

# Increasing Primary Care Attachment

By Integrating Acupuncture in Harm Reduction & Substance Use Care

**Equity-deserving populations: low-income individuals, under-served and under-attached populations**

## The Issue

People who use substances experience some of the lowest rates of attachment to primary care, despite ongoing health needs. Stigma, rigid appointment models, abstinence expectations, and fragmented pathways push many individuals toward episodic or crisis-based care.

Harm reduction and community programs provide essential support — but do not consistently offer pathways that support stabilization and transition into sustained primary care attachment.

Low-barrier interventions are needed to build trust and engagement without requiring readiness for abstinence or extensive disclosure.

## The Opportunity

Acupuncture - including the NADA (National Acupuncture Detoxification Association) auricular protocol, aligns closely with harm reduction principles. It can be delivered without requiring verbal processing, abstinence readiness, or extensive intake, making it accessible at the point of need.

Evidence supports acupuncture's effects on:

- Anxiety associated with withdrawal
- Sleep disturbance and nervous system dysregulation
- Overall stabilization and engagement in care
- Reductions in substance use and cravings
- Systematic reviews and RCTs support auricular acupuncture as an adjunct in addiction treatment, with measurable effects on anxiety, sleep, and treatment retention.

## What We Are Proposing

### Clinicians & Care Teams

Establish referral pathways in harm reduction or substance use care to Registered Acupuncturists as regulated, non-pharmacological providers.

### Clinics & Programs

Integrate a Registered TCM Practitioner or Acupuncturist into the interdisciplinary team with defined referral, documentation, and care coordination processes. Consider group acupuncture models to enhance accessibility, efficiency and peer connection.

### Policy Makers

Support pilot implementation and evaluation, with pathways toward sustainable provincial funding to embed acupuncture within Primary Care Practitioner-led clinics as a standard component of harm reduction and substance use care.

## A Practical Model

Registered TCM Practitioners and Registered Acupuncturists would be embedded within interdisciplinary teams in harm reduction programs, community health centres, or outreach settings.

Their role would include:

- Developing and adjusting individualized treatment plans in collaboration with the care team
- Monitoring patient-reported symptoms and progress over time, using standardized outcome measures where appropriate
- Supporting the transition from episodic contact to sustained primary care attachment
- Providing structured follow-up and documented care pathways
- This model expands clinical capacity using regulated providers at modest cost, while minimizing additional demands on PCP capacity