Evidence for the NADA Ear Acupuncture Protocol: Summary of Research

A Review of Literature

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Abstract

The National Acupuncture Detoxification Association (NADA) ear acupuncture protocol, originally developed for addiction treatment, has been adopted as a complementary therapy within a variety of community health settings. This review first offers an introduction to the NADA protocol, including its origins, development and its adjunctive application as a comprehensive model of care. Second, a review of evidence is offered on the use of the NADA protocol within addictions, behavioral health and cancer care.

Introduction

The National Acupuncture Detoxification Association (NADA) ear acupuncture protocol utilizes up to five ear points--shen men, sympathetic, kidney, liver, and lung. Based on acupuncture analgesia research in Hong Kong (Wen & Cheng, 1973), this protocol was developed in the mid 1970's at Lincoln Hospital in the South Bronx, NY by physicians including Omura, Taft and Smith (Mitchell, 1995). The NADA protocol has since been incorporated within a variety of health care and self-help settings around the world. The technique is variously referred to in existing literature as acupuncture detoxification, acu detox, NADA acupuncture, the three-point protocol, the five-point protocol, five-needle protocol, 5NP, the SMART protocol, and Auricular Acupuncture (abbreviated AA). It is also commonly referenced as “community acupuncture,” “acupuncture” and “auriculotherapy.” For the purposes of this summary it will be referred to as the

NADA protocol.

The NADA protocol is ideally offered as a part of a comprehensive model of care. Developed at Lincoln Hospital, the approach is known as the NADA model (see p. 6), which includes several components that made it an effective and economical system of care (Smith, 2010). The model recognizes that not one single component of a comprehensive recovery or health program can be seen as a "cure" or "stand-alone" therapy for any condition. This assumption poses a challenge for researchers to isolate and determine the efficacy of the NADA protocol. As recent US Department of Justice and British Medical Journal publications have noted, the NADA protocol is best utilized as a component, not as an isolated function within community health programs (American University School of Public Affairs Justice Programs Office, 2011, Cowan, 2011). Future research should take this into consideration.

The NADA US organization, established in 1985 to provide training and education in the technique, estimates today that over 25,000 providers worldwide have been trained in the procedure. Projects that offer the NADA protocol exist today in over 40 countries (National Acupuncture Detoxification Association, 2013). The settings in which the NADA model has been integrated include addictions, psychiatric/mental health, prisons, disaster relief, Native American reservations, refugee settings, pastoral care, humanitarian aid, sickle cell, cancer and HIV/ADS care. This summary covers three areas: addictions, behavioral health and immune/blood disorders.

Review of literature on the NADA protocol for community health

The following sections offer a review of current research, outcomes, prevalence

and pilot data on the use of the NADA protocol as a community health adjunctive therapy, including addictions treatment, behavioral health and cancer care.

Addictions

The prevalence and appropriateness of acupuncture for addictions is well established. The US federal government's Center for Substance Abuse Treatment (2007), the United Nations (2006), the State of New Mexico (Bigelow, 2008), as well as the US Department of Defense/Veteran's Affairs (2010) have each published best practice guidelines that address the value of acupuncture for chemical dependency.

Federal statistics (SAMHSA, 2000) show that over 500 addictions programs in the US use some form of acupuncture. A more recent estimate by Reuben et al. (2005) determined that at least 1500 addictions programs worldwide use some form of acupuncture for addictions. In Denmark, the NADA protocol is one of the most prevalent forms of Complementary and Alternative Medicine modalities used within rehabilitation programs (Skovgaard, la Cour, & Kristensen 2012).

The evidence base for the adjunctive use of the NADA protocol for addictions continues to grow. Studies published in peer-reviewed journals support the adjunctive use of the NADA protocol for heroin, alcohol and cocaine addictions treatment (Bergdahl et al., 2012 Santasiero & Neussle, 2007, Russell, Sharp and Gilbertson 2000, Avants, Margolin, Holford, & Kosten, 2000, Shwartz, Saitz, Mulvey & Brannigan, 1999, Washburn, et al., 1993, Bullock, Culliton, Olander, 1989, Bullock, Ulmen, Culliton, & Olander, 1987,) as well as nicotine addictions (White, Rampes, Liu, Stead, & Campbell, 2011, Bier, Wilson, Studt, Shakleton, 2002, Stuyt & Meeker, 2006, He, Medbe, & Hostmark, 2001, He, Berg, &

Hostmark, 1997). Recent studies by Chang, Sommers, & Hertz (2010), and Carter, Olshan-Perlmutter, Norton, & Smith (2011) demonstrate that the NADA protocol in addition to standard care is significantly better than standard addictions care alone. One observational study (Janssen, Demores & Whynot 2005) demonstrated the value of the NADA protocol for people with addictions problems within a harm reduction setting.Community health

The use of ear acupuncture within behavioral health/psychiatric care has expanded in recent years, particularly within US and Indian military units (Niemtzow, 2011, Smith, 2012), European and US prisons and psychiatric hospitals (Smith, Carter, Landgren, & Stuyt, 2011). A national survey in Sweden found that the NADA protocol is widely used in public psychiatric programs (Lindell & Ek, 2010). An estimated 130 prisons in Europe offer the NADA protocol for inmates, with treatments provided by over 500 NADA-trained correctional staff (Smith et al., 2011).

