Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Huang 2026 1
1.1.2. Luo 2026 2
1.1.3. Lv 2026 (opioid use disorder) 2
1.1.4. Xu 2026 (craving in methamphetamine use disorder) 3
1.1.5. Ding 2023 (protracted opioid abstinence syndrome) 4
1.1.6. Wen 2021 (Opioid Dependence) 4
1.1.7. Ge 2020 ☆ 5
1.1.8. Chen 2018 ☆ 6
1.1.9. Zhang 2018 ☆ 6
1.1.10. Zhang 2016 ☆ 7
1.1.11. Grant 2016 Ø 8
1.1.12. Boyuan 2014 ☆ 8
1.1.13. Lin 2012 ☆ 9
1.1.14. Liu 2009 ☆ 9
1.1.15. Behere 2009 Ø 9
1.1.16. Jordan 2006 Ø 10
1.1.17. Kim 2005 Ø 10
1.1.18. Mills 2005 Ø 11
1.1.19. Wu Bin 2003 ☆ 11
1.1.20. Li 2003 ~ 11
1.2. Special Acupuncture Techniques 12
1.2.1. Comparison of Acupuncture techniques 12
1.2.1.1. Zhao 2026 12
1.2.2. Auricular Acupuncture 12
1.2.2.1. Baker 2016 ☆ 12
1.2.2.2. Lua 2012 Ø 13
1.2.2.3. Gates 2006 Ø 14
1.2.2.4. Kunz 2004 Ø 14
1.2.2.5. D'Alberto 2004 ~ 15
2. Overviews of Systematic Reviews 15
2.1. Ronsley 2020 Ø 15
3. Clinical Practice Guidelines 16
3.1. National Institute for Health and Clinical Excellence (NICE, UK) 2022 Ø 16
3.2. Health Care for the Homeless Clinicians' Network (HCH, USA) 2014 ⊕ 16
3.3. Haute Autorité de Santé (HAS, France) 2010 Ø 17

drug addiction:

Toxicomanies

Articles connexes : - évaluation du taiji-qigong -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Huang 2026

Huang L, Gao F, Jia D, Xue S. Needle-based acupuncture monotherapy for illicit drug use disorders: a comparator-stratified systematic review and meta-analysis. Eur J Integr Med. 2026;86:102693. https://doi.org/10.1016/j.eujim.2026.102693

Introduction	Needle-based acupuncture is used in some detoxification settings. However, its standalone efficacy for illicit drug use disorders remains uncertain because prior reviews often mixed comparator types, co-interventions, or non-needle modalities. This study aimed to evaluate needle-based acupuncture monotherapy using comparator-stratified meta-analysis.
Methods	We searched PubMed, Embase, Web of Science, Cochrane Library, CNKI, CBM/SinoMed, trial registries, and supplementary sources from inception to September 12, 2025. The quantitative synthesis was restricted to randomized trials of manual acupuncture, electroacupuncture, or needle-insertion auricular acupuncture delivered without concomitant pharmacotherapy or psychotherapy. Although the registered protocol allowed nonrandomized comparative studies, none were pooled because of insufficient comparability and a higher risk of confounding. Sensitivity analyses excluded trials with moxibustion co-treatment.
Results	**Thirteen randomized trials (n = 1027)** were included in the meta-analysis. For the prespecified primary outcome of withdrawal severity at the end of treatment, acupuncture favored blank/no-acupuncture controls [g = −2.089, 95% confidence interval (CI): −2.869 to −1.309; $\tau^2 = 0.712$; $I^2 = 82.9\%$], but the prediction interval (PI) crossed the null (PI: −4.306 to 0.128). Against active non-acupuncture comparators, the pooled effect was imprecise (g = −1.70, 95% CI: −5.43 to 2.02; PI: −23.49 to 20.09). Against sham acupuncture, two comparisons yielded an imprecise estimate (g = −1.45, 95% CI −9.41 to 6.51), and no PI was estimated. Among secondary outcomes, anxiety favored acupuncture over blank/no-acupuncture controls (g = −1.537, 95% CI: −2.047 to −1.026; PI: −2.939 to −0.134), whereas evidence from sham-controlled studies was less certain (g = −0.998, 95% CI: −1.744 to −0.252; PI: −2.828 to 0.832). For depression outcomes, PIs crossed the null in both blank- and sham-controlled analyses. The certainty of the evidence was low to very low.
Conclusions	Acupuncture exhibited favorable average effects on withdrawal severity, but null-crossing PIs limited confidence in the reproducibility of these effects across different settings and treatment protocols. Anxiety was interpreted as a secondary finding. No serious acupuncture-related adverse events were explicitly reported, although surveillance was often passive or insufficiently described.

1.1.2. Luo 2026

Luo H, Xiong Y, Ding X, He Y, Wu J, Fu Z, Xiao N. Comparative effects of non-pharmacological interventions on anxiety, depression and quality of life in individuals with substance use disorders: A systematic review and network meta-analysis. J Affect Disord. 2026;408:121893. https://doi.org/10.1016/j.jad.2026.121893

Importance	Substance use disorders (SUDs) remain a severe global public health challenge. Non-pharmacological interventions are widely used to improve mental health and quality of life (QoL) in people with SUDs, but their comparative effectiveness for these outcomes remains uncertain.
Objective	To compare the relative efficacy of non-pharmacological interventions for anxiety, depression, and QoL in individuals with SUDs.
Data extraction and synthesis	Two reviewers independently screened studies and extracted data. We conducted a random-effects frequentist network meta-analysis and prioritized the earliest post-intervention assessment to improve comparability across trials.
Results	We included 117 RCTs from 25 countries (11,177 participants). Compared with a pooled control condition, several interventions showed reductions in anxiety symptoms, including neuromodulation, combined intervention, mind-body therapy, relapse prevention, and **acupuncture**. For depression, favorable estimates were observed for neuromodulation, conventional exercise, cognitive behavioral therapy, mind-body therapy, and **acupuncture**. For QoL, evidence did not show a reliable benefit at the earliest post-intervention time point; estimates were imprecise (e.g., mind-body therapy vs control). SUCRA rankings identified neuromodulation as the top-ranked option for both anxiety and QoL, with mind-body therapy ranking highest for depression. Subgroup analyses indicated that the relative effects of interventions may vary according to country development level and intervention duration.
Conclusion	Several non-pharmacological interventions were associated with short-term improvements in anxiety and depressive symptoms in people with SUDs, while short-term QoL effects were uncertain. Comparative rankings should be interpreted cautiously given imprecision, heterogeneity, and sparse head-to-head evidence and should be integrated with feasibility, patient preferences, and local service capacity.

