

Acupuncture in Drug and Alcohol Withdrawal at the Community Residential Withdrawal Unit, Footscray Hospital, Melbourne

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ABSTRACT

Background: Acupuncture has been offered as an adjunct therapy in drug and alcohol withdrawal at the Community Residential Withdrawal Unit (CRWU), Western Hospital, Footscray, since 1996. Anecdotal reports from staff and clients indicate that acupuncture is a useful treatment approach, and, to investigate more thoroughly, a collaborative study was undertaken in 2007. **Aims:** To identify and explore client and staff perceptions of the benefits/limitations of acupuncture in the CRWU program. **Design:** Semi-structured interviews were used to capture data that would provide understanding of client and staff experiences of acupuncture. The data were analysed qualitatively to identify major themes. **Participant selection criteria:** Consenting in-patient clients at CRWU aged 18 years or over who had acupuncture during the period of the study, plus all clinical staff at CRWU who consented to participate in the study. **Data analysis:** Client and staff interview data were analysed using thematic content analysis to identify major themes and insights that related to the aims of the study. A comparative analysis of client and staff views, based on the two sets of data, was also undertaken to explore convergences and divergences of views. **Results:** The study found that there was a strong consensus amongst clients and staff interviewed that acupuncture was a beneficial therapy that had a relaxing effect with various 'flow-on' benefits such as decrease in anxiety and reduction of pain. **Conclusion:** Drug and alcohol treatment guidelines support the view that matching treatment approaches to individuals is critical to the success of returning clients to the community. It is also acknowledged that a combination of treatment regimes is a best-practice approach. This study reveals that staff and clients at CRWU believe that acupuncture is a beneficial non-pharmacotherapeutic approach in the treatment of drug and alcohol dependency.

KEYWORDS acupuncture, drug and alcohol, detox, withdrawal.

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Introduction

BACKGROUND

Drug and alcohol misuse is a major health problem with physiological, psychological, and social detriments that place enormous demands on national health expenditure. Collins and Lapsley¹ estimated that the direct and associated costs from drug misuse in Australia were over A\$6 billion. A report on substance misuse in the City of Maribyrnong, Victoria, noted that misuse in the municipality was relatively high, with approximately 50% of those with substance misuse issues being Caucasian and the other half coming from diverse cultural and linguistic backgrounds.²

One of the major drug withdrawal centres in the Maribyrnong municipality is the Community Residential Withdrawal Unit (CRWU) at the Western Hospital, Footscray, which offers both in-patient and outpatient programs. The in-patient program provides clients with the option of acupuncture to assist with the critical phase of withdrawal from drug and/or alcohol dependence. Since 1996, Victoria University has been involved with the CRWU program providing acupuncture to assist clients in drug and alcohol withdrawal.

Participants in the CRWU program undergo an intensive one-week residential program that incorporates psychotherapeutic therapies and medical interventions. Residents are adults of various ages and backgrounds, with various drugs of dependence. Tables 1 to 7 (page 10) provide a snapshot of the diversity of clients who agreed to participate in this study.

The use of acupuncture in the treatment of drug withdrawal developed in Hong Kong in the 1970s and subsequently at the Lincoln Hospital (New York) with the creation of the National Acupuncture Detoxification Association (NADA) protocol. The NADA protocol, used extensively in the United States, employs a set formula of auricular acupuncture points during withdrawal and post-withdrawal from drug and alcohol dependency. In addition to the NADA protocol, many acupuncturists in Australia administer individualised client treatments for managing drug withdrawal symptoms since they contend that acupuncture treatments tailored to client-specific needs are more efficacious.

In the CRWU program acupuncture is offered free to clients. Final-year acupuncture students at Victoria University, under the supervision of a qualified practitioner registered with the Chinese Medicine Registration Board of Victoria, conduct the treatments. Client participation is on a completely voluntary basis and treatments are individualised to patient presentations utilising both body and ear acupoints.

Anecdotal reports from staff and clients at CRWU indicate that acupuncture is a useful treatment approach for assisting in the management of withdrawal. To investigate more thoroughly the apparent benefits and/or limitations of acupuncture as an adjunct therapy in the CRWU program a joint study was undertaken in 2007.

RESEARCH PURPOSE

A study was undertaken at CRWU to identify and explore both client and staff perceptions of the benefits/limitations of the existing acupuncture program in drug and alcohol withdrawal. Qualitative data were gathered from clients and staff in order to capture participant perceptions of acupuncture as an adjunct therapy in drug and alcohol withdrawal.

