

**MSc COMPLEMENTARY THERAPY STUDIES**

**THE ROLE AND THE IMPACT OF THE NADA PROTOCOL  
(daily group acupuncture treatment used in addiction)  
EXPLANATORY CASE STUDIES**

**Rachel Peckham**

**University of Westminster  
August 2005**

**This dissertation is submitted in fulfilment of the requirements for the  
award of MSc Complementary Therapy Studies.**

## **ABSTRACT**

Auricular acupuncture offered as a therapeutic treatment for addicted clients has become a widely used and valid intervention used by drug and alcohol services worldwide. It is not a stand alone treatment, and must be integrated within treatment programmes alongside other forms of support such as counselling, group work etc. NADA-UK (National Acupuncture Detoxification Association) recommends that the five-needle treatment (NADA protocol) should be given as a group treatment, and on a daily basis, particularly in the early stages of the client's recovery.

The Core Trust, (Core), have been implementing the NADA protocol in this way, (daily and in a group) for more than fifteen years. This study focused on attempting to understand the Core client's experience of receiving the NADA protocol, and whether they felt these factors were beneficial for them. Twelve participants, all at different stages of the programme were interviewed once as a means of data source, and a qualitative analysis was carried out. Results showed that the majority of participants felt that the NADA protocol was beneficial. Participants felt that it was important to have the treatment daily, and to a lesser extent to receive it in a group. Further analysis and discussion employed other concepts as a means to explain the success of the treatment and to begin to explore the role and the impact it may be having at the Project. Positive outcomes from this study demonstrate the value in further exploration of this phenomenon at the Core Trust.

**Key words:** NADA Protocol, addiction, containing, ritual, morphic resonance

<b>CONTENTS</b>	<b>PAGE</b>
<b>I INTRODUCTION</b>	
About the NADA Protocol	1
Who is receiving the treatment	
Philosophy of the Core approach	4
Function of acupuncture points used in the NADA protocol, and treatment principle	6
<b>II PREVIOUS RESEARCH</b>	7
<b>III METHODOLOGY</b>	
Format and methodology of study	11
Analysis of data	13
<b>IV RESULTS</b>	
Themes and sub themes	14
Positive responses	15
Negative responses	20
<b>V DISCUSSION</b>	
a) Acupuncture and Taoism	21
b) Containing	22
c) Daily treatment, ritual and morphic resonance	24
d) Psychosocial mechanisms and the group setting	27
<b>VI CONCLUSION</b>	30
<b>References</b>	31
<b>Appendix a)</b>	35
<b>Appendix b)</b>	36

Auricular acupuncture used in the treatment of substance misuse has attracted, and continues to attract much attention in the field of drug and alcohol treatment. The five needle protocol is internationally widespread. It is practised in many European countries, in North America, Australia, India, Africa and across the UK. Many drug and/or alcohol agencies/organisations across the UK, now use auricular acupuncture as part of their treatment programme. These include residential detox centres, structured day programmes, street agencies, drug treatment and testing orders, (DTTO's), and prisons.

The NHS are now realising the benefits of the treatment for crack cocaine users, particularly as there is no other treatment/medication to offer users, and are beginning to incorporate it into their services provided by psychiatric nurses. It should not be seen as a stand alone treatment, but integrated into existing treatment programmes alongside counselling, harm minimisation, group work etc.

Auricular acupuncture seems to have a stabilizing effect on clients who are actively using drugs and/or alcohol at all stages of their rehabilitation. There are many other noted benefits aside from the acupuncture itself, in the way the treatment is given. It is generally administered in a group setting; there is no in depth consultation needed, only limited information required from the client, so it can be given immediately and is non verbal. Following on from this, it is easy for the client to access – many treatment agencies offer this service on a 'drop – in' basis. Because multiple clients can be treated at the same time, it is also very cost effective. One acupuncturist could comfortably treat twenty clients in ninety minutes. The great beauty of this treatment used in this context, is that it provides a 'way in' for further support for the client. Because it is a safe, standard, non-diagnostic treatment, it allows time for the often traumatised client to engage in the process of what it might mean to stop using.

My experience using this five point treatment, (NADA protocol), stems from the five years I spent working at the Core Trust in London until 1999; the latter being an abstinence based centre with a structured day programme, that works with people who have problems with addiction .The project uses predominantly acupuncture and psychotherapy as the main treatments on offer.

The Core Trust, (Core), is a unique and innovative project, and is an extremely interesting, challenging and educational place to work as a therapist. I started there initially doing one to one treatments, but went on to work in various other roles ie facilitating groups, clinical supervision for the therapists etc. However, the area, I was most drawn toward and ended up focusing on, was the 'detox' part of the programme which is where users of the programme receive the ear acupuncture in a group setting. They would all have the same points applied, and then sit quietly with their needles in for forty minutes. Many users would be receiving this treatment on a daily basis, sometimes for many months, and initially this would be the only treatment they would be having before being offered one to one treatment.

It was in the ear acupuncture clinic 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.

For example, one man who had been a heroin user for 20 years consistently, came and had the ear acupuncture every morning for three weeks. He was ashen-faced, and never spoke. At the end of the three weeks, he reported that his sciatica had disappeared. This had been one of the many reasons he had been afraid to stop using heroin. Incidentally, he completed the year long programme at The Core Trust, and managed to stay drug free.

On my first day as a volunteer acupuncturist at Core, I was given the ear acupuncture in the clinic with the clients. I remember thinking then, how unusual this was, and also how therapeutic it was. The treatment is not so direct as one to one, it is much less intrusive, yet just as powerful but in a different way. Since then I have received the treatment regularly, particularly now that I train health care professionals working with addicted clients to practice this form of acupuncture. I often sit in on a group of clients who are having the treatment, whilst supervising the practitioners. Although I may not be actually receiving the acupuncture, just the experience of sitting amongst a group of people having this acupuncture treatment can sometimes be stirring and emotive.

Current statistics show that Core has a higher retention rate of clients, or students as they are referred to there, compared to other drug and alcohol services in London, (London Drug and Alcohol Services Purchasing Directory, 2000). These services also use the five point protocol as part of the treatment offered.

In the year 2000, 89% of clients presenting stayed longer than 4 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 9 weeks.

There are aspects of the way in which the NADA protocol is given at Core, that is different from the practice in other drug and/or alcohol organisations that may be offering auricular acupuncture once or twice a week. Core offers the treatment every day (sometimes twice a day), and clients are expected to attend every day for a minimum of three months up to a year.

The ear acupuncture/ NADA protocol is always given within a group format at 10am, (although individual treatment can be applied according to need). It is the setting of the ear acupuncture that is of particular interest to me, and forms a focal point of the study; a) the importance of the daily dose of the treatment; if this bears relevance in the accumulative effects of the acupuncture; b) if clients feel that it is important to receive the treatment in a group setting. Whether these factors then may be instrumental in promoting higher retention rates at the project.

The aim of the study will be to understand the client's experience of the auricular acupuncture and to explain the high retention rates at the Core Trust. The design of the study is explanatory, using a qualitative methodology. Cross-sectional data was collected via semi-structured interviews with twelve individuals all 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). The psychodynamic model of 'containing' which is a concept used in most British forms of analytic psychotherapy inform the analytic framework. Other concepts used are psychosocial mechanisms; links to eastern culture via spiritualism; ritual and morphic resonance.

The study will be exploring the client's experience of the NADA protocol in an existing service; the results may show areas that need improvement for the staff and the clients. The

study may also be useful in vindication of the projects innovative work, and may lead on to further research.

For the last six years, I have been working as one of three trainers for NADA-UK, (National Acupuncture Detoxification Association), and run four workshops a year at Core. I teach the NADA protocol during a two-day weekend training, and then the trainees carry out their clinical practice under supervision of the staff acupuncturists during which the trainees have a guideline of administering 50 treatments in the ear acupuncture clinic. The people who attend the training are a variety of health care professionals who work within the field; they consist of counsellors, drugs workers, nurses, probation officers, prison workers etc.

Because of the immediate and long-term benefits of integrating the NADA-UK protocol into existing drug/alcohol treatment programmes, demand for the training has grown, (as it has been growing on a national and international level for the last 30 years). From the perspective of working as a NADA-UK trainer, this has meant an increase in demand for conducting 'in house' training for a whole team of staff to learn the protocol. So I now am involved more directly with helping set up ear acupuncture clinics within drug/alcohol organisations, including the voluntary sector and the NHS, and advising on integrating the treatment into existing treatment programmes.

NADA-UK promotes the group setting, and the importance of having the treatment every day in order for the treatment to obtain maximum benefit as is practiced at Core. Therefore a further benefit from the exploration of these factors, will be in the wider scope of drug and alcohol treatment generally.

## **Philosophy of the Core approach.**

In order to set the context for the NADA protocol in this study, some background of the Core approach was deemed important, particularly as some respondents refer to the Core programme in the interviews.

The holistic approach practised by Core aims to support the client through continuous detoxification; as a relapse prevention strategy, to eliminate further toxic build up and to prevent further stress. Treatment is aimed at the whole person and not just the addictive symptoms. 'Core treats the whole self, the self that addiction conceals' McEwan (1997). Although the client has to have a dependency on a substance (drugs or alcohol), in order to qualify for admission onto the Core programme, the definition of the term addiction is considered further than the physical dependency. It looks at addiction as being a part of our culture in terms of addiction to materialism; the desire for more houses, cars, clothes etc; whether it may be a projection on the vulnerable by society's loss of control. That beyond the substance being misused, it is the destructive behavioural patterns that need to be addressed.

The duration of the programme is a year, and consists of three groups daily; one being the auricular acupuncture group, the other two, psychological groups. Clients also receive body acupuncture, psychotherapy and one of a range of complementary therapies weekly.