1.1.3. Lv 2026 (opioid use disorder)

Lv B, Zhang YX, Tao QF, Lin L, Li XY, Chen BZ, et al. Evaluating comparative effect of non-pharmacological interventions adjunctive to opioid agonist therapy for opioid use disorder: A systematic review with network meta-analysis. Addiction. 2026. https://doi.org/10.1111/add.70448

Background	Non-pharmacological therapies are critical for disease management, particularly when pharmacological approaches are limited. Investigating their role as adjuncts to pharmacotherapy to improve outcomes in opioid use disorder (OUD) is of substantial clinical importance. This study aimed to evaluate the efficacy of non-pharmacological therapies as adjuncts to opioid agonist therapy (OAT) management for OUD.

Methods	We systematically searched PubMed, Cochrane Controlled Register of Trials, Embase and Web of Science from inception to 8 February 2025 for randomized controlled trials (RCTs) comparing OAT alone versus OAT combined with non-pharmacological interventions in OUD. Outcomes of interest included treatment retention [assessed via odds ratios (ORs)], negative urine test results (specimen and the longest duration of continuous drug abstinence) and opioid craving scores [both evaluated via standard mean differences (SMDs)]. Bayesian network meta-analysis (NMA) using a random-effects consistency model was conducted to compare the relative effects of all non-pharmacological interventions. Local inconsistency was evaluated through node-splitting analysis, and global inconsistency was assessed using the non-consistency model. The certainty of the evidence was assessed using the GRADE framework (Grading of Recommendations, Assessment, Development and Evaluation) for network meta-analysis.
Results	Forty-two RCTs involving 5113 participants were included. For treatment retention, contingency management (CM) combined with OAT likely results in an increase [low-certainty evidence; OR = 1.64, 95% credible interval (CrI) = 1.03-2.57], while the combination of OAT with contingency management plus cognitive behavioral therapy (CBT + CM; very low-certainty evidence; OR = 2.47, 95% CrI = 1.10-5.67) or with enhanced methadone services (EMS; very low-certainty evidence; OR = 5.48, 95% CrI = 1.47-22.61) may result in an increase, compared with OAT alone. No intervention statistically significantly improved opioid-negative urine tests over OAT alone (very low certainty). For craving, **acupuncture** (very low certainty; SMD = -2.13, 95% CrI = -3.09 to -1.15) and **sham acupuncture** (low certainty; SMD = -1.49, 95% CrI = -2.69 to -0.31) combined with OAT may reduce craving scores.
Conclusion	Contingency management, as adjunctive therapies for opioid agonist therapy (OAT), may improve treatment retention in patients with opioid use disorder compared with traditional OAT. Enhanced methadone services and contingency management plus cognitive behavioral therapy may improve treatment retention too but the evidence is very uncertain. Compared with OAT, sham acupuncture as an adjunct therapy may help reduce opioid cravings; acupuncture may reduce cravings too but evidence is very uncertain.

1.1.4. Xu 2026 (craving in methamphetamine use disorder)

Xu J, Li X, Zhu Z, Wang J, Yang Y, Zhou X, Ying G. Non-pharmacotherapy for craving in methamphetamine use disorder: a systematic review and network meta-analysis of randomised controlled trials. Behav Brain Res. 2026;116084. https://doi.org/10.1016/j.bbr.2026.116084

Objectives	We evaluated the effects of non-pharmacotherapy on quality of life (QOL) and craving in individuals with methamphetamine use disorder (MUD), ranking the efficacy of various protocols.
Methods	We searched multiple databases for randomized controlled trials from inception to Dec 2025. The analysis included 53 studies with 3,174 participants, investigating interventions such as exercise, transcranial magnetic stimulation (TMS), transcranial direct current stimulation, behavioral therapy, and acupuncture. The protocol was prospectively registered in PROSPERO (CRD42023443291).
Results	For craving reduction, both exercise and TMS demonstrated statistically significant benefits compared to conventional rehabilitation. Combined aerobic/resistance exercise and 10Hz repetitive TMS targeting the left dorsolateral prefrontal cortex emerged as the most effective specific protocols within their respective categories. Furthermore, preliminary evidence from a limited number of studies indicated that exercise, **acupuncture**, and behavioral therapy improved patients' QOL.

Conclusion	This study confirms that several non-pharmacotherapies are effective for managing craving in MUD. Exercise and TMS are particularly promising for reducing craving. The findings, synthesized within a novel “Intervention-Circuit-Symptom” integrative framework, provide a robust evidence base to inform clinical decision-making and guide the future development of MUD treatment guidelines.

1.1.5. Ding 2023 (protracted opioid abstinence syndrome)

Ding L, Li C, Zhang P, Chen C, Zhan J, Zeng J, Lu L. Acupuncture-related therapies for protracted opioid abstinence syndrome: A systematic review and meta-analysis. Integr Med Res. 2023 Sep;12(3):100976. https://doi.org/10.1016/j.imr.2023.100976

Background	An increasing amount of clinical evidence of acupuncture's effect on protracted opioid abstinence syndrome (POAS) has emerged in recent years. The aim of this study was to evaluating the evidence of efficacy of acupuncture for POAS. clinical and scientific research work.
Methods	Four English-language databases (PubMed, Medline, Embase, Cochrane Libraries) and three Chinese-language databases (CNKI, WanFang and VIP Libraries) were searched, with coverage from database inception to March 31, 2022. Randomized clinical trials (RCTs) evaluating the effects of acupuncture and acupuncture-related therapies for prophylaxis or treatment of POAS were included. Data were screened and extracted independently according to pre-set tabular formats. RCT quality was assessed using risk of bias tool in the Cochrane Collaboration. The primary outcome was opiate withdrawal scale. The secondary outcomes are depression, anxiety for assessing protracted symptoms. The scores on the above scales are proportional to the severity of the symptoms.
Results	**Twenty-eight trials** met the inclusion criteria and provided data for the meta-analysis. A total of only 3 studies (11%) were judged to be low-risk overall due to various biases in them. Acupuncture-related therapy showed statistical differences in improving protracted withdrawal symptom scores compared with sham acupuncture (5 studies, Standard mean difference (SMD), -1.85, 95% CI [-3.21, -0.50], P = 0.007), western medicine(7 studies, SMD, -0.72, 95% CI [-1.22, -0.21], P = 0.005)and no treatment(3 studies, SMD,-2.26, 95% CI [-3.82, -0.69], P = 0.005)with high heterogeneity.
Conclusions	Acupuncture maybe safe and effective in relieving POAS individuals' protracted withdrawal symptoms. However, the results of our review should be interpreted with caution because of the high risk of bias of the included trials.

