

GUIDEPOINTS:

News from NADA



March 2007

18TH ANNUAL CONFERENCE: CAN NADA SPAN TROUBLED WATERS?

NADA exists as a bridge between two worlds – the world of acupuncture and the world of Western-style addiction medicine. At this time in history, both of these worlds encounter great turbulence. How should NADA, an entity devoted to nurturing yin and dampening empty fire, continue its bridge-building work?

Major voices on this question will speak out at NADA's 18th Annual Conference, May 18-19, in Roanoke, Virginia (see page 8 for registration details). From the acupuncture world, architects of the recent merger of formerly contending national organizations will explain what they hope to achieve. From the addiction medicine world, a US government medical doctor will present his personal views on the past and future impact of NADA's work.

Michael Schroeder, a California lawyer and acupuncture insurance executive, will be part of a panel on "Comprehensive National Acupuncture Legislation – Possibilities, Preliminaries, Precautions". Michael was a key figure in the big acupuncture merger just announced (see Page 4). A representative from the newly formed organization has been requested to attend, but at press time, the new group's board was working out the details. According to a statement from a board member, having a representative at NADA was considered "a worthy endeavor despite the rigorous activities involved in minting the new organization."

Alan I. Trachtenberg, a medical doctor with many years of high-level experience in the public health efforts of the US government, will be a plenary speaker. Among many other accomplishments, Alan convened the now-famous 1997 National Institutes of Health consensus panel on acupuncture. That event began the process of bringing acupuncture into the mainstream of USA health care. As someone who has been a witness to the huge changes now going on in the USA addiction treatment system (see Page 12) Alan has no peer in his ability to address how the NADA protocol has value for today's addiction patient.

Interested in hard science that also has clinical meaning? Don't miss the return of Elizabeth "Libby" Stuyt, a psychiatrist who runs one of the USA's best state hospital-based addiction services. She offers real-world patient outcome data. Reports from her experience at the Circle Program in Colorado present her bio-physiological analysis of what is happening inside the nervous systems of our patients as they recover. Attendees at last year's conference could not get enough of Libby. She combines technical savvy with human warmth, very much in the spirit of NADA.

Acupuncturists treating Iraq vets for PTSD at the famous Walter Reed Hospital in Washington, DC will report on their clinical work. There may also be research data to share on this newsworthy, government-run project.

CONFERENCE continues on page 2

A NEW GATEWAY TO RECOVERY



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Registration forms page 8

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CONFERENCE continued from page 1

Reports about "NADA in the Bible Belt", as well as new projects in Jamaica, Ethiopia, Austria and Africa, are among some of the many other topics the conference will offer.

Roanoke, the city, will stimulate your pleasure center! Not only does the town support a superb NADA-based treatment site, but it is located in a beautiful setting, especially nice in May. But the many visitors drawn to the area can make for a shortage of hotel rooms, so make your reservations early. (See page 8).

Spirit of NADA

THE STAGES OF RECOVERY: REFLECTIONS OF NATURE

By Kim Graham

The lotus flower sits serenely on the water, petals opened to the sun, all of her beauty exposed to the universe. Just below the surface, the water is clear, and her roots begin their descent into the increasingly turbid water.

When they have reached their depth, they spread out further, like fingers, searching for an anchor. Plunging into the mud, they desperately hold on, for they are the lifeline to the beauty floating above. Without them, she would be nothing; she

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would never have made it out of the water. In Chinese Medicine, and in most Eastern cultures, the lotus is prized among all flowers. It is sacred. Often Buddha or other deities of Eastern religion are depicted sitting or standing on the lotus flower.

The lotus is “special” because it is a visual symbol that beauty can flourish even out of what is viewed to be impure or dirty. It is nature’s reflection of the lesson that one cannot survive alone. You cannot have one without the other. Yin and yang, light and dark, male and female; you cannot “be” the flower without having come from your “roots” that nourish your experience.

The Chinese use nature to reflect health and wellness, and believe that we should follow the natural word if we want to achieve balance and wholeness in our life.