The study employed semi-structured interviews to capture, analyse and understand client and staff experiences concerning the benefits/limitations of acupuncture as an adjunct therapy in detox. The interview data were analysed qualitatively to identify major themes. The respective analyses from the client and staff data were compared to identify points of agreement as well as any disjunctions.

This study was undertaken under conditions of voluntary informed consent, with ethical approval from Victoria University Human Research Ethics Committee and the Melbourne Health Human Research Ethics Committee on behalf of the Western Hospital, Footscray.

AIMS

- To identify and explore client and staff perceptions of the benefits/limitations of acupuncture in drug and alcohol withdrawal;
- To compare and analyse the main areas of agreement and/or disagreement between client and staff perceptions of acupuncture in the CRWU program;
- To inform policy and practice in the domain of drug and alcohol withdrawal.

SIGNIFICANCE

- Drug and alcohol abuse is a serious health issue, and drug-free, cost-effective treatment approaches are of interest to clients, health professionals and government.
- The study provides an understanding of the perceived benefits/limitations of acupuncture as an adjunct treatment in drug and alcohol withdrawal.

Methodology

INTERVIEWS

In this study clients were approached by research staff (independent of clinical services) to participate in an interview. Using a semi-structured approach the interviews explored client

perceptions of acupuncture whilst undergoing detoxification and experiencing symptoms of withdrawal. Interviews were conducted with clients and staff until a point of 'data saturation' was reached. In all, 14 clients and 15 staff were interviewed. The interviews were audio-taped and later transcribed for analysis. Each interview lasted 20 to 30 minutes and at the point of interview transcription any identifying information was removed.

PARTICIPANT INCLUSION CRITERIA

CLIENTS:

- Participant inclusion criteria: Consenting in-patient clients at CRWU aged 18 years or over who had acupuncture during the period of the study.
- Participant exclusion criteria: Clients of the outpatient program at the Western Hospital or clients who were unable to give informed consent due to significant medical or psychiatric morbidity (e.g. severe depression, psychosis, delirium).

STAFF:

- Participant inclusion criteria: All clinical staff at CRWU who consented to participate in the study.
- Participant exclusion criteria: Administrative and other non-clinical staff at CRWU.

PROCEDURE

All clients and staff at CRWU were provided a plain-language information sheet and verbal explanation about the study, and invited to participate. Participation was on a completely voluntary basis and signed consent was gained before any participant engaged in any aspect of the study. Client interviews were conducted on a day after acupuncture treatment. Staff interviews were conducted at mutually agreeable times.

DATA ANALYSIS

Qualitative client and staff interview data were analysed using thematic content analysis to identify major themes and insights that related to the aims of the study. A comparative analysis of client and staff views, based on the two sets of data, was also undertaken to explore convergences and divergences of views about the use of acupuncture in drug and alcohol withdrawal.

DEMOGRAPHIC PROFILE OF PARTICIPANTS

Of the fourteen clients interviewed, nine were male and five were female (Table 1). All but two of the participants were born in Australia (Table 2), and the mean age of participants was 36.2 years (Table 3). Two participants had undertaken tertiary studies, five had completed year 9 as their highest level of schooling and the remainder were in between these parameters (Table 4). In terms of 'drug of choice', alcohol was preferred by eleven of the fourteen participants (Table 6). Other drugs such

as cannabis, cocaine, ecstasy, heroin and speed were also taken by participants (Table 7), indicating that multiple drug use was common amongst this group of participants in the detox program at CRWU.

Findings

CLIENT INTERVIEW DATA

CLIENT REASONS FOR HAVING ACUPUNCTURE

Of the clients who were interviewed, nine out of the total fourteen participants stated that they had had acupuncture treatment previous to the recent session at CRWU (Table 8). It appeared that prior positive experience was a major motivating factor for clients' agreeing to undertake acupuncture to assist with drug/alcohol withdrawal.

I had it done once before and it really relaxed me, and um I actually haven't been sleeping, and um it put me to sleep. Yeah, so I find it really good. Really relaxing. (K7 p.2)

I had it [acupuncture] once before when I was in here last year. . . . I had it [again] to just feel more relaxed. . . . Yeah. (K25 p.1/2)

Other clients who had not previously had acupuncture and chose to have it as part of their withdrawal program, did so on the basis of positive beliefs about its benefits and/or an attitude of 'give it a go'.

