bear no responsibility for the text including the interpretations and any remaining errors.*

Last revised 29 March 2009

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