Patients in Pain: The Rise of Acupuncture in the Opioid Epidemic

Eana Meng

Many pain patients and patients in recovering from substance use disorders seek alternative methods of care, either because they feel isolated from the biomedical establishment or because current pain management approaches do not fully address their suffering. One particular alternative medicine that has become popular is acupuncture. With a long history in this nation, the practice is currently in its third wave of popularity and growing concurrently with the rise of the opioid epidemic. This paper explores the dynamic between biomedicine and acupuncture by focusing in on the patients' stories of pain and how physicians and acupuncturists have responded to them. It looks at patient narratives and includes interviews from acupuncture schools to recovery centers. This paper is also historical in nature, by briefly looking at the previous rises of acupuncture in the United States, and delving deeper into the Community Acupuncture movement that began in the 1970s. Then, it looks at biomedicine's response to these historical events, especially in light of the opioid crisis. Questions around therapeutic efficacy and evidence arise throughout, as the paper navigates through the worlds of biomedicine and alternatives. Ultimately, this paper wants the reader to ask themselves: what counts as medicine, and who gets to decide?

Biography

Eana Meng is recent graduate of Harvard College, where she majored in History of Science. She studies the history of alternative medicines, with a focus on traditional Chinese medicine.

As I ordered a sandwich at a Subway in Manchester, New Hampshire, I saw the subtle but distinctive skin-colored patches on the server's ear. I had just spent a summer looking for disposable ear acupuncture seeds on members of the public in Shanghai, where I was studying traditional Chinese medicine. But I was now in a small city in New England, and over a choice of dressings, I was startled. What were the patches doing here?

The server was a middle-aged, white woman in recovery from opioid addiction. She had just come from Hope for New Hampshire, a recovery community center with the mission to help people with substance use disorders through providing support by utilizing a non-clinical peer to peer approach.[1] They also offer acupuncture on a weekly basis.

A few minutes away from Subway, the recovery center presented another surprising scene: a group of ten people sitting in the lounge, chatting away, with five orange needles sticking out of each ear. A warm, energetic volunteer, roughly in her forties, welcomed my friend and me, and asked, "Would you like to get acupuncture treatment?" We agreed, and a few seconds later, we were also marked by the orange needles of the distinctive auricular acupoints of the National Acupuncture Detoxification Association. We sat among the group, and I asked whether or not they believed in acupuncture. They unanimously agreed – yes, of course. They felt it made a difference. I asked if they accepted traditional Chinese medicine's theories, such as yin and yang or qi. One elderly man responded, "We don't know what medicine is anymore. Whatever works, works."[2] The others nodded in agreement.

According to a 2012 National Institute of Health report on the use of complementary and alternative medicines (CAM), 33.2% of the U.S. population over 18 years old had tried at least one

[1] "What We Do." Hope For NH Recovery. Accessed November 19, 2018. http://www.hopefornhrecovery.org/what-we-do/.

[2] "Interview in group setting at Hope for New Hampshire," interviewed by author, October 23, 2018.

of the numerous practices in the twelve months prior to the study.[3] Acupuncture is listed among the CAM practices, and experienced a small but significant increase in usage from a prior 2007 NIH study. It is estimated that roughly ten million acupuncture treatments are carried out in the U.S. each year. Furthermore, all of the top twenty hospitals in the U.S. offer acupuncture services, the majority of which are for pain management.[4] And finally, with the rise of the opioid epidemic, more and more people are turning towards acupuncture. Why?

This paper aims to provide an answer. I will begin by examining the practice of acupuncture by delving into its medical theories and histories in the United States. I will then attempt to answer the question: why is it a particularly popular alternative to opioids in the treatment of pain? As such, this second section will explore the lack of consensus on pain's exact nature where ambiguity abounds. The uncertainty around pain is largely one-sided; mostly only scientists and the physicians question pain's existence and composition. To most patients, their pain is exact, real, and present. To explore patient experiences and their language of pain, I will include my own interviews from California and New Hampshire.

The link between acupuncture and the opioid crisis emerged during my research in these places, where I was particularly made aware of the rise of community acupuncture and the National Auricular Detoxification Association (NADA) protocol. My third section will look at the history of these curious phenomena and how they introduced a unique form of acupuncture that has reached disadvantaged populations struggling with chronic pain or addiction, or both.

My final section is a discussion and analysis of the specific kinds of work that acupuncture has done for various actors within the opioid crisis – the patients, practitioners, and policymakers.

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[3] Tainya C. Clarke et al., "Trends in the Use of Complementary Health Approaches among Adults: United States, 2002-2012.," *National Health Statistics Reports* 79 (February 10, 2015): , https://www.cdc.gov/nchs/data/nhsr/nhsr079.pdf.

[4] Avery Camarow, "2018-19 Best Hospitals Honor Roll and Medical Specialties Rankings," U.S. News & World Report, August 8, 2017, , accessed October 20, 2018, https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview.

I argue that many practitioners view the rise of acupuncture within the opioid crisis as not only an opportunity to spread the practice but also a means to simultaneously advance the profession. Such an agenda is devoid of malicious intent and is instead driven by the desire for legitimization through the elevation of a practice traditionally seen as alternative and second-class to the status of a highly effective therapy with minimal side effects preferred over biomedical interventions. This is particularly powerful within the context of the narratives that biomedical failures largely contributed to the opioid crisis in the first place. The hope for the legitimization and recognition of the practice is driven by the push for acceptance of a different kind of evidence – the multitude of anecdotes.

Yet, recognition and acceptance by *whom* is important to consider, as well as the motivations behind the various informants' decisions to do so. Where alternative healers may view acupuncture as a tool for legitimization and recognition by the general public, medical community and political forces, policymakers may indeed seize the opportunity to acknowledge the practice, only to utilize it as a method of distraction. The doubt and contention surrounding issues of pain and addiction may well be reflected in the ambiguity and controversy over valid forms of evidence, and by extension, legitimate practices of medicine. By taking advantage of the debate over the validity of medicines and selectively adopting the language of alternative healers, some policymakers may be (unintentionally) attempting to absolve themselves of the responsibility of critically engaging with issues as historically stigmatized and contentious as pain and addiction. As a result, chronic pain patients, instead of having an array of treatment options to choose from, are only further isolated and othered. This troubles the kind of work acupuncture does for patients – while it may directly relieve their pain, it may simultaneously add harm to the patients' social experiences of their suffering, or worse, prevent other patients who do not respond well to the therapy from receiving adequate care.

In studying the rise of acupuncture in the current opioid crisis, we learn that epidemics force us to more immediately confront our belief in the power of magic bullets, assumptions about therapeutic efficacy, and ideas of what counts as medicine, and what doesn't. Furthermore, epidemics complicate our understandings of disease and notions of the influence of policies on health issues. As a result, such moments of crisis are often particular instances where alternative forms of medicine become in vogue. In studying how such a phenomenon occurs and the kinds of work acupuncture has done and for whom, we can better understand what it means to provide appropriate care and cure to those who suffer.

