

Needles to needles: how ear acupuncture can work for substance use recovery

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By

Helen was telling me about her day while I poured tea. Suddenly, the double doors swung open and a middle-aged man in a worn grey jacket briskly walked in. He looked at us, pointed to the room behind us, and blurted out, “Ear acupuncture?”

“Yes,” Helen said. “Have you been here before?”

The man nodded and walked past us into the treatment room and quickly sat down in the chair in the corner. Tim proceeded to put five 2mm needles with bright orange grips in each of the man’s ears.

“One cycle is half an hour, but stay for however long you’d like,” Tim said. The man nodded and closed his eyes.

An hour later, the man signaled to Tim to remove the needles. He said a quick thanks, dropped a few coins in the donation box, gave us a thumbs-up, and left.

Helen and Tim are ear acupuncture practitioners at Pathways to Health, a charity that offers community ear acupuncture in the south of England.[\[1\]](#) I met them on a Thursday in early 2020, where Pathways offered a variety of programs for addiction recovery out of a drugs and alcohol services house. Every person who sat down in a chair in the treatment room received needles in the same five points. This specific treatment was known as the National Acupuncture Detoxification Association (NADA) protocol, which aims to reduce cravings for addiction, minimize withdrawal symptoms, and relieve stress (NADA, 2018). In the past year, Pathways has served 785 individuals and given over 3,527 treatments. In a survey of 113 clients, over 70% reported a decrease or cessation in alcohol use, and over 80% reported reduction in stress, anxiety, and improved moods (Pathways to Health, 2020). Pathways is part of a web of various services that offer ear acupuncture as a therapeutic option for addiction.

In the UK, over 30,000 practitioners are trained in the five point ear acupuncture protocol.[\[2\]](#) They come from all backgrounds – NHS workers, mental health advocates, nurses, addiction specialists, physicians, prison

staff, and even maths teachers and electricians. Some bring ear acupuncture back to the NHS, mental health organizations, prisons drug programs, private practice or simply use it on family and friends. Surprisingly, during my research on the five point ear acupuncture protocol in the UK, I repeatedly observed one phenomenon: many of the practitioners I encountered were former patients themselves, often having previously dealt with the negative consequences of addiction. A significant number of the people I came across at clinics and my own ear acupuncture training told me along the lines of, “I got acupuncture for my addiction and it made me feel better. I decided to learn more about it.” I closely researched with a few patient-turned-practitioners, including Tim.

How does ear acupuncture “work”?

Though it is simple for patients to receive training and there are technically no strict licensing requirements for practicing acupuncture in the United Kingdom, I define practitioner as someone whose main occupation is to provide treatment and is registered with an acupuncture body (British Acupuncture Council, 2016). Thousands of patient-turned-practitioners have acupuncture as a key part of their *habitus*, and many, like my informants, have been practicing for over a decade. They attribute ear acupuncture as the impetus for their holistic recovery process, which included the pursuit of becoming a practitioner. I take this as one testament to the efficacy of acupuncture. When analyzing how ear acupuncture “works,” I attend not to strict biomedical and objective measurements for evidence, but instead to the social dimensions of efficacy (Meyers, 2013).

The origins of the five-point ear acupuncture protocol reveal much of the characteristics of how it works for those living with, but not limited to, addiction. Beginning with the civil rights revolutionary groups such as the Black Panther Party (BPP) and the Young Lords in the South Bronx, community ear acupuncture treatment (paired with political education) was used as a means of sociopolitical disruption to the intense heroin epidemic of the 1960s. It did so by creating disruption on an individual level by offering an alternative and healthier way of being in the world to underserved communities marginalized by mainstream society. Ear acupuncture replaced drug habits, and that replacement was most powerfully sustained through by patients to become practitioners. This was made possible by the remarkable simplicity of the practice: it was, and still is, merely a matter of putting a slim needle into just a few points in the ears. As a result, people were able to adapt the practice *into* something that worked for them, in so much that one practitioner even founded a distinct five point ear acupuncture program called SMART UK (Substance Misuse Acupuncture Register and Training). We can map these transformations through the different ways in which

patient-turned-practitioners understand the practice, using it in different settings and for varying means. This piece will explore the origins of the five point ear acupuncture protocol and its characteristics as a practice rooted both in Chinese medicine and simplicity in its transmission to the patients and practitioners of the United Kingdom.[\[3\]](#)

