

Combining NADA Acupuncture with Diagnostic Body Acupuncture in the Treatment of Addiction

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ABSTRACT

Rachel Peckham and Jacqueline Mangold both worked as clinicians/clinical supervisors at the Core Trust over a collective period of fourteen years. The Core Trust is a community based rehabilitation programme for people with substance misuse problems. The model used is innovative, interesting and successful; offering acupuncture and counselling/psychotherapy as the main treatments.

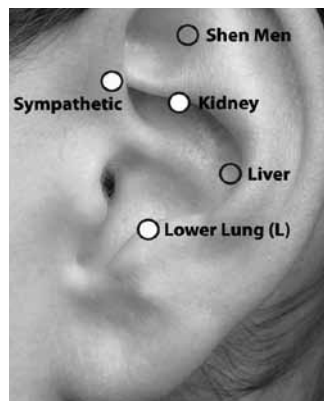
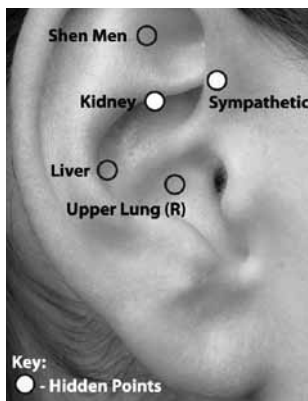
This paper is written in two parts reflecting both authors' experience and observations as clinicians at the Core Trust. Rachel ran a study on the role and the impact of the NADA auricular acupuncture group treatment given daily at the project. Twelve participants, at different stages of the programme were interviewed once as a means of data source, and a qualitative analysis was carried out using grounded theory. Jacqueline collected data via MYMOP questionnaires from clients that were receiving one to one body acupuncture at the onset and end of their treatment.

Results from both raise interesting questions about the nature of addiction and the positive role acupuncture can play in the recovery of the addicted person.

Key words: *Core Trust, addiction, auricular acupuncture and body acupuncture, emotions*

INTRODUCTION

The NADA protocol is a standard, non-diagnostic treatment involving up to five auricular points (see illustration). It is used as an adjunct to other therapies as part of a treatment programme, such as counselling and group work. Many drug/alcohol agencies, prisons and mental health organisations across the UK and globally, use NADA as part of their recovery programmes. Margaret Pinnington (2001) documents the origins of NADA and the development of NADA-UK Training.



My experience of using the NADA protocol stems from the five years I spent working as a therapist and clinical supervisor at the Core Trust in London. The Core Trust is a community based structured day programme, for people who have problems with addiction to drugs or/and alcohol. The project uses predominantly acupuncture and psychotherapy as the main individualised treatments on offer and works towards the client becoming drug/alcohol free. A number of other complementary therapies were also available according to need, plus two daily psychological groups and the NADA acupuncture group.

During my time at Core, the area I was most drawn toward, and provided treatment for, was the NADA group treatment. Clients would have the same five auricular points applied, and then sit quietly with their needles in for forty minutes. Many clients would be receiving this treatment on a daily basis, sometimes for many months, and initially this would be the only treatment they would be receiving before being offered one to one treatment.

It was in the NADA groups that I witnessed the most dramatic changes in the clients. Quite simply, it was often a case of a client presenting in a terrible state; depressed, ill, sometimes with little will to live, and desperate. Often I would notice, or the client would say, that after the treatment they felt different, more hopeful, less ill, and indeed they would leave looking more alive.

Statistics at the time of the study, demonstrated that Core had a higher retention rate of clients, compared to other drug and alcohol services in London, (London Drug and Alcohol Services Purchasing Directory, 2000). These services also used the NADA protocol as part of the treatment offered. In the year 2000, 89% of clients presenting stayed longer than four weeks at Core, compared to 64% of clients presenting at other drugs services in London. In the same year, the average length of stay at Core was 22 weeks, whereas at other day programmes, it was nine weeks.

It should be said that at the time of this study, research and collection of evaluation data at Core was pretty much non-existent. This was due to a constant lack of funding and daily operation was run on a shoestring budget. As a result there have been no equivalent studies since this, which was self funded. In 2008, Core merged with the Westminster Drug Project and now runs a different programme.