I. What is Acupuncture?

Acupuncture is a specific practice within the larger medical theory of traditional Chinese medicine (TCM), which is one of the oldest forms of medicine, third only to Egyptian and Babylonian practices. While Chinese therapeutic practices can be traced back to the Shang dynasty (14^{th}- 11^{th} BC), most historians agree that theories formalized under the canonical text, *Yellow Emperor's Inner Canon* (黄帝内径). This text, in the form of a dialogue between the legendary Huangdi (Yellow Emperor) and his physician, is said to be written around 2600 BC, but many historians have located its actual origin date to around 300 BC.[5] *Yellow Emperor's Inner Canon* is explicitly about medicine, yet, in TCM philosophy, medicine does not just describe the world of body and health, disease and death. Theories also involve discussions of ethics, politics, religion, relationships – essentially, one's way of life.[6] Thus, the notions of health and cultivating a healthy life are seen as quotidian practices and part of everyday life.

[5] TCM History – Introduction, accessed November 05, 2017, http://www.shen-nong.com/eng/history/introduction.html.

[6] Harriet Beinfield and Efrem Korngold, Between heaven and earth: a guide to Chinese medicine (New York: Ballantine Books, 1992), 27-28.

Under TCM theory, the balance of the web of relationships and interactions with the outside world and self results in health, and imbalance disease. Stability and instability are dictated between two forces: yin (阴) and yang (阳). These are not mystical nor material forces, but, according to Kapthuck, "convenient labels used to describe how things function in relation to each other and to the universe. They are used to explain the continuous process of natural change."[7] The duality (rather than the dichotomy) of yin and yang explains balance within bodies and nature. Within the body, there is also *qi* (气), which roughly translates as "vital force or energy." One's *qi* must be in balance to be healthy, and the blockage of *qi* leads to pain. Acupuncture, a particular therapeutic practice of TCM that utilizes specific types of needles, aims to clear the blockage. The needles are generally very fine (although the size varies depending on use) and are inserted at specific locations on the body using the meridian system (a collection of acupoints) as the guiding principle. The aim is to rebalance disharmony and restore or unblock the flow of *qi*. This makes acupuncture particularly suited for pain management.[8]

Furthermore, acupuncture regards patient experiences of suffering and treatment as part and parcel of the therapeutic practice, from diagnosis to adjustment of treatment. The acupuncturist begins each session by asking patients a series of questions, from their ailments to childhood history and life events to external stresses. Taking the different permutations into account, the practitioner crafts a unique set of treatment points for the patient. Under this individualized approach, the patient is intrinsic to the practice. There is no practice without patient; from the initial diagnoses process to the ongoing interactions, the patient's experience guides the practitioner's adjustments and the course of treatment.[9]

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[7] Ibid., p. 7-8.
[8] Wang Bo, "Interview with acupuncturist in Shanghai," interviewed by author, July 11, 2018.
[9] Ibid.

II. Acupuncture in the United States

The mainstream history of acupuncture in the United States can be split, roughly, into three distinct waves. The first occurred in the early nineteenth century when knowledge of TCM first arrived in the States. There is a surprising amount of medical literature published on acupuncture – an estimate of more than a hundred items – in America in the first half of the 1800s.[10] However, by the end of the century, due to a number of reasons including the subsequent rise of biomedicine and hostility towards Chinese immigrants, interest in the practice waned. The second surge of acupuncture in public eye began in 1971, when New York Times journalist James Reston famously received postoperative care from an acupuncturist in China. Astonished by the efficacy of the relatively little-known practice, Reston wrote about his experiences in his infamous article, "Now, About My Operation in Peking."[11] Acupuncture promptly exploded in popularity, arriving in America during a time when biomedicine faced a crisis in confidence and attention had increased around holistic and whole-being medicines.[12] In the next decade, Hollywood actresses would claim miracle pregnancies after infertility and media reported on cures for cancer, arthritis, AIDS, and even revivals from death through the use of acupuncture in particular.[13] The sudden popularity concerned the Food and Drug Administration (FDA), and they reacted swiftly.[14] On September 22, 1972, a group of FDA officials met and discussed the little-understood practice,

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[10] Michael Devitt, "From "Remedy Highly Esteemed" to "Barbarous Practice": The Rise and Fall of Acupuncture in Nineteenth-Century America." Order No. 1560089, University of Missouri - Kansas City, 2014. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/1558185121?accountid=11311, 18.

[11] James Reston, "Now, About My Operation in Peking."*The New York Times*. July 26, 1971. Accessed October 20, 2017. http://graphics8.nytimes.com/packages/pdf/health/1971acupuncture.pdf

[12] James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2004).

[13] Kenneth Lee, "Medical Acupuncture." Lecture, PVA Summit. August 29, 2013.

[14] C. David Lytle, "History of the Food and Drug Administration's Regulation of Acupuncture Devices." The Journal of Alternative and Complementary Medicine. Vol. 2, No. 1, 1996. 253-257.

concluding that acupuncture needles should be labeled as a Class III medical device for "investigational use" until proven effective.[15]

Twenty years later, in 1996, the acupuncture needle was reclassified as a Class II medical device, which authorized its therapeutic use by licensed practitioners.[16] By 1994, a substantial amount of research had accumulated about the practice. Workshop participants at a 1994 FDA conference on acupuncture presented a comprehensive overview of research that had by then spanned two decades. Acupuncture research covered on a variety of different issues, with most focusing on analgesia, addiction, and nausea. In acupuncture analgesia (AA) research, dozens of clinical trials showed that it was "very effective in treating chronic pain, helping anywhere from 55% up to 85% of patients." This compared "favorably with pain-killing drugs," and importantly, it "has far fewer side effects."[17] Research also attested that AA "is more effective than placebo (which only helps 30% of patients), indicating a real physiological non-placebo effect of AA."[18] These conclusions strongly motivated the FDA to reclassify the acupuncture needle. Another crucial factor played a role in persuading the FDA: patient advocacy.

When Miriam Lee, often called the "mother of acupuncture," was arrested in 1974 for practicing TCM in California without a license, hundreds of her patients – Chinese and Caucasians alike – protested at the courts. Within a few days, she was released.[19] A strong showing of patient demand, such as in this case, has often been at the heart of the rise of acupuncture in the States. The patients convinced the FDA to legalize the acupuncture needle. In a presentation by FDA

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[15] Ibid, 253.

[16] Ginger McRae and Federick F. Kao, "Chinese medicine in America: the rocky road to ecumenical medicine." *The Impact of Science on Society*, no. 143 (1986): 263-73. http://unesdoc.unesco.org/images/0007/000708/070801eo.pdf.

[17] Bruce Pomeranz, "Scientific Research into Acupuncture for the Relief of Pain." The Journal of Alternative and Complementary Medicine. Vol. 2, No. 1, 1996. 53.

[18] Ibid., 58.

