GUIDEPOINTS:

News from NADA

March 2008

FRESH IDEAS OPEN NEW TERRITORIES FOR TRAINING

While the laws and regulations in some states limit which health workers can receive and utilize NADA training, new approaches by inventive registered trainers are expanding the opportunities of interested persons to learn the protocol.

KEN CARTER

Colorado and Washington recently completed large trainings of addictions and mental health professionals who have state licensure in nursing and medicine. North Carolina embarked on a schedule to train persons with a wide variety of credentials.

These events grew out of the structure of the existing Western medical apparatus. Under the status quo, more than sufficient authority exists for registered nurses, practicing under defined protocols supervised by physicians, to include ear needling within their scope of practice. Compared to the much more intrusive and potentially dangerous procedures practiced routinely by registered nurses, such as giving injections and placing IV lines, auricular acupuncture is a trivial technique.

Colorado Mental Health Institute at Pueblo (CMHIP) has long been well-known for its use of the NADA protocol in its Circle Program for patients with co-occurring disorders. Even there, however, use of the protocol was limited by the time constraints on Elizabeth "Libby" Stuyt, a medical doctor who was the only person on staff with the NADA training.

It eventually became clear to CMHIP officials that Libby's normal delegation to staff nurses of authority to perform a wide range of procedures was clearly applicable to ear needling. This led to an invitation to Claudia Voyles, an acupuncturist in Austin, Texas who is a NADA registered trainer, NADA board member and formerly chair of the NADA training committee, to conduct a full in-house training at the institute. Completed last January, the event enrolled 23 RNs and one MD.

FRESH IDEAS continues on page 6

MAYAN HEALTH WORKERS TRAINED IN ACUPUNCTURE

The application of the NADA protocol in a variety of health modalities has become its marvel. NADA workers have even brought acupuncture into the developing world. One example is the Guatemalan Acupuncture and Medical Aid Project (GUAMAP) which has integrated acupuncture training into a framework of sustainable development.

It began with a handful of health workers who responded to an international crisis. Since 1994, GUAMAP has trained 125 "health promoters" from 22 of the poorest Guatemalan rural communities.

From decades prior to the project's arrival in the

MAYAN HEALTH continues on page 3

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ISSN 1070-8200

National **A**cupuncture **D**etoxification **A**ssociation

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MAYAN HEALTH continued from page 1

country, a civil war had left Mayan society in ruins. According to GUAMAP, the Guatemalan military led a 1980s campaign of terrorism and torture, leaving over 30,000 Mayan villagers murdered, 400 villages burned, and 60,000 surviving refugees displaced from their homes, living in resettlement camps in Honduras, Mexico and Belize.

By 1996, the Peace Accords in Guatemala had been signed, bringing 36 years of civil war to an end. However, the long-term health problems and economic and cultural damage had only begun. GUAMAP reports that 90% of Mayan refugees experienced war-related trauma. Between 1992-1999, 30-45,000 refugees were relocated back into Guatemala. GUAMAP was among the first of grassroots, religious and United Nations groups who provided aid during this time.

Among the community workers and acupuncturists who first ventured into the jungles with GUAMAP was the late NADA activist and acupuncturist Ron Rosen (see *Guidepoints*, November 2007). One of the first skills he taught local health promoters was the NADA protocol.

GUAMAP board President Mary Ellen O'brien reports that successful outcomes have been demonstrated using the NADA protocol for PTSD and anxiety. Health promoters are also trained how to use the NADA protocol in smoking and alcohol cessation. While other drug use is not prevalent in rural Guatemala, Gentry notes that risk alcohol use is common. "It's a form of relief from trauma that people carry," says GUAMAP co-founder, Blake Gentry.

Gentry claims that acupuncture has saved lives. A recent survey showed that 50-60% of people in the communities they serve were asking for acupuncture over Western biomedicine. He explained how this acceptance has grown among the most marginalized people in Guatemala.

Gentry recalled one of the first meetings they had with Mayan refugees. When he told them that GUAMAP could teach them acupuncture, people stepped forward and told him that acupuncture had been taught in other refugee communities as well. The Maya were excited.

GUAMAP later learned that the Maya have been practicing acupuncture for over 3000 years. Over 50 Mayan acupuncture points were documented by medical doctors Hernan Garcia, Antonio Sierra and Gilberto Balam. Most of these points share the same anatomical location as their →

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A new face in the ranks of NADA registered trainers is Carolyn Mandrusiak, a registered acupuncturist in British Columbia who has a doctoral diploma in Traditional Chinese Medicine. Carolyn completed her original NADA ADS training in 2004 with Willo Jordan-Walker, who also served as her mentor in the registered trainer qualification process. She operates Spirit Gate Consulting, a private TCM practice and NADA training site on Gabriola Island near the city of Victoria.

