The Opioid Crisis: Our Acupuncture Challenges and Responsibilities

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IN THE EARLY 1900s, veterans returning from the World War I did not have many options for relief of pain caused by wounds inflicted on the battlefield. In fact, similar problems were also traceable to the Civil War.¹ Morphine was the drug of choice, and later opiates were considered “wonder drugs.”² I remember as a little boy in the late 1940s, being prescribed cough syrup with codeine. World War II led to an increase in opiates, which was sometimes a good excuse to avoid surgery. Post-traumatic stress disorder (PTSD) was not clinically recognized as we know it today, and this added to the addiction problem generated by all our wars and military conflicts.³ I also remember that many musicians in the 1950s used heroin.⁴ It was quite noticeable when attending many of the popular jazz concerts.

In the 1960s, many people were experimenting with using psychedelics and marijuana. It seemed to be everywhere. I consider myself fortunate in avoiding the temptation. Perhaps it was mind over matter or my parents’ ceaseless warnings that influenced my behavior. Remember Woodstock and the display of drugs? Vietnam produced an addiction of 15% of our service personnel to heroin, but many of these people were able to break the habit.⁵

Iraq and Afghanistan wars produced more physical and mental wounds. Some of the traumas were invisible and were incorporated into the very soul of the victims.⁶ I lived through these events, taking care of wounded warriors at the old Walter Reed Hospital for many years. I introduced Battlefield Acupuncture at the bedside, and I remember that Joseph M. Helms, MD, joined me in teaching staff physicians acupuncture. It was a blessing to experience the positive responses that occurred with acupuncture. Allopathic medicine had a wonderful impact on the wounded warriors, but not all the time. Although most of the patients and staff did not understand what acupuncture was about, they used it because it was effective very often when nothing else worked.

Recently, President Donald Trump (R) declared today’s opioid crisis a “health emergency” on October 26, 2017.⁷ We are mobilized!

Patients and the medical community are now more in tune to acupuncture and its role in integrative medicine. It is not such a hard sell as it was once before, but—believe me—many challenges are ahead of us.

The acupuncture community must continue to provide more proof that acupuncture is helpful. And indeed, this is happening! I recently read with great interest the 2017 White Paper on “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.”⁸ As noted in this White Paper, all of us have a role in the opioid crisis and in other healthcare initiatives. Acupuncture is very unique in that it has survived over the centuries and has adapted to the needs of many societies. Once again, this characteristic of adaptability manifests as acupuncture interfaces with our opioid crisis.

Tick-Tock. ... A New Year! May you have, in 2018, an unquenchable thirst to pursue acupuncture in the quest of healing your patients and to help solve the opioid crisis.

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