The NADA protocol was always given daily, within a group format at 10 am; I was interested as to whether these factors may have been instrumental in promoting higher retention rates at Core and decided to carry out a study.

I was particularly interested in the group setting, and this formed the focal point of my study; namely a) the importance of the daily dose of the treatment for the clients, and b) if clients felt it important to receive the treatment in a group setting. The aim of the study was to understand the client's experience of the auricular acupuncture and to see whether this had any significance concerning the high retention rates at Core. The design of the study was exploratory, using a qualitative methodology. Cross-sectional data was collected via semi-structured interviews with twelve individuals at different stages of their rehabilitation. Analysis was in the form of identifying themes and patterns into categories and sub-categories according to Miles and Huberman (1994).

At the time of the study the following figures were shown in the Core Trust annual report 2002: of clients who completed the programme, 54% were male and 46% female. In terms of substances used: 35% alcohol, 33% poly drug use, 20% heroin, 10% crack cocaine and 2% other.

Format and methodology of study

Twelve 30-minute interviews were carried out in total. As a former member of staff at the project I was in an advantageous position of having a good understanding of the workings of the programme, as well as being very familiar with the treatment. I was known only as the 'researcher' to the clients and not a practitioner. As I was not carrying out any treatment on any of the interviewees, this eliminated any loyalty from them towards me, in terms of wanting to give positive feedback in order to 'please' me, thus reducing the potential for bias.

Cassidy (2001) talks about the importance of 'invisibility' of the interviewer to the interviewee; to be an active, encouraging listener; to allow the respondent to speak for themselves without guiding, correcting or offering advice, and to remain as neutral as possible; essentially to establish rapport with the respondent without undermining that neutrality; meaning that the person being interviewed can tell the interviewer anything without engendering the favour or disfavour of the interviewer regarding the content of their response (Patton, 1990).

Analysis of Data

As a reflexive researcher, I could not achieve an entirely objective view with which to analyse the data and make interpretations. The concepts I used were very much a part of my world and vocabulary as an acupuncturist working in this field for twelve years.

After transcribing the twelve interviews, the first step was to break down the data into units as a means of coding (Kane, 2004). One unit of meaning consisted of a passage describing an aspect of the experience of the treatment, or a sentence/sentences in response to a specific question from myself. Each unit/passage

was then grouped into a category of the same or similar meaning. This was done by extracting each unit from the interview and writing it on a card. The cards were then sorted and laid out in groups of categories in order for identification of themes and patterns emerging from the data.

Because there were specific questions asked in the semi-structured interviews such as the importance of frequency of treatment, and whether the group setting is important, it was necessary to see the distribution of the responses as well as of the emerging themes and patterns. Miles and Huberman (1994) recommend counting to achieve this.

The following table shows the main themes and sub-themes and the amount of units accorded to each. It should be noted that some of the respondents talked about the same themes more than once in the interview.

Themes and sub-themes	Units
Treatment is relaxing/calming	32
Important to receive treatment daily	23
Group setting is important	13
Treatment helps with symptoms of withdrawal	12
Treatment triggers emotional response	11
Treatment helps with cravings	10
Comparing treatment to a meditation	7
Feeling 'grounded/centred' after treatment	7
Treatment is supportive and safe	4
Prefer to have treatment alone	6
Treatment does not help with cravings	1

RESULTS

What the respondents reported when asked about their experience of receiving the acupuncture:

Of the twelve respondents, only one said that she experienced nothing from the treatment. Respondents are listed as numbers for anonymity.

Treatment is relaxing/calming

The theme that appeared most frequently was that the treatment was 'relaxing and calming'. Eleven of the twelve respondents said they experienced this during the acupuncture.

"My first experience in relation to Core, I found in the early days it was relaxing...Quite often when they (the needles) are put in, I notice immediately a change in state." "It's very relaxing and calming." (No.1). "I don't often sit for the full forty minutes, but

I find that when I do though, I do feel slightly more relaxed.” (No.7). “It’s good. I have it every day, and I find that it’s just helped me to relax and it calms me down quite a lot.” (No.10). “Mostly my experience is of being fairly calm for the next forty minutes. There’s kind of an atmosphere of calm, an atmosphere of relaxation.” (No.11).