Jason Wright, Clinical Director of Core and Jungian analyst, sees the unifying element to this wide plurality of therapies both psychological and physical as a transpersonal or spiritual intent. Theoretical influences from a psychotherapeutic perspective that have informed the project are principally Jungian ideas of embodiment and incarnation. James Hillman has been of particular influence with his focus upon the use of a narrative within a teleological context to change people's attitude towards their life.

In practice, much of the psychotherapy at Core is in the usual psychotherapeutic frame, be that cognitive or psychodynamic. The overview that incorporates Hillman's work sets the frame in a narrative relevant to each client and their expressed desire to change their lives; focusing not solely upon how they have become damaged, although this is important to understand who they are, but to look forward to what they are becoming.

Body acupuncture is received by all the clients on a regular basis once they have begun the programme. Acupuncture can treat many of the previously suppressed physical symptoms and medical problems that the client may experience once they have stopped using.

Whereas the NADA protocol is a standard non-diagnostic treatment, clients having body acupuncture will have received individual diagnoses, and will be treated accordingly.

Acupuncture also treats on the mental/emotional level. Traditionally the Five Element approach was favoured at Core, although it was never a pre requisite; currently the acupuncturists hail from different schools, and the approach is more diverse. The Five Element approach looks at identifying an element within a person that becomes emphasised; like a lens through which the rest of that persons experience is focused. This is referred to as the causative/constitutional factor (CF), and is said to form early on in a persons' life throughout childhood. The CF tends towards weakness or vulnerability in a person, although it can also serve as a strength. When out of balance, it will have an impact elsewhere in the body and cause ill health. This concept sits well with the psychotherapeutic view of traumatic early wounding, and the two disciplines continue to complement each other in the work at Core. As an acupuncturist, having previously worked

in this way with psychotherapists at the project, this may have some significance in influencing the conceptual framework for this study.

The NADA treatment is available for the client throughout their stay at Core. In fact the client is expected to receive the treatment every day for the first few months of the programme. The treatment may be given less frequently as the client progresses throughout the year-long duration of the programme, according to the needs of the client. During possible relapse, which is a common, and usually positive experience in the clients recovery, the client will be expected to return to daily ear acupuncture, to help break the cycle of using. Towards the end of the programme, in the after care period, the client will then be using the treatment as maintenance.

The criteria for people on the Core programme is that they have to have an addiction to a substance. Most clients that register on the programme have complex needs such as employment problems, housing needs, and may also have health problems such as HIV and Hepatitis C. The Core programme focuses on abstinence and aims to help the client understand why they started to use in the first place and the areas that they find challenging when they stop using, Core Annual Report (2002). Clients that need to remain on prescribed medications related to their drug/alcohol use are referred elsewhere unless it is appropriate for them to undertake a complete reduction programme under the guidance of their GP assisted by treatment at Core. For example, Core accepts clients who are taking anti depressants with the aim of reducing to non-usage over a period of three months. Core does not accept clients who are taking methadone or who are on psychotropic medication. The reason for this is that Core offers solely a variety of complementary therapies and psychotherapy and views medication as a block to the subtle changes treatment facilitates. The Core programme involves a lot of group work, which in essence forms the community. Clients with a dual diagnosis – mental health issues such as schizophrenia, psychosis, and extreme forms of depression that constitutes prescribed medications, again are referred onto more suitable treatment programmes.

Latest figures show in the Core Trust annual report 2002, of clients who completed the programme, 54% were male and 46% female. In terms of their addiction, 35% alcohol, 33% poly drug use, 20% heroin, 10% crack cocaine and 2% other.

## **Functions of acupuncture points used in the NADA protocol, and treatment principle:**

The most common effects of the treatment are reported to be:

Reduced craving and intensity of withdrawal symptoms

Improved sleep

Increased sense of calm and relaxation

The NADA protocol consists of five auricular points: The five points which comprise this basic formula are described by Bensky (1985) :

Sympathetic - Used for treating diseases which have a disruptive effect on the sympathetic and parasympathetic nervous systems. Also used for analgesic and has a relaxant effect upon the internal organs, particularly the digestive system. Dilates the blood vessels.

Shen Men - Regulates excitation and inhibition of the cerebral cortex. Has a sedative effect, thus used for many neuropsychiatric disorders.

Lung - Used for analgesia and anaesthesia. Helps control sweating. Aids the respiratory system.

Kidney - Strengthens the kidney and the cerebrum. Used for treating neurasthenia, headaches, lassitude and urogenital problems.

Liver - Used for liver inflammation, anaemia, neuralgia, muscle spasms and diseases of the eye.

Observing the treatment principle in the terminology of Chinese Medicine, the sympathetic and shen men points are used for their function of promoting relaxation and calming the mind. The liver, lung and kidney organs are recognized as predominantly yin organs (wu-zang). The yin organs are thought of as existing deeper in the body, whereas predominantly yang organs (liu-fu) are more external. Kaptchuk (2000).

The treatment principle behind the NADA protocol therefore is to promote relaxation, and stimulate or 'tonify' the yin energy. ('Tonify' is a term used in acupuncture treatment, meaning to stimulate, strengthen, nourish).

Chinese medicine sees all illness or disease as manifestations of 'qi'. 'Qi' is a term to describe matter, or energy/vital force in living beings. A further manifestation of 'qi' is shown as the opposite forces of yin and yang. Chinese medical language is intensely metaphorical and has the potential to incorporate any aspect of being human.

It is seen, in Chinese Medicine terminology, that most people in the throes of some sort of addictive behaviour, are operating with a deficiency of yin energy and an excess of yang energy. Chronic drug and/or alcohol consumption is said to consume the yin energy, which must be restored in order to bring back health. This could be further extended to western society with the emphasis on over stimulation generally. Symptoms of this are; anxiety, disturbed sleep, feelings of frustration and irritability, restlessness, hot and cold sweats, excessive sensitivity, cravings, headaches, dehydration, heart palpitations, a general feeling of desperation and running on empty. This is a pattern of deficiency/heat, but the symptoms appear because of deficient yin, Kaptchuk (2000).

This pattern or syndrome is commonly known as 'empty heat' or 'empty fire'.

The setting for the treatment further enhances the tonification of yin, as clients are required to sit with the needles in for forty minutes. They are required to be still and not talk or read, and to focus internally.

## **II. PREVIOUS RESEARCH INTO EFFECTS OF THE NADA PROTOCOL**

Much research/investigation has been carried out into the effectiveness of auricular acupuncture in substance misuse; most treatment intervention consisting of the use of the NADA protocol. NADA is an acronym for National Acupuncture Detoxification Association. This body was set up as a result of the development and progress of using this protocol in the field. The NADA protocol was pioneered by a group of Doctors in the early 1970's at the Lincoln Recovery Centre in New York, Mitchell (1995); one of whom was Dr Michael Smith who is currently director of the clinic and advisor to NADA USA.

The majority of the research in this subject, has been in the form of randomised controlled trials [RCT's] considered the gold standard in terms of methodological criteria for validating quantitative data. Bullock et al (1989), Washburn et al (1993), Lipton et al (1994), Otto et al (1998), Avants et al (2000), Margolin et al (2002).

A large proportion of these trials have researched the use of the NADA protocol with specific drugs, predominantly either cocaine, crack cocaine, opiates or alcohol. The treatment protocol, although originally discovered as beneficial for use with opiate withdrawal, Wen (1973), has been found to work for many other kinds of substance withdrawal - cocaine, amphetamines, alcohol, cannabis, prescribed medications and cigarettes. Mitchell (1995). The treatment protocol remains the same for all. Smith et al (1982).

The conceptual framework that underpins acupuncture is entirely different to that which forms the biochemical and scientific foundations of western medicine. This poses great difficulties when attempting to prove that acupuncture is more effective than a control condition, the control condition being needle insertion into inactive or 'sham' points, (the equivalent of the placebo in pharmacological trials). It is also not possible to conduct a double blind study as the acupuncturist would know whether real acupuncture points or sham ones were being used. A methodologically sound and valid study design therefore, for the controlled evaluation of acupuncture has yet to be developed, ter Riet et al (1990).

A controlled trial of acupuncture for severe recidivist alcoholism, Bullock et al (1989), assigned alcoholics to either treatment using three of the points used in the NADA protocol, plus an extra point in the hand, [LI4] for anxiety; or treatment using sham points in the ear that were proximal enough to the addiction points in order that the clients could not tell the difference. A non-specific hand point was used instead of LI4. The outcome of this study was in favour of the experimental group receiving the NADA acupuncture, as control patients had twice the number of drinking episodes and admissions to detoxification centres, than did the treatment group.

Inspired by the Bullock study, Washburn et al (1993) conducted a controlled trial for heroin detoxification. Here the treatment group received four of the NADA acupuncture points judged by geographic location and by client report of a tingling or hot sensation when the targeted area was touched with a blunt instrument'. The placebo/sham group were again given four proximal ear points, which were judged by a 'lack of tingling or hot sensation'. A significant finding in this trial was that lighter users of heroin attended the clinic more days and over a longer period of time than those with a heavier habit.

In the discussion and conclusions, both studies demonstrated that acupuncture produces a significant effect in terms of treatment retention when compared with control procedures. In both studies, participants were also offered counselling and other support services.

