

Alternative Therapies

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THE TERM 'alternative therapies' or 'complementary and alternative medicine' is applied to a diverse collection of non-orthodox therapeutic practices, including:

- acupuncture
- herbs
- homeopathy
- therapeutic massage
- traditional oriental medicine
- faith healing
- hypnosis
- chiropractic
- music therapy

The alternative therapies that have been most commonly applied to the treatment of substance use are acupuncture and hypnotherapy.

EVIDENCE OF EFFECTIVENESS

There are variable levels of evidence in regard to alternative therapies. Assessing effectiveness is made difficult by the:

- small number of studies (particularly controlled studies)
- small sizes of studies
- considerable heterogeneity in participants
- interventions and outcome measures

Perhaps in part because of these factors, results of studies are frequently contradictory (Linde et al., 2001).

Acupuncture

Acupuncture is a family of procedures involving stimulation of anatomical locations on the skin by a variety of techniques (Smith et al., 1997). The most studied form employs penetration of the skin by thin, solid, metallic needles, which are manipulated manually or by electrical stimulation. Acupuncture points may also be stimulated by pressure, heat, and lasers (NIH, 1997).

For the treatment of substance abuse, five points on the ear are most commonly used (McLellan et al., 1993).

Most research into the effectiveness of acupuncture relates to smoking cessation. In a systematic review of 18 studies of acupuncture for smoking cessation White et al. (2000) concluded that there is no clear evidence that acupuncture is effective for smoking cessation. This review looked at abstinence from smoking both early (up to 6 weeks) and late (6 to 12 months) after acupuncture treatment.

They found that:

- acupuncture was not superior to sham acupuncture, or any other anti-smoking intervention, at any time point after treatment
- acupuncture did appear to be superior to no intervention at the early follow-up, but this difference was not sustained

The US National Institute on Drug Abuse also concluded that there is no clear evidence that acupuncture is effective compared to placebo

or to existing treatments in:

- the detoxification
- primary rehabilitation
- relapse prevention of opioid or cocaine dependence

Conversely there is very little evidence that acupuncture is not effective in the treatment of these conditions (McLellan et al., 1993).

Two subsequent randomised controlled trials have also failed to identify either benefits or harms from acupuncture as an adjunct treatment for cocaine users (Bullock et al., 1999; Otto et al., 1998) or alcohol dependent out-patients (Sapir-Weise et al., 1999).

However, in a randomised controlled trial Avants et al. (2000) compared acupuncture to a relaxation control and a needle-insertion control for the treatment of cocaine-dependent methadone-maintained patients. The trial found that the acupuncture group was more likely to provide cocaine-negative urine samples than either of the two control groups. These researchers went to some effort to identify sham acupuncture sites with sufficiently low level of activity to be used as a control, supporting the view that selection of sham sites may be a factor influencing outcomes (NIH, 1997); however, the benefit of reduced cocaine use in the acupuncture group was countered by significantly lower rates of retention in treatment — the mean survival time was 5.2 ± 3.0 weeks for the acupuncture group, 6.7 ± 2.5 weeks for the needle-insertion control and 7.0 ± 2.3 weeks for the relaxation control group.

Adverse Effects of Acupuncture

Recent surveys of acupuncture practitioners identified bleeding and pain at the needle site as the most common adverse effects. Aggravation of symptoms, fainting, nausea and vomiting, psychological and emotional reactions also occurred but much less frequently (MacPherson et al., 2001; White et al., 2001).

Hypnosis

The exact definition of hypnosis is a matter of debate, but a generally accepted description would be 'a state of awareness that permits the patient to accept suggestions without censoring them' (Temes, 1999). It appears that hypnosis is generally seen as an aid in the treatment of substance use problems, and not a treatment in itself. A role it might play is in the reduction of anxiety, relaxation training, and in helping patients to learn to manage negative emotional states (Hall, 1999). Hypnosis may also help patients become more responsive to a treatment approach (Stoil, 1989).

Again most of the research into the effectiveness of hypnotherapy relates to smoking cessation. This research was the subject of a systematic review by Abbot et al. (2000) who were unable to show that hypnotherapy has a greater effect on six month quit rates than any other interventions or no treatment.

Conclusions

Research evidence is scarce and confounded, but suggests that acupuncture and hypnotherapy are no more effective than placebo or existing approaches in the treatment of problematic substance use. However the risks of adverse effects are low. Consequently these approaches may be useful for some patients as part of a comprehensive management program (NIH, 1997). Indeed, it may be that any adjunct treatment will be beneficial for some patients (Richard et al., 1995).

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