

Acupuncture In An Adolescent Treatment Setting

Auricular acupuncture has been shown to be an excellent adjunct for the treatment of chemically dependent adolescents. Acupuncture in this age group reduces the frequency and the intensity of the post-acute withdrawal syndrome. This syndrome is comprised of agitation, anxiety, depression, insomnia, headaches and chemical cravings. These symptoms and signs can be a significant relapse trigger which can complicate primary treatment and early recovery. Auricular acupuncture in the adolescent age group reduces the number of treatment drop-outs and reduces six-month recidivism rates. Acupuncture is easy to perform, is cost-effective and can be easily utilized in an outpatient setting. It should be combined with structured primary treatment and a comprehensive relapse prevention program.

There are many providers in this country who specialize in the treatment of chemically dependent adolescents. Overall, the recidivism rates for adolescents have been high and it is well known that the rate for adolescents within the first 90 days after their last chemical use approaches 90 percent in some regions. Therefore, treating the chemically dependent adolescent can be extremely frustrating.

A structured relapse prevention coupled with a powerful support system is the key to long-term sobriety. Obviously, the adolescent who has an investment in early sobriety and who also has an intact and supportive family system will do better than one who has a severely dysfunctional and destructive family environment.

However, even adolescents with the most ideal early recovery situations, including strong family support, individual counseling and an excellent relapse prevention program, continue to relapse and fall back into their old behavioral patterns. A major trigger for immediate relapse is an unresolved post-acute withdrawal syndrome.

The post-acute withdrawal syndrome consists of anxiety, frequent mood swings, agitation, sleep disorders, headaches, depression, generalized malaise, listlessness and severe chemical cravings. Adolescents may suffer from one or any combination of these symptoms for months after their last chemical use. This syndrome threatens early sobriety because it erodes hope. Many adolescents will say, "If sobriety is this painful, then what's the point? If I feel this bad sober, then I might as well use."

It is extremely difficult for chemically dependent adolescents to tolerate the discomfort of anxiety, agitation and depression for a prolonged period of time. Hearing that "It gets better" is not comforting enough to an addict suffering from chronic headaches and insomnia. Emotionally immature adolescents driven by the primary pleasure principle do not understand the essence of delayed gratification. Their lack of impulse control is significantly triggered by the post-acute withdrawal syndrome.

Most adolescents do not suffer the classic symptoms of acute chemical withdrawal, such as tremors, profuse perspiration, electrolyte imbalance, hallucinations, severe agitation, seizures or delirium tremens. The acute withdrawal process in adolescents is usually subtle and blends in with the post-acute withdrawal syndrome.

The use of auricular acupuncture in the chemical withdrawal process and as an adjunct in the early recovery stage has been very beneficial. Acupuncture reduces the signs and symptoms of the post-acute withdrawal process and in many cases prevents the syndrome from developing.

The Chinese believe that everyone is born with a fixed amount of energy at birth energy imbalance from external or internal causes is the root of all illness. By treating specific skin points, the acupuncturist can treat disease by balancing body energy.

The Chinese also believe that certain points on the skin are related to internal body organs and functions and have developed a "map" of relationships between the skin points and the internal organs. The flow of energy through the body passes through Chinese meridians.

Acupuncture detoxification treatments are designed to help patients replenish the energy

lost to their chemical addiction. The points used on the ear have a direct nerve connection to the brain and ultimately stimulate organs such as the liver, kidney, lung and nervous system. Studies reveal that endorphins are released into the blood-stream after acupuncture. Research has also revealed that the human body possesses an electromagnetic field that corresponds to the Chinese meridians.

LifeBack instituted the use of adolescent auricular acupuncture in 1987. Initially, two therapists and two nurses were trained and certified by the National Acupuncture Detoxification Association (NADA). Their training was supervised by a regional NADA representative and by the LifeBack medical director who was NADA certified. Each trainee treated 50 patients successfully at the hospital treatment program before they received NADA certification. LifeBack is currently in the process of training the entire nursing and therapy staff.

Acupuncture is not mandatory at LifeBack. The adolescents who choose acupuncture must have their parents or legal guardian sign the acupuncture consent form.