The origins of the five-point ear acupuncture protocol

In 1970, the BPP and the Young Lords founded a drug detoxification program at the Lincoln Hospital in the South Bronx (Porzig, 2015). The program, named Lincoln Detox, functioned as a community gathering place and offered political education classes alongside methadone maintenance (Jones, 2015). Since the 1960s, the community had been ravaged by a heroin epidemic, with deep suspicions of a state-enacted “chemical warfare” (Shakur, 2018). Distrusting of biomedical interventions, the Lincoln team sought alternative forms of detoxification. Mutulu Shakur, a member of the Republic of New Afrika and affiliate of the BPP, suggested acupuncture as it was a “non-chemical” practice administered by practitioners that “didn’t wear traditional ‘white coats’”(Shakur, 2018). The Lincoln team researched the practice and discovered that points in the ears reportedly helped withdrawal symptoms. An acupuncture program was soon established, eventually eliminating the use of methadone, and treating over ten thousand people in group settings during the first year in 1972 (Voyles, Carter, & Cooley, 2020). Alongside treatment, the Lincoln team also trained patients to learn acupuncture. Within the broader context of oppressive sociopolitical forces, acupuncture became a key practice of political resistance in the hands of the radical activists, embodying the BPP’s canonical motto, “serving the people, body and soul” (Nelson, 2013).

In 1978, the program relocated to a nearby location and became the focal acupuncture training site of numerous socially oriented practitioners who have worked extensively on stigmatized conditions such as HIV/AIDS, mental health, and addiction. In 1985, Michael Smith, director of the program, formalized NADA and the five-point protocol became a standardized treatment. While reports say that over twenty-five thousand people around the world have been trained in the protocol, the number is likely much higher and the organization has expanded globally from Finland to Japan, the Philippines to Tunisia (Stuyt, Voyles, & Bursac, 2018). The transfer of the five point ear acupuncture protocol to the United Kingdom is attributed to practitioners who visited Lincoln starting in the mid-1980s. John Tindall founded the Gateway Clinic in 1990, the first fulltime NHS drug program to use (ear and full-body) acupuncture for withdrawal symptoms. 1985, John worked as a physiotherapist at a hospital in South London and soon visited Lincoln to learn ear acupuncture. Returning in 1988, he brought the NADA protocol to

London's hospitals and drug rehabilitation centers and founded Gateway which became known for its specific treatments for patients with addiction and HIV/AIDs (Tindall, 1994). He left Gateway in 1999 to start a private practice, the Yuan Clinic. He estimates that he has trained over 15,000 people in acupuncture, including the five point protocol. Currently, NADA GB, which John codirects, has over 3,000 active members, and hundreds of people coming through the trainings every year. Sue Cox, a licensed full-body acupuncturist who had visited John's training and Lincoln in the early 1990s, co-founded her own ear acupuncture program, SMART UK, in response to the lack of focus on scientific research she saw in the NADA programs. While she honors the early history of the revolutionaries at Lincoln, she does not affiliate with NADA. She has trained 20,000 people around the world, most of whom are in the UK, and she specifically works with those who have a background in the addiction field as a healthcare professional or someone who was formerly addicted to substances. How is ear acupuncture so widely spread among people with addiction that it inspires them to become practitioners themselves?

Creating the rupture: a Chinese medicine

To many, acupuncture can be strange. "How does putting the needle in the ear – the ear! – help with my anxiety?" a patient once incredulously exclaimed to me, "but it did!" Yet its distinctness is an important part of its efficacy for many living with addiction. A frequent concern of other common forms of harm reduction methods such as methadone maintenance has been the phenomenon of replacing one drug habit with another (Raikhel & Garriott, 2013). Before ear acupuncture, Tim had tried methadone:

I didn't find it helped. Since I finished the course, I started using again anyway... it keeps you in the loop, do you know what I mean? Someone wants to move off heroin and you give them a heroin substitute... it doesn't really help... You're still taking something.

