Traditional, Alternative, or Complementary Therapies, in Addiction Treatment (TATAC) Report: National and State Profiles

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TATAC Introduction and Background

The purpose of this report is to present the results of a study conducted by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) which was underwritten by the Center for Substance Abuse Treatment's Office of Pharmacologic and Alternative Therapies (OPAT) to document and catalogue traditional, alternative, or complementary therapies in addiction treatment (TACTAT) used in publicly funded alcohol and other drug (AOD) State treatment systems. The study report is divided into three sections: Introduction and Background, Methodology, and Findings and Discussion. This section explains the basis for the study and the need to learn more about the application and use of TACTAT. The Method section describes the data collection instrument and how the study data were collected and compiled. The Findings and Discussion section presents a summary of the individual State profiles, and an aggregate National profile. In addition, trends and areas that merit additional study are recommended. The Appendices include the individual State profiles, the data collection instrument, definitions of key alternative and complementary therapies, additional comments provided by the States, and the materials on TACTAT presented at the National Association of Alcohol and Drug Abuse Directors (NASADAD) Annual Conference on June 3, 2000. The conference brought together experts in the treatment field to discuss alternative therapies and how they have been integrated into addiction treatment programs.

The TACT meeting included presentations on current research and the integration of acupuncture, transcendental meditation, and botanical applications in the treatment of addictive disorders. The Director for the Center for Addiction and Alternative Medicine Research, Thomas Kiresuk, Ph.D., provided an overview of current research. Following the overview, three different experts made presentations in three alternative therapy areas: Allopathic and Oriental Medicine, (Steven Stepto, M.D., M.P.H., DiplAc., Medical Director of Oakland, CA"s 14th Street Clinic) transcendental meditation, (Raju Hajela, M.D., M.P.H., President, Canadian Society of Addiction Medicine) and botanical applications. (Ethan Nebelkopf, Ph.D., Director, Family and Child Guidance Clinic, Native American Health Center) After each presentation, there was a question and answer session that included the State AOD Directors as well as other participants.

Several key issues were addressed concerning the challenges of integrating alternative approaches in addiction treatment with existing conventional approaches in substance abuse treatment. State AOD Directors noted that it is important to have knowledge and a broad understanding and overview of available alternative therapies. They stated that new avenues of funding are needed to support the integration of additional therapies into a more comprehensive set of services for clients. Any integration of alternative therapies should not be implemented at the expense of the existing treatment system. Also noted was the need for more information and research on the effectiveness of some of these approaches and on which populations respond best to selected therapies. State AOD Directors stressed that it is important to achieve a better understanding of which alternative therapies might work best in conjunction with other conventional therapies in various treatment approaches for different substances. Finally, they expressed concerns about credentialing and the development of practice guidelines for those engaged in delivering alternative and complementary services.

Discussions at the NASADAD meting suggested that acupuncture is one of the more widely used alternative therapies within the context of addictions treatment. It 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. In particular, acupuncture has been viewed as an effective adjunct to treatment for alcohol and cocaine disorders, and has also played an important role in opiate treatment i.e., methadone maintenance. It is used as an adjunct during maintenance 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 also enhances the client's sense of engagement in the treatment process. This may, in part, account for reported improvements in treatment retention.

Another commonly used alternative therapy is transcendental meditation (TM). As an adjunct to conventional treatment, this technique has been applied in detoxification as well as in other treatment modalities. It is believed by some that clients use substances in an attempt to bring their body into balance but instead mistakenly create imbalance and stress. TM is used to interrupt the cycle of addiction by helping the body strive for balance or a state of homeostasis. TM significantly decreases physiological arousal and lowers the respiration rate when compared to simply resting with the eyes closed. In sum, this approach attempts to address physiological, psychological, spiritual, and environmental/social factors of the client and achieve a more harmonious state in which the desire for substances of abuse is reduced or eliminated.