[19] Emily S. Wu, "History of Traditional Chinese Medicine in California: A Perspective through the Stories of Four Acupuncturists." Chinese America: History & Perspectives—The Journal of the Chinese Historical Society of America (San Francisco: Chinese Historical Society of America, 2012), 12.

member Richard Kotz, he laid out the requirements that were necessary for reclassification of medical devices, including the fact that "the Commissioner or his designee can, on a case-by-case basis, determine whether other types of evidence are suitable." He lists "reports of significant human experience" as a type of evidence the FDA would potentially accept. By 1993, an estimated 9-12 million people had received acupuncture treatments in the United States, with many reporting significant benefits.[20] In 1996, the FDA reclassified the needle to a Class III medical device, and currently, an estimated ten million acupuncture treatments are carried out each year by licensed practitioners.[21]

Patients continue to be at the center of the rise of acupuncture in the United States, and we are now at the precipice of a third wave. Though the second wave never waned, the rapidly increasing public awareness of acupuncture use within the context of the opioid crisis has revived public interest and allows for the characterization of a new wave. This third wave is also unique – intertwined with the opioid epidemic, it is more specific and focuses on the issue of pain, one of biomedicine's most fraught areas. In doing so, this third wave is particularly characterized by the expansion of the practice into marginalized populations that previously may not have had access to acupuncture or even heard of it, at a rate expedited by the nature of the crisis. Importantly, as this article will highlight in following sections, the origins of this third wave are rooted in a little-known history that begins, surprisingly, in the 1970s.

III. What is Pain?

"The doctors were frustrated, and at one point even made me feel like I was making it up," said Melinda, a former dancer. She was in her early twenties when she suffered an injury that

[20] Lixing Lao, "Safety Issues in Acupuncture." The Journal of Alternative and Complementary Medicine. Vol. 2, No. 1, 1996. 27-29.

[21] Jason Jishun Hao and Michele Mittelman, "Acupuncture: Past, Present, and Future," *Global Advances in Health and Medicine* 3, no. 4 (July 2014): 6–8, https://doi.org/10.7453 /gahmj.2014.042.

would leave her in constant excruciating pain. Melinda had to be careful when she walked, as one misstep would lead to a shooting pain up her entire left leg. X-rays showed that she had almost entirely recovered from the injury, and nothing explained the abnormality. "The doctors gave me some painkillers and told me to just wait it out. They said it would get better," she explained. "It never got better. I just got used to it."[22]

What is pain? If Melinda felt excruciating pain, *what* exactly was she talking about? Many have asked this question across time and space – from physicians to researchers, philosophers to politicians – to little avail. To the ancient Egyptians, the Gods inflicted pain. For Galen, pain resulted from an excess of black or yellow bile, and the heart was the central organ for pain sensation. To Descartes, the nerves hosted the origin of pain. In traditional Chinese medicine, imbalance in *yin* and *yang* forces lead to pain. To Ronald Melzack and Patrick Wall, pain signals only registered in the brain if they passed through "neurological gates."[23]

Currently, much of our understanding of pain focuses on biomedical and scientific explanations for its mechanisms. In journalist Judy Foreman's New York Times bestseller, *A Nation in Pain*, two chapters are dedicated to the biochemical reasons for pain. A brief survey of our current medical literature around pain, Foreman's second chapter, "What is Pain, Anyways?" aims to "dispel" the doubts surrounding pain.[24] She writes about the different types – nociceptive, inflammatory, dysfunctional, neuropathic – as well as the connection to the nervous system. From action potentials to voltage-gated or ligand-gated channels, to the *SCN9A* and *COMT* genes in her third chapter, "The Genetics of Pain," Foreman heavily relies on the authority of scientific explanation to attest to and ground pain's reality.

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[22] Melinda Jones (pseudonym), "Interview with TCM Student," interview by author, August 8, 2017.

[23] Murad Ahmad Kahn, Iqbal Akhtar Kahn, and Fauzia Raza, "Pain: History, Culture and Philosophy," *Acta Medico-historica Adriatica*13, no. 1 (June 2015): , https://www.researchgate.net/publication/281820101_Pain_History_culture_and_philosophy.

[24] Judy Foreman, *A Nation in Pain: Healing Our Biggest Health Problem* (New York: Oxford University Press, 2015), 23.

Such a move is telling of the times we live in. A health phenomenon only exists (or is believed to exist) if it has the appropriate and acceptable biomedical reasons to exist. Researchers seek to find the "real" explanation for pain and look to molecules and genes. Physicians attempt to standardize the phenomenon and ask patients to quantify their pain on a numerical scale.[25] In short, the medical world seeks for an objective scientific explanation for pain. This is largely driven by the desire to treat it. In establishing *how* pain works precisely, then, the logic goes, we would be able to manage it properly. Objective truth about pain – if there is even such a thing – is thus the ultimate goal. As explanations for pain's mechanisms have evolved, researchers have proposed various treatments. Though pain management approaches have improved over time – the advent of analgesics like opioids marked a crucial medical discovery – current biomedical treatments neglect to address the entirety of the pain experience. This failure reflects that the biomedical paradigm has yet to explain the complexities of pain, something patients only know too well.

Melinda traced the line on her left leg with her finger to show the exact path her "shooting pain" would travel up. Edward pointed to his lower back, and Xue Yun rubbed her temples, though the pain was "pounding inside [her] head."[26] Among all the pain patients, one theme inevitably emerged: the sufferer's certainty of their pain. Harvard English professor Elaine Scarry once wrote: "to have great pain is to have certainty."[27] There is not a doubt in the sufferer's minds that what they are going through is real, and it negatively influences their lives. Melinda was forced to quit professional dancing, Edward became dependent on fentanyl which ruined his bank account, and Xue Yun struggles to get through her studies in college. Though "the pain itself

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[25] Such as the Numeric Rating Scale, from 0 to 10.

[26] Melinda Jones, Edward Hunt, Li Xue Yun (pseudonyms), "Interviews with TCM Students in San Francisco," interviewed by author, August 8-9, 2017.

[27] Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford Univ. Press, 2006), 7.

cannot be directly measured," writes anthropologist Arthur Kleinman, "its effects on … behavior can."[28] While pain cannot be directly quantified, it can certainly be approximated by measures such as lost opportunities. Though pain cannot be seen (only the sufferer's reaction to it), the consequences that arise from the painful experience can be viewed as negatively impacting the sufferers and those around them.

No discussion on pain is complete without considering the patient's influence on others. The profoundly intimate and personal struggle of pain affects far more than just the singular person – to varying degrees, and in different ways. Pain is deeply isolating, but it is not an isolated phenomenon. Scarry's quote, in full, emphasizes the distinction between the sufferer and others in the painful experience: "to have great pain is to have certainty; to hear that another person has pain is to have doubt."[29] To understand another's pain is nearly impossible, as it requires a level of empathy that may only be accessed if one has gone through a similar experience. Even then, the exact feeling of pain cannot be transferred from one body to the other in any particular moment. As a result, those witnessing the pain but cannot feel or *know* it begin to doubt. Kleinman writes, "If there is a single experience shared by virtually all chronic pain patients it is that at some point those around them – chiefly practitioners, but also at times family members – come to question the authenticity of the patient's experience of pain."[30]

While others witness the impact pain has on the sufferer, from lost opportunities to changed behaviors, they often assign a different root cause to pain's consequences: laziness, weakness, or another character trait that connotes moral failing. Such labeling often stems from the uncertainty the others feel about individual's pain – uncertain of what the pain feels like and that it

[28] Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, A Member of the Perseus Books Group, 2007), 65.