Becoming the Lotus: Your vision is its clearest, and you are seeing things for what they are. You have journeyed through the muddy water and have reached the surface. You are ready to bask in the sunshine. Your head is clear, and you are connected to your consciousness. You have learned about your addiction, and have implemented steps to help you stay clean. You deserve to “be” this beautiful flower; you have worked hard to rise up from your roots to reach the surface. Congratulations on becoming the lotus!



KIM GRAHAM

Engaging in treatment: At this stage in your journey through recovery, you are learning about reaching out for support. This is the area where the roots of the lotus are their longest, and pass through many depths of water. Spend time here. Visualize the beauty of the lotus, and contemplate your intentions. The water is getting clearer.

Stepping out of the darkness: Recognizing there is a problem, and taking measures to change, are the first steps out of the “mud”. Your eyes are still unable to see clearly through the muddy water, but you know you are one step closer to the surface.

PreContemplative/Contemplative: While engaging in active addiction, you are like the roots of the lotus flower. Your consciousness is buried deep within the mud. You cannot see things clearly, your outlook is bleak, and the surface seems far away.

Kimberley Graham is a registered acupuncturist using the NADA protocol at the largest treatment facility for men in British Columbia. tanworks@hotmail.com

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ACU MERGER IMPACT ON NADA? – Too Soon To Say

The acupuncture trade media have lately trumpeted the merger of two previously contending acupuncture organizations: the Acupuncture and Oriental Medicine Alliance (AOM Alliance) and the American Association of Oriental Medicine (AAOM). The new entity goes by American Association of Acupuncture and Oriental Medicine (AAAOM).

News releases from the mergees contain optimistic statements about how a “new era in Acupuncture and Oriental Medicine leadership has arrived” and how “this is the first step in building a 10,000-member association that will represent and advocate for the AOM profession.”

While the official announcements do refer briefly to the previously conflictual relationship of the two groups, someone unfamiliar with their history might assume that differences have been overcome by a spirit of unity. More likely, the pre-existing controversies of ideology, personality and politics persist, but now all inside a single organizational structure.

According to Rachel Toomim, a Sarasota, Florida acupuncturist who is vice president of NADA as well as a board member of the new entity, the AAOM was guided by a membership referendum calling for unification. The AOM Alliance did not have an official vote by its membership, but, she reports, “the message of a desired reunification has been a common refrain for many years.”

The March 2007 issue of *Acupuncture Today*, a trade monthly, reports: “The merger agreement between the AAOM and the Alliance was mediated by Mike Schroeder, vice president of the American Acupuncture Council (AAC); in addition to serving as mediator, the AAC also paid for the entire cost of the negotiations.” (Editor’s Note: AAC is a California-based insurance firm, dominant in the acupuncture liability field, and a regular exhibitor at NADA’s annual conferences).

One of the many issues that the two groups disagreed about over the years concerned NADA. Does the model of training and utilizing non-acupuncturist health workers to provide acudetox ear needling exist as a threat or a boon to the general acupuncture field? The AOM Alliance, in its official pronouncements at least, was always pro-NADA. (The group even welcomed non-acupuncturist ADSes to join, and at a reduced dues level.) Contrarily, the AAOM viewpoint influenced bitter struggles, at the local and state level, to prevent NADA-style work being allowed.

GUIDE-QUOTE ...

“As a profession, we have allowed the biopsychosocial model to become the bio-bio-bio model ... If we are seen as mere pill pushers and employees of the pharmaceutical industry, our credibility as a profession is compromised.”

Steven Sharfstein, American Psychiatric Association president, responding to a journal article showing financial ties between psychiatric researchers and drug companies, as reported by Join Together.

