Some argue that addiction stems from medicating psychic or physical pain. This model offers useful understanding for otherwise inexplicable behaviors, but like all models, it has limitations. The "pain medication model" implies that treatments for addiction are just alternative pain-killing remedies, as well as attempts to heal the source pain so that medication is no longer necessary.

NADA co-founder Mike Smith cautions against acu detox practitioners presenting acu detox as pain relief of any sort. The best pain relievers, notes Smith, are heroin and cocaine. Any addict knows that. What we offer with acu detox is not so much pain or symptom relief but a treatment that makes the person stronger and healthier and therefore able to tolerate pain. Patients feel more up to making the lifestyle changes necessary to sustain healing of all types of pain.

Typically, persons in recovery will face significant amounts of chronic physical pain. Not only is the withdrawal process painful in itself, but coming off drugs often unearths other physical pain secondary to the drug use. The use of drugs (and not just opiates), will mask other major health problems and pain constellations that then scream for attention as the person decreases or stops addictive use. (Interestingly enough, this pattern often holds true for so-called "process addictions", food, gambling, sex, shopping.)

Musculoskeletal and dental pain runs high in the sequelae of chronic addiction due to neglect and long-term effects of substances upon the body. Dangerous lifestyles increase the incidence of traumatic injuries. Neuropathies and body aches can result from the damage to internal organ systems and from related Western medical diagnoses and diseases, such as hepatitis, HIV, diabetes, tuberculosis.

Pain and Recovery. Many addicts face the additional pressure of addressing chronic and/or acute pain in a way that does not compromise their recovery process. Many have considerable fear regarding the use of standard Western medical pharmaceutical interventions, most of which have mood-altering, and potentially re-addicting, effects.

Sometimes the mutual support fellowships (Alcoholics Anonymous and its various offspring) can be helpful and sometimes not. Some "hardcore" people in the recovery movements believe that no pain medication is acceptable, which may cause some individuals to be torn between the advice of their professional care providers and their fellows in recovery. Oriental medicine can be very useful in providing pain treatment that does not compromise the recovery process, with or without Western pharmacological interventions.

Historically, acupuncture for pain relief provided the original research spark that led to the birth of acu detox as we now know it. H.L. Wen, MD, conducted research in Hong Kong in 1973 on acupuncture site stimulation. Wen discovered, as he expected, that the acupuncture decreased the pain experience. What he had not expected was the anecdotal evidence from subjects that the acupuncture also relieved their heroin withdrawal symptoms. That surprise led him to further study point stimulation and detoxification. Activists in the South Bronx later used that information to explore and develop the style of acupuncture for addiction treatment codified as the National Acupuncture Detoxification Association (NADA) ear protocol, or acu detox.

The NADA protocol specifically purports to treat addiction. The NADA scope of practice specifically limits its training of acupuncture detoxification specialists (ADSe) to the treatment of addiction using this protocol. Acu detox is not a treatment for pain, per se.

However, once they have a taste of acu detox, clients often attribute other healing activity to those needles, with some accuracy. When the body relaxes, energy can flow properly. Shoulder pain lessens. Menstrual periods regulate. Sleep improves, and pain lessens. Clients often begin to ask for other ear points or other body points as well. Persons with just the ADS training cannot provide that. Licensed full-body acupuncturists can, but need to consider issues of appropriateness and timing in doing so. More on this topic in the June issue.

Claudia Voyles, LAc, is a NADA board member and registered trainer with a private acupuncture practice in Austin, TX.