[29] Scarry, p. 7.

[30] Kleinman, p. 57.

could *really* be that bad. From family members to practitioners, their uncertainty translates to frustration and abandonment. Melinda recounts, "They were very kind to me at the beginning, and I was receptive to everything they told me. I tried to do everything right and be positive, but the pain wouldn't go away. As time went on, they became less understanding and got very frustrated. I felt like I was a nuisance to them."[31] Pain patients more frequently than not have to navigate the peculiar phenomenon of communicating their pain in an appropriate and palatable manner to those surrounding them. Particular forms of language and communication have more capital than others – namely, being positive or optimistic, and saying they are "feeling better." In the absence of this type of expression, the patient often faces hostility and rejection.

Though much of the biomedical world aims to remove stigma with a biological model of disease, such an approach isn't always successful. Physicians and family members often express the sentiment: "I don't think we are any longer dealing with a disease; this pain has become [their] way of life." [32] Though others often do acknowledge the disease of pain, this does not necessarily lead them to exonerate patients from personal and moral failure. Blame is still cast, just as viciously. Pain is thus not only a physically isolated phenomenon, but also a socially isolating process. Edward's use of opioids mitigated his constant complaint of excruciating pain, but it only led to another level of resentment from those around him when he developed an addiction. Xue Yun's professors threatened to fail her, and she was forced to take a semester off. All of the doctors for Edward, Melinda, and Xue Yun expressed frustration. Melinda explained, "it seemed like they gave up. But who would blame any of them? I would've thought I was a nuisance, going to the doctor's each time without any improvement. They don't know the pain, and I can't blame them."[33] Pain patients are thus often pushed away both metaphorically and literally; they are

[31] "Interview with TCM Students."
[32] Kleinman, p. 68.
[33] "Interview with TCM Students."

treated with animosity and are physically sent away to specialists. Many patients like Melinda internalize such abandonment and reciprocate – they retreat and push themselves away.

What do these patients push themselves away *from*? They remove themselves from the hostile environment which they have now associated with the biomedical world. Patients like Edward are particularly distrustful of the medical establishment – the original problem of chronic back pain became a more extensive and all-consuming issue of opioid addiction. The very system that was supposed to heal and help him instead only devastated him more. As a result, he no longer understood what "medicine is anymore," and in pushing himself away from the biomedical world, began to look outside the biomedical realm for anything that could help his pain and addiction. Subsequently, he turned towards alternative medicine, and in particular, acupuncture. Melinda and Xue Yun did as well.

Many pain patients share their story. It is a familiar narrative – where an individual, failed by the established medical system and desperate to find anything that works, turns to other medical traditions. Not all alternative medicines are equally successful in the United States, however. Acupuncture has become a particularly popular choice, and the reasons range from its particular suitability in addressing the issue of pain to various actors' sociopolitical motivations. As mentioned, acupuncture's trajectory can be broken down by waves of popularity, and we are at the beginning of a third wave. Driven by the growing opioid crisis, the rise in prevalence of acupuncture has regularly forced us to confront notions of therapeutic efficacy and definitions of medicine; this current wave may present the most significant challenge yet.

IV. The Rise of Acupuncture Activism

Within the current opioid epidemic, alternative practitioners dedicated to social activism are prominent actors in spreading acupuncture to marginalized populations affected by the crisis,

especially due to the socioeconomic and racial dimensions of the epidemic.[34] In doing so, they are introducing the alternative therapy to people who may have never previously heard of or used the practice. This current movement is led by acupuncturists as well as practitioners within organizations such as the National Auricular Detoxification Association (NADA) and People's Organization of Community Acupuncture (POCA).[35] Although differing organizations, inspirations of the origins of NADA and POCA can be traced back to the fascinating story of civil rights era revolutionary groups and their use of acupuncture during the drug epidemic of the late 20th century – a history that has largely remained outside of the conventional narrative of acupuncture in the U.S.

On November 10, 1970, the Young Lords and the Black Panther Party, two revolutionary organizations, established The People's Drug Program at the Lincoln Hospital in the South Bronx. The idea largely originated with Mutulu Shakur, a Panther Party member, who had witnessed his sons recover from car accidents with the aid of acupuncture. Intrigued, he sought to learn more about the practice, and soon came across literature that suggested acupuncture's potential efficacy in treating substance use disorders. Shakur and others soon began to learn how to practice acupuncture and came together at the Lincoln Hospital.[36] At the height of the drug epidemic in the 1970s, the Lincoln Detox Center, as the program came to be known, functioned as a community

[34] Nabarun Dasgupta, Leo Beletsky, and Daniel Ciccarone, "Opioid Crisis: No Easy Fix to Its Social and Economic Determinants," *American Journal of Public Health* 108, no. 2 (2018): pp. 182-186, https://doi.org/10.2105/ajph.2017.304187)

[35] Acupuncturists, community acupuncturists, and NADA practitioners are related in that they all utilize acupuncture needles, but there are differences in theories, practices, and licensing. Acupuncturists are licensed to use all points on the body. Some community acupuncturists are as well, although they may utilize only the distal points. The key difference between private and community acupuncturists is that the latter delivers treatments in groups of patients in a communal setting, on a sliding scale. NADA practitioners may be acupuncturists (private or community), or may simply be someone (recovery coach, prison officer, layperson) who is authorized to use the five-point NADA protocol.

[36]Mutulu Shakur, "2018 Interview about Acupuncture & The Opioid Crisis," interview by Olga Khazan, Mutulu Shakur, November 19, 2018, accessed January 3, 2019, http://mutulushakur.com/site/2018/11/acupuncture-interview/.

gathering place that offered "acupuncture treatment, political education and community service."[37] The program used methadone to help patients through the initial stages of withdrawal, and eventually weaned them off any drugs by using acupuncture to achieve full recovery.[38] One Young Lord member, Vicente "Panama" Alba, describes the Center's unexpected popularity:

> From the first day… we had a constant influx of people everyday seeking help. Hundreds and hundreds came – I'm not talking about one or two-dozen people – as the word spread about Lincoln Detox, the opportunity for people to walk in and get effective help from everyday people (not white professionals but their own people) who had a loving heart, developing an understanding of things they needed to articulate. People came from all over New York and Connecticut, Long Island, New Jersey, too. The Lincoln Detox program became so successful and effective that a United Nations delegation visited and gave us recognition for it.[39]

In the midst of a drug epidemic that devastated local communities both physically and morally, the Center and acupuncture provided hope for the patients, and "the potential of self-determination."[40] The practice restored a level of agency in the hands of patients, and it was "an important contribution to that struggle" against the drug crisis. Many patients even became practitioners, and the movement began to spread as a "barefoot doctor acupuncture cadre" where "brothers and sisters [were taught] the fundamentals of acupuncture to serious acupuncture, how it was used in the revolutionary context in China."[41]

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[37] Greg Jones, *A Radical History of Acupuncture in America* (St. Pete Community Acupuncture, 2015).