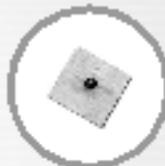
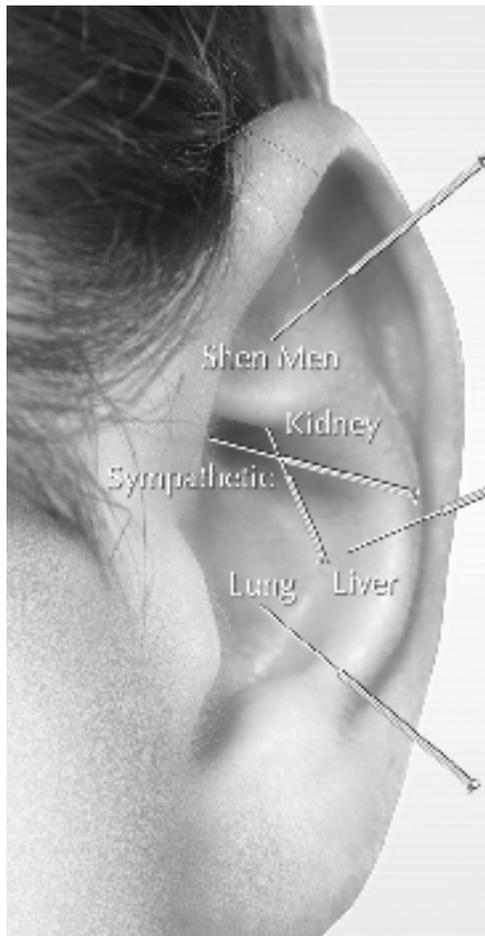
There is no indication that attitudes (pro or con) toward NADA have changed among the individual board members who enter into the new organization. What will their influence be on the main agenda of the new entity? According to Rachel, the first item on the agenda for the new AAAOM board is a membership drive. “Beyond that”, she says, “the new board has a myriad of details to work out and two national conferences occurring in the next several months. The Reunification Conference (originally planned by the former AOM Alliance and now fully supported by the new organization) will feature the didactic portion of a NADA training in New Orleans in May. Conference speakers for the October AAAOM conference in Portland, Oregon have not been finalized.”

Among NADA’s leaders, many feel it is too soon to tell what the merger outcome would be, but they want to be generally optimistic about its effect on acupuncture in general.

Rachel was engaged directly in the merger process as a long time board member of the AOM Alliance. Asked her opinion of how the merger will work out for NADA, Rachel says, “I look forward to carrying the commitment to cooperation and communication between the two organizations.”

A similar response came from Carol Taub, an acupuncturist and academic dean of the Oregon College of Oriental Medicine in Portland. As immediate past president of NADA and a registered trainer who has been personally involved in all the history leading up to the merger, Carol says: “In speaking with acupuncture students and practitioners about the importance of participating in national professional organizations, I have gotten the impression that the competing organizations confused people, and, uncertain as to which one to join, they joined neither. I’m optimistic that a unified organization will promote more membership and activism.”

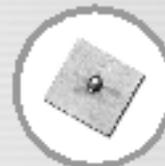
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DALLAS PROGRAM HELPS NADA GROWTH IN PERU

Texans are laying a foundation for NADA-based addiction treatment programs to be created in Peru. Post-Masters degree psychologists from that country will spend a 60 to 90 day fellowship training at the Homeward Bound program in Dallas. Completion will earn them a NADA certificate, which, it is hoped, they can use back home to set up clinical services.



SUSANA MENDEZ IN PERU

The fellowship plan, under the leadership of NADA registered trainer Susana Mendez, a medical doctor and acupuncturist, grew out of a phone call she received last Spring. Cesar Malpartida had traveled from Peru to Texas for a family vacation. He had heard that acupuncture could be used to treat addiction, but didn't know many specifics. He decided to make a few phone calls to find out more while in the states. He made several calls to the acupuncturists of Texas. No one returned his calls except Susana, who is assistant executive director of Homeward Bound.

(Homeward Bound, a NADA training site, offers chemical dependency treatment for the indigent population and those referred by the criminal justice system, local hospitals, and private practitioners. Funded by the state of Texas, Homeward Bound also provides acupuncture and herbal care for allied residential and outpatient programs.)

When not on vacation, Cesar works as a professor of psychology at the Universidad Señor de Sipan, in Chiclayo, Lambayeque, Peru. Once contact was made between Cesar and Susana, their conversation sparked an idea to have a NADA training in Peru.

Cesar thought auricular acupuncture for treating addiction was totally new there. He and his colleagues were so interested in learning more that they paid expenses for Susana, and her Homeward Bound colleague, Douglas Denton, to attend and present at the International conference for Addictions in July of 2006, which was held at his

university. A full scale NADA training followed in evening sessions, also at the university. Ten post-graduate students in the school's psychology program received NADA certificates of training completion.