A single blind placebo experiment for evaluating the efficacy of acupuncture for crack cocaine detoxification, Lipton et al (1994) used ear ‘placebo points’ in the control group as follows – knee, elbow, shoulder, sciatic. Each placebo point was selected to be within 5mm of an experimental point. The treatment group again used four of the five points used in the NADA protocol. Results showed that the experimental group had significantly lower cocaine metabolite levels relative to the control group. Here, there was no difference in retention rates between groups. Interestingly in this trial, no counselling was offered alongside the treatment in order not to potentially confound the analysis of results. It was discussed in the conclusion that according to Smith and Khan (1987), it is crucial to receive counselling alongside the acupuncture, as the former is required to affect psychosocial factors such as the potential to relapse. Acupuncture is indicated to provide only relief of withdrawal related symptoms such as craving, anxiety, depression, muscular pains etc.

More recent studies focus on the effectiveness of acupuncture treatment with crack cocaine and cocaine misuse. At present there is no pharmacological treatment for the latter, auricular acupuncture being the only treatment on offer. The rise in the last ten years of the misuse of crack-cocaine, and the high crime rate associated with it, has constituted more interest in the treatment from the NHS/Primary Care Trusts etc.

When discussing using sham points as a control, Margolin A., Avants S.K. (1997), the possibility that proximal acupuncture points may in themselves be active according to investigation led the aforementioned to conduct a study to assess three different potential controls, Margolin et al, (1995). Proximal sites to the addiction points were used; Non specific points not indicated for addiction, where needles were placed into active sites outside of the concha, ie knee, sciatic, elbow and shoulder points; points on the helix of the ear. Lastly, a helix control was used, where needles were placed into regions on the ear helix. It was found that needle insertion into both proximal points and non-specific points both showed high systemic effect ratings, (after addiction specific points), and the helix points received the lowest systemic effect ratings.

Based on these findings, the needling of helix points as a control condition was employed for further RCT’s of acupuncture for the treatment of cocaine dependence in methadone maintained patients. Namely in Avants et al (2000), this needle insertion was used as a control condition, as well as a relaxation group which consisted of participants viewing commercially available videotapes depicting relaxing visual imagery. The latter was employed to eliminate the possibility that the patients’ reduction of cravings and withdrawals may be based solely on relaxing for a period of time in a quiet environment. The outcome of this study was in favour of the acupuncture showing promise for the treatment of cocaine dependence. However when the study was repeated, the acupuncture did not show a positive outcome, Margolin et al (2002). Although the studies were similar, there were contextual differences; the participants received payment in study 2, and did not receive counselling and other support alongside the treatment. The authors conclude that ‘our comparison study provides a basis for hypothesising the potential importance of psychosocial context to outcome in acupuncture trials in the addictions’

Little has been studied in the specific areas that I wish to explore. Some articles have been written on the psychosocial benefits of the NADA protocol by Dr Michael Smith, one of the pioneers of the treatment in the 1970’s; who was, (and still is), running one of the largest substance misuse clinics in New York; the Lincoln Hospital. A pilot study of the use

of the NADA protocol in the prison services in Sweden, Italy and the UK used a qualitative analysis to evaluate the effectiveness of the treatment on inmates, Blow D, Gyllenhammar, M.D., and Stevens A. (1995). In the Swedish prison, ten female inmates received fifteen treatments over a four-week period. Each participant completed two self-assessment questionnaires, and two interviews during the study. Urine analysis for drugs was negative throughout the whole research. The prison staff noted that the atmosphere was calmer in the prison during the study.

The UK part of the study was at a young offenders institute for males. The NADA protocol was provided once a week for the experimental group, and a control group using relaxation techniques was used. Data was collected via questionnaires and semi structured interviews. There was no urine analysis. Participants self reported on their use of drugs. Results showed that there was some evidence that the acupuncture improved sleep and reduced drug craving, but the problems lay within the delivery of the treatment, particularly as once a week was felt to be too infrequent.

The Italian study due to take place in a Milanese prison was waiting approval to be implemented.

The study concluded that there was sufficient evidence to show that the acupuncture helped with reducing inmates stress levels, drug cravings and use. However, it was also noted that other factors ascribed to the success of the NADA protocol, namely frequency of treatment, and the experience of being in a calm, quiet group.

The Manchester DASH Report. Boyle H., (1995), is a report that examines the findings of a survey of eight drug users who were treated with the NADA protocol, followed by a focus group where the participants discussed their experiences. Again, a qualitative analysis was used, using in depth questionnaires and observations by a service development worker. There were between two and ten treatments received by each participant, including body acupuncture. Results showed that the more acupuncture received, the more beneficial effects were felt; such as relaxation, sleeping better, the alleviation of some physical symptoms and an increase in sense of well being. The report concluded that acupuncture is less clinical than other forms of treatment and offers an alternative to chemical therapy.

‘Prick up your ears. The calming effects of acupuncture are working wonders for pupils with severe behavioural and emotional problems.’ Douglas (2004).

The above entitled article was recently published in the *Times Educational Supplement*, about the successful use of the NADA protocol as part of an innovative range of interventions being introduced into Starhurst school, a state secondary school for 50 boys in Dorking, Surrey. The boys at the school have been excluded from mainstream schools because they suffer from severe behavioural and emotional difficulties.

Over the last few years the pupils behaviour had been deteriorating because of drug abuse. This prompted contact with Surrey Young Peoples Service (SYPS), a treatment organisation for under 19’s with substance misuse problems. The head teacher organised a series of meetings with the local authority, governors of the school, staff, parents and pupils and it was agreed that SYPS could run a therapy programme using the acupuncture, creative visualisation and aromatherapy.

A SYPS senior therapist and NADA Practitioner, set up in tandem with a link teacher at Starhurst, a six week pilot study. A group of six boys aged 15 and 16 years, were given the treatment by the practitioner over that period. The teacher sat in on all the sessions and

conducted informal interviews with the boys after each one. The head teacher carried out formal interviews with the boys after the six weeks of treatment.

After a shaky start, the results were excellent; one of the boys said he felt 'brilliant', very relaxed, was sleeping better and smoking less. Another said he felt 'more chilled' and could concentrate in class.

The teacher said that staff noticed the changes too; 'It was exciting...these were young people who couldn't talk things through, who'd fly off the handle, and now they were being open with each other and expressing problems verbally instead of fighting. Also for them to sit still for 45 minutes was amazing. They learned stillness.'

The study had such an impact that the practitioner was asked to continue giving weekly treatments after it was over. Since then, the school has funded three teachers, one being the link teacher who was interviewing the boys throughout the study, to train as NADA-UK practitioners.

The programme has been presented to the Home Office as part of a three-year inquiry commissioned by the Drugs Strategy Directorate into good practice in young peoples services. SYPS is now hoping to secure funding for a clinical trial.

### **III. METHODOLOGY**

#### **Format and methodology of study.**

Data collection for this study was via interview. The interviewees were the clients on the rehabilitation programme who had volunteered to be interviewed about their experience of the NADA protocol. A minimum of ten interviews was felt to be a sufficient amount. In fact 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 only known as the 'researcher' to the clients and not a practitioner. As I was not carrying out any treatment on any of the interviewees this would eliminate any loyalty from them towards me, in terms of wanting to give positive feedback in order to 'please' me, thus reduce 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). To be able to convey respect to the respondents and place great importance of the imparting of their knowledge, experiences, feelings and attitudes about the subject without judgement or prejudice. For myself to be aware that I do possess my own theories about the treatment, and not to convey these to the respondents at any time during the interviews.

The Core Trust adopts a strong policy of non-judgemental, non-discriminative attitudes from staff to clients and in the community created at the project so this aspect is very much in the culture as well as personally embedded.

I felt as an interviewer that I was in a position of awareness regarding the client group, having worked closely on a one to one basis as well as in groups with them for a number of years previously. I was prepared for the possibility that the respondent may reveal more than anticipated, and that some material could be quite sensitive. Patton (1990) describes the possibility of interviews reopening old wounds for the respondent. In the event of this happening during any of the interviews, then a counsellor would be available to the student for support. If I needed to debrief,/receive some support, I have my own acupuncture supervision in place. This is in the form of group work which is completely confidential, and an appropriate setting to discuss such difficulties.

I am reasonably familiar with the process of rehabilitation ie different methods of detoxification; types of medications used and health problems that long term substance misusers may have. As well as familiarity with most recreational drugs and their immediate and long term effects; also alternative names for drugs – street names and slang.

As I was interested in finding out the clients experience of the auricular acupuncture and then more specific questions relating to this, I used the semi-structured interview format questions. A fully structured interview may not have elicited a full response in terms of the client describing their experience of the treatment. The more specific questions meant that I needed to have some structure to the interview in order to attain the information I needed. I wanted however to have the freedom of changing the wording of the questions if necessary,

of leaving out particular questions if inappropriate for certain clients, or including additional ones if relevant.

Robson (2000) offers a guide for an interview schedule;

- Introductory comments (probably a verbatim script).

This happened in the house meeting where I introduced myself and the study. I also gave out information sheets to all the students at the house meeting, and again just prior to the interview. (see appendix b)

- List of topic headings and possibly key questions to ask under these headings. (see appendix a)
- Set of associated prompts.

Kane (2004) suggests the nodding of the head as a non verbal cue, and the use of 'uh huh' to encourage the person to continue with reassurance that what they are saying is relevant.

- Closing comments

Asking the interviewee if they had anything more to add. Thanking them for their time.

A month before the interviews started, and after gaining ethical approval for the research to go ahead by the university ethics board, I was invited to attend the weekly house meeting. There, I met the clients, introduced myself, talked about the research, what it involved, what it would require of anyone taking part, and discussed issues such as confidentiality and the reassurance that participation would in no way affect a clients treatment on the programme. Each interviewee would be referred to as a number, as no names would be used to ensure complete anonymity. Only I would have access to the tapes unless I used a typist to transcribe the data. The recorded data on cassettes would be destroyed once the interviews had been transcribed. At this point, information sheets were given out to all clients to keep, with attached consent forms to sign if they were willing to take part. See appendix [b].