Eight of the twelve respondents reported feeling calm and relaxed as a result of treatment more than once during the interview. No.3 referred to feeling calm six times; he emphasised the fact that he found the acupuncture invaluable at the start of the day, as he said it gave him a ‘nice calm place to start from’. He felt that it gave him a space where he could gather his thoughts and prepare for the counselling group following the acupuncture. No.4 spoke of the ‘deep, deep relaxed state’ she would find herself in during the treatment, that was akin to sleep, but at the same time, very aware. She also spoke of the physical effect of feeling energised, and ridding herself of ‘that mad look in my eyes’.

Important to receive treatment daily

Eleven respondents said they felt it was important to receive ear acupuncture every day.

No.7 was ambivalent; “Fifty fifty really. It depends what they’d replace it with. I was going to say whether it should be an optional thing. No, I suppose it has its importance, yeah.” He had been using heroin, crack and lager plus some prescribed medications up until he started attending Core. He told me that he had been clean now for almost six months. No.8, who was the only person of the twelve not to feel any difference from the acupuncture, said that she thought it was important to have the acupuncture every day, as it was part of the treatment.

No.1 stressed a lot of importance to daily acupuncture and said five times throughout the interview that he felt it had contributed largely to the fact that he had not used any drugs or alcohol for three months; the first time since he was eleven years old.

No.5 said that he felt the continuity of the acupuncture was really important, and that he felt that it provided a centre to other treatments offered at Core. “I think it’s important in that sense psychologically. I think that a lot of addiction is in patterns, and it (the acupuncture), forms part of a beneficial pattern; and as it’s the thing that happens every day, it’s a centre point of that pattern and you’re performing a new pattern.”

No.11 mentioned that he felt there was a ritual aspect to the daily acupuncture treatments and he felt this was a positive effect. All the rest were quite emphatic in saying they felt the daily acupuncture was an important daily aspect of their programme. Other reasons given were: achieving calmness and feeling of well being on a daily basis and knowing that they would feel better afterwards.

Group setting is important

Respondents 3, 5, 6, and 8 said the group was important. Reasons they gave were: it was a good way of checking in with everyone else in the mornings; important as a structure and also as a community; the fact that everyone is there because of the same cause. No.10 said that he felt enormous benefit from seeing everybody else being calm. No.12 said that she felt that work done in groups generally were more powerful. As she was at the end of the programme, she had experienced a lot of group work. She felt that the ear acupuncture group was a good way to start the day as it brought everyone together.

No.2 was three weeks into the programme having just completed a heroin detox using methadone. He had been receiving the acupuncture every day except weekends; “My senses become a lot stronger while I’m going through the time period of the ear acupuncture, and I feel connected in some way in the group situation.”

No.11 said he felt that the calmness he experienced from the acupuncture could have been partly as a result of group members all going through the same process. So the group was important as a contributory factor to the positive effects of the acupuncture. At the end of the interview we shared some laughter when he told me the following: “I’ve been aware that a couple of weeks ago, I came in and I was very stressed out, and I’d been sitting there five or ten minutes really enjoying my acupuncture session, when somebody pointed out that I hadn’t yet had the needles!”

Treatment helps with symptoms of withdrawal

Very closely tied in with a desire to use drugs/alcohol is whether the person is experiencing withdrawals, which are usually termed as physical symptoms. Many symptoms of withdrawal however are psychological/emotional such as anxiety and paranoia. Six of the respondents said that they felt the acupuncture had helped with the physical effects of withdrawal. No.2, who had just completed a methadone detox three weeks previously, had also recently had a liver transplant. “I’ve not long come off a detox programme so I’ve still got physical feelings – bodily feelings. Sort of occasional cramps, sweating, uncomfortable with the body, and I find that the ear acupuncture does actually help me a lot with dealing with that uncomfortableness [sic].”

No.3 had also been dealing with the after effects of heroin and methadone, and at three months into the programme said that he was surprised that he had not been as ill as he had expected. He had experienced unpleasant flu like symptoms for the first three weeks at Core, but had been quite well since then.