So far, Cesar and his colleagues are doing two things with their NADA training. They pass on the information in student lectures at the University, and they incorporate it into their own private practices. It is hoped that the fellowship program in Dallas will spark the development of actual treatment programs outside of academe.

Professors from the University are also expected to come to Dallas for training. At this early stage, most acupuncture happening in Peru is happening in private practice. However, in Susana's opinion, it may not be long until it makes its way into the hospital environment. She explains that medicine in Peru is socialized. Therefore acupuncture is appealing as it is much more cost-effective. Susana said all of the people from the medical community that she met were enthusiastic and open to it.

The final details of the fellowship program remain to be worked out, including the financial structure. Homeward Bound cannot fully support the students in the program. "We are still figuring out how to accommodate them," said Susana, explaining that students from Peru are not always prepared for the United States' high cost of living. Even with that obstacle, Susana said that the students are "ready to go and looking forward to it."

Toward the end of the July training, the head of the surgery department from General Hospital learned about it and attended the last two classes. He asked to be treated by Susana. He was amazed by the results in just one treatment. He said, "Susana, this is amazing... you are a witch!"

Contact: *Susana E. Méndez, MD, L Ac, Homeward Bound, 233 W. 10th St, Dallas TX 75208. (214) 941-3500 Ext 283. smendez@homewardboundinc.org*

RESEARCH MEET INVITES PRESENTERS

The Society for Acupuncture Research (SAR) annual conference in Baltimore, November 8 - 11, will mark the tenth anniversary of the 1997 National Institutes of Health consensus conference on acupuncture that established acupuncture as a medical modality worthy of research. According to the SAR announcement, the group's mission is "to improve the quality and increase awareness of research in acupuncture, herbal therapy and other modalities of Oriental Medicine."

SAR invites attendance by anyone interested in research in acupuncture and Oriental medicine. It is expect-

ed to attract biomedical researchers, practitioners, students and health care policy analysts from North America and abroad.

Researchers are invited to submit abstracts by April 1 for oral and poster presentations of AOM research projects recently completed, on-going, or in the planning stage. In order to encourage young investigators, the National Acupuncture Foundation (NAF) and SAR will award \$1000 for each of the three best research presentations by a student or postdoctoral fellow in acupuncture and Oriental medicine. For further information, go to www.acupunctureresearch.org.

OPIOID RESEARCH REVIEW MOSTLY MISSES THE POINTS

Another attempt to evaluate the complicated literature on acupuncture treatment of opioid addiction has appeared in a major addiction medicine journal. Basing its conclusion on the current stock of evidence derived from “randomized, controlled, single-blind methodologies”, the article finds, “There was no significant evidence for acupuncture being a more effective treatment than controls”.

As with so many efforts to evaluate the acupuncture research literature by persons not directly involved in the field, this article by James B. Jordan of the University of Maryland’s college in Okinawa, Japan, contains material that can confuse or misdirect non-experts. Often such non-experts hold purse strings or regulatory powers, and they can earnestly decide to dismiss the value of acupuncture without ever being presented with the truly relevant facts. So concerned parties may wish to familiarize themselves with Jordan’s work in preparation for possible needs to respond at the local level.



ROGER LORE

A key point not alluded to by Jordan is that ethical use of acupuncture, such as practiced in NADA-based clinics, is never intended as a stand alone treatment. But he implies, both directly and indirectly, that acupuncture advocates offer it with just that claim. It is not surprising that the true, comprehensive, multi-disciplinary nature of mainstream addiction treatment is not understood by the author, given his choice of the type of evidence upon which he bases his main conclusion.

This is because the criteria for the clinical trials chosen for his review (“randomized, controlled, single-blind”)

mean that the clinical settings in which the reviewed research occurred could not replicate the real-world environment of addiction treatment. As discussed by acupuncture research expert and medical doctor Kimber Rotchford in the July 2006 issue of *Guidepoints*, “Research protocols are often significantly different than standard clinical practice. You can mimic fairly well a typical Western clinical doctor’s process during a clinical trial of a western pharmaceutical, but when I look at research in acupuncture I say, ‘does that resemble anything that I see in clinical acupuncture? I say no way!’ This is a totally different thing.”