[38] Ronald Sullivan, "Countercharges by Lincoln Drug Unit," The New York Times, November 30, 1978, , accessed December 10, 2018, https://www.nytimes.com/1978/11/30/archives/countercharges-by-lincoln-drug-unit-fear-of-disturbance-eases.html.

[39] Jones.

[40] Ibid.

[41] Ibid.

Less than ten years later, on November 30, 1978, a task force of 200 police officers closed down the Lincoln Detox Center. State officials claimed that the drug program was "badly mismanaged and that program leaders had threatened reprisals if there was any attempt to oust them."[42] Mickey Melendez, the program coordinator at the Center at the time, argued that the government made the program into a "scapegoat" for the rest of the hospital's medical and administrative chaos. Shakur believed the government and policymakers found acupuncture to be a threat:

> Acupuncture in the hands of the revolutionary-minded, particularly addressing addiction, was an intervention that the government was not willing to accept at the time because it attacked and exposed the complicity of the government in imposing chemical warfare on certain segments of the community. We weren't only providing medical care and exposing chemical warfare, we were challenging Western occidental medicine by Eastern medicine and natural healing.[43]

Patients protested the closure and more than seventy supporters gathered at the hospital. They chanted "Hands off Lincoln Detox," holding signs that read "Reopen Detox, no methadone maintenance."[44] Without the Center, patients could only turn to methadone-centered recovery clinics.

During this era, patients from Black, Latino or indigenous communities strongly disfavored methadone treatments. The activist publication, *White Lightning,* which partnered with the Lincoln Center wrote that, "the armies of slum-lords, script doctors, organized crime, greedy drug companies, methadone pushers, corrupt cops, and producers of rot-gut wine are plundering our communities" and warned of the dangers of methadone, from "brainwave changes" to "crib

[42] Sullivan.
[43] Shakur.
[44] Sullivan.

deaths."[45] Many patients viewed methadone as simply another drug and inherently distrusted highly regulated pills that "white doctors, in white coats, in white hospitals" prescribed. [46] When the Lincoln Detox Center relocated to a new building, the program rid of methadone treatments completely and focused on detoxification through acupuncture.

In 1985, Michael Smith, a director of Lincoln Detox, founded the National Acupuncture Detoxification Association (NADA) and established the NADA protocol. Influenced by a paper published by a Hong Kong doctor on the efficacy of stimulating a few ear acupoints for treating opium withdrawal symptoms, Smith developed a specific five-point auricular treatment to mitigate cravings and emotional distress from addiction and withdrawal.[47] The practitioners at the Detox Center pioneered the use of the protocol, and the method quickly spread around the country through the Panther network. However, this particular form of acupuncture never entered mainstream public awareness. Instead, acupuncture's second wave of popularity followed Reston's article, which led to the practice being "mostly taken in by mainstream America… stripped of its revolution roots and …was focused into an upper middle-class commodity."[48] Indeed, licensed private practitioners monopolized acupuncture.

Yet, NADA did not dissipate – far from it. With the efforts of many, the organization slowly but surely grew and exists well into current times. Lincoln Detox was renamed Lincoln Recovery Center in the 1990s and continued to offer training to anyone interested – from counselors, social workers, and nurses to medical doctors, correctional officers, acupuncturists and more.[49] To date,

[45] Olga Khazan, "How Racism Gave Rise to Acupuncture for Addiction Treatment," The Atlantic, August 03, 2018, accessed December 10, 2018, https://www.theatlantic.com/health/archive/2018/08/acupuncture-heroin-addiction/566393/.

[46] Ibid.

[47] Jones.

[48] Ibid.

[49] Legislation around legal use of NADA is discussed below, in "For Alternative Practitioners."

more than ten thousand have been trained in the five-point NADA protocol in North America.[50] Furthermore, trainees have come from all around the world, setting up NADA chapters upon returning to their respective home countries. From NADA UK, Finland, Norway, to Philippines, Tunisia, Japan, and more, it is estimated that at least twenty-five thousand around the world are trained in the protocol.[51] Projects address a wide range of patient populations – from prisoners in the United Kingdom to military personnel in India. The NADA protocol is employed by various practitioners and its history of community activism has inspired many.

In 2002, acupuncturist Lisa Rohleder opened up the first Community Acupuncture clinic, influenced by the work of revolutionary parties and Mike Smith. After realizing that many patients could not afford private practitioner rates, she sought an alternative way to offer treatment and founded the Working Class Acupuncture clinic in Portland, Oregon. The clinic's rapid success eventually led to the establishment of larger organization and co-op that became the People of Community Acupuncture, or POCA, a distinct organization from NADA.[52] POCA clinics treat a variety of conditions and operate as a private acupuncturist would, except for the crucial distinction that treatments are administered in a group setting and at a sliding scale format, from $15 to $50 depending on how much the patient can pay.[53] In 2006, there were 11 community acupuncture clinics. In 2011, there were 200 nationwide. "We want to serve as many people as possible, especially those who don't have access to acupuncture or can't afford it," Elizabeth Ropp, a community acupuncturist volunteer at Hope for NH, explains. "With the opioid crisis, so

[50]"About NADA," National Auricular Detoxification Association (National Auricular Detoxification Association, n.d.), https://acudetox.com/about-nada/)

[51] Elizabeth Stuyt, Claudia Voyles, and Sara Bursac, "NADA Protocol for Behavioral Health. Putting Tools in the Hands of Behavioral Health Providers: The Case for Auricular Detoxification Specialists," Medicines 5, no. 1 (July 2018): p. 20, https://doi.org/10.3390/medicines5010020)

[52] Ibid.

[53] "Our History," People's Organization of Community Acupuncture, accessed December 2, 2018, https://www.pocacoop.com/our-history.

many more people are turning to community acupuncture because they can't afford the private ones that cost like $150."[54]

Both NADA and POCA practice a unique form of acupuncture. Instead of the patient-practitioner interaction, the hallmark of these organizations' practices is the community-practitioner relationship. The goal of the community acupuncturist is "to give many people the chance to receive treatments."[55] The focus is no longer the deeply intimate and often time-intensive interaction between patient and practitioner, where the practitioner asks many questions to individualize the treatment. For patients in POCA clinics or receiving the NADA protocol, the practitioner often asks few questions before they administer commonly used distal acupuncture points or the standard five-point treatment. Adjustments are made depending on the patient's feedback, but treatments are not as elaborate or extensive as traditional private hour-long sessions. "There are a few points that are really effective for about 85% of patients, and so we start with those," Ropp explains for community acupuncturists, who often distinguish themselves from private acupuncturists. The POCA and NADA model are not focused on the singular patient, but the collective of patients.

V. Does Acupuncture "Work"? And the Work Acupuncture Does

The task of answering whether or not acupuncture works is challenging at best, and futile at worst. Such a question requires common consensus on appropriate measures of evaluation; herein lies the heart of contention over acupuncture's effectiveness. Where some believe the therapy to be ineffective until proven otherwise by rigorous scientific evidence, others accept patient accounts as valid proof of acupuncture's efficacy. Given the vast amount of research done on the

[54] Elizabeth Ropp, "Interview with community acupuncturist," interviewed by author, October 23, 2018.