It was decided that the best time to interview clients was in the period between receiving the ear acupuncture, and the start of the morning group. The ear acupuncture clinic starts every morning at 10am. The treatment is only administered until 10.30am. If clients arrive after that time, they are not given the treatment as it then becomes disruptive for the group, as at this time there may be between ten and twenty people sitting quietly with needles in their ears. The next group starts at 11.30am every morning except Thursday, at which the group begins at 12pm. I was able then to interview one or possibly two people in that slot during each allocated morning without intruding on any of the groups.

A notice with the planned interview dates was placed in reception, and then volunteers put their names down at a time that they were willing to come. Interviews took place over a six week period during May and June. I was aware that I needed to allow for flexibility since this client group are particularly unreliable; due to the nature of addiction there is a high prevalence of relapse.

The interviews were open to all clients at the project, as all would have received the NADA protocol. As the duration of the rehabilitation programme at Core is twelve months, interviewees could be at any stage of the programme. They could be anywhere between one or two weeks into the programme through to eleven /twelve months and about to finish. Interviews took place in a counselling room on site. I took notes immediately after each interview in order to record any non-verbal information, namely body language, as my observations of the interview.

## **Analysis of Data**

The grounded theory approach, Glaser B. and Strauss A. (1967) is based on pragmatism. There is also, to a certain extent, a phenomenological approach to this study as part of the aim is to understand the participant's experience of receiving the NADA protocol in the given setting. Participants are giving their perceptions or meanings, attitudes and belief systems to what they are experiencing, as well as possibly talking about their emotions. From my angle as the researcher, I will be making interpretations, and relying on descriptive accounts, although unlike purely phenomenological approaches, I will be forming analyses from the data.

As a reflexive researcher, I cannot achieve an entirely objective view with which to analyse the data and make interpretations. The concepts I am using are very much a part of my world and vocabulary as an acupuncturist who has worked in this field now 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 ie 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 M. & Huberman A. (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

<b>Themes &amp; sub-themes</b>	<b>Units</b>
--------------------------------	--------------

---

**Positive responses.**

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

**Negative responses.**

Prefer to have treatment alone	6
Treatment does not help with cravings	1

## **IV. RESULTS**

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

Of the twelve respondents, only one, (respondent 8) said that she experienced nothing from the treatment; she had been attending pretty much daily for three weeks. This woman had started at Core immediately after completing a ten day alcohol detox programme. at a specialist detox unit. She had been given anti depressants from her GP, and had started taking them, but had been advised that she would have to leave Core if she wanted to continue with them. (Core's policy is that users of the programme have to be drug free – including prescribed medication – unless they are on a reduction programme with the aim of discontinued use). Therefore there was some ongoing discussion between this client and the staff, over what she wished, or was able to do, regarding her work at Core.

### **Positive responses**

#### **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. In fact nine respondents spontaneously reported this effect in the first few sentences when asked about their experience of the treatment;

'My first experience in relation to Core, I found in the early days it was relaxing... Quite often when they're (the needles) are put in, I notice immediately a change in state.' 'It's very relaxing and calming.' (Respondent 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.' (Respondent 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.' (Respondent 10). 'Mostly my experience is of being fairly calm for the next forty minutes.' '...and there's kind of an atmosphere of calm, an atmosphere of relaxation.' (Respondent 11).

Eight of the twelve respondents reported feeling calm and relaxed as a result of treatment more than once during the interview. Respondent 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. He demonstrated to me during the interview how his whole posture changed from being tense to relaxed (his shoulders dropped), and how the acupuncture helped to stop his heart racing. This client had been on the Core programme for three months. He had been a heroin and alcohol user. At the end of the interview, after I had switched the dicta phone off, he told me he wished that the acupuncture was available seven days a week; he felt quite sure that the treatment had a cumulative effect, as he noticed the difference at the weekends when he was not at Core.

Respondent 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. Respondent 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 it's importance, yeah.' He also said that although his attendance at Core had been good for him; he compared it to being at school, where he did not often turn up. He mentioned that he had 'slipped up' on the attendance slightly at Core. 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. The previous year, he had spent three weeks in a detox unit, and then three months at a residential rehab. He left the rehab and started using drugs and alcohol again. and then started the programme at Core.

Respondent 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.

Respondent 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. 'I think I feel now the effects carry on, whereas if I leave it for a day or two, I feel I miss it sort of thing, and I notice the change.'

Respondent 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. He also talked about the psychological importance of receiving the ear acupuncture daily: '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.'

Respondent 11 mentioned that he felt there was a ritual aspect to the acupuncture which he felt was positive. He said that he found it 'bizarre and unusual' in the beginning, and felt that there was a positive aspect in the daily 'ritual' of the acupuncture and being in the group. 'I also feel that it's the whole, not just having it every day, it's the whole set aside time it's a ritualistic thing; it's for detoxing; it's for your health and I'm sure it's the mental side of it as well as the treatment part of the package that makes it useful.' He said that he was disappointed when he discovered Core were not offering the acupuncture at weekends as they used to. Respondent 3 also said that he would like the acupuncture seven days a week.

All the rest were quite emphatic in saying they felt this 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. Respondent 10 said that he felt enormous benefit from seeing everybody else being calm. Respondent 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.

Respondent 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.’

Respondent 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. Obviously using the substance will temporarily relieve unpleasant withdrawals. 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.

Respondent 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.’ ‘ I feel it’s working because it also helps my nerves and tendons. Sometimes I feel like I’m plugged into the socket so to speak, and your whole body feels wired, and it helps me to deal with that. I can say up until now, it’s been a pleasant experience, and a comfortable one; and if there’s any pain involved, I put that down to the part of my body that’s not functioning very well.’ Respondent 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.

Respondent 7 said the acupuncture had helped with tension; respondent 10 said that it helped him feel less agitated. Respondent 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.

Respondent 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 tried to withdraw from valium before, 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; ‘ It (valium) gets into your system and affects you mentally as well. So I’d say it must be...it would indicate that there was something very helpful in the detox process that I’ve been through with the auricular ear acupuncture to help facilitate me coming off. It wasn’t actually that bad to be honest.’

### **Treatment helps with cravings.**

Seven respondents said that they felt the acupuncture had helped with cravings for drugs and/or alcohol. Five expected to experience cravings more than they actually had. Of the other two, one said that he experienced cravings every day, but they were becoming less frequent. The other was very definite that the acupuncture had helped lessen his cravings, in harmony with the programme at Core generally, along with his other therapies.

Another respondent said he did not often get cravings anyway, so was unsure whether the acupuncture was beneficial

### **Treatment triggers emotional response**

Seven of the respondents described changes in the way they were feeling. They did this in quite different ways; in a more abstract sense, bringing out an emotional response, and referring to feeling more 'alive', 'nourished' and less depressed. One person said that it wasn't helping; in fact she felt that her anxiety levels were increasing.

'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.' (Respondent 1). This person was approximately three months into the programme. He said these three months were the first time he had been clean (free of any intoxicating substances), since he was eleven years old. He had begun to participate in Buddhist meditation and teachings outside of Core; his terminology reflected this in that he referred to the transformation of his mind, and increased energy flow around him, and how he felt that the acupuncture was partially responsible for enabling this.

Respondent 4 described herself as 'a recovering alcoholic and a drug addict'. She had been on the programme and 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:

Respondent 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 drunk 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.'

Respondent 9 had been attending regularly for four weeks. He had been a long-term heroin and alcohol user. His first experience of ear acupuncture was that he fainted during the treatment, and was out cold for two hours. This occurred in a detox unit three months previous to his start date at Core. He had just completed a fifteen-day methadone detox to help with the withdrawal symptoms of heroin. However, this did not put him off, although understandably he felt quite nervous receiving the treatment for the first time at Core. He had settled into the treatment at this point, and said he felt it took the edge off how he was feeling; however after the acupuncture that day, he felt 'alive'.

Respondent 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 managed to keep his habit secret from family and friends, and had still managed to work while he was using, and 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 referred throughout the interview to the fact that he felt the whole format of the Core programme had been successful for him, but did notice that his general mood was better on the days he received the ear acupuncture. He had identified why he had been using heroin; because of depression and self-pity, and was just very pleased that he had not been near the drug for six months. 'I don't know if the acupuncture has helped with my depression or not, but sorting out my depression has sorted out my addiction.'

Respondent 12 was in the process of leaving Core, having successfully completed the 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 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...'

### **Feeling grounded/centred after treatment**

Four of the respondents spoke about feeling 'grounded' or 'centred'. This could be interpreted as an extension of feeling calm and relaxed.

Descriptions of this sensation as one respondent said, was that she felt herself to be 'in her head', and that the acupuncture brought her down so that she felt grounded. Another used a similar description when he said he had a sense of 'going back into his body'. Other terms that were used from a respondent were, that when he was nervous and hyperactive, the acupuncture in its calming effect would lead to a feeling of being more centred. Another said that even if she was feeling angry, the acupuncture enabled her to 'feel more centred in that, rather than scattered all over the place'.

### **Comparing treatment to a meditation**

Four of the respondents compared the treatment to a meditation; two of them referred to it more than once during the interview.

Respondent 11 talked about added benefits of the acupuncture were being with other people 'together with the meditative side of it'. Respondent 12 had learnt meditation techniques fifteen years previously, and spoke of practising these once the needles were in her ears. She went on to say that she had had 'some really nice experiences.'

Respondents 1 and 2 both said that they used the time during the treatment to meditate.

All four respondents alluded to the fact that they had learnt meditation previously to attending Core. Since the clients all sit quietly for forty minutes once all the acupuncture

needles have been administered, the setting is very similar to a meditation setting. Clients are asked to remain silent throughout the treatment, and may be shown simple breathing exercises if they find it difficult to sit for that length of time.