More confusing still, the article refers to irrelevant matters such as the incidence of pneumothorax caused by misplaced acupuncture needles. Germaneness further suffers from the author’s indulgence in his own evidence-free, personal speculations on the role of the placebo effect as a clinical factor. *Guidepoints* research consultant Roger Lore, a doctoral level acupuncturist and NADA registered trainer, sees the Jordan article as an opportunity to help clinicians improve their sophistication about published research. According to Roger:

“The research world proposes a hierarchy of evidence. High in the hierarchy is the ‘systematic review’, the concept used in this article. It is a method that evaluates articles using a consistent approach from the outset. Articles are evaluated by standard criteria. While this approach makes logical sense, it is not perfect. This article is a good example of the gifts and problems with systematic reviews.

“Systematic reviewers are detached from the process that generated the data they are reviewing. While in science this is usually sought, it can lead to a lack of knowledge with the subject. This article is written by a psychologist with unstated familiarity with acupuncture, for example. He is living in Japan, which gives him a special perspective – but even this is not explored by the writer.

“Reviewers are assumed to be universally minded. Yet a reviewer of acupuncture articles who is an acupuncturist will undoubtedly derive different conclusions. An example of this: I was asked to give a talk on obesity at Oregon Health & Science University. Naturally I scoured the available research. The meta-analysis I found announced that acupuncture had no effect on obesity –end of story. But when I looked at the articles, I was heartened that the Hunger acupuncture point on the ear had consistently positive outcomes on appetite control. This matched my clinical experience, where this point was the most commonly requested ear acupuncture point by patients in outpatient detox settings.

“It’s been observed that ‘people tend to interpret ambiguous evidence in alignment with their prior beliefs’.
OPIOID REVIEW continues on page 10

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TRI-STATE COLLEGE OF ACUPUNCTURE

OPOID REVIEW continued from page 7

Research is about plunging into ambiguity. There is a real problem when we skim over it. This skimming might occur with systematic reviews if the reviewer is not careful, knowledgeable or committed regarding the subject. “The bias of research writers is seldom expressed. It is not seen as necessary or scientific – if one is following a rigorous enough method. However the bias comes through. In the Jordan article’s first sentence, acupuncture is dismissively referred to as a “panacea” – a term no acupuncturist would use. This sets the tone for the rest of the article.

“The author was also unfamiliar with Chinese research practices. For example, until very recently the Chinese forsook randomized controlled trials as unethical. In a society with pressing healthcare and economic challenges, RCTs seemed wasteful and depriving patients of needed treatment. They sought instead to do both research and effective healthcare simultaneously with a type of outcome study monitoring. (The categories of judging treatment success, along with total lack of randomization were probably the two biggest flaws with this approach.) While some significant clinical work was accomplished over decades, it was written off as bad form. As a result, the populations with the most extensive experience with acupuncture were written off by the analyzer.

“The author’s final conclusion is problematic. He observes: ‘After 33 years of active research..., the evidence is just not there to support acupuncture as a central treatment for opiate or any other addiction.’ The key issue is ‘central.’ NADA founding president Michael O. Smith constantly reminds us that the NADA protocol was never intended as a stand-alone treatment for addiction. Also, Traditional Chinese Medicine sees chronic diseases like addictions as incredibly complex, and therefore requiring multiple treatment modalities. Western approaches, in contrast, are fascinated with one-pointed (reductionist) understanding.

“Practitioners should know that in any area that is researched enough, the conclusions will be mixed, contradictory or two-sided. Such is the nature of reality, as yin-yang dialecticism shows. The trick is to read between the lines. Another question is: What were the characteristics of the positive studies compared to the negative ones? This question is seldom dealt with, and was not here in this article.

“NADA practitioners should learn how to understand research language when talking to allied healthcare practitioners. Enthusiasm generated from direct clinical experience needs to be tempered with research-speak: ‘more research is needed; acupuncture as adjunctive therapy for addictions has possibilities...’ etc.”

Jordan, JB, Acupuncture treatment for opiate addiction: A systematic review, *J of Substance Abuse Treatment*, v30, 309-314, 2006

NADA's Mission

The National Acupuncture Detoxification Association is an educational, not for profit, tax-exempt corporation supporting education and training in a specific auricular acupuncture protocol within comprehensive addiction treatment programs to relieve suffering during detoxification, prevent relapse and support recovery. NADA strives to make acupuncture-based, barrier-free addiction treatment accessible to all communities and to ensure its integration with other treatment modalities.