1.1.6. Wen 2021 (Opioid Dependence)

Wen H, Chen R, Zhang P, Wei X, Dong Y, Ge S, Luo W, Zhou Y, Xiao S, Lu L. Acupuncture for Opioid Dependence Patients Receiving Methadone Maintenance Treatment: A Network Meta-Analysis. Front Psychiatry. 2021 Dec 13;12:767613. https://doi.org/10.3389/fpsyt.2021.767613

Objectives	Opioid dependence has been a threat to public health for hundreds of years. With the increasing number of studies on acupuncture-related therapies for opioid dependence patients receiving methadone maintenance treatment (MMT), its effect of acupuncture therapy in treating MMT patients remains controversial. Therefore, we conducted a multiple-treatments meta-analysis, and incorporated both direct and indirect comparisons, in order to discover the most effective treatment for opioid dependence patients receiving MMT.

Methods	Five English databases and three Chinese databases were searched from its inception to August 20, 2020, in order to compare the effects of acupuncture-related therapies and MMT, which was summarized as Western medicine (WM) in the following texts. The quality of studies was assessed according to Cochrane's risk of bias tool 5.1.0, and a pair-wise meta-analysis, cumulative meta-analysis, and the network meta-analysis was performed using the R software (Version 3.6.1) and STATA (Version 14.0). The primary outcome was the effective rate, which was calculated by the ratio of detoxifying patients to the total. The secondary outcome was the Modified Himmelsbach Opiate Withdrawal Scale (MHOWS).
Results	A total of **20 trials** were included, which consisted of comparisons among WM, traditional Chinese medicine (TCM), and the four types of acupuncture, namely, manual acupuncture (MA), electro-acupuncture (EA), auricular acupuncture (AA), and transcutaneous electrical acupoint stimulation (TEAS). Though none of the trials were at low risk of bias. In the pair-wise meta-analysis, no statistically significant differences were observed in terms of the effective rate. Furthermore, MA was more efficacious than WM, EA, and TEAS in MHOWS, with mean differences (MDs) of (−8.59, 95% CI: −15.96 to −1.23, $P < 0.01$), (−6.15, 95% CI: −9.45 to −2.85, $P < 0.05$), and (−10.44, 95% CI: −16.11 to −4.77, $P < 0.05$), respectively. In the network meta-analysis, MA was more effective than WM (RR: 1.40, 95% CI: 1.05 to 1.99) on the effective rate, and (MD: −5.74, 95% CI: −11.60 to −0.10) on MHOWS. TEAS was more effective than WM (MD: −15.34, 95% CI: −27.34 to −3.46) on MHOWS. Synthetically, MA had the highest probability to rank first in treating opioid dependence.
Conclusions	The existing evidence shows that acupuncture related-therapies may effectively be used for treating patients receiving MMT, and that manual acupuncture may be the best choice for opioid dependence among all kinds of acupuncture-related therapies. Nevertheless, reducing the relapse and promoting the recovery of opioid dependence need more efforts from not only the medical industry but also government support, security system, and educational popularization. To strengthen the assurance of acupuncture-related therapies in the treatment of opioid dependence, we expected that clinical trials with high quality would be conducted, to provide more confident evidence.

1.1.7. Ge 2020 ☆

Ge SQ, Lan J, Yi Q, Wen H, ... Tang CZ. Acupuncture for illicit drug withdrawal syndrome: A systematic review and meta-analysis. European Journal of Integrative Medicine. 2020;35. [212087]. doi

Introduction	Illicit drug addiction remains a significant problem around the world. Acupuncture has been promoted as a treatment for drug withdrawal syndrome, but its effect remains controversial. The aim of this meta-analysis was to evaluate the efficacy and safety of acupuncture for illicit drug withdrawal syndrome.
Methods	We searched four English databases and three Chinese databases from their inception to June 2019. The RCTs involving acupuncture for drug withdrawal syndrome were included in our study. The Cochrane assessment tool and the GRADE approach were used to assess the risk of bias and the quality of evidence. RevMan 5.3 software was used to analyse the data.

Results	**Thirty trials with 2391 participants** were included in this study. The overall pooled results showed that compared to the control group, acupuncture could have a beneficial effect in the outcomes of withdrawal symptoms (n = 1160, SMD: -1.20, 95 % CI: -1.71 to -0.69, I2: 93 %), drug craving (n = 928, SMD: -0.80, 95 % CI: -1.38 to -0.23, I2: 94 %), anxiety (n = 1144, SMD: -2.32, 95 % CI: -3.00 to -1.64, I2: 95 %), depression (n = 489, SMD: -3.29, 95 % CI: -4.36 to -2.22, I2: 93 %), sleep (n = 649, SMD: -1.50, 95 % CI: -2.24 to -0.76, I2: 94 %). In total, 3 trials were assessed as low risk of bias. The quality of evidence assessed by GRADE was low or very low. Only 4 studies described adverse events.
Conclusion	Acupuncture may alleviate illicit drug withdrawal syndrome. However, given the low or very low quality of evidence, more rigorous research is needed.

1.1.8. Chen 2018 ☆

Chen Z, Wang Y, Wang R, Xie J, Ren Y. Efficacy of Acupuncture for Treating Opioid Use Disorder in Adults: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2018. [190051].