Auricular acupuncture is performed by placing five one-half-inch sterile, disposable acupuncture needles in each ear. The patients clean their ears with alcohol pads before the procedure. The needles are firmly inserted with a clockwise twisting motion at specific points in the ear just below the skin's surface. Each acupuncture point represents an organ or system in the body. Typically we place the first needle in point number one and proceed through point number five. The procedure is essentially painless for most patients, although some patients report some momentary discomfort, such as pressure or an initial sting on needle insertion.

After the needles are inserted, the patients sit on comfortable chairs, couches or futons. The patients rest together, without talking, for 30 to 40 minutes. Most of the patients sleep during this time and wake up spontaneously. The needles are carefully removed by one of our nurses or therapists and are immediately deposited in a special container and discarded appropriately.

The inpatient and day hospital patients receive acupuncture at 11:00 a.m., Mondays, Wednesdays and Fridays. All the patients are treated at the same time in one room. The adults and the adolescents receive acupuncture together.

Patients who are suffering from acute withdrawal may require acupuncture three times daily for the first week. Severely agitated and anxious patients may also request acupuncture at bedtime to prevent insomnia, or at any time during the day to relieve an acute headache.

Outpatients and patients who are attending the continuing care program may also receive acupuncture. They are treated at 11:00 a.m. three times weekly, with the hospital inpatients and the day hospital patients. Continuing care patients who are unable to attend the daily sessions may make arrangements to receive acupuncture treatment at night after their continuing care meetings.

At present, there is no charge for the acupuncture treatments because they are integrated into the cost of the entire program. Acupuncture is used as an adjunct only, however, it does not take the place of addition therapy, continuing care or self-help meetings.

The personality of the treatment center has dramatically changed since instituting acupuncture. Most of the patients admitted into the treatment program receive acupuncture. They have formed cohesive treatment communities and have been invested in early recovery. Patients acting out on the unit are almost nonexistent. Overall, the patients who receive acupuncture have been more open to treatment and recovery.

It is clear that acupuncture has allowed patients to concentrate on their recovery rather than their headaches, insomnia, agitation and chemical cravings. The reduction of the post-acute withdrawal syndrome has reduced treatment dropout rates to almost zero.

LifeBack performed a study of 60 poly-addicted patients. Every patient used alcohol and at least one other drug, most commonly cocaine or marijuana, and all of the patients had

been using chemicals for at least three years. Thirty patients who received auricular acupuncture were compared to 30 patients who did not. All 30 who received acupuncture during the course of their treatment completed the program. Of the 30 patients who did not receive acupuncture, only 14 completed the program.

The same 60 patients were followed for six months after their last chemical use to study the rates of chemical relapse. Of the 30 patients who continued to receive acupuncture, only two relapsed. Of the 30 patients who did not receive acupuncture, 20 relapsed.

This study was not controlled, since the patients who received acupuncture requested it. In spite of this fact, the results reflect the decrease in treatment failures we have seen since we instituted the use of acupuncture in our treatment population.

Generally, the patients who receive acupuncture complete treatment, attend the continuing care program and attend support group meetings. They have a very low rate of recidivism. Patients who receive acupuncture report that they feel less anxious and agitated. They also report a feeling of well-being after the treatments and a reduction in mood swings. All of the patients who receive acupuncture state they sleep well.

Acupuncture has been shown to be an important part of our treatment program. It is a powerful adjunct to the other treatment modalities we utilize. It is cost-effective, easy to perform and eliminates the use of benzodiazepines for acute withdrawal.

Recently, we have seen dramatic changes in third-party payments for chemical dependency. There has been a shift from prolonged inpatient treatment to outpatient treatment. Acupuncture can easily be performed in an outpatient setting. The reduction of the post-acute withdrawal syndrome reduces the necessity for lengthy and expensive inpatient hospital stays.

As we train more of our own staff, we will continue to offer acupuncture twenty-four hours daily. We will also offer acupuncture to the patient's significant others. In addition, we are investigating the use of acupuncture for a number of other programs for smoking cessation, weight reduction, stress, headaches and insomnia. We believe that acupuncture can be a useful adjunct for a number of different structured programs.

Richard Karrel, M.D. is the executive director of the LifeBack Adult and Adolescent Substance Abuse Program in Michigan City, Indiana and Medical director of the Rush Chemical Dependency Program in Chicago, Illinois.

COPYRIGHT 1990 Medquest Communications, LLC