Some of the therapies included in TACTAT are referred to as "traditional" therapies because they may derive from spiritual traditions or health practices of indigenous groups outside of the contemporary recognized medical establishment. Other therapies that may be included in TACTAT are: acupuncture, aroma therapy, art therapy, biofeedback, dance therapy, flavor therapy, guided imagery and visualization, herbal remedies, homeopathic remedies, hypnosis, light therapy, massage, meditation/TM, music therapy, nutritional supplements, recreational therapy, reiki, relaxation therapy, shamanic therapies, sound therapy, sweat lodges, and yoga/tai chi. This listing, while not all inclusive, or mutually exclusive does reflect the enormous variety of activities and philosophies that may be subsumed under the general heading of alternative and complementary therapies.

In response to the need to learn more about the application of TACTAT in programs funded, at least in part, by the Substance Abuse Prevention Treatment (SAPT) Block Grant to the States, OPAT requested that NASADAD inventory TACTAT use within the publically supported treatment systems administered by the State AOD agencies. The initiative was designed to collect and compile information on alternative therapies used in an attempt to develop a more complete picture of their nature and scope within State AOD systems.

Methodology

A structured consultation document was crafted to solicit State responses for the varying types of alternative and/or complementary treatments which might be used in publically supported treatment programs and is shown in Appendix C. The consultation document was to allow for the

construction of an inventory of TACTAT in use within State AOD treatment systems. Accompanying the consultation document was a memorandum urging NASADAD members to participate in the information collection process (Appendix D).

The consultation document included a matrix with 18 different types of alternative therapies for the State AOD Directors' consideration, as well as specific questions about alternative and complementary therapies focusing on special populations, major expectations, challenges, perceived incentives for use, effectiveness data, and the existence of practice guidelines. State AOD Directors were asked to indicate which alternative therapies are used in their State, in which treatment settings they are used, what credentialing practices might exist for different complementary therapies, and which alternative therapies are insurance, Medicaid, and State reimbursable. In addition, the consultation document provided an opportunity for State AOD Directors to add to the set of therapies presented in the matrix, as well as to provide additional comments on alternative and complementary trends in their States over the past five years. This document was forwarded to all States, the District of Columbia, and Puerto Rico. The States completed the consultation document as requested and returned them by fax or email to NASADAD. After this information was collected from the States, the responses were catalogued and the results were summarized.

A total of thirty-eight (n=38) out of fifty-two regions (the 50 States, the District of Columbia, and Puerto Rico), responded to the consultation document which produced a response rate of 73 percent. This total includes nine States that responded but indicated no or unknown use of alternative or complementary therapies in their State. These States are: Alabama, Idaho, New Jersey, South Carolina, Georgia, Oklahoma, Rhode Island, Vermont, and Illinois. Responses from each State reporting at least some known use were summarized and are presented as individual State profiles in Appendix E. Additional comments were transcribed, attributed by State, and are shown in Appendix F.

A National profile was created using a simple frequency method to describe and summarize individual State responses. The number of times a response was selected or indicated for each question by each State were summed. Also, percentages were calculated for each response based on the number of States that responded to a specific item compared to the total number of States that responded. The tables in this section reflect an aggregate profile based on the data collected from each responding State. It should be noted, however, that although 18 alternative and complementary therapies were listed in the consultation document, there was space for each State to add other therapies that they used. This additional information is presented in the individual State profiles but is not included in the National profile.

Six tables present data collected and summarized across States, which provide a national overview of findings in this study. Table 1 shows information on the type of therapy offered, the average number of years used, the amount of usage, and credentialing and insurance information. Table 2 shows the treatment settings (detoxification, residential, outpatient, and methadone) in which selected therapies are used. Table 3 demonstrates which therapies are used with specific populations and identifies those populations. Table 4 presents a national view of major expectations driving the use of alternative or complementary therapies and Table 5 presents a national view of the major challenges to the use of alternative and complementary therapies.

Finally, Table 6 shows a few types of opportunities across the States for training and education in alternative and complementary therapies.

TATAC Findings and Discussion

Based on the data presented in Table 1, 29 out of 38 States indicated that they used one or more alternative and complementary therapies in their State. The top ten alternative or complementary therapies used are:

Recreational Therapy (n=17);

Relaxation Training (n=17);

Acupuncture (n=16);

Guided Imagery (n=16);

Nutrition/Vitamins (n=14);

Sweat Lodges (n=13);

Meditation/Transcendental Meditation (n=11);

Music Therapy (n=10);

Biofeedback (n=9); and

Hypnosis (n=8).