I have a friend who has a really bad liver and she has it [acupuncture] once a week. Western Medicine can't help her anymore. And umm, she swears by it [acupuncture]. (K1 p.4)

I've always wanted to try it, but I have never really had the opportunity. I guess I've never had an illness that I felt I needed to go and do that [acupuncture]. . . . I've not been exposed to it . . . but I'm really open-minded and wanted to try it. (K10 p.2)

Basically just to see what it was all about, you know. Just to have a go, see if it [acupuncture] would help. (K4 p.2)

CLIENTS' VIEWS CONCERNING THE MAIN BENEFITS OF THE ACUPUNCTURE TREATMENT

Clients were also asked to comment upon any specific benefits (e.g. physiological, psychological, emotional) they believed resulted from acupuncture. They were asked whether or not acupuncture assisted in relieving the symptoms associated with drug/alcohol dependency and withdrawal. A thematic analysis of the client interview data revealed that the most commonly reported benefits were decreased anxiety, decreased level of pain, and increased sense of relaxation.

DECREASED ANXIETY

Interviewer: Are you still getting night sweats?

Client: Yes. Nah it [acupuncture] didn't help.

Interviewer: And anxiety level?

Client: Actually, I think that it has actually helped that. 'Cos this morning at the meeting, like usually I'm a pretty quiet bloke, I was saying my bit . . . I was saying eh . . . like you know . . . which I thought was a bit different. A bit weird for me.

So Yeah! I do think it helped in that way I just, I just find it hard to speak. 'Cos I'm on marijuana . . . It's always 'Am I saying the right thing?' (K24 p.2/3)

It [acupuncture] cleared my mind because you're relaxing. And you know everything's gone from your head. So it's good. It made the mind go blank. (K7 p.2)

Interviewer: So it [acupuncture] helped with anxiety and stress?

Client: Yep. Most definitely. That's why I done it because I suffer from anxiety and it [acupuncture] was good. (K7 p.2)

DECREASED LEVEL OF PAIN

It [acupuncture] has eased the pain and bad back. But most of all I think it has improved my asthma. I pulled a muscle in my back and it was quite sore for a while. It [acupuncture] helped. (K27/28 p.2)

It was really relaxing. And um this morning I haven't got that back pain that I usually have. . . . It feels like it is cured, but I doubt if it is. It's just for the time being. (K7 p.4)

There's a lot of stress on my back and neck, 'cos I was doing truck driving. And there are certain parts of the trailer that are hard to get to. . . . So I just thought I'd try something [acupuncture] . . . and the muscles actually feel better today, a little bit softer. (K4 p.2)

INCREASED SENSE OF RELAXATION

Afterwards [after the acupuncture] I felt a lot more calm. A lot more relaxed and sleepy. I nearly fell asleep on the table. (K3 p.2)

Interviewer: What did you feel like when you were having acupuncture?

Client: It's hard to explain. It just relaxed me. (K7 p.3)

I felt sort of relaxed when I came out [from acupuncture]. And yeah I felt that way for a few hours. (K25 p.3)

It makes you feel more relaxed . . . More than that I suppose, I don't get as upset or anything. (K26 p.3)

OTHER BENEFITS

Some clients also reported that the acupuncture assisted in improving sleep and decreasing headaches.

Interviewer: So do you think acupuncture helped you?

Client: Definitely, because it subsided my headache. I didn't have a headache afterwards. (K8 p.3)

I slept pretty good last night [after the acupuncture]. Usually I wake up every hour or every couple of hours, tossing and turning. I only woke up once last night and that was from the sweats, so I took off my top and went back to sleep and slept in a bit. Usually I get up about eight o'clock. I slept in till a quarter to nine. (K9 p.4)

STAFF INTERVIEW DATA

All of the drug and alcohol workers at the Community Residential Withdrawal Unit were approached to participate in an interview to ascertain their observations and views concerning the benefits/detriments of acupuncture as part of the withdrawal program at CRWU. Fifteen staff, out of a total of 24 permanent staff at CRWU, agreed to participate in an interview.

STAFF PERCEPTIONS OF WHY CLIENTS DO OR DON'T HAVE ACUPUNCTURE

Staff concurred with the clients' views about the reasons for having acupuncture, naming previous positive experience, positive beliefs about acupuncture and a willingness to 'give it a go' as key motivating factors.

