In larger and more rigorous studies, two research teams failed to replicate their previous positive findings on **acupuncture**. The first mounted a new study of "sufficient power and clarity to answer definitively whether auricular acupuncture is effective in the treatment of alcohol dependence". Over 500 US patients were randomised to treatment as normal or to this plus one of three forms of acupuncture: needles inserted in sites recommended for addiction, in nearby 'sham' sites, or in sites tailored to the patient's current symptoms. The latter was important because this is normal practice. Half the acupuncture patients said it curbed their desire to drink but over the 12-month follow-up neither on this measure nor on alcohol

month follow-up neither on this measure nor on alcohol consumption was any acupuncture option better than treatment as normal, and more acupuncture patients dropped out of treatment. Similarly, US research at a single clinic had found that acupuncture improved cocaine abstinence among methadone patients. A later multi-clinic replication was "designed to optimize methodologic rigor". It added post-treatment follow-up measures and included primary cocaine as well as methadone patients. Neither at the original clinic nor in the study as a whole did acupuncture at 'real' sites reduce cocaine use, craving, or addiction-related problems more than insertion at 'sham' sites or the same time spent watching relaxing videos.

- 1 Bullock M.L. et al. "A large randomized placebo controlled study of auricular acupuncture for alcohol dependence." J. Subst. Abuse Treat.: 2002, 22, p. 71–77.
- **2** Margolin A. *et al.* "Acupuncture for the treatment of cocaine addiction. A randomized controlled trial." *JAMA*: 2002, 287(1), p. 55–63.
- **3** Margolin A. et al. "Interpreting conflicting findings from clinical trials of auricular acupuncture for cocaine addiction: does treatment context influence outcome?" J. Alternative and Complementary Med.: 2002, 8(2), p. 111–121.