Objectives	To assess the efficacy of acupuncture in treating opioid use disorder (OUD).
Design	Systematic review and meta-analysis. Methods: PubMed, Cochrane Central Register of Controlled Trials (CENTRAL), Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, ProQuest Dissertation and Theses, Allied and Complementary Medicine Database (AMED), Clinicaltrials.gov, and who.int/trialsearch were searched from inception to 23 December 2017. The methodological quality of selected studies and the quality of evidence for outcomes were assessed, respectively, by the Cochrane risk of bias assessment tool and the GRADE approach. Statistical analyses were conducted by RevMan 5.3.
Results	A total of **nine studies involving 1063 participants** fulfilled the inclusion criteria. The results showed that acupuncture could be more beneficial than no treatment/sham acupuncture in terms of changes in craving for opioid (MD -2.18, 95% CI -3.10 to -1.26), insomnia (MD 2.31, 95% CI 1.97 to 2.65), and depression (SMD -1.50, 95% CI -1.85 to -1.15). In addition, these findings showed that, compared to sham electroacupuncture (EA), EA had differences in alleviating symptoms of craving (SMD -0.50, 95% CI -0.94 to -0.05) and depression (SMD -1.07, 95% CI -1.88 to -0.25) and compared to sham transcutaneous acupoint electrical stimulation (TEAS), TEAS had differences in alleviating symptoms of insomnia (MD 2.31, 95% CI 1.97 to 2.65) and anxiety (MD -1.26, 95% CI -1.60 to -0.92) compared to no treatment/sham TEAS.
Conclusions	Acupuncture could be effective in treating OUD. Moreover, EA could effectively alleviate symptoms of craving for opioid and depression, and TEAS could be beneficial in improving symptoms of insomnia and anxiety. Nevertheless, the conclusions were limited due to the low-quality and small number of included studies.

1.1.9. Zhang 2018 ☆

Zhang Guang-Cai, Feng Qi-Fan, Zhou Xiao-Hui, Fu Wen-Bin. [Systematic Review of Acupuncture Therapy for Opioid-dependence Withdrawal Syndrome]. Journal of Guangzhou University of Traditional Chinese Medicine. 2018;(6):1016-1022. [182156].

Objective	To evaluate the effectiveness and safety of acupuncture therapy for opioid-dependence withdrawal syndrome by systematic review.

Methods	Quality evaluation and Meta-analysis were carried out in the domestic and oversea randomized control trials of acupuncture therapy for opioid-dependence withdrawal syndrome issued from January of 2000 to March of 2018.
Results	A total of **11 randomized control trials involving 756 cases** of opioid-dependence withdrawal syndrome were enrolled into the analysis. The Meta-analysis results showed that acupuncture combined with western medicine showed no significant difference in improving the scores of withdrawal symptoms(MD=-0.84, 95%CI[-2.38, 0.71]), body mass(MD=0.42, 95%CI[-2.13, 2.98])or Hamilton Anxiety Scale(HAMA)scores(MD=-4.33, 95%CI[-13.44, 4.78])as compared with western medicine alone(P > 0.05).Acupuncture had stronger effect on improving the scores of withdrawal symptoms(MD=-9.02, 95%CI[-13.37, -4.67])than non-intervention group(blank group), and acupuncture combined with western medicine showed significant difference in therapeutic effect on improving withdrawal symptoms(OR=3.39, 95%CI[1.56, 7.43]), lassitude dimension(MD=-0.05, 95%CI[-0.07, -0.03])and anorexia dimension(MD=-0.06, 95%CI[-0.08, -0.04])as compared with the control group(P < 0.05).
Conclusion	Acupuncture has stronger effect on improving the scores of opioid-dependence withdrawal symptoms; acupuncture combined with western medicine exerts stronger therapeutic effect on improving the scores of withdrawal symptoms than western medicine alone, while its effects on the scores of withdrawal symptoms, HAMA scores and body mass are similar to western medicine alone.

1.1.10. Zhang 2016 ☆

Zhang Yang, Xu Wei, Song Xiao-ge, Zhang Yue, Chen Ling, Feng Jing. Acupuncture with methadone for heroin withdrawal syndrome: a meta-analysis of randomized controlled trials. Journal of Acupuncture and Tuina Science. 2016;14(1): 55-63. [186984].

Objectives	To assess the efficacy of acupuncture plus Methadone in treating heroin withdrawal syndrome.
Methods	According to the requirements of evidence-based medicine, the inclusion criteria, exclusion criteria and retrieval strategy were set for original documents. Randomized controlled trials (RCTs) involving acupuncture plus Methadone in treating heroin withdrawal syndrome were retrieved from China National Knowledge Infrastructure Database (CNKI), Wanfang Academic Journal Full-text Database (Wanfang), Chinese Biomedical Literature Database (CBM), Chongqing VIP Database (CQVIP), PubM ed, Cochrane Library and EMBASE. According to the Cochrane Handbook for Systematic Reviews of Interventions, each included trial was assessed strictly including risk of bias and quality evaluation. Meta-analysis and descriptive-analysis were conducted using the RevM an 5. 3 software.
Results	A total of **8 trials involving 931 patients** were included. Meta-analysis showed that there was no statistical significance [RR=1. 05; 95%CI (0. 99, 1. 11); P=0. 11] in comparing total effective rate between the acupuncture plus Methadone and Methadone alone; the cure rate of acupuncture plus Methadone was higher than that of Methadone alone [RR=1. 45; 95%CI (1. 19, 1. 78); P=0. 0003]; the relapse rate of the acupuncture plus Methadone was lower [RR=0. 691;95%CI (0. 60, 0. 80); P<0. 00001]. On the basis of these results, the method recommended by the Grading of Recommendations Assessment, Development and Evaluation (GRADE) was taken to evaluate the quality of the evidence. It showed that the level of the evidence was low and it was weakly recommended.
Conclusions	According to the included trials, **acupuncture plus Methadone in treating heroin withdrawal syndrome is more effective and better than Methadone alone**, but it still needs more high-quality, large sample, and polycentric researches to confirm it.

1.1.11. Grant 2016 Ø

Grant S, Kandrack R, Motala A, Shanman R, Booth M, Miles J, Sorbero M, Hempel S. Acupuncture for substance use disorders: A systematic review and meta-analysis. Drug Alcohol Depend. 2016; 163:1-15. [158429].