### **Treatment is supportive and safe**

Respondent 3 talked about the fact that he felt safe and supported whilst receiving treatment. He stressed this factor when talking about the difficulties he faced dealing with 'anger and problems' which he did not think he had when he first started on the programme. He referred to Core in general as providing a safe environment; 'It's this safe atmosphere', 'I like alternative things, and it's safe, and people are supportive. 'This is really supportive, and I think that's important.' He stressed the fact that he found the ear acupuncture an invaluable start to the day, as it provided a calm place to work from when beginning to verbalise his painful feelings.

Respondent 11 spoke of the 'detoxing process working at a conscious or subconscious level', and that it felt 'good and safe' and therapeutic.

### **Negative responses**

#### **Prefer to have treatment alone.**

Three respondents said they would prefer to have the acupuncture alone in a room rather than receiving it in the group. All three gave the reason that they were distracted by having other people around them. Respondent 4 talked at length about her difficulty of being around people. She said she felt that she would be able to completely relax and 'go with it', if she were alone, as this was more familiar to her since she described herself as isolating from people generally. She had begun the interview describing how the acupuncture seemed to transform her anger to grief. Because she often started the treatment feeling angry, if there were people talking, whispering or rustling bags, this would annoy her, and cause her to feel that she could not get into her own space.

Respondent 1 said that he found it difficult being in a group since he also had been isolated most of his life; however, he was finding it easier as time went on, and felt the group aspect was beneficial.

#### **Treatment does not help with cravings.**

Only respondent 8 said that the acupuncture had not helped her cravings for alcohol. She said that she was constantly wanting to drink wine so it had not worked for her. Respondent 11 did not specifically say whether the acupuncture had helped with cravings but said that it had successfully aided his withdrawal symptoms from valium. Respondent 7 said that he did not often experience cravings, but could not say whether he felt that was down to the acupuncture.

The final question that was asked in the interviews was whether the clients would prefer to have another treatment other than the daily ear acupuncture. Seven respondents said no. Two respondents said they would prefer a full body treatment on a daily basis. One said he would prefer a 'big muscle massage' One said she would like something to stop her wanting to drink wine. Another respondent had his time with me cut short because he had an appointment, so I did not get to ask him.

## V. DISCUSSION

### a) Acupuncture and Taoism

Acupuncture is the intervention used in the NADA protocol. Previous research has shown that it is a valid therapeutic treatment in addiction, but also that the psychosocial context is of great importance. The acupuncture provides a concrete happening. It has a physical manifestation according to the clients; this gives assurance that there is a treatment going on enabling people to experience it in a positive sense. Respondents in the study spoke of the physical sensations of the acupuncture needles being administered, and how some of the acupuncture points in their ears were more tender than others. Some spoke of feeling a marked difference immediately, others noticing effects later on.

Withdrawal from prescribed medications such as some anti-depressants can be notoriously difficult. It should be noted that two of the respondents said they felt the acupuncture had enabled them to stop their use of valium. One respondent had tried to stop previously and had suffered seizures as a result. In seven months at Core, he had managed to stop taking valium with not too much discomfort.

Four respondents spoke of feeling 'grounded' or 'centred'. This description fits with the concept of the 'yin tonification'; ie strengthening the yin to stop the yang rising upwards (empty fire syndrome), leading to a feeling of being more rooted to the ground. Feeling 'grounded/centred' is a term that some acupuncturists use to describe how acupuncture can help the patient to feel that they occupy their body, rather than their head. Ultimately this may serve to facilitate the process of feeling emotion that is held in the body; emotion in this context being deliberately suppressed by drugs and/or alcohol, and pushed into the unconscious as it is too painful to feel.

'A million little pieces'. Frey J. (2003). This autobiographical account is about the authors hellish descent into drug addiction, but with a particularly aggressive destructiveness. Certainly it appears that the author has a death wish. This extremely raw account is of his time in a rehab and how he dismisses his addictive behaviour as a disease or illness (named as such by the 12 Step Programme), but names it as a choice. Frey was given a book by his brother called the Tao Te Ching, Feng G, English J. (1978). He declares that it was the simple truths written about in this book that enabled him to stop destroying himself and live.

Taoism is the philosophy that underpins Chinese medical thought. The Tao (Dao), translates as near as possible to 'the way'. Losing one's way, or straying from the path results in energetic blockages, which then manifest as illness. The essence of treatment traditionally, was to facilitate the journey back onto that path, for the patient to fulfil his or her destiny. Lao Tsu, an older contemporary of Confucius in the sixth century BC, wrote the TaoTe Ching which captures the essence of Taoism in eighty one chapters. Confucianism is concerned with day-to-day conduct, whereas Taoism focuses more on spiritual well being.

Lao Tsu in his writings show his philosophy to be simple. Accept what is, rather than fighting it. Working against the natural order of things only serves to set up resistance. Everything that we need is there in nature; enough to provide for all without judgement or discrimination. If we stand back and just observe, rather than putting in too much effort, trying too hard and constantly looking for results, then we can be still, open minded, and the truth will be reflected. By achieving this state of well being, we will be much better equipped to understand and achieve awareness. We will then be following the 'natural law'

or the Tao. In his book, Leon Hammer, (1990), compares the Tao to Einsteins theory of relativity: ‘All form and substance in the universe is the materialisation of energy, (E=MC).’

### **b) Containing**

The idea of ‘containing has become a well accepted concept in many British forms of analytic psychotherapy. It originated from Melanie Klein’s description of projective identification in which one person in some sense contains a part of another. This complex model has contributed enormously to a theory of development based around the emotional connection of infant and mother, extending to the psychoanalytic contact of analyst and patient. Hinshelwood (1991).

Projective identification addresses the means by which unconscious fantasies of one person are projected into a recipient, and then processed or contained by the recipient and ‘reintrojected’, ( put back) into the person in a more acceptable, integrated form. This feeling may take the shape of an elimination of fear or intense anxieties too enormous for the person to bear. If the recipient can hold or contain those anxieties for them, this will have important transformational elements in the psychological process. It may also be a means of placing the projected elements into the recipient for safe keeping, in order that the good part of the self can survive the bad parts of the self – referred to as a splitting of the self.

In his paper, Attacks on Linking, Wilfred Bion describes an intense dynamic occurring between himself and a male patient. Bion relates the build up of events where the patient resorts to forceful and aggressive means in order that he, (Bion) would accept parts of his personality. Bion then describes his interpretation of this behaviour;

I felt that the patient had experienced in infancy a mother who dutifully responded to the infant’s emotional displays. The dutiful response had an element of impatient “I don’t know what’s the matter with the child.” My deduction was that in order to understand what the child wanted, the mother should have treated the infant’s cry as more than a demand for her presence. From the infant’s point of view, she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain. He strove to split it off together with the part of the personality in which it lay, and project it into the mother. An understanding mother is able to experience the feeling of dread that this baby was striving to deal with by projective identification, and yet retain a balanced outlook. (1984: 104).

Projective identification can act as a type of defence, by creating a psychological distance from difficult and perhaps frightening parts of the self. It can also have an empathic value, in the sense that congruent feelings that have been projected into a person, can create the fantasy of being understood, or being at one with another. It can be seen as a primitive form of ‘object relations’; being with, and relating to a partially separate object. Winnicott (1971), developed the idea of the use of an object and relating through identifications, extending his theory of ‘object relations’. This looks at the positive value of destructiveness. The subject relates to an object outside the area of their omnipotent control, so that the subject will see the object as an external phenomenon in its own right. The subject then ‘destroys’ the object and the object survives destruction. The subject can then use the object. Winnicott argues that the capacity to use an object is more sophisticated than a capacity to relate to objects. Relating may be to a subjective object, but usage implies that the object is part of external reality.

Wilfred Bion, a psychoanalyst, developed a special interest in group work while studying medicine and becoming fascinated by the herd instinct. During world war 11 whilst serving briefly in the military and working with fellow officers in group, he discovered a method of re-establishing group morale by achieving a common focus in a group approach. This later contributed enormously to the Tavistock Method. Bion's theories of groups extended beyond psychoanalytical group work; into social groups, political groups, community and therapeutic groups, and have informed activities such as the encounter movement, the humanistic psychology movement and zen, among others. Gosling (1981).

Most, if not all of the clients attending Core are likely to be experiencing a large amount of distress; in the form of fear, anger, intense anxieties that are too overwhelming to bear, and are projected onto the discomfort associated with the absence of drugs and/or alcohol. Once there has been sufficient distance reached from the drug, it becomes more difficult to suppress those difficult feelings. It is at this point that some kind of container is needed to 'hold' those feelings until the person feels able to allow them to become conscious.

Patrick Casement (2002), when discussing the dynamics in containment talks about the search by a person to help with the intensity of feeling that is unmanageable to them. Until that container is found, then suppression of those feelings, even if it is by addictive means is a better option for that person than struggling with no solution in sight. When the response of people around are such that they confirm what the persons assessment of themselves is, ie that their feelings are abnormal or dangerous; they would naturally choose to avoid those feelings.

For the clients at Core then to experience calmness and relaxation so early on in their recovery process from the ear acupuncture treatment is quite an achievement, even if it is only whilst the needles are in. Four respondents had been attending the project for less than one month, and a further two for three months. Acupuncture treatment in general will effect relaxation physiologically and is usually given on the basis of an individual diagnosis, commonly on a one to one basis - patient and acupuncturist. Here however the context is different. Many of the Core clients may not have initially chosen to attend the programme; they may have been referred, or they may have arrived as a last resort. Many face the choice of losing their health or even dying if they continue to use substances.