No.7 said the acupuncture had helped with tension; no.10 said that it helped him feel less agitated. No.12 was able to feel the effects immediately the needles were in, and was also able to differentiate between which practitioner was treating her, as

she experienced different responses to different practitioner's treatments.

No.11 was seven months into the programme at Core and had not used drugs or alcohol in that time. He told me that when he had started the programme he was still using Valium, which had been a fairly consistent habit for eighteen years. He had previously tried to withdraw, and had been taken to Accident and Emergency because he had a seizure. He felt that the acupuncture had enabled him to stop using Valium.

Treatment triggers emotional response

Seven of the respondents described changes in the way they were feeling; "I noticed the change in my state/feeling whatever, immediately when they're put in." "...a change in the mind state. I'm trying to put a word on it. As soon as it, as soon as they go in, it's almost like a.I feel something – it's almost like something is switched on, but in a relaxed way." (No.1).

No.4 described herself as 'a recovering alcoholic and a drug addict'. She had been receiving the acupuncture nearly every day for seven and a half months, and had had two relapses in that time. These episodes she felt happened because she could not cope with all the feelings that were coming up and overwhelming her. She was currently four-and-a-half months clean and very pleased that she had been able to achieve this. When talking about her experience of the acupuncture, she felt a deep relaxing effect, and also felt that it triggered an emotional response in her, especially the transformation of anger to grief.

No.5 told me he had been using drugs and alcohol nearly all his life; he was forty-one. He had first taken Valium at age seven years, and then discovered alcohol when he drank a bottle of wine aged nine years. He talked about constantly feeling nervous, and how the acupuncture helped to calm his mental activity. "... and it's empowering; the actual effects are very empowering. One can be quite nervous and hyperactive, or on the verge of hysteria. You come in, have the ear acupuncture, and you notice very much a sense of going back into your body; you know, coming back into your body."

No.10 had been receiving the acupuncture every day for six months since he started the programme. He had been a heroin user for two years, and had smoked it rather than taking it intravenously. He told me that he had kept his habit secret from family and friends, and had still managed to work while he was using. He had been struggling with issues of shame, lack of self worth and general depression. He felt that the acupuncture had had no effect for the first month or so, and admitted to being quite sceptical about it. He persisted though, attending every day; "I had to be patient and had to come here every single day and have ear acupuncture, and sort of trust that it would work and it did." He felt the whole format of the Core programme had

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been successful for him, but did notice that his general mood was better on the days he received the ear acupuncture.

No.12 was in the process of leaving Core, having successfully completed the one-year-long programme. She remembered feeling that the ear acupuncture was beneficial for her right at the start of the programme. She had been a heroin user and had completed a methadone detox two weeks prior to starting at Core. Initially she found herself falling asleep during the acupuncture, and described how this was such a relief for her as she was still withdrawing from methadone and was not sleeping at night. Other times though, she felt it brought out emotions that were difficult for her, particularly anger; "Yeah, I think that whatever's going on, (emotionally), the needles enhance it for me." She then went on to say how important that space in the ear acupuncture group had been for her; "...It's stressed here all the time, but it's very important because it's... I find it nourishing. I find it probably the only time I can sit quietly with me, and see what's going on with me..."

A full version of this study is available on www.nadauk.com

AUDIT OF SYMPTOMS AND THEIR PROGRESSION DURING TREATMENT WITH TRADITIONAL ACUPUNCTURE

Setting the scene

I have worked at the Core Trust for a total of nine years, first as a volunteer acupuncturist, then as a clinician on the staff team and later as co-ordinator of complementary therapies. During the six years as a member of staff, I collected data on the presenting symptoms at the beginning and at different stages of body acupuncture treatment with MYMOP (Measure Yourself Medical Outcome Profile), a tool with which the patient chooses one or two symptoms that they are seeking help with, and that they consider to be most important. They also choose an activity of daily living that is limited or prevented by this problem. These

choices are written down in the patient's own words and the patient scores them for severity on a seven-point scale, ranging from 0 (as good as it could be) to 6 (as bad as it could be). Wellbeing is scored on a similar scale. On follow-up questionnaires the wording of the previously chosen items is unchanged. Dr. Charlotte Paterson explains the use of MYMOP online for those readers unfamiliar with it.