The average length of time used for alternative therapies ranged from 4 years to 13.5 years. The top five therapies in use the longest are as follows: relaxation training (13.7 years), guided imagery (12.7 years), meditation/TM (11.5 years), hypnosis (10.7 years), and music therapy (10.5 years).

Many of these alternative therapies are used in different treatment settings. Table 2 shows that many of the therapies are used in the four major treatment settings: detoxification, residential, outpatient, and methadone treatment. In particular, acupuncture, guided imagery, hypnosis, meditation/TM, music therapy, nutrition/vitamins, recreational therapy, and relaxation training are used in all of the treatment settings. This finding suggests that the use of alternative or complementary therapies may add value across the full range of conventional substance abuse treatment.

As shown in Table 3, alternative and complementary therapies were used with specific populations that include adolescents, women, criminal justice populations, Native American populations, African American populations, and Native Hawaiian populations. Multiple

alternative and complementary therapies were applied to adolescent, women, and criminal justice populations. Alternative and complementary therapies geared toward the treatment of specific racial/ethnic populations were limited compared to other specific populations. Again, many of the same alternative treatments used in all four treatment settings are also used for specific populations including: acupuncture, guided imagery, meditation/TM, music therapy, nutrition/vitamins, recreational therapy, and relaxation training. One therapy, sweat lodges, is used specifically with Native Americans in a number of western States.

The State Directors were asked to list the top four major expectations driving the use of alternative/complementary treatment therapies (Table 4). The first choice for major expectations selected most frequently across all States are as follows:

1. Improved retention (n=6);

2. Holistic philosophy (n=4);

3. Improved client treatment outcomes (n=3);

Cultural sensitivity (n=2);

Relaxation/Stress management (n=2);

Spirituality (n=1);

Integrated medicine trend (n=1);

Acupuncture (n=1);

Funding (n=1); and

Multidimensional treatment approach (n=1).

Similarly, the State Directors were asked to name the top four major challenges they faced with the use of alternative/complementary treatment therapies (Table 5).The first choice for major challenges selected most frequently across all States are as follows:

1. Lack of trained personnel (n=8);

Lack of reimbursement (n=7);

Lack of research/data (n=4);

Lack of knowledge (n=2);

Lack of funding (n=2);

Lack of interest (n=1); and

Resistance of certified acupuncturist to less qualified persons performing acupuncture (n=1).

Table 6 describes the opportunities/incentives for training and education on the integration of alternative therapies in addiction treatment for the States. For States that indicated the availability of training, 11 percent stated that they provide training and education when funds are available, 8 percent cited State/Division sponsored training as an opportunity/incentive, and 8 percent stated that opportunities are available with certain alternative therapies. Clearly, the availability of training and education for these therapies is limited.

In general, the results of this report support the fact that alternative and complementary therapies are being used selectively as an adjunct to addiction treatment under the assumption that these therapies increase retention rates and otherwise contribute to treatment effectiveness. These alternative therapies have been used for long periods of time in some locations and not at all in other locations across the nation. There is considerable overlap in the types of therapies that are used among the States although there are some therapies such as recreation and acupuncture which are used much more often than other therapies. Some alternative and complementary therapies are frequently applied in various treatment settings for the general treatment population as is the case for acupuncture, and other therapies are limited to specific populations as was reported for sweat lodges among Native Americans and the criminal justice population. Although these therapies are currently being used, there is little data available that supports the effectiveness of these therapies or that explains how they actually work in the treatment of substance abuse. Factors cited as limiting the application of these therapies in substance abuse treatment include the lack of trained personnel, the lack of funding, and the lack of research data among others.

In this study, the alternative and complementary therapies currently in use within State AOD treatment systems have been catalogued along with additional information associated with the use of these therapies. Individual State profiles and a National profile on alternative and complementary therapies currently in use were created. However, there are still many unanswered questions about the benefit and application of these therapies as an adjunct to conventional methods for substance abuse treatment. Further research is needed to address the extent to which these therapies are used, the way in which they are used, and the effectiveness of their use. It is important to understand the best method for combining and/or integrating alternative and complementary therapies with conventional treatment approaches. Finally, further research could provide more in-depth opportunities to examine the relationship between the use of alternative and complementary therapies, treatment settings, special populations, type of substance abused, and treatment outcomes.