Methadone was not appealing nor effective for him because it was not different enough from heroin. Ear acupuncture, however, was visibly distinct and not a drug, and thus represented something outside of the usual practices of his addiction. Tim saw a flyer for Pathway's program and realized that he "wanted to move away from all that," referring to drug use, and decided to try ear acupuncture. Often described by social scientists as the rupture in a person's cycle of addiction, Tim's sees that moment as "life-changing" (Csordas, 2009; Hansen 2018).

Ear acupuncture's effectiveness lay not just in its oppositional relation to conventional addiction interventions but also with what it could distinctly

offer as an alternative medicine rooted generally in a different system of healing, and specifically in Chinese medicine. When I asked Tim what made him try out ear acupuncture at Pathways, he responded:

I found it relaxing. I kind of believed in it. I think as a child, I've always been a little bit interested in, you know, what one hears about acupuncture and Chinese medicine... natural healing, and the body healing itself, it made more sense to me, you know?

He found Chinese medicine “much more appealing,” than biomedicine, which he believed was “just a lot of hiding symptoms.” Such a comment reflects not only the intuitive appeal of Chinese medicine as a practice conceptualized as natural, but also the concerns around biomedicine as the opposite: unnatural, artificial, and perhaps, even foreign. When he explained to me how ear acupuncture helped him, he remarked, “I just felt stronger, I thought my willpower was stronger. Just don't give in to sort of silly little temptations. It's the kidney energy, isn't it?” The general wisdom of Chinese medicine offers a more balanced, peaceful, and healthy way of living. This can be especially appealing for those living with addiction, who are told that they are anything but balanced, peaceful, and healthy. At my ear acupuncture training in London, where Tim was a trainer, nearly all of the twenty participants echoed this appeal of Chinese medicine. Many of them had dealt with addiction previously.

Sue Cox, who previously dealt with drug and alcohol addiction, expressed a similar sentiment. She has spent the past twenty years developing ear acupuncture training programs for over 128 of the 150 Her Majesty's Prisons. “There's a poetic nature to Chinese medicine and its metaphors. There's not a lot of balance in the prisons. There's not a lot of beauty in the prisons. The poetry can give them something beautiful,” she tells me, as she somberly described the lives of some of the prisoners she works with, many of whom “will not be leaving the prison any time soon, or ever.” Echoing a sentiment of possibility and hope, Sue explains how Chinese medicine encouraged inmates to not necessarily imagine a different life, but instead to envision life differently within the confines of prison (and addiction). The inmates can be both people who committed crimes, and also people who can heal themselves and others. “It's the yin and the yang,” Sue reminds me.

Sustaining the rupture: a simple practice

The five point ear acupuncture protocol is just that: five points in the ears, no more, no less. At Lincoln, many patients received only the five points because it was equitable; no one patient received more attention or service than another. This also removed the necessity for conversations

about one's addiction (or any other condition that was treated), an anonymity that was often welcomed by patients. The simplicity made training a straightforward process, as people only needed to learn the five points. When the protocol transferred to the UK, it largely maintained its simplicity, with practitioners treating patients equitably in large group settings and teaching students the protocol. Yet, the simplicity of the five points also makes ear acupuncture remarkably *malleable*, a practice continuously molded by practitioners with different beliefs and values to be as simple or as complex as they prefer. As John would tell me at my training, he has evolved over the decades to see the points as "guideposts" rather than strict regulations. He began to modify the protocol over the years, encouraging us to do the same as we gained experience. He explained, "acupuncture itself, all the principles are there, what evolves is not the theory but the practitioner."