All body acupuncturists were briefed about MYMOP and requested to fill a form with the client on the day of the first treatment (approximately two weeks after starting the programme), every consecutive three months, at the time of treatment review, and on their last treatment before leaving the programme. This audit was never meant to be a piece of formal research, but rather a snapshot of how addiction manifests and how symptoms are changing with acupuncture treatment.

Challenges encountered with MYMOP for the audit of symptom progression during acupuncture treatment

The main challenge in terms of data collection was for the acupuncturists, especially the volunteers, involved in the clients' treatment to actually initiate and follow up their client's MYMOP in good time. Practitioner motivation seemed to be connected to the length and degree of involvement as an acupuncturist for the Trust. Staff members found it easier to comply, as they were generally more involved in the administrative running of the programme.

The second variable was the clients themselves. Client motivation and attendance in the substance misuse field is notoriously sketchy – treatments easily get missed due to omissions, illness, relapse or other problems, which make it difficult to collect data to a specific date. Also, due to different funding systems in different London substance misuse teams and local authorities, clients' attendance on the programme varied from three months to over a year. I have therefore only used the data of the first and last recorded MYMOP for each client. You will also notice that the data for the presenting symptoms at the beginning of treatment includes a larger number of clients than the progression of symptoms over time. This is due to clients who left the programme before the first follow up, either because they chose to leave or because the acupuncturist did omit to fill in the follow-up form with their client.

In total 72 (65%) of 110 clients who had started traditional acupuncture treatment were followed up. Last, but not least, the overall structure of the programme affects treatment outcomes: clients had access to several therapeutic interventions at any given time. Not only did they receive weekly one to one body acupuncture and one to one psychotherapy sessions, but they also attended regular auricular acupuncture sessions, several therapeutic groups and often other one to one complementary therapies such as shiatsu, *qi gong*, reiki or herbal treatment,

for anything from three to six sessions. So when we see 53% percent mean improvement in the main complaint, we should also consider all the other interventions that may have contributed to that result. The Core Trust is an abstinence-based programme offering support and containment for the recovering addict with an integrated set of therapeutic interventions.

What the data on presenting symptoms say

Chart 1: Presenting symptoms 1 and 2 at the beginning of body acupuncture treatment (Source MYMOP, 110 clients, 212 responses, The Core Trust 2002-2007).

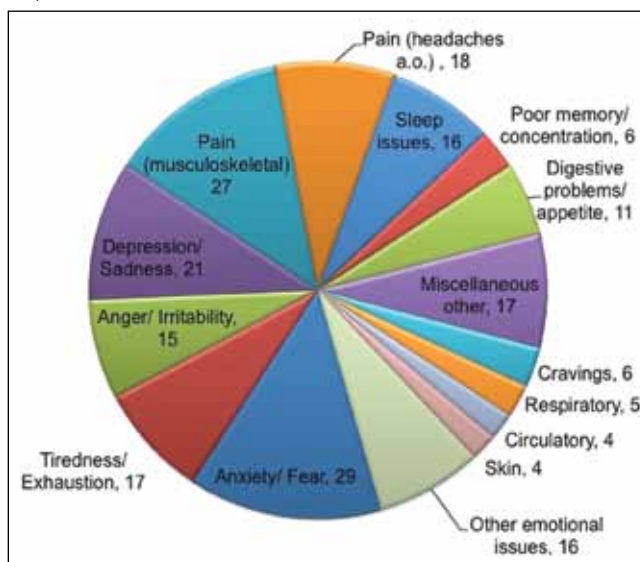
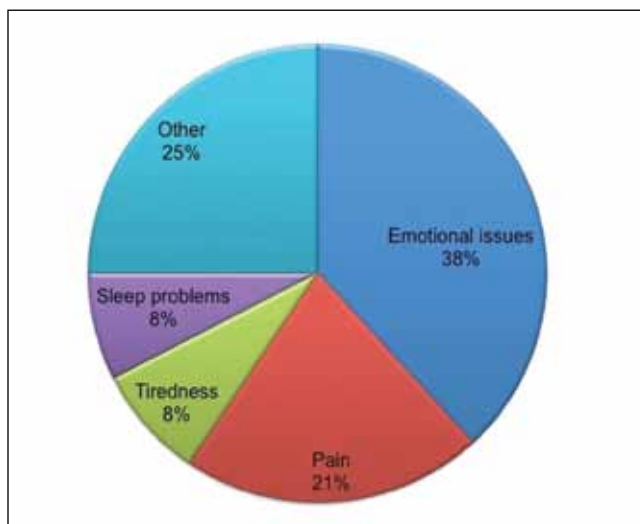