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President: Ken Carter *Editor:* Jay Renaud *Art Director:* Mary Renaud *Staff Writer:* Mary Ann Petersen *Research Consultant:* Roger Lore ISSN 1070-8200

SPIRITUAL continued from page 12

The February 19 issue of *Newsweek* had a major illustrated feature highly skeptical of the existing “rehab” industry which it sees as mainly benefiting celebrities who want to disappear for awhile or to get back in the good graces of their public. The lead paragraph starts out: “The time is coming – perhaps even within the decade – when doctors will treat alcoholism with a pill.”

Even *Science News*, a staid weekly bulletin aimed at school teachers, showed a lurid picture of a syringe on its February 10 cover with the headline: “Shooting Down Addictions: vaccines against drugs, smoking, obesity”.

While ever-growing scientific evidence indicates that a key component of recovery is involvement in 12 Step or similar activities, no governmental campaign blares out this news. No government funding leverage presses the treatment industry toward maximization of this existing (and cheap) resource for recovery. And NADA programs, which offer a bio-physical treatment (also cheap) boosting the spiritual resources of the addiction patient, continue to exist on minimal funding and the wits of their staffers.

Instead we see an ever-increasing flood of federal subsidy to the drug companies. In big trouble with Wall Street because of their “blockbuster” blunders (Vioxx, et al), big Pharma scrambles for new molecules to fill its famous pipeline to profit. Thus the endless parade of press releases about pills, cocktails and vaccines to cure all the nation’s unhealthy substance use.

Maybe some of these concoctions will actually play a constructive role in the recovery process. But anyone acquainted with the history of addiction treatment, or indeed that of any chronic, behaviorally mediated medical condition, will be dubious. Whether it’s diabetes, hypertension, heart disease, multiple sclerosis, schizophrenia, or →

many others, chemotherapy of any kind can never be the whole answer.

Addiction medicine, until now at least, has been way ahead of other chronic disease disciplines in giving acknowledgement to the spiritual aspects of chronic disease management and treatment. One example: effective pharmaceutical and other bio-physical and behavioral treatments have long existed for diabetes, but many diabetic patients do not comply with their care regime. This is despite the dire likely consequences of this neglect. But there is no existing, independent social structure, such as the 12 Step movement, to aid diabetics in grappling with how (and why!) to live with a chronic illness.

Because of the Pharma hype, the "general public" cannot be blamed for concluding that a "cure" for addiction is just around the corner. This delusion can only result in apathy toward the real needs of addiction patients. Citizen apathy is quickly detectable by funding officials who must respond to whichever wheel happens to be squeaking most loudly.

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*Editorial —***SPIRITUAL ASPECT OF TREATMENT UNDER ATTACK?**

Be careful what you pray for - - you might get it! This admonition, familiar to members of 12 Step groups, may now be seen as applying to the traditional addiction recovery movement itself.

For decades, pro-treatment advocates agitated for recognition of alcoholism and drug addiction as diseases – like any other. Against the concept of addiction as a symptom of an underlying psychiatric disorder, or some type of character flaw, these advocates stressed its bio-physical basis and its large genetic component.

Social and medical establishment resistance to recovery movement ideas persisted long after the accumulating evidence had tipped strongly to the pro-disease position. Even so, those favoring the pro-disease concept continued their struggle. They believed a true understanding of addiction etiology would lead to compassion and appropriate care instead of stigma and neglect.

The paradigm finally shifted, as signaled by the National Institute on Drug Abuse slogan “addiction is a brain disease”. But the expected payoff failed to appear. While the new fashion acknowledged the fundamentally physiological basis of addiction, much as the 12 Step movement had been doing for half a century, it left out the equally important spiritual side of recovery.

There was no declaration of vindication of all those who had

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opened their arms to the addict patient. Instead, the suddenly converted powers-that-be embraced the pharmaceutical industry. “If it is a disease, there must be a pill for it,” seemed to be the new mantra. Now, when addiction issues make it into the major media, the angle is either bad little rich girls hiding out in a luxury treatment center, or what is the latest chemical cure for addiction.

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