Objectives	This systematic review aims to estimate the effects of acupuncture for adults with substance use disorders (SUDs).
Methods	We searched 7 electronic databases and bibliographies of previous studies to identify eligible randomized trials. Two independent reviewers screened citations, extracted data, and assessed risks of bias. We performed random effects meta-analyses. We assessed quality of evidence using the GRADE approach.
Results	We included **41 studies with 5,227 participants**. No significant differences were observed between acupuncture and comparators (passive controls, sham acupuncture, treatment as usual, and active interventions) at post-intervention for relapse (SMD -0.12; 95%CI -0.46 to 0.22; 10 RCTs), frequency of substance use (SMD -0.27; -2.67 to 2.13; 2 RCTs), quantity of substance use (SMD 0.01; -0.40 to 0.43; 3 RCTs), and treatment dropout (OR 0.82; 0.63 to 1.09; 22 RCTs). We identified a significant difference in favor of acupuncture versus comparators for withdrawal/craving at post-intervention (SMD -0.57, -0.93 to -0.20; 20 RCTs), but we identified evidence of publication bias. We also identified a **significant difference in favor of acupuncture versus comparators for anxiety at post-intervention** (SMD -0.74, -1.15 to -0.33; 6 RCTs). Results for withdrawal/craving and anxiety symptoms were not significant at longer follow-up. Safety data (12 RCTs) suggests little risk of serious adverse events, though participants may experience slight bleeding or pain at needle insertion sites.
Conclusions	Available evidence suggests **no consistent differences between acupuncture and comparators for substance use**. Results in favor of acupuncture for withdrawal/craving and anxiety symptoms are limited by low quality bodies of evidence.

1.1.12. Boyuan 2014 ☆

Boyuan Z, Yang C, Ke C, Xueyong S, Sheng L. Efficacy of acupuncture for psychological symptoms associated with opioid addiction: a systematic review and meta-analysis. Evid Based Complement Alternat Med 2014; [177364]

Objective	This review systematically assessed the clinical evidence for and against acupuncture as a treatment for psychological symptoms associated with opioid addiction.
Methods	The database was accessed from MEDLINE and China Knowledge Resource Integrated Database. We included all randomized clinical trials published in Chinese and English regardless of their controls. Meta-analysis was performed using the RevMan software, version 5.2. We conducted a literature search of 16 databases from their inception to January 2014.
Results	Four studies from Western countries did not report any clinical gains in the treatment of psychological symptoms associated with opioid addiction. 10 of 12 studies from China have reported positive findings regarding the use of acupuncture to treat the psychological symptoms associated with opioid addiction. The methodological quality of the included studies was poor. The meta-analysis indicated that there was a significant difference between the treatment group and the control group for anxiety and depression associated with opioid addiction, although groups did not differ on opioid craving.

Conclusion	This review and meta-analysis could not confirm that acupuncture was an effective treatment for psychological symptoms associated with opioid addiction. However, considering the potential of acupuncture demonstrated in the included studies, further rigorous randomized controlled trials with long followup are warranted.

1.1.13. Lin 2012 ☆

Lin JG, Chan YY, Chen YH. Acupuncture for the treatment of opiate addiction. Evid Based Complement Alternat Med 2012. [165928]

> Acupuncture is an accepted treatment worldwide for various clinical conditions, and the effects of acupuncture on opiate addiction have been investigated in many clinical trials. The present review systematically analyzed data from randomized clinical trials published in Chinese and English since 1970. We found that the majority agreed on the efficacy of acupuncture as a strategy for the treatment of opiate addiction. However, some of the methods in several included trials have been criticized for their poor quality. This review summarizes the quality of the study design, the types of acupuncture applied, the commonly selected acupoints or sites of the body, the effectiveness of the treatment, and the possible mechanism underlying the effectiveness of acupuncture in these trials.

1.1.14. Liu 2009 ☆

Liu TT, Shi J, Epstein DH, Bao YP, Lu L. A Meta-Analysis of Acupuncture Combined with Opioid Receptor Agonists for Treatment of Opiate-Withdrawal Symptoms. Cell Mol Neurobiol. 2009;29(4):449-54. [153147].

Objectives	This review extends a prior meta-analysis of acupuncture's utility for treating opioid detoxification, addressing the efficacy of acupuncture when combined with allopathic therapies.
Methods	Both English and Chinese databases were searched for randomized trials comparing acupuncture combined with opioid agonist treatment versus opioid agonists alone for treating symptoms of opioid withdrawal.
Results	The methodological quality of each study was assessed with Jadad's scale (1-2 = low; 3-5 = high). Meta-analysis was performed with fixed- or random-effect models in RevMan software; the outcome measures assessed were withdrawal-symptoms score, relapse rate, side effects, and medication dosage. Withdrawal-symptom scores were lower in combined treatment trials than in agonist-alone trials on withdrawal days 1, 7, 9, and 10. Combined treatment also produced lower reported rates of side effects and appeared to lower the required dose of opioid agonist. There was no significant difference on relapse rate after 6 months.
Conclusions	This meta-analysis suggests that **acupuncture combined with opioid agonists can effectively be used to manage the withdrawal symptoms**. One limitation of this meta-analysis is the poor quality of the methodology of some included trials. High-quality studies are needed to confirm findings regarding the side effects and medication dosage.

1.1.15. Behere 2009 Ø

Behere RV, Muralidharan K, Benegal V. Complementary and alternative medicine in the treatment of substance use disorders –a review of the evidence. Drug Alcohol Rev. 2009;28(3):292-300. [156480]

Issues	Substance use disorders are chronic relapsing disorders, leading to significant impairment in psychosocial functioning. Conventional therapies have not been able to alter the outcome of these disorders significantly and frequent relapses continue to occur, despite the development of newer medications, like baclofen, ondansetron, etc. Hence, there is a need to look at complementary and alternate systems of medicine.
Approach	This article is a review of the evidence for complementary and alternate systems of medicine in substance use disorders. Articles were searched using the Medical Subject Headings (MeSH) database of the PubMed search engine and further non-indexed information was obtained from the Google search engine. The article is organised in parts, each reviewing a different system of medicine in the following order–alternate medical systems, biologically based therapies, energy-based interventions and mind-body interventions; as classified by the National Center for Complementary and Alternative Medicine, National Institutes of Health, USA.
Key findings	The currently available evidence is limited and not very encouraging. At present only acupuncture, herbal therapies and mind-body interventions have shown some positive results in human trials and hold promise for the future. Implications: This review emphasises the paucity of research into this important field especially the lack of rigorous human trials.
Conclusion	More systematic studies are required before these systems of medicine can be widely recommended in the treatment of substance use disorders.

1.1.16. Jordan 2006 Ø

Jordan JB. Acupuncture treatment for opiate addiction: a systematic review. J Subst Abuse Treat. 2006;30(4):309-14. [141283]

> A review of the efficacy of acupuncture as treatment for opiate addiction, covering 33 years of reported literature in western scientific journals, was systematically undertaken. Some abstracts from Chinese language journals were also briefly reviewed. Supportive evidence often came from noncontrolled nonblinded methodologies. When well-designed clinical trials (randomized, controlled, single-blind methodologies) were used, there was **no significant evidence for acupuncture being a more effective treatment than controls**. Some of the current supportive evidence for efficacy came from Chinese journals that have not been translated into English yet.