Chart 2: Presenting symptoms 1 and 2 at the beginning of body acupuncture treatment grouped into main categories (Source MYMOP, 110 clients, 212 responses, The Core Trust 2002-2007)



Discussing the data on presenting symptoms

The first bit of salient information out of the symptoms named at the onset of treatment is the predominance of emotional problems (38%) and physical pain (21%). Both make a lot of sense for this client group as the numbing effect of drugs and alcohol is withdrawn and the individual starts to feel again. What I find fascinating is the self-awareness developed after only two weeks on the programme. Emotions are named as the main cause of dis-ease, which does in my experience not happen to that degree in the general population receiving acupuncture treatment. Ten questionnaires came in with emotions being named as the main and secondary complaint. We have to consider that the client group was exposed to psychotherapy on a daily basis, which helps develop and enhance emotional awareness. It also raises a question about the aetiology of the complaints and what came first: anger, sadness, fear, anxiety or drug/alcohol abuse? Whichever was first, the rise of uncomfortable emotions is intrinsically linked to substance use and withdrawal. Pain is equally self-medicated with substance misuse, particularly with the help of opiates and alcohol.

What does strike me is how well equipped we are as acupuncturists to deal with the vast majority of the complaints brought up in this audit. Our style of medicine treats emotions on a par with physiological problems and we can treat physical pain by affecting endorphin release and help suppressing inflammatory response. It is also worth mentioning that cravings, with only 3%, don't seem to be of major significance to the respondents two weeks into the abstinence based programme. From what we learned from the NADA study, it is likely that they were addressed earlier on with the help of non-diagnostic auricular acupuncture and group therapy.

Chart 3: Activities hindered by main complaint (Source: MYMOP with 110 clients, 97 responses, Core Trust 2002-2007)