Descriptions from the respondents about feeling relaxed ranged from saying the acupuncture takes the edge off difficult feelings; gives a calm place from which to collect thoughts, and experiencing such deep relaxation that they feel so much better afterwards. Four of the respondents further extended the sense of calm to also feeling centred and/or grounded, one respondent acknowledging a sense that the treatment brought him back into his body away from his head, another saying that he felt very safe and supported.

Respondents spoke of being able to 'gather thoughts', 'to bring things together', 'giving a nice calm place to start from', and experiencing the treatment as 'nourishing'. Two respondents actually said they felt safe in the environment.

Feelings were talked about also. One respondent had been able to identify the fact that beneath her anger lay a lot of grief. She described how she felt the acupuncture enabled her to cry, and this would dissipate her anger. For her it was much easier to feel angry than to feel the hurt underneath. She said that this was the most beneficial aspect of the acupuncture for her. Another respondent also talked about feeling angry, and how the acupuncture helped her centre herself in that as well as other emotions she may have been feeling, and enable her to work out what was going on for her.

These descriptions by the respondents appear symbolic of the fact that they feel contained. It is a silent group, and the respondents describe in detail, these energetic and emotional changes that are happening inside them, without spilling out. This implies that the environment provides a safe holding space for this to happen.

In 'Attention and Interpretation' Bion (1970), describes three forms of the relationship between container and contained; contained representing contents ie the projected emotional experience. These terms can be used to differentiate between therapeutic and non therapeutic containing.

In the first form, the contents are completely crushed; all life being squeezed out. Bion uses social examples such as an army encircling another, or an individuals personality being suppressed by an over rigid social establishment. From an emotional perspective this could be the child whose feelings and thoughts were dismissed and rubbished by the mother. In the context of addiction, this may contribute to why a person becomes addicted to a substance. In some way, the substance acts as a container for these previously uncontained thoughts which over time will have become distorted and too overwhelming for the person to feel.

The second form is where the contents explode the container. Bion uses the analogy of a revolutionary person or idea that radically alters belief systems in society. An example he cites is Jesus Christ. Emotionally this would be the child whose difficult feelings 'destroy' the mother, so that she is devastated and put out of action as a mother. In relation to the addiction process, this could represent the time when the substance no longer serves the purpose for which it was originally taken. This may be the time that the addicted person seeks help, or somebody else seeks help on behalf of them. It may be that their health is failing, and they can no longer tolerate ingestion of substances without the imminent possibility of death. Or it may be that their behaviour can no longer be tolerated by those around them, in their immediate environment. The 'explosion' representing the crisis point. For the addicted person it is the choice between life or death. This would represent the point of access to Core by the client as they first seek help.

In the third form, container and contents manage to accommodate each other, so that they are both able to grow and develop in the process. This is the therapeutic situation where the mother is able to recognise and hold the child's distress, even though it may be agony for her. She can then project her understanding into her child in order that she and her child can grow in the process. This may correspond to the environment or community that the addicted person finds themselves as they begin a new life without drugs. In the context of the NADA protocol/daily group ear acupuncture, the containing environment is enabled by the community of whom the group is formulated, extending further to include the acupuncturist(s), the philosophy and approach practiced by Core, and the building itself.

### **c) Daily treatment, ritual and morphic resonance**

In his paper, Into that whole ritual thing: Ritualistic Drug use among American heroin addicts, Agar M. (1977), talks about the term 'ritual', and how it can often be associated with religion, but more generally is used to denote any highly predictable sequence of behaviour. Within the drug field, ritual practice can refer to many of the acts involved with acquiring and consuming drugs; the contact and meeting place of buying drugs; the setting in which the drugs may be consumed – this may be social, or it may be alone; the means by which the drug is consumed, ie the ritual of preparing the syringe for intravenous ingestion of heroin – or the ritual of 'rolling a joint' to smoke cannabis – or the preparation of a pipe

for the consumption of crack cocaine, the latter two being passed around a few people. Therefore part of everyday life for an addicted person, especially if they are addicted to illegal drugs, involves repetitive, ritualistic behaviour.

When looking at the more religious or sacred meaning of ritual practice, it is only termed as such when a supernatural premise or myth is used to rationalize it. Or if there is a spiritual element to the practice. An element of the latter may contribute somewhat to the success of the 12 Step programme, or Alcoholics Anonymous (AA). Bill Wilson the founder consciously incorporated religion like elements into the programmes. A recovering alcoholic himself, Wilson was only able to stop drinking after he had a mystical experience. This then resulted in him corresponding with Carl Jung, whose ideas greatly influenced the formation of AA.

Flores (1988) refers to Wilsons' 'conversion experience', and how this led Wilson to read the works of William James (1902). James' theory was that spiritual or religious experiences could have a definite objective reality, and could lead to a total transformation in a persons life. The one common denominator was that the underlying source of the experience would be pain and utter hopelessness. This appeared to be the one requirement that would make someone ready for a transformational experience, and fits with the addicted persons descent to rock bottom.

The Chinese recorded their observations of rhythms and pulsations of energy in the universe, and life, and from this came the Laws of Nature, discussed between the Yellow Emperor and one of his medical advisors in the Nei Jing, written around 240BC. All life, aside from man follows natural biological rhythms that resonate with the environment. Confucian tradition emphasized the cultivation of good human life in terms of ritual practice. T.C. Kline III (2004), refers to Xunzi who was one of the last great Confucian philosophers in China during the fourth century. Xunzi believed that moral cultivation could only be achieved through ritual participation. He recognized that there existed two other cosmic forces other than human beings, namely heaven and earth, and that in order for human beings to follow the dao, they would need to live in accordance with heaven and earth, and follow their natural patterns.

Xunzi believed that humans were born with natural inclinations towards chaos and conflict. To uphold the obligation to cooperate with these cosmic forces, it was essential to engage in ritual practice.

“Ritual practice accomplishes these feats because it engages and transforms our natural dispositions and faculties, constraining and shaping forms of expression... Through repeated performance we gradually shape our every gesture and word. We eventually perceive the world and react to it with gestures, movements and words, all in accord with the dao.’

Continuity of the acupuncture was important for the respondents. Eleven said it was important to have it daily. The respondent who was ambivalent, recognised that the regularity was important, but thought he may prefer to have more of a 'physical' treatment such as a massage, or to do some exercise or meditation instead. One respondent talked about the acupuncture giving a centre to the programme at Core because of the daily continuity; he saw it as a 'beneficial pattern' being exchanged for the pattern of using alcohol and drugs, so the psychological element was important.

Ritual provides a structure and is symbolic of the process of recovery in this context. Mitchell and Cormack (2003), discuss patient participation in ritual as actively involving themselves in the healing process and also indicating to the wider social world that the patient has engaged in a process of change and commitment.

One respondent recognised the ritual aspect of the NADA protocol as having great influence; the group boundaries; attending on time to receive the treatment, and sitting quietly in your own space within the group for a set length of time. Another saw the daily acupuncture as providing a 'centre for other treatments' at Core. Other comments were that it provided a structure, and that it formed part of a beneficial pattern that overrode the addiction pattern.

Most of the respondents showed they felt a need, sometimes quite urgent, to get to Core and have the needles/acupuncture. In some sense this could be a replacement for drugs/alcohol. It has often been said to me by addicted clients that they feel they replace the substance addiction with an addiction to acupuncture; transferring one dependency onto another dependency. In the first stages of recovery this is important and therapeutic as long as the replacement dependency is not a substance. Once there is some distance from the drugs/alcohol, the client can endeavour to work on changing their lives with the view to remaining drug free. This they will do in their one to one work during the programme, and concurrently reduce the frequency of the ear acupuncture.

In general, the clients who like acupuncture find that the NADA protocol has an immediate mood enhancing or mood changing effect. Of course this is what drugs and alcohol also do, and can be used therapeutically in moderation in some instances. But by the time the person is addicted, the drugs/alcohol are serving the purpose of suppression of feelings, and preventing unpleasant physical withdrawal symptoms.

We've Had a Hundred Years of Psychotherapy and the World's Getting Worse; Hillman & Ventura [1992], is a lively dialogue between 'two wonderful minds and spirits'.

On challenging psychotherapy practice in his letter to Hillman - 'Second, third and Fourth Sight', Ventura writes of the realm of communication which we choose to ignore because we cannot explain it. The regular incidence of the telephone ringing, and before you have answered it, you know who it is; how you may be driving, and suddenly turn your head, and there you find yourself looking straight into the eyes of another driver who is looking at you. Or how you may be looking at someone and they will soon turn to look at you. The fact that people are constantly communicating in a non-physical way, even telepathically and choosing to ignore it. Ventura goes on to comment, that with the increasing development of the material world, and the 'destruction of the imagination', it is hardly surprising that people seek to break out of the programmed environment and attempt to achieve sensations of other worldliness by using drugs or alcohol.

The whole is bigger than the sum of its parts; the collective unconscious as described by Carl Jung who could not explain how recurrent patterns in dreams and myths appeared in people who had no connection whatsoever. This suggested to Jung, the presence of unconscious archetypes, which he interpreted as a kind of inherited memory. These occurrences could not be explained by information coded in DNA molecules.

Rupert Sheldrake, (1988), a theoretical biologist compares Jung's theory to that of his own, that structures of thought and experience that were common to many people contribute to

morphic, (form shaping), fields via morphic resonance. These fields which are accepted quite widely in biology, have a kind of in-built memory derived from previous forms of a similar kind. Somehow a memory of something is stored in this field because it has been repeated over and over, and then begins to occupy that space. Sheldrake applies this theory to biological form ie the form or shape of living beings that is not accounted for in DNA, and to the development of forms and patterns of behaviour.