A knowledge acquisition and dissemination program to focus on these therapies could be established by SAMHSA and complemented by the inclusion of alternative and complementary therapies in the clinical trials network established by the National Institute on Drug Abuse (NIDA) and similar initiatives under the National Institute of Alcohol Abuse and Alcoholism (NIAAA). Under the auspices of NASADAD a panel of State AOD Directors and other experts could be convened that would provide information, insight, assistance, and direction to the

overall agenda for research activities and studies on an ongoing basis. This proposed process would create an opportunity for those persons knowledgeable in the application of alternative and complementary therapies in the States and those persons knowledgeable in AOD research to focus on mutually agreeable subject areas. The results of such a program of research could have a beneficial and lasting influence on the evolution of alcohol and other drug treatment at both the system and client levels.

Table 1: Alternative Treatment Therapies Used Across the States

Type of Alternative or Complementary Therapy Offered	Average years used	Total number and percentage of States using the therapy	Total number and percentage of credentialing required	Total number and percentage of insurance, Medicaid, or State reimbursable fees used
Acupuncture	7.3	16 (42%)	13 (34%)	7 (18%)
Aroma Therapy	0	0 (0%)	0 (0%)	0 (0%)
Biofeedback	8.6	9 (24%)	2 (5%)	3 (8%)
Guided Imagery	12.7	16 (42%)	2 (5%)	7 (18%)
Herbals	4.3	4 (11%)	0 (0%)	1 (3%)
Homeopathy	0	0 (0%)	0 (0%)	0 (0%)
Hypnosis	10.7	8 (21%)	4 (11%)	3 (8%)
Light Therapy	6	3 (8%)	1 (3%)	2 (5%)
Meditation/ TM	11.5	11 (29%)	1 (3%)	6 (16%)
Music Therapy	10.5	10 (26%)	1 (3%)	5 (13%)
Nutrition/ Vitamins	10.5	14 (37%)	0 (0%)	3 (8%)
Recreational Therapy	15	17 (45%)	2 (5%)	7 (18%)
Reiki	0	0 (0%)	0 (0%)	0 (0%)
Relaxation Training	13.7	17 (45%)	1 (3%)	5 (13%)
Shamanic Therapy	0	0 (0%)	0 (0%)	0 (0%)
Sound Therapy	5	1 (3%)	0 (0%)	1 (3%)

Sweat lodges	9.9	13 (34%)	0 (0%)	2 (5%)
Yoga/ T'ai Chi	4	6 (16%)	1 (3%)	3 (8%)

Table 2: Treatment Settings Used with Alternative Treatment Therapies across the States

Type of Alternative or Complementary Therapy Offered	**Detox**	**Residential**	**Outpatient**	**Methadone**
Acupuncture	8 (21%)	6 (16%)	11 (29%)	8 (21%)
Aroma Therapy	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Biofeedback	1 (3%)	2 (5%)	6 (16%)	0 (0%)
Guided Imagery	1 (3%)	10 (26%)	12 (32%)	2 (5%)
Herbals	0 (0%)	1 (3%)	4 (11%)	0 (0%)
Homeopathy	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hypnosis	2 (5%)	4 (11%)	7 (18%)	0 (0%)
Light Therapy	0 (0%)	2 (5%)	3 (8%)	0 (0%)
Meditation/ TM	4 (11%)	11 (29%)	10 (26%)	4 (11%)
Music Therapy	2 (5%)	8 (21%)	6 (16%)	1 (3%)
Nutrition/ Vitamins	5 (13%)	9 (24%)	8 (21%)	2 (5%)
Recreational Therapy	2 (5%)	14 (37%)	9 (24%)	1 (3%)
Reiki	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Relaxation Training	4 (11%)	12 (32%)	12 (32%)	3 (8%)
Shamanic Therapy	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Sound Therapy	1 (3%)	1 (3%)	1 (3%)	0 (0%)
Sweat lodges	1 (3%)	8 (21%)	6 (16%)	0 (0%)
Yoga/ T'ai Chi	1 (3%)	3 (8%)	3 (8%)	0 (0%)

