

Study Finds Mixed Results for Acupuncture and Smoking Cessation

Editorial Staff

Although acupuncture has been an integral part of traditional Chinese medicine for thousands of years, the idea of using acupuncture to help people overcome certain addictions is relatively new. In fact, the idea of acupuncture as a form of addiction treatment happened almost by chance in the early 1970s, when a patient who happened to be suffering withdrawal symptoms from an opium addiction reported his symptoms disappeared after receiving electroacupuncture prior to surgery.¹

Since that time, more than 200 acupuncture detoxification programs have been established in the United States and Europe. One of the most common addiction-related uses for acupuncture is to help people quit smoking. Unfortunately, few studies have been conducted in this area; those which have been published have shown little proof as to how acupuncture helps smokers break their addiction.

In an effort to determine the effectiveness of acupuncture in helping smokers kick their habit and examine which acupuncture technique is most effective, a team of scientists in Great Britain conducted a meta-analysis of 14 randomized, controlled trials of acupuncture for smoking. Their findings, published in the Winter 1999 issue of Tobacco Control, conclude that while acupuncture "appears to have important non-specific effects," it is "not superior to sham acupuncture for smoking cessation." They also found that "no particular aspect of acupuncture technique was associated with a positive effect."²

Dr. Adrian White and colleagues from the University of Exeter examined the trials, which were conducted between 1977 and 1992. Four studies involved needle insertion into the ear. Three studies involved insertion of needles into points along the face. The other studies used a combination of modalities (ear/facial acupuncture and electroacupuncture) or other forms of intervention (behavior therapy, being put on a waiting list, and nicotine gum).

Two acupuncture techniques were also examined. In eight studies, needles were inserted for 10-20 minutes and then removed. The others used indwelling needles inserted into a point (or points) along the ear, which were held in place for one or two weeks with an adhesive dressing. Subjects were instructed to press the needle whenever they felt a craving.

Patients were measured to see if they had completely stopped smoking at three time points: between 1-6 weeks after receiving treatment; after six months; and after 12 months. Scientists measured the treatment's success by calculating the odds ratio for each trial - that is, the ratio of people who quit smoking in each group compared to those who did not.

In the 12 studies comparing conventional acupuncture to sham acupuncture, the combined odds ratio for smoking cessation after six months was 1.29; in other words, patients were 1.29 times as likely to

remain smoke-free six months after receiving treatment. After 12 months, however, the odds ratio of the subjects' resuming smoking had dropped to 1.03.

Neither acupuncture technique nor the positioning of acupuncture needles in specific areas was shown to be more effective than the other in helping with smoking cessation. In fact, the researchers reported that "no acupuncture technique was shown to have greater efficacy" when compared specifically to sham acupuncture.

Nevertheless, the meta-analysis did provide some encouraging results. When measured against other interventions, the scientists found acupuncture to be "as effective for smoking cessation as behavior therapy" and "significantly better than waiting-list control," which led to the conclusion that a patient's preference to acupuncture and their willingness in finding a practitioner and paying a fee for treatment "might usefully increase the motivation to stop" smoking.

"The conclusion from the study is that patients are welcome to carry on using acupuncture," White added in a post-study interview with Reuters Health. "It works by expectation of the patient, expectation of the practitioner (and) other factors like · the physical distraction of actually placing the needles in the body."³

The overall quality of the studies was poor, the scientists concluded. For instance, only four studies checked to see if their subjects had ceased smoking six months after receiving treatment; only two studies conducted a followup at 12 months. Ten studies were conducted on patient groups of 200 or less, and none of the studies attempted to lessen the influence of the acupuncturist on the smokers.

Perhaps most damaging is the fact that none of the studies used blood tests to confirm the subjects weren't smoking, instead relying on the patients' word of mouth. "The subjects weren't measured for carbon monoxide to test whether they've stopped smoking or not," added White.³

The scientists concluded by stressing the need for larger, more rigorous studies to prove what effects acupuncture may have in helping smokers lose their addiction. "If further research into acupuncture for smoking cessation is conducted, this should be to a much higher standard of quality than previously," they said.

The researchers also suggested a number of testing methods be employed to improve the quality of future studies, including larger patient groups, better methods of randomizing subjects, reducing acupuncturist bias, scientific validation that patients actually quit smoking, and long-term followup visits at six and 12 months.

References

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