Sheldrake, is suggesting in his book 'A New Science of Life', that the more often a new pattern of behaviour is repeated, the more strongly stabilized it will become:

An individual is initiated into particular patterns of behaviour by other members of society. Then as the process of learning begins, usually by imitation, the performance of a characteristic pattern of movement brings the individual into morphic resonance with all those who have carried out this pattern of movement in the past.

Consequently, learning is facilitated as the individual 'tunes in' to specific patterns of activity. Processes of initiation are indeed traditionally understood in terms rather similar to these. Individuals are thought to enter into states or modes of existence which precede them, and have a sort of transpersonal reality. (1987: 250-253)

The key concept of morphic resonance according to Rupert Sheldrake is that similar things influence similar things across space and time. The field that is generated then 'holds' that memory of the past and becomes a morphic field.

In the context of the daily group acupuncture, the same treatment is being repeated at the same time each morning, and in the same room, so there is a continuous pattern of activity happening every day, Monday to Friday. Oschmann, [2000] discusses biomagnetic fields that exist around the human body and can be measured. Like Sheldrake, Oschmann also hypothesises that 'fields of all the organs spread throughout the body and into the space around it.'

Respondent 5 spoke of the acupuncture forming part of a new pattern for him in his recovery. He recognised that the Core programme was providing structure in his life, and the acupuncture was 'the centre point of that pattern'.

The intention in the acupuncture group is the same for everyone; to move beyond the desire to achieve an altered state using drugs and alcohol, but to develop an awareness of natural state in the moment. In some ways this could be seen as a raising of consciousness.

Some respondents spoke of sensations that were not specific to the acupuncture which led me to connect with the concept of some sort of collective energy field. Respondent 11 demonstrated this when he found himself sitting in the group enjoying his acupuncture treatment, and then discovering he did not actually have the needles in. Respondent 1 spoke of having a sense of feeling as if 'something is switched on' as soon as the needles were put in.

#### **d) Psycho social mechanisms and the group setting**

On registering onto the Core programme, the new clients introduction to treatment is the NADA protocol, received in a group. Because the treatment does not require an in-depth consultation, the client has only to give limited medical information about him/herself. Clients presenting are often in denial about their behaviour, and usually have issues with guilt, shame and lack of self worth, and may also have a fear of being challenged. To receive acupuncture relatively immediately serves to reduce those feelings

of hostility and distrust. Added to this the client will be receiving the same treatment as everyone else in the group, constituting a non-discriminative, non-judgemental environment. A feeling of 'we're all in the same boat'.

Ongoing treatment in this way allows the client to progress at their own pace, where they will feel more comfortable to engage in the process of changing their behaviour.

Michael O. Smith (1999), writes in his paper about the challenge the addicted person encounters when faced with the necessity for internal change. 'Addicts perceive themselves as being unable to change from within. Their whole life revolves around powerful external change agents. Each addict remembers countless examples of weakness, poor choices and overwhelming circumstance that lead to the conclusion that they cannot help themselves become drug free.'

Clients can often feel disillusioned and alienated when their needs are not immediately met. Clients are used to instant gratification via a 'quick fix' of a mood altering substance, thus it can be hard for them to feel that they have been given anything or helped by the therapist. Acupuncture can supply instant relief for the client, as it is mood altering without the use of a substance. So it provides a means of the therapist responding to the client in the present time without using any medication.

I recall an instance when I was providing locum cover for an auricular acupuncture clinic at a street agency. There were only a few clients having treatment that day, so it was a small group of about five people. I had administered all the needles and the clients were seated quietly. A few minutes into the quiet time, one of the counsellors at the project brought in a very agitated young man whom I later was informed had a heavy crack cocaine habit. He had never had the acupuncture before, and was quite reluctant to have it, having been persuaded by his counsellor; however, he did not refuse and said he was willing to give it a try. I administered the acupuncture, and asked him to stay seated for the duration of the treatment, approximately another thirty minutes. Initially, he was still physically agitated; his legs moved constantly, and he continued to tap his feet. After about fifteen minutes, the movement suddenly stopped, he sighed, and visibly relaxed in his seat and became still. At the end of the session, upon removing the needles from his ears, I noticed that his entire demeanour had changed. He was relaxed and smiling; the aggression and agitation had disappeared. He then proceeded to ask me what medication was in the needles that had been placed in his ears.

Although incredulous at first, he very much liked the fact that that his own body had achieved the way he was feeling, and not due to an external agent.

A combination of the physiological effects from the acupuncture, which will also have an impact on the mental/emotional state of the person, and the quiet peaceful setting of the group; the fact that there is a very limited consultation prior to the first treatment received, so the clients do not have to give away any information about themselves; that all clients are getting the same treatment, and all are there for the same purpose. So there is no discrimination, no judgement. Each person in the group will be feeling some empathy towards their peers, which may not be at a conscious level. This is depicted by one respondent in the study who said that the calmness he felt as a result of the acupuncture could also be to do with 'this group gathering of people and we're all going through the same process'. Other comments were that it was important as a community and a way of

‘checking in with everybody’, ‘things done in groups become more powerful’; again the emphasis on togetherness.

Eight respondents said they thought receiving the acupuncture in a group was important. One person said he found the group situation difficult because it brought up painful feelings. The other three said they preferred to be alone as other people distracted them, and indicated particularly that the silence was not always respected and they felt they were not getting the full benefit. An implication of this is that the quiet space is not always emphasised enough and could be improved upon.

The Transtheoretical Model of behaviour change (TTM) has become more widely used in the treatment of substance misuse over the last thirty years. It is based on the research of Prochaska and DiClemente (1984). They found that change takes place over a period of time with certain common characteristics, namely five distinct stages of change, Velasquez et al (2001):

Precontemplation: not seeing a problem

Contemplation: seeing a problem and considering whether to act

Preparation: making concrete plans to act soon

Action: doing something to change

Maintenance: working to maintain the change.

In terms of experiential processes, the ear acupuncture will aid the raising of consciousness in the precontemplation stage, and provide dramatic relief. Motivation from the client to address their behaviour often occurs when emotions are aroused from a stimuli either external or internal; both in the case of the ear acupuncture.

A re evaluation of the self in the quiet, still space of the ear acupuncture group, and the recognition that misusing substances acts as a block to personal values and aims in life. The possibility and hope of achieving a vision of how the client might be after stopping using.

A re evaluation of the environment; the group setting providing an arena in which the client can become aware of the potentially negative impact their behaviour may have upon the environment in which they function.

Recognition and creation of alternatives in the social environment that encourage behaviour change. Interactions with fellow clients who may be further down the line in terms of their recovery, and exchanging experience of receiving ear acupuncture.

The substitution of a healthy behaviour for an unhealthy one ie achieving relaxation in the ear acupuncture setting, rather than using substances

A combination of the physiological effects from the acupuncture, which will also have an impact on the mental/emotional state of the person, and the quiet peaceful setting of the group; the fact that there is a very limited consultation prior to the first treatment received, so the clients do not have to give away any information about themselves; that all clients are getting the same treatment, and all are there for the same purpose. So there is no discrimination, no judgement. Each person in the group will be feeling some empathy towards their peers which may not be at a conscious level. This is depicted by one respondent who said that the calmness he felt as a result of the acupuncture could also be to do with ‘this group gathering of people and we’re all going through the same process. Other comments were that it was important as a community and a way of ‘checking in with everybody’, ‘things done in groups become more powerful’; again the emphasis on togetherness.

Eight respondents said they thought receiving the acupuncture in a group was important. One person said he found the group situation difficult because it brought up painful feelings. The other three said they preferred to be alone as other people distracted them, and indicated particularly that the silence was not always respected and they felt they were not getting the full benefit. An implication of this is that the quiet space is not always emphasised enough and could be improved upon.

## **VI. CONCLUSION**

Overall, the respondents reported a very positive outcome from receiving the NADA protocol. In eleven of the interviews, when asked to describe their experience of the treatment, the respondents said that they felt calm and relaxed as a result, nine of them saying this during the first few sentences of the interview. Eleven respondents said they felt it was important to have the acupuncture on a daily basis, giving reasons such as noticing a negative change in their mood and general well being if they missed it.

Nine respondents thought that the group setting contributed to the therapeutic effect of the acupuncture. The other three who said they would prefer to have the treatment alone, cited the reason that other people made noise which they found distracting. Six respondents reported their withdrawal symptoms had subsided considerably which they felt the acupuncture was largely responsible for, and seven felt it helped with cravings.

None of the respondents reported feeling negative effects from the acupuncture.

The treatment appeared to have made no difference at all to only one of the respondents who said that she felt it was not helping. Her explanation for this was that she had only been attending the programme for three weeks, and that maybe this was not enough time for her to feel better. This may have been the case; however there were two other respondents who had been attending the same amount of time as her, and one that had had just ten days experience of the acupuncture; they all reported feeling different after or during the treatment.

Data collected from this study show that the two key features of the setting; the group format and the daily occurrence of the ear acupuncture, is important to the clients interviewed. The analysis and discussion offer some explanations of the results relative to processes that are commonly happening when a person is addicted.

The high retention rates of clients in the early stages at Core, (compared to other similar services), demonstrates success of their service. Larger, more in-depth, comparison studies would be required to explain these statistics. Although Core offers a daily programme of group work and treatments, the only treatment the clients receive during the first four weeks on the programme, is the NADA protocol. The promising results of this small-scale study, highlights the value in further exploration of this phenomenon.

This catalytic treatment encourages the body/mind/spirit to find its own way of balance, The five needle protocol is a very powerful tool in itself. It begins the process of empowerment for the client by engaging them in treatment which is not passive, and positively encouraging the body's own natural healing abilities. As well as being a treatment in the clinical sense, the potential is there for an ongoing educative process that eventually hands over the responsibility to the client for their own healing.