[55] "What is CA – Long Answer," People's Organization of Community Acupuncture, accessed December 2, 2018, https://www.pocacoop.com/what-is-ca-long-answer

practice since its entrance into the United States, there has certainly been progress in both types of evidence.

For both pain management and detoxification, there is a growing number of clinical studies that suggest acupuncture's therapeutic efficacy. The practice has been scrutinized by randomized control trials (RCTs) for a wide range of conditions, and while results have varied, there have been significant findings. In a white paper produced by an acupuncture coalition, they discuss the practice's effectiveness:

> Acupuncture has been shown to be effective for treating various types of pain, with the strongest evidence emerging for back pain, neck pain, shoulder pain, chronic headache, and osteoarthritis. In an individual patient meta-analysis of 17,922 people from 29 randomized controlled trials (RCTs), it was concluded that the effect sizes in comparison to no acupuncture controls were 0.55 standard deviation (SD), 95% confidence interval (CI) [0.51-0.58] for back and neck pain; 0.57 SD, 95% CI [0.50-0.64] for osteoarthritis; and 0.42 SD, 95% CI [0.37-0.46] for chronic headache…In all analyses, true acupuncture was significantly superior to no acupuncture and sham acupuncture controls ($p<0.001$).[56]

Sham acupuncture uses non-penetrating needles, and the practitioner performs the same ritualistic process on the patient. As mentioned, studies have shown that while sham acupuncture has significant effects on the patient, real acupuncture has a much more substantial impact.[57] Yet, for other types of pain, such as acute low back pain, neck pain, plantar pain and others, results show "potential positive effect," but the results are not conclusive.

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[56] The American Society of Acupuncturists, et al. "Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management," National Certification Commission for Acupuncture and Oriental Medicine, 2017, accessed December 2, 2018, http://www.nccaom.org/wp-content/uploads/pdf/Acupunctures Role in Solving the Opioid Epidemic2017.pdf.

[57] V. Napadow et al., "Rewiring the Primary Somatosensory Cortex in Carpal Tunnel Syndrome with Acupuncture," *Journal of Acupuncture and Meridian Studies* 11, no. 4 (2018): , doi:10.1016/j.jams.2018.08.014.

For the benefits of acupuncture for detoxification, the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Administration of the U.S. Department of Health and Human Services published the Treatment Improvement Protocol (TIP) 45 in 2006 which stated:

> [Acupuncture] has been used as an adjunct to conventional treatment because it seems to reduce the craving for a variety of substances of abuse and appears to contribute to improved treatment retention rates… It is used as an adjunct during maintenance, such as when tapering methadone doses. The ritualistic aspect of the practice of acupuncture as part of a comprehensive treatment program provides a stable, comfortable, and consistent environment in which the client can actively participate. As a result, acupuncture enhances the client's sense of engagement in the treatment process… A 1999 CSAT-funded study showed that patients choosing outpatient programs with acupuncture were less likely to relapse in the 6 months following discharge than were patients who had chosen residential programs.[58]

The "ritualistic aspect" refers to the interaction between the practitioner and patient, where the practitioner asks the patient individualized questions about health, habits, stress factors and general life circumstances. The healer then performs a personalized treatment, inserting the needles on the body in a particular order. This particular phenomenon – and naturally, the placebo effect – has been suggested as the reason for acupuncture's efficacy.[59]

Regardless of how acupuncture works, a growing number of patients report that acupuncture does works for them. "I love acupuncture. I didn't know what it was before, but now

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[58] "Detoxification and Substance Abuse Treatment: A Treatment Improvement Protocol TIP 45," Substance Abuse and Mental Health Services Administration Publications Ordering, October 2015, , accessed December 2, 2018, https://store.samhsa.gov/system/files/sma15-4131.pdf.

[59] T. J. Kaptchuk, "Placebo Studies and Ritual Theory: A Comparative Analysis of Navajo, Acupuncture and Biomedical Healing," *Philosophical Transactions of the Royal Society B: Biological Sciences* 366, no. 1572 (2011): , doi:10.1098/rstb.2010.0385.

I love it. It helped me with some shoulder problems I had a few years ago," explained Chris Hickey, a Manchester firefighter, and creator of Safe Stations, a program that connects anyone who walks into the station struggling with substance use disorder with resources. "Some of the people that come in eventually swear by acupuncture. They say the detoxification really works."[60] Down the street at the Hope for NH recovery center, Chris' story is confirmed. A few women sitting in the circle said that they did not previously know of acupuncture but tried it as it was free. "I feel better after, lighter. I make sure to come on Tuesdays [when acupuncture is offered]," one woman says.[61] Another man is certain it helped with his recovery, as he hasn't relapsed since. Previous attempts at recovery ended poorly for him. These patients, like Edward, Melinda, and Xue Yun, all vouch for acupuncture's efficacy and benefit to their lives.

Like pain, acupuncture faces a similar problem within the biomedical world – there is currently no consensus on how and if acupuncture works, much in the same way that there is no consensus on what pain is. Different actors within these worlds have various opinions, and while there are RCT studies and patient stories suggesting acupuncture's efficacy, there are also studies and stories that imply otherwise. As a result, the various kinds of evidence and their complex conclusions leave acupuncture in an ambiguous state. However, are efficacy and evidence the only driving factors of the acceptance and use of acupuncture? How important *is* definitive proof of efficacy in the practice's reception? Indeed, what other forces are at play?

The urgency of the epidemic has illuminated a particular phenomenon: the social constructions of medicine. The current limbo state acupuncture faces in the biomedical world – both outsider and not, included sometimes but not always – reveals that the preoccupation with scientific evidence in biomedicine may have been artificial from the very beginning. There are

[60] Chris Hickey, "Interview with Safe Station Firefighter," interviewed by author, October 23, 2018.
[61] "Interview in group setting at Hope for New Hampshire."

significant statistical findings on acupuncture's efficacy – RCT studies that are sometimes cited and sometimes not. Other times, biomedical representatives are quick to reference studies that suggest acupuncture's lack of therapeutic efficacy. Alternative healers are also responsible for using various kinds of evidence at different times – sometimes emphasizing scientific evidence, and other times, patient stories. The picking and choosing of evidence beg the essential question: why?

Such actions areflect the opportunities that arise from the ambiguity of efficacy and evidence. These moments are particularly prevalent during an epidemic, and the current opioid crisis is no exception. Various informants within the epidemic are taking advantage of these opportunities for specific reasons, and in doing so, acupuncture performs different functions for different actors. Teasing out the particular kinds of work acupuncture does and for whom illuminates the roles the alternative therapy plays for the critical participants of the opioid epidemic – practitioners, policymakers, and patients.