Some do it [receive acupuncture] because they have had it before. Some do it because they get good feedback from other people that it can relax them. (K17 p.1)

Although acupuncture may not seem to be a mainstream thing, I think a lot of our client group are interested in exploring alternative things. (K16 p.1)

I think some have never had acupuncture before and they are willing to give it a go to see if . . . You know they have heard about it, or enough about it, so they are willing to give it a go to see if it does help them, and if they get benefits from it. (K22 p.1)

STAFF VIEWS CONCERNING THE MAIN BENEFITS OF THE ACUPUNCTURE TREATMENT

Staff were also asked to comment upon any specific benefits (e.g. physiological, psychological, emotional) they believed resulted from acupuncture. They were asked their views on whether or not acupuncture assisted in relieving the symptoms associated with drug/alcohol dependency and withdrawal. A thematic analysis of staff interview data revealed that the most commonly reported benefits were decreased anxiety, increased

relaxation, and improved environment in the CRWU residential treatment unit. Some staff also believed that acupuncture assisted clients in reducing headaches, decreasing cravings and improving sleep. A few staff also commented that by reducing stress and increasing relaxation, acupuncture had a broad effect on a range of symptoms.

DECREASED ANXIETY

It helps them with their anxiety. They seem a lot calmer afterwards. (K6 p.2)

Very calming. It often helps with the ongoing effects of anxiety and depression. (K23 p.4)

I think it [acupuncture] releases a lot of energy. You know, anxiety and the things that are trapped inside the clients' bodies. They kind of feel a lot more relaxed afterwards and it releases a lot of things for them . . . endorphins, emotions, that kind of stuff. (K16 p.1)

I just think that people tend to be a bit more centred [after acupuncture]. . . I guess their presentation is a lot more . . . ah rather than being heightened in terms of their emotional responses, they are quite calm. (K20/21 p.4)

INCREASED RELAXATION

Relaxation is the main one. A lot of them [clients] say they have fallen asleep during treatment. (K20/21 p.2)

I think the majority of them feel a sense of feeling more relaxed, calmer after treatment. (K19 p.1)

I'd say to them [clients] 'How did it go?' and they will say 'yeah, I feel really good'. I can always see that look on their faces. They just look so relaxed afterwards. (K6 p.4)

I suppose it's that sense of relaxation euphoria that works on the . . . I guess the way it works on endorphins relaxes the body and mind accordingly. (K14 p.3)

IMPROVED ENVIRONMENT IN THE CRWU RESIDENTIAL TREATMENT UNIT

They [clients] are certainly more settled. They are also more open [after acupuncture]. They are happy to talk, but in a more settled, not chaotic or emotionally distressed way. There is a bit more balance happening, so you [staff] tend to do a bit better work. (K22 p.1)

At the time [of treatment] people feel extremely relaxed. Often it does free up emotions and things do manifest themselves in the next 24 hours. . . . They either wish to discuss or they become teary or whatever. . . . That's part of their healing, which is really great. (K16 P.2)

There is none of that level of tension in the unit. When they have had acupuncture, that level of tension and hanging out and talk, settles. (K22 p.3)

That's the main thing I notice about it [acupuncture]. They [clients] are more relaxed and not demanding medication so early in the shift, or so frequently. (K17 p.2)

I find personally, it [acupuncture] is something you can try to manage their [clients] pain rather than popping pills or taking drugs. (K18 p.2)

OTHER PHYSIOLOGICAL BENEFITS

Some staff also believed that acupuncture assisted clients in reducing headaches, decreasing cravings and improving sleep.

Muscle tension . . . cramps . . . gastrointestinal disturbances. Some clients said that it really settled these. The headaches and that sort of stuff, it has really settled a lot of those. And they just generally feel better, more relaxed. (K22 p.2)

Well certainly on that particular day, it [acupuncture] helps them with their cravings because they are more relaxed. (K17 p.3)

Some of their other aches and pains and things like that, they benefit from [acupuncture treatment]. Even sleep. They feel like they have had a really good sleep. (K6 p.2)

ACUPUNCTURE HAS A BROAD SPECTRUM EFFECT

Some staff commented that acupuncture had a broad spectrum effect. For example, by helping clients relax it also decreases cravings, headaches and assists with sleep.