Acupuncture continues to be accepted within mainstream psychiatric treatment in the US. Yale Medical School has established a NADA training program for psychiatric residents (Bruce, 2011). The Department of Veteran's Affairs (VA) and the Department of Defense Evidence Based Practice Guidelines (2010) assigns a "good quality" of evidence to support the use of acupuncture to treat post traumatic stress disorder (PTSD), including symptoms of pain, insomnia, depression and addictions issues. Standardized ear protocols are applied for trauma and pain by mainstream military medics in the US (Niemtzow, Litscher, Burns, & Helms, 2009, Niemtzow et al., 2008, Niemtzow, 2011, Belard & Pock, 2011, Helms et al., 2011).

A number of studies support the adjunctive use of the NADA protocol for nonaddictions programs within psychiatric hospital, mental health, and prison settings (Lemaire & Gonzalez, 2011, Payer, Ots, Marktl, Pfeifer, & Lehofer, 2007, Berman, Lundberg, Krook, & Gyllenhammar, 2004, Nixon, Cheng, & Cloutier, 2003, Berman & Lundberg 2002). Carter et al. (2011), though conducted within an addictions recovery setting, demonstrated how the NADA protocol alleviates a number of different common health symptoms. Additionally, several published qualitative reports (Cole & Yarberry, 2011, Yarberry, 2010), program evaluations (DARE 2011), acupuncture field reports (Dolan & Menolascino, 2010, Sommers & Porter, 2011) and news stories (Kocherga 2012, Scudder, 2012) demonstrate the value of the NADA protocol as a disaster relief/humanitarian aid intervention for first responders as well as populations affected by violence and trauma. Preliminary reports on the Military Stress Recovery Project's numerous clinics around the US demonstrate that the NADA protocol can assist veterans with a variety of psychiatric symptoms (Duda Harris, 2012).

Cancer/Blood disorders

The NADA protocol has been used as an adjunctive care and self-help support modality for people with cancer and blood disorders, including sickle cell disease, AIDS/HIV, and cancer. Programs using the NADA protocol have been established in the Sickle Cell Support Group of Atlanta, Quest Center for Integrative Health's breast cancer and HIV programs in Portland, and the University of South Carolina Medical School. Two recent studies have demonstrated preliminary evidence for the use of the NADA protocol as part of cancer therapy (Valois, Young, Robinson, McCourt, & Maher, 2012, Harding, Harris, & Chadwich, 2008).

Conclusion

The NADA protocol, developed as an addictions therapy, has been adapted into a variety of health care settings worldwide. The protocol is best integrated as a comprehensive model of care. This review of literature substantiates this modality's continued expansion within addictions and behavioral health treatment, including prisons, military medicine, and disaster relief/humanitarian aid, as well as its use to treat immune/blood disorders.

Figure 1: Components of the NADA model

Integration within other interventions: These may include a supportive non-confrontational approach to counseling and medical care; an emphasis on self help, peer mentoring and/or 12 step groups early in the recovery process.

Barrier free: NADA treatments are offered as a "barrier free" treatment; lengthy assessments and intake are unnecessary to screen for "appropriate" patients. The NADA clinic serves as a "front end" to the other services, allowing the client the opportunity to experience "something significant" prior to committing to a treatment or medical plan.

Regular treatments: Treatment is available without appointment throughout the week, ideally on a daily basis in early stages of treatment.

Communal setting: NADA treatment is provided in a group setting for a duration of 40-45 minutes. All clinical activities take place within a tolerant informal family-like atmosphere.

Local personnel and/or cross-trained health providers offer the therapy: Service delivery of the NADA protocol should not be dependent on full body acupuncturists or physicians. To maximize the cost-effectiveness,

the accessibility of the treatments, and cultural competency, NADA protocol treatments are provided by NADA-trained health workers who already work within the existing community health program.

Use of toxicologies to monitor progress: when in the context of addictions treatment or pharmaceutical medication detoxification/tapering, frequent toxicologies are emphasized to monitor progress.

Collaboration with court-agencies: Clinicians have a willingness to work with court-related agencies, including drug court, mental health court and veteran's court.

Acknowledgments: Many thanks to Elizabeth Stuyt, Sara Bursac, David Eisen, Mateo Bernal, Ruth Ackerman, Kimberly Culligan, Hermine Berenger and Andrea Weber for assistance with this paper.About the writer: Ryan Bemis works as a NADA trainer, ADS supervisor, and community acupuncturist in the US/Mexico border region. He is licensed by the state of New Mexico as a Doctor of Oriental Medicine. He is a contributing writer for Guidepoints and AcuTake. He received his education in acupuncture and the NADA protocol at the Oregon College of Oriental Medicine in Portland, OR and Lincoln Hospital in the Bronx, NY.

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