1.1.17. Kim 2005 Ø

Kim YH, Schiff E, Waalen J, Hovell M. Efficacy of Acupuncture for Treating Cocaine Addiction. A Review Paper. J Addict Dis. 2005;24(4):115-32. [141053].

> Acupuncture is being used in more than three hundred treatment facilities for treating substance abuse including cocaine addiction. Previous review papers could not evaluate the role of acupuncture for treating cocaine addiction because of lack of clinical trials at the time. Since then, several important studies were conducted in the field. This paper reviews existing clinical trials using acupuncture to treat cocaine addiction. The existing evidence fails to document the benefit of acupuncture in treating cocaine addiction as the sole treatment. Further efforts to document the efficacy of the NADA protocol to treat cocaine addiction as the sole treatment should be re-evaluated. There is a limited amount of evidence showing **possible benefits of acupuncture when used as an adjunctive therapy to complement existing substance abuse treatment program**. Future efforts should concentrate on systematic studies investigating the role of acupuncture as an adjunctive treatment for cocaine addiction. In addition, more formative research exploring the efficacy of different types and protocols of acupuncture treatments for cocaine addiction should be thoroughly investigated.

1.1.18. Mills 2005 Ø

Mills EJ, Wu P, Gagnier J, Ebbert JO. Efficacy of acupuncture for cocaine dependence: a systematic review and meta-analysis. Harm Reduct J. 2005;2(1). [135988]

Background	Acupuncture is a commonly used treatment option for the treatment of addictions such as alcohol, nicotine and drug dependence. We systematically reviewed and meta-analyzed the randomized controlled trials of acupuncture for the treatment of cocaine addiction.
Methods	Two reviewers independently searched 10 databases. Unpublished studies were sought using Clinicaltrials.gov, the UK National Research Register and contacting content experts. Eligible studies enrolled patients with the diagnosis of cocaine dependence of any duration or severity randomly allocated to either acupuncture or sham or other control. We excluded studies of acupuncture methods and trials enrolling patients with polysubstance use or dependence. We abstracted data on study methodology and outcomes. We pooled the studies providing biochemical confirmation of cocaine abstinence.
Results	**Nine studies enrolling 1747 participants** met inclusion criteria; 7 provided details for biochemical confirmation of cocaine abstinence. On average, trials lost 50% of enrolled participants (range 0-63%). The pooled odds ratio estimating the effect of acupuncture on cocaine abstinence at the last reported time-point was 0.76 (95% CI, 0.45 to 1.27, P=0.30, I2=30%, Heterogeneity P=0.19).
Conclusions	This systematic review and meta-analysis does **not support the use of acupuncture for the treatment of cocaine dependence**. However, most trials were hampered by large loss to follow up and the strength of the inference is consequently weakened.

1.1.19. Wu Bin 2003 ☆

Wu Bin , WenChunyi, Shi Jianlin , et al. [A meta-analysis of acupuncture for treatment of drug addiction]. chinese Acupuncture and Moxibustion. 2003;23(9):501. (chi). [119065]

Objectives	To assess the effect of acupuncture therapy in the treatment of drug addiction.
Methods	A systematic review of all the relevant randomized controlled trials (RCTs) were carried out. Randomized and quasi-randomized trials in patients with confirmed drug addiction are used to compare acupuncture with other therapies such as traditional medicine and psychological treatment.
Results	Altogether **seven complete randomized trials** were collected, one paper is a trial of high quality and others are trials of low quality.
Conclusions	Acupuncture in treatment of drug addiction may be effective. However, because of lower quality of methodology in most of these trials, higher rate of losing follow-up and great variability of acupuncture methods and selection controls, this conclusion has no enough evidence.

1.1.20. Li 2003 ~

Li Ying, Liang Fanrong, Li Jie . [Review on clinical randomized control study on acupuncture in drug withdrawal]. Journal of TCM. 2003;44(10):790. [122499].

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Zhao 2026

Zhao HY, Jang JH, Ryu YH, Han CH. Acupuncture-related therapies for drug addiction: a systematic review and network meta-analysis. Front Hum Neurosci. 2026;20:1800440. https://doi.org/10.3389/fnhum.2026.1800440

Introduction	Drug addiction is a major global health problem marked by compulsive drug-seeking and profound neuropsychiatric disturbances. This systematic review and network meta-analysis aimed to evaluate the effectiveness of various acupuncture-related therapies for managing drug addiction.
Methods	Overall, 10 databases were searched for acupuncture-related therapies for drug addiction from inception to December 20, 2025. Methodological quality was assessed using Cochrane Handbook risk of bias 2.0. Pairwise meta-analyses were performed using RevMan 5.4 software and the network meta-analyses using R software.
Results	A total of **35 randomized controlled trials encompassing 15 intervention types with 2,812 participants** were included. The most frequently targeted acupoints were PC6, ST36, and SP6, while commonly used auricular points included TF4 (Shenmen), AH6a (Jiaogan), and CO14 (lung). Network meta-analysis indicated that acupuncture therapies, particularly when integrated with usual care, significantly improved drug addiction symptoms, although efficacy varied by symptom type. Treatment duration emerged as a potential moderating factor; specifically for withdrawal symptoms, long-term interventions (>20 days) demonstrated more consistent and certain effects compared to short-term treatments. While manual acupuncture (MA) and auricular acupuncture (AA) combined with usual care showed favorable trends for depression and anxiety, respectively, these rankings should be interpreted with caution due to the limited number of studies and observed heterogeneity.
Discussion	Overall, the findings suggest that acupuncture is a promising adjunct therapy, with treatment duration playing a critical role in achieving stable clinical outcomes in addiction management.

1.2.2. Auricular Acupuncture

1.2.2.1. Baker 2016 ☆

Baker TE, Chang G. The use of auricular acupuncture in opioid use disorder: A systematic literature review. Am J Addict. 2016;25(8):592-602. [190701].