They're more relaxed when they come out of the acupuncture. I think that covers all of those things. When they feel more relaxed, their headaches and pains seem to go, they're more relaxed and they are not craving as much. When they are relaxed, they're sleeping better at night. (K5 p.3)

The hyperactive ones [clients] do tend to be a bit more relaxed [after acupuncture]. . . . I think it improves their sleep as well . . . And most of it [our observations] is just from verbal reports of 'yeah that was great'; 'I really enjoyed that'; 'I'm looking forward to it next week'; 'I feel relaxed after it' or 'I feel a lot more energetic'. (K12 p.3)

They [clients] fell asleep . . . felt more relaxed . . . a bit of pain relief . . . and they just felt okay. (P19 p.2)

ACUPUNCTURE TREATMENTS NEED TO BE MORE AVAILABLE TO DETOX CLIENTS

Staff also commented that acupuncture should be offered more than once a week at CRWU, so that clients could get the full

TABLE 1 Gender

Male	9
Female	5

TABLE 2 Country of birth

Australia	12
Other*	2

* Other countries were Greece and UK.

TABLE 3 Age group

18–29	30–39	40–49	50–59	60+
5	3	5	1	–
Mean: 36.2 years			SD: 9.11 years	

TABLE 4 Education

Yr 9 or below	Yr 10	Yr 11	Yr 12	Tertiary
5	5	1	1	2

TABLE 5 Accommodation

Rented	Private	Boarding House	Hostel	Homeless	Other
3	8	1	1	–	1

TABLE 6 Primary drug of choice

Alcohol	Cannabis	Cocaine	Ecstasy	Heroin	Speed	Other
11	1	–	–	2	–	–

TABLE 7 Other drugs used in the past months

Alcohol	Cannabis	Cocaine	Ecstasy	Heroin	Speed	Other*
–	5	2	1	1	3	3

* Other drugs included Benzodiazepines.

TABLE 8 Previous acupuncture treatment

Yes, client has had acupuncture before	9
No, client has not had acupuncture before	5

benefit from the treatment. Additionally, it was also suggested that clients should follow-up with subsequent acupuncture treatments when they leave the unit.

Personally, I don't think once a week is enough. Maybe like every four days. Like you should do with massage. (K11 p.3)

Well I think it [acupuncture] is really good. I think it's yeah . . . a really good program. I'd like to see clients following up with it more . . . You know, I would really like to see them follow it up and get regular treatment. (K19 p.5)

In supporting the view for more regular treatments, some staff commented that at the Windana Drug and Alcohol Withdrawal Centre in Melbourne, acupuncture was offered daily.

Where I work at Windana, we do it [acupuncture] every morning for an hour in the NADA [acupuncture] protocol in everyone's ears and it puts them [clients] in a completely relaxed state for the whole day. (K16 p.5)

Overall, staff comments indicated a substantial level of support for the use of acupuncture in the detox program at CRWU. Specific therapeutic benefits were suggested and there was a general view that it would be beneficial to offer acupuncture to clients on a more regular basis.

Results

The study found that clients chose to have acupuncture as part of their treatment either because they had had previous positive benefits from acupuncture or they had positive beliefs in its benefits. Additionally, clients and staff expressed the view that acupuncture treatment was worth 'giving it a go'.

With respect to the benefits or not of acupuncture in the detox program at CRWU, the thematic analysis of interview data showed that there was a high level of agreement between clients and staff on the issues discussed. In particular, there was considerable agreement that acupuncture produces a heightened level of relaxation. There were, however, differences of opinion concerning the accompanying physiological benefits and symptomatic relief that accompanied treatment.

Suggested benefits included decreased anxiety, improved sleep, reduced pain and reduced headaches. A significant number of both clients and staff believed that there was a close relationship between an increase in relaxation levels and decrease in anxiety/stress levels as a result of acupuncture treatment. Some studies have reported that acupuncture positively influences the relaxation-anxiety cycle; it was a noted outcome in studies by Yano et al.,³ Scott and Scott⁴ and Anderson and Lundeberg.⁵ Moreover, this view is widely supported by anecdotal comments of acupuncture clinicians and clients.

In the CRWU study there was strong consensus about acupuncture's effect of increasing relaxation and reducing anxiety levels. There was no strong consensus about acupuncture's specific effects upon physiological symptoms commonly found during addiction and withdrawal. These findings concur with those of Sapir-Weise et al.⁶ In a randomised single-blind controlled trial of acupuncture in withdrawal from alcohol dependence (total $n = 72$), they found that while acupuncture had no apparent effect upon craving, the reduction in anxiety was statistically significant in the treatment group.

