FOR ADDICTION TREATMENT CENTERS

INTRODUCING SPARROW ASCENT

A drug-free wearable that makes the protocol you already run work better

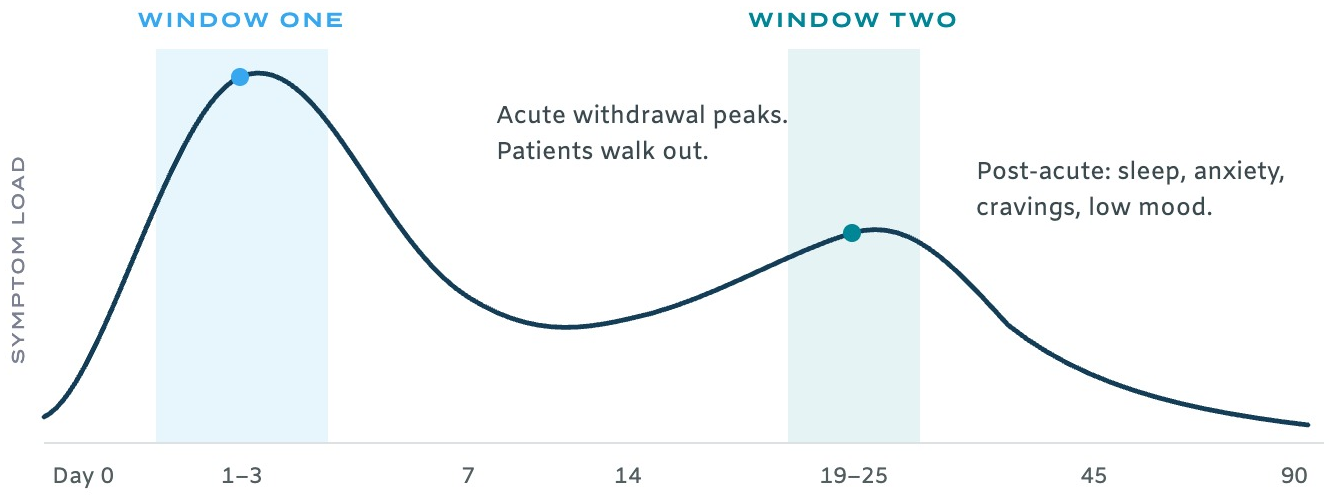
Sparrow Ascent is an adjunct, not a replacement. In RESTORE — a NIDA-funded, double-blind, randomized, multi-site trial — patients on medication plus active stimulation completed detox and stayed in treatment at far higher rates than medication alone.

Sparrow Ascent™

Transcutaneous auricular neurostimulation (tAN®)
FDA-cleared for opioid withdrawal

Two windows decide whether recovery ever starts.

Sparrow Ascent supports the patient and the care team across the whole journey, and it is built for these two moments in particular — the days when withdrawal symptoms decide whether someone stays in treatment.



Symptom load across the first 90 days of treatment. Horizontal axis compressed to show both windows.

Methadone

Full agonist. Long half-life, and the hardest of the family to come off.

Buprenorphine

Partial agonist plus antagonist. Needs moderate withdrawal before induction.

Naltrexone

Full antagonist. A 30-day injection that blocks the receptor.

Lofexidine

Non-opioid alpha-2. The only approved option that is not an opioid.

~80% relapse before 90 days

~95% relapse within a year

Gap one. Buprenorphine induction waits for moderate withdrawal, or it precipitates worse. The patient suffers on purpose. Sparrow Ascent can go on the moment they walk in.

Gap two. Agonist therapy occupies the receptor. It does not help the brain resume making its own endorphins, which is what window two depends on.

Neurostimulation makes approved treatments work better.

RESTORE was NIDA-funded: 100 patients, double-blind, randomized, sham-controlled, multi-site — level-one evidence. Seven days of inpatient detox, then 90 days outpatient on extended-release naltrexone with or without the device. Nearly all participants were polysubstance. It was the first trial to show non-invasive neurostimulation working as an adjunct to medication for opioid use disorder.[1]

ACUTE DETOX

3.1×

more likely to complete acute detox on stimulation plus lofexidine than sham plus placebo.

TREATMENT RETENTION

6.9×

more likely to stay in treatment beyond 20 days when stimulation ran through both acute and post-acute care.*

RELAPSE

18%

reduction in relapse during post-acute treatment versus extended-release naltrexone alone.

CRAVINGS

3.5×

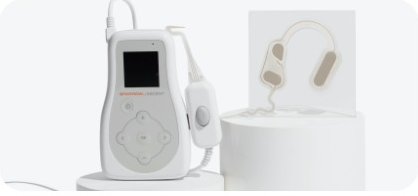
more likely to see cravings drop in severity and frequency by the end of acute detox.

*The retention finding was statistically significant (χ^2 $p < 0.001$). The other odds ratios are directional and did not reach significance in this sample.

SYMPTOMS THAT PULL PEOPLE BACK OUT — GREATER ODDS OF IMPROVEMENT

3.2×	2.2×	2.0×	1.7×
Cravings, with lofexidine	Anxiety	Depression	Recovery capital
OCS	GAD-7	PHQ-9	BARC-10

How it works



Controller and single-use ear electrode array.

1. Delivers patient-controlled electrical stimulation transcutaneously (through the skin on and around the ear).
2. Targets cranial nerve branches of the trigeminal and vagus nerves, increasing parasympathetic tone to counter-act hyper fight-or-flight.
3. Activates central brain regions to release endorphins that fill the vacant opioid receptors. Lofexidine quiets the locus coeruleus from the alpha-2 side; stimulation reaches it from the endorphin side.

Why it helps treatment centers

Fit to the program you already run

Drug-free by design

No DEA registration, no scheduling, no diversion risk, and no added prescribing burden.

Adds to your protocol

Therapy begins at intake and runs through acute detox, alongside your existing medication protocol.

Supports therapy participation

Improved comfort helps patients engage more fully in group therapy, counseling, and recovery programming.

Continues after discharge

The same device continues through residential programming and goes home with the patient.

No DEA registration. No scheduling. No added prescribing burden.

Nothing to divert, nothing new to schedule, and no change to your prescribing workflow. Staffing burden is low enough for small residential and IOP sites.

CONNECT WITH OUR TEAM

Learn how Sparrow Ascent can help you and your patients.

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References

Figures cited inside

1 DeRoo, A. et al., (2026). Transcutaneous Auricular Neurostimulation as an Adjunct to Medications for Opioid Use Disorder. *Drug and Alcohol Dependence.* Under review.

2 Pierson CJ, Khodaparast N, McWade MA, Kuo YF, Houghton DC, Rodriguez SL, Korschgen VL, Cunningham KA, Wilkes DM. The protocol for a randomized, sham-controlled trial of transcutaneous auricular neurostimulation for chronic pain and opioid withdrawal symptoms during a 4-day opioid taper for adults in the United States. Trials. 2025 Oct 16;26(1):421. doi: 10.1186/s13063-025-09171-4. PMID: 41102821; PMCID: PMC12532841.