## REFERENCES

- Agar M. (1977) Drugs, Rituals and Altered States of Consciousness. (eds) Brian M. Dutoit B.M., Balkema A.A.
- Avants S.K., Margolin A., Holford T.R., Kosten T.R. (2000). A Randomized Controlled Trial of Auricular Acupuncture for Cocaine Dependence. Archives of Internal Medicine. 160, (15), 2305-2312.
- Bensky D., O Connor G. (1985) Acupuncture: A Comprehensive Text. Eastland Press. Seattle WA.
- Bion W.R. (1970) Attention and Interpretation. London. Tavistock Publications Ltd.
- Bion W.R. (1959) Attacks on Linking. International Journal of Psycho-Analysis 40: 308-15. Reprinted in Second Thoughts. (1984). Jason Aronson, New York.
- Blow D., Gyllenhammar M.D., Stevens A. (1995). Pilot Project Report: Research and Information on the Use of Auricular Acupuncture in the Criminal Justice System in Sweden, the United Kingdom and Italy. Cranstoun Projects Prisoner Resource Service for the European Network of Services for Drug Users in Prison.
- Boyle H. (1995). DASH Acupuncture: Report Detailing Pilot Acupuncture Treatment Scheme. Manchester: Dash. Unpaged.
- Bullock M.L., Culliton P.D., Olander R.T., (1989). Controlled Trial of Acupuncture for Severe Recidivist Alcoholism. The Lancet. June.1435-1439
- Casement P. (2002). On Learning from the Patient. (12<sup>th</sup> ed.), Brunner-Routledge.
- Cassidy C. (2001). Beyond Numbers: Qualitative Research Methods for Oriental Medicine in Stux G. Hammerschlag R. (eds.) Clinical Acupuncture: Scientific Basis. Springer-Verlag. Berlin, Heidelberg, New York.
- Douglas O. (2004). Prick Up Your Ears. The calming effects of acupuncture are working wonders for pupils with severe behavioural and emotional problems. Times Educational Supplement. 10 September.
- Feng G., English J. (1978) Tao Te Ching. (7<sup>th</sup> ed), trans. Lao Tsu. Wildwood House Ltd. London.
- Flores P.J. (1988) Group Psychotherapy with Addicted Populations. The Haworth Press.
- Frey J (2004). A million little pieces. ( 2<sup>nd</sup> ed.) John Murray. London

- Glaser B Strauss A (1967). The Discovery of Grounded Theory. Chicago: Aldine.
- Gosling (1981) in Grotstein J.S. (ed.) Do I Dare Disturb the Universe. A Memorial to Wilfred.R Bion. Caesura Press, Beverley Hills.
- Hammer L.I. (1990). Dragon Rises, Red Bird Flies. Psychology and Chinese Medicine. Station Hill Press, Inc., Barrytown New York.
- Hillman J., Ventura M. (1992) We've Had A Hundred Years Of Psychotherapy And The World's Getting Worse. Harper Collins.
- Hinshelwood R.D. (1991) A Dictionary of Kleinian Thought. (2<sup>nd</sup> ed.), Jason Aronson, Northvale NJ.
- James W. (1902) The Varieties of Religious Experience. New York: Longmans.
- Kaptchuk T. J. [2000]. The Web That Has No Weaver. (First ed. 1985). Rider Books.
- Kane M. (2004). Research Made Easy in Complementary and Alternative Medicine. Churchill Livingstone.
- Kline T.C. III (2004) in Schilbrack K (ed.) Thinking Through Rituals, Routledge.
- Lipton D.S., Brewington V., Smith M. (1994). Acupuncture for Crack-Cocaine Detoxification: Experimental Evaluation of Efficacy. Journal of Substance Abuse Treatment: Vol 11, No 3, pp205-215.
- Margolin A., Avants S.K., Chang P., Birch S., Kosten T.R. (1995). A Single-Blind Investigation of Four Auricular Needle Puncture Configurations. American Journal of Chinese Medicine. 23 (2), p105-114.
- Margolin K., Avants K.S., (1997). Acupuncture for Cocaine Abuse: Research Findings, Methodological Issues, and Patient-Treatment Matching, in Stine S.M., Kosten T.R., (eds.) New Treatments for Opiate Dependence. New York. London: The Guildford Press.
- Margolin A., Avants S.K., Holford T.R. (2002). Interpreting Conflicting Findings from Clinical Trials of Auricular Acupuncture for Cocaine Addiction: Does Treatment Context Influence Outcome? The Journal of Alternative and Complementary Medicine. 8 (2), p. 111-121.
- McEwan G.(1997). The Holistic Approach to Addiction as developed by the Core Trust. The Core Trust
- Miles M., Huberman A. (1994). Qualitative Data Analysis: An Expanded Source Book. Sage, London.

- Mitchell A., Cormack M. (2003) The Therapeutic Relationship in Complementary Health Care. (3<sup>rd</sup> ed.). Churchill Livingstone.
- Mitchell E. (1995) Fighting Drug Abuse with Acupuncture. Pacific View Press. Berkely CA.
- Oschmann J.L.(2000). Energy Medicine: The Scientific Basis. Churchill Livingstone.
- Otto, Katherine C. M.D., Quinn, Colin M.D., Sung Yung-Fong M.D. (1998). Auricular Acupuncture as an Adjunctive Treatment for Cocaine Addiction. The American Journal of Addictions. Vol. 7 no. 2 p. 164-170.
- Patton M. (1990). Qualitative Evaluation and Research Methods. Sage.
- Prochaska J.O and DiClemente C.C (1984).The transtheoretical approach: Crossing boundaries of treatment. Homewood, IL: Dow Jones-Irwin.
- Robson C. (2000). Real World Research. A Resource for Social Scientists and Practitioner-Researchers. (First ed. 1993). Oxford: Blackwell Books.
- Sheldrake R. (1987) A New Science of Life. The Hypothesis of Formative Causation. 2<sup>nd</sup> ed. (1<sup>st</sup> ed. Blond and Briggs. London and J.P. Tarcher, Los Angeles 1981. Collins.London
- Sheldrake R. (1988), The Presence of the Past. Morphic Resonance and the Habits of Nature. Fontana/Harper Collins. London and Random House New York
- Smith M.O., Squires R., Aponte J., Rabinowitz N., Regina-Bonilla-Rodriguez, S.W. (1982). Acupuncture Treatment of Drug Addiction and Alcohol Abuse. American Journal of Acupuncture. 10, (2), p161-163.
- Smith M., Khan I. (1987). Acupuncture in the Management of Drug Dependence. Unpublished manuscript. New York City.
- Smith M.O. (1999) Acupuncture for Addiction Treatment. J & M Reports LLC.
- Ter Riet G., Kliejnen J., Knipschild P. (1990). A Meta-Analysis of Studies into the Effect of Acupuncture on Addiction. British Journal of General Practitioners. 40, 379-382.
- Velasquez M.M, Maurer G.G, Crouch C, DiClemente C.C. (2001). Group Treatment for Substance Abuse. New York, London The Guildford Press.
- Washburn A.M., Fullilove M.T., Keenan P.A., McGee B., Morris K.A., Sorenson J.L., Clark W. (1993). Acupuncture Heroin Detoxification: a single blind clinical trial. Journal of substance Abuse Treatment: 10(4), p.345-351

Wen H.L., Cheung S. (1973). Treatment of Drug Addiction by Acupuncture and Electrical Stimulation. Asian Journal of Acupuncture. 9. p138-141.

Winnicott D.W. (1971). Playing and Reality. London: Routledge

## **Appendix a**

Key questions asked in the semi-structured interview:

- 1) Could you describe your experience of receiving the ear acupuncture?
- 2) Do you think it is important to have the treatment every day?
- 3) What are your feelings about receiving treatment whilst in the group?
- 4) Would you prefer something other than acupuncture every day?

## **Appendix b**

Rachel Peckham  
The Core Trust  
35a Lisson Grove  
London NW1 6UD

Date:

### **Participant information sheet.**

I am an acupuncturist, currently in private practice. I am at present undertaking an Msc in Complementary Therapies at Westminster University. My subject for research is the role of the auricular acupuncture, [ear acupuncture] , as it is offered at the Core Trust.

There has been some research carried out on the clinical effects of the acupuncture in detoxification from drugs and alcohol . My interest is in the way it is used at the Core Trust; ie it is given every day for a number of weeks/months, and it is generally given in a group session.

I am a former member of staff at the Core Trust, and worked there for five years treating students with body acupuncture as well as giving acupuncture treatment.

The purpose of this research is to understand the experience of the students receiving the acupuncture, by conducting a series of interviews with those having the treatment. The interview will be conducted immediately after the acupuncture session and before the House meeting. The interview will be tape recorded. I will be coming in for a period of 6 weeks , on Thursday mornings, and would hope to interview students who would like to take part, on one occasion over this period. Each individual interview should last approximately 30 minutes.

Confidentiality is of the utmost importance, and anyone taking part in this study will have their anonymity guaranteed.

If you would like to take part, by being interviewed on one or more occasions, then you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect the standard of care you receive.

Should you wish to see a copy of the finished report, a copy will be available at the Core Trust.

Thank you for reading this.

**Appendix b (cont.)**

Rachel Peckham  
The Core Trust  
35a Lisson Grove  
London NW1 6UD

Date:

Consent form for participants

An exploratory study on the ear acupuncture treatment given at the Core Trust.

I have read and understood the attached participant form, and agree to take part in the above study .

I understand that my anonymity is guaranteed, and that I may withdraw from the study at any time without giving a reason. In no way whatsoever will the standard of care that I receive be affected.

Signed: (Participant).

Signed: (Researcher)