Changes in anxiety levels were also noted as significant in Berry's clinical study of acupuncture as an adjunct treatment in drug and alcohol withdrawal,⁷ Bernstein's study of patient's experiences of acupuncture in withdrawal,⁸ and Bannister's qualitative study conducted at the Windana Drug Withdrawal Service, Melbourne.⁹

The clinical use of acupuncture in drug and alcohol withdrawal is supported by research into its neurological and physiological effects. It has been shown that by producing rhythmic discharges in nerve fibres and releasing beta-endorphins, acupuncture reduces pain and decreases stress level markers.^{3,5} By altering dopaminergic and serotonergic systems in a way that correlates with anti-stress markers,³ it is arguable that, in addition to pain relief, acupuncture has a broader effect on general well-being. Scott and Scott⁴ suggest that by increasing the amount of serotonin in the hypothalamus, acupuncture minimises cravings and associated symptoms that occur during the drug withdrawal phase.

In the CRWU study some staff also suggested that acupuncture should be more available to clients, whether in-patients or outpatients, to assist in the treatment of drug and alcohol dependency. This view is synergistic with current best-practice drug and alcohol treatment guidelines.

The 2007 NSW drug and alcohol treatment guidelines¹⁰ state that no single treatment is appropriate for all individuals and that matching treatment to individuals is critical to treatment success. Multi-faceted treatments should be available as an individual may require a combination of services such as counselling, medication and other services.

Arguably, treatment-matching using non-pharmacotherapeutic regimes facilitates more effective treatment delivery and can improve the effectiveness of treatment. Moreover, people with problematic drug and alcohol use are often reluctant to access mainstream primary health care² and waiting lists for existing services in detoxification places are sometimes long and difficult to access.

The results of the CRWU study show that acupuncture can be a useful non-pharmacotherapeutic treatment regime in drug

Clinical Commentary

Drug and alcohol misuse is a widespread and major health issue in Australia and as such many practitioners of Chinese medicine treat this condition and/or the side effects associated with drug and alcohol misuse. The NADA protocol, individualised acupuncture treatments and herbal medicines are interventions applied with varying degrees of success in treating this multifaceted physiological/psychological/psycho-social condition. This study, undertaken in a hospital unit that has a long history of acupuncture usage in withdrawal, provides insights into what staff and patients believe to be the main benefits of acupuncture as an adjunctive treatment regime. The perceived benefits identified in this study provide TCM practitioners with clinical insights into areas where symptomatic changes are likely to occur when assessing patient treatment progress. In addition, by adding to the body of evidence, this study is also of benefit to practitioners who work in the field of drug and alcohol withdrawal and need to provide relevant data to government and private services.

and alcohol detoxification. Arguably acupuncture would be beneficial in outpatient as well as in-patient treatment regimes and would provide a greater choice for those with problematic drug and alcohol use.

Conclusion

This study collected and analysed qualitative data in order to identify client and staff perceptions of the use of acupuncture in drug and alcohol withdrawal at the Community Residential Withdrawal Unit (CRWU), Western Hospital, Footscray. Participants commented that many or most of the clients at CRWU chose acupuncture as part of the broad range of therapies available within the unit's treatment regime. The main stated reasons for having acupuncture were previous positive experience and/or positive beliefs about the benefits of acupuncture.

The research showed that there was a strong consensus amongst participants in the study that acupuncture was a beneficial therapy in the detox program at the CRWU. Staff and clients believed that acupuncture had a relaxing effect and this produced various 'flow on' benefits such as decreased anxiety, reduction in pain and headaches, and improved sleep. Some staff also commented that the relaxing effect centred the

clients and made them more receptive to other therapies in the program. There were no reported negative aspects to including acupuncture in the range of treatment options at the CRWU.

In Australia, drug and alcohol treatment guidelines state that matching treatment approaches to individuals is critical to the success of returning clients to the community. It is also acknowledged that a combination of treatment regimes is a best-practice approach.

This study showed that acupuncture is a viable non-pharmacotherapeutic treatment regime in the treatment of drug and alcohol dependency. In comparison to other therapeutic interventions, acupuncture is a low-cost therapy that is easy to offer in a range of venues and, in view of the positive outcomes of this research, warrants consideration at both the health policy and service delivery levels.

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