For Alternative Medicine Practitioners

Many alternative medicine practitioners – NADA, or community and private acupuncturists – view the crisis and the resulting ambiguity around notions of therapeutic efficacy as an opportunity to not only push for the acceptance of patient stories as a valid form of evidence but also, as a result, to legitimate their profession. "They always say it's the placebo effect. I'll try to bring it up and suggest the doctors at least look at some acupuncture studies, but they'd always dismiss it," said Helen Harris, a nurse studying to be a TCM practitioner. She saw many pain patients at the hospital she worked at and heard about acupuncture from several of them. At first, Harris "didn't think about it," until she became aware of the growing opioid crisis. Noticing that the doctors around her had no interest in alternatives, she decided to look into acupuncture on her own. Soon enough, she quit her job as a nurse and began studying for a three-year master's degree

at the American College of TCM in San Francisco. The biggest problem that TCM faces, according to Harris, is physician resistance:

> So many doctors are unwilling to consider anything different from what they've been taught. Even with clinical trials and evidence, they don't believe it. It's the placebo effect, they say. Despite the fact that research includes sham acupuncture and shows that real acupuncture is better than the sham.[62]

Despite growing research, some physicians remain against accepting the practice. However, the opioid crisis may force them to think otherwise.

In the article "The opioid crisis is a turning point for acupuncture in U.S. medicine" published in February 2018, integrative medicine advocate John Weeks wrote that "the crisis in chronic pain management – a.k.a. the opioid crisis – is the opportunity that has not just knocked for acupuncture. It is ram-rodding down doors."[63] Just a few months prior in August 2017, a coalition of prominent acupuncture groups in the United States including the American Society of Acupuncturists, the American Alliance for Professional Acupuncture Safety, the American TCM Association, amongst others produced a white paper entitled "Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management." Within it, multiple studies proving therapeutic efficacy, as well as examples of successful implementation of acupuncture programs in places such as the Veteran's Association, are cited and discussed at length. TCM schools are raising awareness on the opioid crisis and calling their students to action. The American College of TCM in San Francisco recently hosted panel with biomedical doctors and

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[62] Helen Harris (pseudonym), "Interview with acupuncturist in San Francisco," interviewed by author, August 8, 2017.

[63] John Weeks, "The Opioid Crisis Is a Turning Point for Acupuncture in U.S. Medicine," Integrative Practitioner, accessed December 1, 2018, https://www.integrativepractitioner.com/topics/analysis/opioid-crisis-gift-acupuncturists-keeps-giving.

TCM practitioners in October 2018, with the aim of continuing conversation and creating an "Integrated Opioid Addiction Treatment Protocol."[64]

From the acupuncture community, the message is clear: the practice can offer a very tangible and effective response to the opioid crisis, as both an alternative pain management approach, and as a detoxification method. Acupuncture thus provides a two-pronged approach to the opioid epidemic – by preventing patients from using opioids in the first place or by mitigating the negative consequences caused by the drugs. It is framed as both an alternative and an antidote. As a result, the epidemic provides the opportunity for acupuncture to be recognized not only as a legitimate practice but also one that is preferred over biomedical interventions by being its framing as non-pharmacologic, non-addictive, cost-effective, curative, and preventative.

Acupuncturists, community acupuncturists, and NADA practitioners are attempting to reclaim the negative connotations surrounding the anecdote by sheer force; their approach is to take the single patient story and multiply it by a thousandfold, and more. In 2011, community acupuncture clinics provided more than 750,000 acupuncture treatments.[65] NADA practitioners have employed the protocol hundreds of thousands of times since its inception in the 1980s. These practitioners, like Elizabeth Ropp, use the power of the multitude narrative to their advantage by convincing the government to recognize acupuncture. Through the efforts of NADA and POCA, a number of legislations has been passed to legalize NADA protocol training for non-acupuncturist practitioners or the use of community acupuncture for detoxification and substance use disorders. For example, in 2013, Colorado allowed for those in the behavioral health care field to receiving NADA training.[66] NADA continues to push for the legislation that "support the widespread

[64] "ACTCM Challenges Healthcare Community to Develop Integrated Opioid Addiction Treatment Protocol," American College of Traditional Chinese Medicine, October 01, 2018, , accessed December 2, 2018, https://www.actcm.edu/blog/events/opioid_talk/.

[65] Jones.

[66] Stuyt, Voyles, and Bursac.

application of acudetox within the healthcare and other relevant systems such as disaster-response and community wellness initiatives."[67]

Similarly, community acupuncturists are also advocating for legislative changes. In 2017, New Hampshire state legislatures unanimously approved HB 575, a bill that legalized the certification of acupuncture detoxification specialists.[68] New Hampshire is the 26th state to do so. Ropp and supporters convinced the legislators by collecting and presenting numerous of testimonies on acupuncture's efficacy with detoxification, and the bill was passed at a remarkable pace. Community acupuncturists often also work with NADA practitioners (or are indeed affiliated with both POCA and NADA) to pass legislation. In July 2019, Manchester's city aldermen unanimously agreed to delegate $7,500 for acupuncture detoxification training for peer counselors and recovery coaches. Laura Cooley, a licensed acupuncturist and NADA trainer, spearheaded the effort, along with Ropp.[69] "Our most important evidence [is] what the people say," says Ropp. "The movement is spreading, and people are listening." She is not worried about acceptance from the medical establishment – "they'll come around, as more patients use it. Oh, and especially when [the doctors] start to need acupuncture themselves."[70]

For Policymakers

In 2016, former U.S. Surgeon Vivek Murthy issued a letter to all doctor in the U.S. to call them to action to address "urgent health crisis facing America: the opioid epidemic." He encourages all doctors to first educate themselves on the problem of pain by using the CDC Opioid Prescribing Guideline. Secondly, Murthy urges doctors "to provide or connect [patients] to

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[67] Ibid.

[68] Elizabeth Ropp, "Ear Acupuncture for Addiction Treatment: Now That We Have Legislation, We Need Your Help," Manchester Ink Link, September 14, 2017, , accessed December 10, 2018, https://manchesterinklink.com/ear-acupuncture-now-legislation-need-help/.

[69] Paul Feely, "Aldermen Approve Funding for Ear Acupuncture Training," *New Hampshire Union Leader*, July 10, 2019, https://www.unionleader.com/news/health/aldermen-approve-funding-for-ear-acupuncture-training/article_84512162-745c-56a2-9461-6b0e2bf41e1a.html)

[70] "Interview with community acupuncturist."

evidence-based treatment."[71] The CDC guidelines instruct doctors that "nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain."[72]

Is acupuncture considered an evidence-based nonpharmacologic therapy? The answer is not explicit. While it is not listed in the CDC Prescribing Guidelines, elsewhere on the CDC website, the practice is referred to as a nonpharmacologic therapy. Furthermore, FDA and Joint Commission documents that outline pain management protocols for physicians also include acupuncture as a nonpharmacologic option. The Joint Commission's 2014 "Clarification of the Pain Management Standard" lists acupuncture under the nonopioid options, as does the 2017 Joint Commission R3 (Requirement, Rational, Reference) Report.[73,74] The R3 Report also includes and cites a study conducted on acupuncture that suggests its therapeutic efficacy.[75] In 2017, the FDA's draft of "Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain" mentions that "Health Care Providers should be knowledgeable about the range of available therapies, when they may be helpful, and when they should be used as part of a multidisciplinary approach to pain management." Acupuncture is explicitly included as one of the available options in addition to chiropractic as part of "complementary therapies," and the draft cites a study suggesting efficacy. Announced in May 2017, the blueprint's suggestion for physicians to know and use acupuncture caused an uproar – from both supporters to critiques.[76,77]

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[71] Vivek H Murthy, "UNITED STATES SURGEON GENERAL LETTER." August 2016., 1.