Similarly, my interlocutors engaged with ear acupuncture in ways that were intuitive to them and while they evolved, processes which were intimately tied to their own understanding of addiction. After months of treating Tim, the practitioner at Pathways asked Tim if he'd be interested in learning more about ear acupuncture and offered to pay for John's course. Tim agreed. This occurred more than two decades ago, and ever since, Tim has worked at Pathways as a practitioner himself. He prioritizes anonymity in his practice, as it was one of the aspects that most appealed to him when he started going to Pathways. Where a longer diagnostic process is characteristic of more traditional acupuncture practices, the five-point ear acupuncture protocol removes the need to ask any questions. The patient can simply come and sit down without diverging any details of their lives. "Whether they are here because they have a major crack cocaine problem or they just ate too many biscuits or whether they've just got work related stress, or, you don't really know, and you don't really have to know it either," Tim tells me. Such anonymity is different from the Alcoholics Anonymous (AA) model, where members are protected from being identified by others, but are required speak about their struggles with addiction (Alcoholics Anonymous, 2011). Ear acupuncture's unique anonymity is closer to an invisibility, something largely unseen (and unheard of) in any therapeutic encounter. There are simply no words that need to be spoken between practitioner and patient – no illness, no diagnosis named, and thus no specific type of patienthood promoted. This is unlike common forms of medication-based or talk-based addiction therapies which encourage patienthood models of self-modulation – mitigation by biochemical changes – or self-transformation – management by shifts in mentality (Raikhel & Garriot, 2013). Tim wants his patients to engage with and understand ear acupuncture in whatever ways they want to.

Unlike Tim, Sue believes that the patient must understand how and why

ear acupuncture works and she encourages those living with addiction to see themselves as “powerful, full of potential, and certainly not flawed.” She promotes a specific patienthood rooted in the integration of Western science and Chinese medicine, believing that this knowledge and image of oneself is key to the patient’s recovery. This is because she attributes her successful recovery to understanding that her addiction was not a disease. Instead, it was simply “a different wiring of the brain” which, if harnessed differently, could redirect her passionate energy towards a meaningful pursuit. Her passion became promoting ear acupuncture through a method of “translating from Chinese medicine to Western science to everyday language.” She does not use the Chinese names of the ear points, and instead, embraces its metaphoric language, leaving behind the “mysticism.” Yin and yang are used as analytic tools for describing biological concepts such as neurotransmitters, where yang neurotransmitters are the excitatory ones (like dopamine) and yin transmitters are stabilizers and reducers (such as serotonin). Sue teaches patients to understand their addiction as a result of brain wiring, and ear acupuncture as a method that helps with neurochemical imbalances and a practice that stimulates the vagus nerve, which has been shown to help substance addiction (Terry Jr. & Zabara, 2014). Simultaneously, she galvanizes them to see themselves as agents of self-change, full of power and potential. She thus promotes both self-modulation and self-transformation, explaining that “talking to the patient will not be effective until the craving mechanisms of the unconscious brain are supported” (Wager & Cox, 2009). Sue encourages patients to seek out counselling and cognitive behavioral therapy, seeing ear acupuncture as part of a holistic regimen for recovery.

Cycles of addiction, cycles of acupuncture

In tracing the five point ear acupuncture practice to the United Kingdom, we observe heterogeneity: once used as an intervention of radical resistance, the practice, in the hands of different practitioners, has lost its sociopolitical motivation, while retaining the ethos of working with marginalized populations. Further departures and evolutions are observed with the founding of the SMART UK program which emphasized the necessity of combining Western science and Chinese medicine. Despite this multiplicity, a common thread remains throughout the shifts in geography and time. From the Lincoln team to patient-turned-practitioners, all have the desire to serve patients, knowing intimately the realities of illness and marginalization. For them, ear acupuncture worked – it ruptured and replaced their habits of substance addiction. Rooted in Chinese medicine and characteristically simple, the five point protocol offers a distinct and alternative way of (re)imagining life and a malleability that allows for sustained engagement in ways that work for many living through the cycles of addiction. As another patient-turned-practitioner

remarked, “I always love that... it makes me laugh. I’m not using syringes, I’m using acupuncture needles, but I’m still using needles.”

Footnotes

[1] All persons and organizations consented for their names to be used.

[2] The director of NADA GB has trained over 15,000 people. The director of SMART UK has also trained around 20,000 people around the world – most of whom are based in the UK. I thus conservatively estimate 30,000. I will also be using the general term “five point ear acupuncture protocol” instead of the “NADA protocol” in the subsequent sections, as NADA is also the organization, and I want to make a distinction between the different organizations.

[3] For a video presentation of my findings, I recently completed a series with the Harvard Asia Center, which can be found [here](#).

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