Objectives	Opioid use disorder (OUD) is a chronic disease with significant personal, societal, and public health consequences. Even for the minority who receive the most effective evidence-based treatments, morbidity, and mortality remain significant. These facts, along with the recovery movement calling for individualized, holistic, culturally sensitive care, have led to the exploration of adjunctive interventions including acupuncture. Despite hundreds of international trials, however, there is a lack of consensus regarding its efficacy in OUD due in large part to methodological issues of trials to date. In response to these issues, the National Acupuncture Detoxification Association (NADA) developed an operationalized manual auricular acupuncture protocol that has since become the most widely used in the US. This systematic review is the first to focus explicitly on randomized trials utilizing the NADA protocol as a complementary intervention to address OUD.
Methods	The methods utilized to identify studies for inclusion are based on a 2009 protocol developed by the Cochrane Collaboration.
Results	**Four trials** met inclusion criteria. **Despite methodological issues, results indicate that while the NADA protocol may not be effective in reducing acute opiate craving or withdrawal, it may be effectively utilized as an adjunctive treatment to increase treatment retention and decrease methadone detoxification and maintenance dosages in OUD.**
Conclusions	Incorporation of the NADA protocol into existing evidence-based treatment approaches may facilitate recovery and, through its impact on treatment retention and completion, indirectly impact morbidity, and mortality in individuals with OUD. Given the limitations of the current review, conclusions are tentative and directions for future research are discussed.

1.2.2.2. Lua 2012 Ø

Lua PL, Talib NS. The effectiveness of auricular acupuncture for drug addiction: a review of research evidence from clinical trials. ASEAN Journal of Psychiatry. 2012; 13(1):55-68. [160661].

Objectives	This review aims to compile and evaluate all available randomised controlled trials (RCTs) of auricular acupuncture (AA) treatment in drug addiction population with emphasis on the length of treatment course, needlepoints, outcome measures, reported side-effects and overall outcomes.
Methods	Science Direct, Medline and EBSCOhost databases were searched. From the year 1990 until 2010, only full-length English articles incorporating RCTs related to AA studies (needle-based only) in drug addiction such as heroin, morphine, methamphetamine and cocaine were included. Studies involving the usage of various methods of electro-acupuncture and investigations relating to cigarettesmoking or alcohol addiction were excluded.
Results	**Eight RCTs met all inclusion criteria comprising of 1,594 respondents** (age = 19 - 46 years; male = 57% - 76%). Most were involved in cocaine addiction. Overall, trials were designed with brief periods of treatment course and utilised three to five standard National Acupuncture Detoxification Association (NADA) points (Sympathetic, Lung, Liver, Kidney and Shen men), but inconsistent sham points. All trials included urine toxicology test as the main outcome measure while data on side-effects incidence was insufficient.
Conclusions	Overall, four of the RCTs reported positive outcomes although at this point, **AA's effectiveness and safety could not be substantially confirmed**. For the future, high-quality RCTs of AA are urgently required to provide a clearer understanding on the usefulness of this complementary therapy in drug addiction treatment

1.2.2.3. Gates 2006 Ø

Gates S, Smith L, Foxcroft D. Auricular acupuncture for cocaine dependence. Cochrane Database Syst Rev. 2006;jan 25:CD005192. [141083].

Background	Auricular acupuncture (insertion of acupuncture into a number, usually five, of specific points in the ear) is a widely-used treatment for cocaine dependence.
Objectives	To determine whether auricular acupuncture is an effective treatment for cocaine dependence, and to investigate whether its effectiveness is influenced by the treatment regimen.
Methods	Search strategy: We searched the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 3, 2004); MEDLINE (January 1966 to October 2004) , EMBASE (January 1988 to October 2004); PsycInfo (1985 to October 2004); CINAHL (1982 to October 2004); SIGLE (1980 to October 2004) and reference lists of articles. Selection criteria: Randomised controlled trials comparing a therapeutic regimen of auricular acupuncture with sham acupuncture or no treatment for reduction of cocaine use in cocaine dependents. Data collection and analysis: Two authors independently extracted data from published reports and assessed study quality using the Drug and Alcohol CRG checklist. All authors were contacted for additional information; two provided data. Separate meta-analyses were conducted for studies comparing auricular acupuncture with sham acupuncture, and with no treatment. For the main cocaine use outcomes, analyses were conducted by intention to treat, assuming that missing data were treatment failures. Available case analyses, using only individuals who provided data, were also conducted.
Main results	**Seven studies with a total of 1,433 participants** were included. All were of generally low methodological quality. No differences between acupuncture and sham acupuncture were found for attition RR 1.05 (95% CI 0.89 to 1.23) or acupuncture and no acupuncture: RR 1.06 (95% CI 0.90 to 1.26) neither for any measure of cocaine or other drug use. However, the number of participants included in meta-analyses was low, and power was limited. Moderate benefit or harm is not ruled out by these results. Methodological limitations of the included studies may have also made the results open to bias.
Authors' conclusions	There is currently no evidence that auricular acupuncture is effective for the treatment of cocaine dependence. The evidence is not of high quality and is inconclusive. Further randomised trials of auricular acupuncture may be justified.

1.2.2.4. Kunz 2004 Ø

Kunz S, Schulz M, Syrbe G, Driessen M. [Acupuncture of the ear as therapeutic approach in the treatment of alcohol and substance abuse: a systematic review] Sucht. 2004;50(3):196-203. [112172].

Objectives	Acupuncture as a treatment of substance-related disorders has reached increasing acceptance. A systematic review of the available studies is provided to determine, if this trend is supported by the scientific evidence from RCT.
Methods	A systematic literature search and critical appraisal of the studies was done.
Results	**Fourteen randomised controlled studies (RCT)** of ear acupuncture in the treatment of withdrawal from opiate-, cocaine- or alcohol-dependent patients were identified. A meta-analysis of the studies based on effect size could not be performed because of varying objectives, methods, sample characteristics and different drop-out rates.

Conclusions	The available scientific evidence does not support the efficacy of acupuncture in the treatment of withdrawal in opiate-, cocaine- and alcohol-dependent patients.

1.2.2.5. D'Alberto 2004 ~

D'Alberto A. Auricular acupuncture in the treatment of cocaine/crack abuse: a review of the efficacy, the use of the national acupuncture detoxification association protocol, and the selection of sham points. Journal of Alternative and Complementary Medicine. 2004;10(6):985-1000. [136099] .