[72] Center for Disease Control and Prevention, "Guideline for Prescribing Opioids for Chronic Pain: Recommendations, " 2018.

[73] Joint Commission. "Clarification of the Pain Management Standard", November 2014.

[74]Joint Commission. "R3 Report – Requirement, Rational, Reference", August 29, 2017.

[75] Ibid, pg. 2.

[76] See David W. Miller, "Letter to the FDA," American Society of Acupunturists, July 7, 2017, , http://www.asacu.org/wp-content/uploads/2017/07/ASA-Comments-to-FDA-Request-for-Opioid-Clinical-Guidelines_July-2017_final.pdf.

[77] See David Gorski, "Is the FDA Embracing Quackery? A Draft Proposal Recommends That Doctors Learn about Acupuncture and Chiropractic for Pain Management.," Science-Based Medicine, May 22, 2017, , accessed December 10, 2018, https://sciencebasedmedicine.org/is-the-fda-embracing-quackery-a-draft-proposal-revised-to-recommend-that-doctors-learn-about-acupuncture-and-chiropractic-for-pain-management/.

Advocates compiled testimonies and research showing acupuncture's efficacy, and critics reported extensively on studies that suggest that acupuncture has no benefit at all. The FDA encouraged the public to comment on the document until July 10, 2017 and published the finalized document in September 2018. The revision keeps the same language about "complementary therapies," but removes the explicit examples: chiropractic and acupuncture.[78]

Is the noticeable absence of acupuncture in the final draft of the blueprint purely a reflection of uncertainty about the practice's efficacy? Likely not. Instead, other forces could be at play – namely, the desire to avoid conflict in dealing with historically contentious practices or diseases. It is difficult to reconstruct *a posteriori* why the FDA excluded acupuncture in the final revision, or why they included the practice and a supporting RCT study in the first draft. It is unlikely that a preoccupation for evidence is the only driving factor of acupuncture's role in policymaking. Instead, factors such as public response and reception of the alternative practice are also influential. In facing criticism, the FDA avoided recommending acupuncture explicitly; in facing pressure from their constituencies, local governments such as New Hampshire approved the NADA protocol. By giving into pressure, these policymakers – whether intentionally or not – are absolving themselves from critically engaging with the historically stigmatized and complex issues of pain and addiction that have no black or white answer and no magic bullet solution. Where the FDA may be preventing patients from receiving acupuncture treatments that could very well help them, the local governments may be seemingly giving into patient requests only to avoid addressing the complexities pain and addiction, and may even prevent patients who do not respond well to acupuncture from learning about and seeking other possible treatments. The speed at which some of these local governments adopted the NADA protocol may suggest other driving

[78]"Introduction FDA's Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain," Food and Drug Administration, September 2018, , https://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM620249.pdf.

forces than the acceptance of another kind of evidence. In seemingly "validating" anecdotal evidence, policymakers may instead still retain the same biases about the constructed hierarchy between biomedicine and alternative medicines. By placing pain and addiction into a category of health issues that alternative medicines can address, they may instead be displaying their biases about pain and addiction as lesser and more dubious diseases.

For Patients

What kind of work does acupuncture do for patients? The answer is not clear. On the one hand, hundreds of thousands of patients are benefitting from the practice – their pain alleviated, or addictions detoxed. Yet, without large scale and radical engagement with other forms of evidence and medicines, the use of acupuncture for addressing complicated issues that the biomedical establishment cannot adequately answer for may preclude patients from receiving adequate care for pain and addiction which particularly require a wide range of support. In the absence of a paradigmatic shift in our understanding of contentious illnesses and different medical practices, pain and addiction patients who receive acupuncture may be further othered by a dominant establishment that remains unchanged. The recommendation from policymakers (and even biomedical doctors) to go to an acupuncturist can read as a recommendation to go "elsewhere." Indeed, patients may be pushed away once again – in a subtler and more insidious way.

Furthermore, there remains the fact that some patients do not respond well to acupuncture, or indeed may not want to use acupuncture (for any number of reasons). Though the push for acupuncture may seem to provide additional options, it could also potentially limit and prevent patients from receiving the most comprehensive care. Each patient's unique characteristics and the particulars of their illness requires personalized treatment – from biomedical interventions to alternatives, or a mix of both. Some of the patients at Hope for NH (which only offers non-clinical support) may respond better to pharmacologic interventions, in combination with acupuncture, or

with some other treatment. What may be best for the patient is to make available a variety of therapeutic options for them to choose from and for the healers of all kinds to be in conversation with each other – this would signal not only the needed shift in our understanding of medicines but also the recognition of the medical and sociopolitical complexity of issues of pain and addiction.

VI. What's Next?

The opioid epidemic, and epidemics of all kinds, force us to critically look at what medicine *is* and what we mean by it – in moments of crisis and desperation, our understandings of disease and health break down, and ambiguity more intensely surrounds our notions of evidence and therapeutic efficacy. As such, policymakers and practitioners may take advantage of the uncertainty to advance their respective agendas, from using acupuncture as a tool of distraction to avoid delving into the various complexities of pain and addiction, to using the practice as a method of legitimizing a profession. It is precisely through acknowledging and analyzing the different kinds of forces at play in the reception of alternative medicine where we gain understanding; in the ambiguity that arises from our questioning of health concepts during an epidemic, a clear message emerges. Namely, our preoccupation with evidence of any kind is only one part of the story of our conceptions of and interactions with medicine.

The patient is the ultimate example of the extent to which evidence plays a role in one's daily life and understanding of health. In the opioid crisis, this has become clearer than ever. One individual alone can both use opioids and get acupuncture treatments, both value biochemical evidence and believe in their own experience. Melinda, Edward, and Xue Yun hope that the mechanisms of acupuncture can be shown, but they do not need to know how the practice works to know with certainty that it did work for them. All three of them were convinced enough by their

own experiences to have changed their careers and become students at the American College of TCM.

If medicine is meant to serve the patient and as many patients as possible, as the revolutionary parties advocated for, then patients play perhaps the most significant role in defining what medicine is. If one goal of medicine is to restore patient agency, then there may not be any greater opportunity to do so than for patients to choose to proceed with whatever treatments work for them. What matters is that this process is not isolated or isolating, and those in medicine not only make available a variety of treatment options (Vivek Murthy's call to action is a step in the right direction) but also make sure there is critical engagement between healers of all kinds and policymakers to ensure that no implicit othering takes place which only reinforces problematic assumptions and biases. Rather than avoid the complicated issues of pain and addiction, we may indeed find analyzing acupuncture and the kinds of work it has done for various actors in the opioid crisis as an opportunity to better understand the complexities of illness and treatment; in doing so, we realize the necessity of not only offering a variety of therapeutic options but also of *empowering* patients to choose suitable and individualized treatments that work for them.

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