Table 3: Complementary Therapies Used with Specific Populations across the States

Type of Alternative or Complementary Therapy Offered	**Total number and percentage of complementary therapies used**	**Specific populations**
Acupuncture	5 (13%)	Women's programs, criminal justice populations, Native American populations
Biofeedback	1 (3%)	Women, adolescents, criminal justice populations
Guided Imagery	1 (3%)	Adolescents
Meditation/ TM	3 (8%)	Women's programs, adolescents, and criminal justice populations
Music Therapy	2 (5%)	Women, adolescents, and criminal justice and African American populations
Nutrition/ Vitamins	2 (5%)	Women and adolescents
Recreational Therapy	5 (13%)	Adolescents, Native Hawaiians, and criminal justice populations
Relaxation Training	3 (8%)	Women, adolescents, and criminal justice populations
Sweat lodges	6 (16%)	Native Americans and criminal justice populations

Table 4: Major Expectations Driving the Use of Alternative /Complementary Therapies across the States

Expectations with the Use of Alternative/Complementary Therapy	**Number and Percentage of Selections**
1st Choice	
Improved retention	6 (16%)
Holistic philosophy	4 (11%)
Improved client treatment outcomes	3 (8%)
Cultural sensitivity	2 (5%)
Relaxation/ Stress management	2 (5%)
Spirituality	1 (3%)
Integrated medicine trend	1 (3%)
Acupuncture	1 (3%)
Funding	1 (3%)
Multidimensional treatment approach	1 (3%)
2nd Choice	
Holistic philosophy	4 (11%)
Improved client treatment outcomes	4 (11%)
Improved retention	3 (8%)
Improved client needs	3 (8%)
Rules for recreational therapy	1 (3%)
Clinical relevance	1 (3%)

Individual treatment plans	1 (3%)
3rd Choice	
Holistic philosophy	2 (5%)
Cultural sensitivity	2 (5%)
Improved retention	2 (5%)
Anxiety reduction	1 (3%)
Choice of Alternative/Complementary Therapy	**Number and Percentage of Selections**
3rd Choice, continued	
Increased options for clients	1 (3%)
Improved client management	1 (3%)
Better medical compliance	1 (3%)
Supportive of goals of major treatment modalities	1 (3%)
4th Choice	
Gender specific	1 (3%)
Holistic approach	1 (3%)
Relapse prevention	1 (3%)
Stress release	1 (3%)

Table 5: Major Challenges to the Use of Alternative /Complementary Therapies across the States

Challenges with the Use of Alternative/Complementary Therapy	Number and Percentage of Selections
1st Choice	
Lack of trained personnel	8 (21%)
Lack of reimbursement	7 (18%)
Lack of research/data	4 (11%)
Lack of knowledge	2 (5%)
Lack of funding	2 (5%)
Lack of interest	1 (3%)
Resistance of certified acupuncturist to less qualified persons performing acupuncture	1 (3%)
2nd Choice	
Lack of reimbursement	6 (16%)
Lack of trained personnel	5 (13%)
Lack of funding	3 (8%)
Lack of research/data	2 (5%)
Lack of resources	2 (5%)
Lack of knowledge	1 (3%)
Lack of interest	1 (3%)
3rd Choice	

Lack of trained personnel	3 (8%)
Lack of reimbursement	3 (8%)
Lack of holistic philosophy	1 (3%)
Lack of interest	1 (3%)
Lack of funding	1 (3%)
Lack of coordination of therapies among providers and consumers	1 (3%)
Challenges with the Use of Alternative/Complementary Therapy	**Number and Percentage of Selections**
4th Choice	
Lack of resources	1 (3%)
Lack of exposure to alternative/complementary therapies	1 (3%)
Lack of research/data	1 (3%)

Table 6: Opportunities/Incentives for Training and Education on the Integration of Alternative Therapies in Addiction Treatment across States

Category	**Number and Percentage of Options**
When funds are available	4 (11%)
State/Division-sponsored training	3 (8%)
Opportunities available with select alternative therapies	3 (8%)