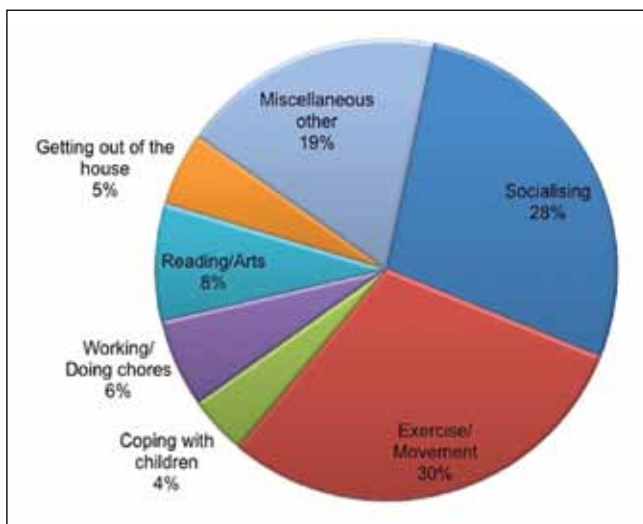


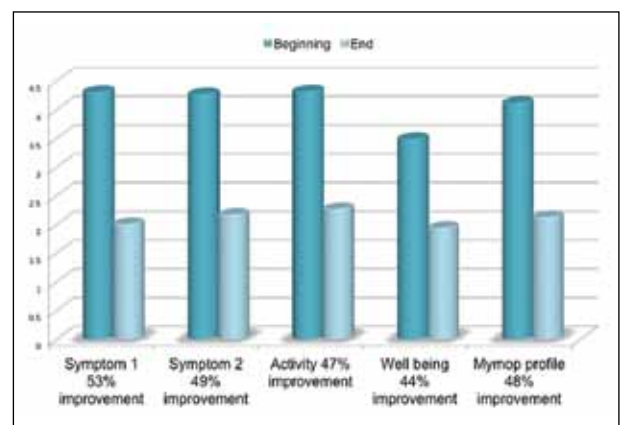
Chart 3 shows that the most frequently named activities hindered by the main complaint are social interaction (28%) and the ability to move freely or exercise (30%). Drug and alcohol abuse tend to marginalise and isolate their proponents and a lot of their social life evolves around the acquisition of drugs and drink. Finding meaningful new social networks in an emotionally unstable and vulnerable state can be very challenging. Deeply stuck emotions, physical pain, tiredness and poor sleep all have negative repercussions on one's ability to exercise and move freely. Poor concentration and general lack of energy affect the client's capacity to read, deal with work or household chores and cope with their children.

How did they do?

Table 1:

MYMOP SCORES (on seven point scale)	Before treatment Mean (SD)	At follow-up Mean (SD)	Change in score (Improvement) Mean (SD)
Symptom 1 n = 72	4.31 (1.15)	2.01 (1.40)	2.30 (1.58)
Symptom 2 n = 71	4.27 (1.26)	2.17 (1.51)	2.10 (1.77)
Activity n = 63	4.32 (1.38)	2.27 (1.52)	2.05 (1.79)
Wellbeing n = 69	3.49 (1.36)	1.94 (1.30)	1.55 (1.73)
MYMOP profile n = 72	4.12 (0.99)	2.13 (1.20)	1.99 (1.39)

Chart 4: Clients' self assessment at the beginning and at the end of treatment. (Source: MYMOP, 72 respondents, Core Trust 2002-2007)



Considering that in this sample of clients almost half (48%) had suffered from their main complaint more than five years at the onset of acupuncture treatment and that 67% took no medication for it, 53% (2.3 points) of improvement on their main complaint is a very good result - so is 49% (2.1 points) for their second symptom. The ability to interact socially, exercise, cope with work and children, concentrate on reading material, etc. had also improved by 47% (2.05 points). General wellbeing improved least overall, which might be connected to the lower absolute score at the beginning of treatment.

Again, we can't ignore all the other therapeutic interventions offered by the Core Trust, which no doubt will have affected these outcomes. The only way to find out how much acupuncture alone affects clients' symptoms would be an audit/study with a similar comparison group minus the acupuncture treatment (auricular and body acupuncture). This would be a challenging project, considering the heterogeneous provision of drug and alcohol day programmes. However, what an overall improvement of 48% (1.99 points on MYMOP Profile) from start to finish of acupuncture treatment suggests, is that the community-based, psychotherapy- and acupuncture-led programme at the Core Trust makes a clinically significant difference in the symptoms, level of activity and general well-being of its clients.

CONCLUSION

Data collected from the NADA study show that the two key features of the setting, the group format and the daily occurrence of the ear-acupuncture treatments were important.

It was generally said that the ear acupuncture provided a good starting point for engagement in the programme as it enabled a calming effect and brought the community together.

This non-diagnostic, simple treatment is ideal used in the context of a treatment programme, as it can be given immediately with very limited consultation and is non-verbal. With a greater sense of stability, the client is then in a better place for individualised, body acupuncture.

The improvement of scores before and after individualised full body acupuncture treatment is clinically significant on the seven point MYMOP scale. The use of traditional acupuncture in conjunction with psychotherapy in the abstinence-based drug rehabilitation programme at the Core Trust leads to symptom relief and enhanced well being with minimal recourse to medication and no substance replacement.

The high retention rates of clients in the early stages at Core, (compared to other similar drug and alcohol services in London), demonstrates the success of their service. The client was able to access an acupuncture treatment daily that many said helped their mood, physical well being and gave a sense of empowerment. Many Core clients had previously tried to withdraw from drugs/alcohol, using other services that didn't offer daily acupuncture, or no acupuncture at all, and had been unable to sustain a drug free life. The promising results of our small-scale pieces of research indicate that the use of acupuncture plays an important role in successful treatment for addiction. Larger comparison studies would be required to explain to what extent it does.

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