Background	The United Kingdom has had a significant increase in addiction to and use of cocaine among 1629-year olds from 6% in 1998 to 10% in 2000. In 2000, the United Kingdom had the highest recorded consumption of “recent use” cocaine in Europe, with 3.3% of young adults. Acupuncture is quick, inexpensive, and relatively safe, and may establish itself as an important addiction service in the future.
Aim	To select investigations that meet the inclusion criteria and critically appraise them in order to answer the question: “Is acupuncture effective in the treatment of cocaine addiction?” The focus shall then be directed toward the use of the National Acupuncture Detoxification Association (NADA) protocol as the intervention and the selection of sham points for the control group.
Methods	Data sources: The ARRC database was accessed from Trina Ward (M. Phil. student) at Thames Valley University. AMED, MEDLINE® and Embase were also accessed along with “hand” searching methods at the British library. Inclusion and exclusion criteria: People addicted to either cocaine or crack cocaine as their main addiction, needle-acupuncture, single-double-blinded process, randomized subjects, a reference group incorporating a form of sham points. Exclusion criteria: use of moxibustion, laser acupuncture, transcutaneous electrical nerve stimulation (TENS) electroacupuncture or conditions that did not meet the inclusion criteria.Quality assessment: The criteria set by ter Riet, Kleijnen and Knipschild (in 1990); Hammerschlag and Morris (in 1990); Koes, Bouter and van der Heijden (in 1995), were modified into one set of criteria consisting of 27 different values.
Results	**Six randomized controlled trials (RCTs)** met the inclusion criteria and were included in this review. All studies scored over 60 points indicating a relatively adequate methodology quality. The mean was 75 and the standard deviation was 6.80. A linear regression analysis did not yield a statistically significant association (n = 6, p = 0.11).
Conclusions	This review could not confirm that acupuncture was an effective treatment for cocaine abuse. The NADA protocol of five treatment points still offers the acupuncturist the best possible combination of acupuncture points based upon Traditional Chinese Medicine. Throughout all the clinical trials reviewed, no side-effects of acupuncture were noted. This paper calls for the full set of 5 treatment points as laid out by the NADA to be included as the treatment intervention. Points on the helix, other than the liver yang points, should be selected as sham points for the control group.

2. Overviews of Systematic Reviews

2.1. Ronsley 2020 Ø

Ronsley C, Nolan S, Knight R, Hayashi K, Klimas J, Walley A, Wood E, Fairbairn N. Treatment of stimulant use disorder: A systematic review of reviews. PLoS One. 2020;15(6). [210388]. doi

AIMS	Stimulant use disorder contributes to a substantial worldwide burden of disease, although evidence-based treatment options are limited. This systematic review of reviews aims to: (i) synthesize the available evidence on both psychosocial and pharmacological interventions for the treatment of stimulant use disorder; (ii) identify the most effective therapies to guide clinical practice, and (iii) highlight gaps for future study.
METHODS	A systematic database search was conducted to identify systematic reviews and meta-analyses. Eligible studies were those that followed standard systematic review methodology and assessed randomized controlled trials focused on the efficacy of interventions for stimulant use disorder. Articles were critically appraised using an assessment tool adapted from Palmeteer et al. and categorized for quality as 'core' or 'supplementary' reviews. Evidence from the included reviews were further synthesized according to pharmacological or non-pharmacological management themes.
RESULTS	Of 476 identified records, 29 systematic reviews examining eleven intervention modalities were included. The interventions identified include: contingency management, cognitive behavioural therapy, acupuncture, antidepressants, dopamine agonists, antipsychotics, anticonvulsants, disulfiram, opioid agonists, N-Acetylcysteine, and psychostimulants. There was sufficient evidence to support the efficacy of contingency management programs for treatment of stimulant use disorder. Psychostimulants, n-acetylcysteine, opioid agonist therapy, disulfiram and antidepressant pharmacological interventions were found to have insufficient evidence to support or discount their use. Results of this review do not support the use of all other treatment options.
CONCLUSIONS	The results of this review supports the use of contingency management interventions for the treatment of stimulant use disorder. Although evidence to date is insufficient to support the clinical use of psychostimulants, our results demonstrate potential for future research in this area. Given the urgent need for effective pharmacological treatments for stimulant use disorder, high-quality primary research focused on the role of psychostimulant medications for the treatment of stimulant use disorder is needed.
Acupuncture	Overall, results from several studies have shown no benefit in the use of acupuncture for treatment of stimulant use disorder.

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

3.1. National Institute for Health and Clinical Excellence (NICE, UK) 2022 Ø

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults. National Institute for Health and Clinical Excellence - Clinical Guidelines. URL

Although acupuncture is commonly used in addiction services to manage dependence on illicit opioids, and there is some evidence supporting its use to aid withdrawal from opioids, evidence on its overall effectiveness is lacking. The committee made a recommendation for research on acupuncture to support withdrawal from opioids.

3.2. Health Care for the Homeless Clinicians' Network (HCH, USA) 2014 ⊕

Recommendations for the Care of Homeless Patients with Opioid Use Disorders. Health Care for the

Homeless Clinicians' Network. 2014:102p. [198262].

Encourage use of nonpharmacologic interventions, whether patients are receiving medication-assisted treatment or not: harm reduction therapy, peer mentoring, peer support groups, **acupuncture**, and stable housing with access to supportive services including employment assistance;

3.3. Haute Autorité de Santé (HAS, France) 2010 Ø

Prise en charge des consommateurs de cocaïne. Paris: Haute Autorité de Santé. 2010. 274P. Recommandations ; Argumentaire

L'acupuncture n'est pas spécifique de la prise en charge de l'addiction à la cocaïne. Il s'agit d'une technique thérapeutique adjuvante. En pratique clinique, un effet positif relaxant est constaté. Cependant, elle n'a d'effet ni sur le craving, ni sur l'abstinence (recommandations). Les données disponibles dans la littérature sur l'effet de l'acupuncture montrent qu'en termes de rétention dans le programme et d'abstinence, l'acupuncture auriculaire n'a pas plus d'effet qu'une prise en charge sans acupuncture ou avec acupuncture traditionnelle (sham acupuncture). En termes de craving, l'effet est peu clair : une étude rapporte un effet bénéfique de l'acupuncture auriculaire et les autres études ne retrouvent pas cet effet. Certains facteurs psycho sociaux (satisfaction des participants, forte alliance thérapeutique) semblent avoir un impact sur la mise en évidence d'un effet avec cette technique (argumentaire).

From:
https://www.ebm.wiki-mtc.org/ - **Encyclopédie des sciences médicales chinoises**

Permanent link:
https://www.ebm.wiki-mtc.org/doku.php?id=acupuncture:evaluation:addictologie:03.%20toxicomanies

Last update: **24 Jul 2026 07:00**