

## We Get Letters & E-Mail

There Is More than One Way to Treat Drug Addiction

Dear Editor:

As an acupuncturist who has for the last 10 years worked with heroin addicts who are receiving methadone treatment, I was intrigued to read the recent article "Qigong for Drug Addiction: Researchers Tout Therapy as Safe, Economical and Effective" in the May 2002 issue.

While it is important to explore new treatment options to add to the arsenal of options for addiction treatment interventions, I take issue with the statement that *qigong* could "shape the way drug addiction is treated in the U.S." The authors seem to infer that they have a method that should replace other empirically validated treatment modalities for heroin addiction. This view portends that we are in search of one way to treat the complex disorder of addiction and other interventions should therefore be discarded. Given that addiction is a complex disorder with multiple causes, science has shown that there is no one treatment approach for the treatment of addiction, and that there is no one stand-alone treatment for it.

Addiction is widely accepted as a disease or group of diseases. Addiction is characterized as a chronic, often progressive (and often fatal) disorder. The principal diagnostic features are compulsion; loss of control; and continued use despite adverse consequences. It is a complex disorder characterized by relapse. Relapse prevention (for the rest of a person's life) is the major long-term treatment goal and intervention factor. Relapse prevention involves multiple approaches and interventions which may include combinations of such tools as urinalysis; counseling; group therapy; self help groups (AA/NA); vocational rehabilitation; substitution replacement therapy; acupuncture; and psychiatric services, to name just a few. No one constitutes treatment; it takes several "slices" to make up the treatment pie. Because heroin addiction has one of the highest relapse rates of all drugs, our patients should have a multiple array of services from which to choose given their challenging circumstances. What may work and benefit one person may not be as useful to the next; consequently, we need multiple services and should not strive to omit interventions because we may have a negative bias toward it. The National Institute of Drug Abuse's *Principles of Drug Addiction Treatment* states that science has indicated that for treatment to be effective, it must be individualized to the patient's needs.

With opiate dependence, if a substitution medication is utilized, MDs and treatment programs are often tempted to treat the opiod dependence itself. This is usually attempted by doing a gradual reduction of the medication (i.e., methadone). If successful, the gradual reduction may result in a reduction or elimination of physiologic dependence, but it has no effect on the disease itself. Heroin addicts often discontinue using the drug at multiple points in their lives: they go to jail, move, lose their connections. If elimination of dependence were a cure for addictions, we'd have much higher success rates. But since addiction is a complex disorder that not only includes physiological dependence but also major psychosocial issues and problems, treatment must include attention to all

arenas.

Methadone-maintained patients are one of the most highly stigmatized groups of individuals, despite the fact that methadone maintenance has been used in the treatment of opiate dependency for over 30 years and the reams of research show that its long-term administration has been found to be both effective and safe. Research also shows reductions in prostitution and crime rates and in exposure to HIV and hepatitis C. The public likes to see those results, yet the stigmatization of this particular treatment intervention remains. Methadone maintenance is not for everyone, and I believe addicts should discover whether they can carry on their lives without it. But many heroin addicts have had years of revolving treatment and relapse episodes, and after years of trying, they may find that substitution therapy is what it will take to stabilize their physical addiction so they can then focus on other treatment issues. Why stigmatize and penalize them for this discovery?

I welcome the research on *qigong* and am excited about its potential as a useful tool to be used in combination with other approaches (just like acupuncture has been). Our patients need all the positive help that they can get. Let's just not over-represent it and disparage other approaches. It's unfair to those who have struggled for years in their recovery process.

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