CAROLYN MANDRUSIAK

Chinese counterparts. Garcia's group of community health workers learned of Mayan acupuncture when their refuted and unwelcomed efforts to use Western biomedical interventions in Mexico obliged them to bring in acupuncturists. When needles were pulled out, traditional Mayan healers, known as J'men, stepped forward to reveal that they, too, practice acupuncture. They call acupuncture "jup" and "tok."

Gentry says they have not witnessed the Mayan forms of acupuncture practiced within the communities where they do their volunteer work. However, he notes that acupuncture fits well into traditional Maya medicine. Both Chinese and Mayan medicines classify herbal formulas and treat based on similar principles. "Qi" is known to the Maya as "ool." "You're not reinventing a whole new epistemology," Gentry points out.

Many Chinese acupuncture points are named for geographical places. Ancient China was an agricultural society. Agriculture is the foundation for Mayan culture. Their knowledge source is from the natural world, not books.

According to Gentry, most Mayan health workers, have no more than a sixth grade education. "In the end," Gentry describes, "it's what they're going to remember and what they're going to recall when they're in the forest. That image is going to come more clearly than something in a text."

Because herbs have been traditionally integral to Mayan medicine, it would make sense for the Maya to meet their own medical needs from traditional healers. However, many Mayan healers had been targets of terrorism during the 1980's. In addition, returning refugees were not relocated in their native environments. GUAMAP has primarily served native highland Mayan communities who, in the Return Movement, had been relocated as refugees into a low-land semi-tropical climate. Their familiar medicinal plants did not grow in this climate.

GUAMAP began by disseminating Chinese herbs, but the high cost forced them to reassess sustainable ways of developing health care. Gentry says they faced a question: "How do you create a system on an equitable basis?"

With hospitals, laboratories and pharmacies over a half a day's journey for the 60% of Guatemala's population, rural health promoters provide the majority of preventative and primary care in rural Guatemala. While one lab test and prescription can cost up to a week's wage, three acupuncture treatments cost three days of work.

Gentry says that GUAMAP's mission has been to transfer technology (acupuncture) and decrease dependency—to empower the Maya to heal themselves.

Working from the basic NADA idea that grass roots personnel can learn to deliver standardized treatment protocols safely and effectively, GUAMAP has expanded its training project. The enlarged concept intends to equip the health promoters to deal with a wider range of health issues. This approach confronts the reality of the underserved community which GUAMAP serves.

The multi-phase training gives level-one students 10 treatments to use. If follow-up evaluations approve level-two training, students learn 30 treatments. A total of 25 students have excelled at this level. They are also developing level-three diagnosis training.

Gentry notes both the unique opportunity of working within the Mayan social context. Training materials must be translated into K'iche, one of the Mayan languages. →

GUIDE-QUOTE…

"When your behavior spirals downward faster than you can lower your standards".

A New York City AA member giving his definition of hitting bottom, as quoted in the *Wall Street Journal.*

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Mayan health promoters must be chosen by community counsels to become trained in acupuncture.

"(Whether) the patient has a good or a bad experience affects all of the community," he describes. "It's also why acupuncture is accepted or not accepted at all. We've had to be vigilant about how people practice. We can't just let people do any treatment they want."

In addition to current monitoring of health promoters, certification is in sight for health promoters to train and monitor themselves. Two assemblies have already been held by the health promoters to discuss the governing principles of protocols and training. Competencies have been established for the pricing of consultations and needles as well as needle disposal.

The lens of Chinese medicine proved to be integral to creating safe space for building a vision of grassroots, sustainable, culturally competent health care among the Maya. However, health care disparities within Guatemala continue to challenge Mayan survival.

One of GUAMAP's acupuncture trainees found an unconscious woman in labor who just arrived in the jungle after a 7-hour bus-ride from the nearest urban hospital after being released because she wasn't dilated enough. By using the acupuncture skills he was taught, he saved the mother. Although the umbilical cord was tied around the baby's neck, by using acupuncture and moxibustion he brought the child to life.

GUAMAP seeks licensed acupuncturists and health care professionals who speak Spanish to volunteer. For more information on volunteering or donating, visit www.guamap.org or contact Blake Gentry (520) 623-6620 guamap@guamap.org, PO Box 85371 Tucson AZ 85745-5371.


BETSY PRAGER

Betsy Prager, a Nova Scotia social worker with special expertise in working with child victims of abuse, has attained the status of NADA registered trainer. Betsy received her original NADA training from Don Himmelman and Eileen Carey in 2005 and completed her RT mentorship with Don. She is employed as a clinical therapist in the women's services section of Addiction Services in Amherst. Holder of the MSW from Carleton School of Social Work, Betsy is the author of three books in the subject area of child protection.

FRESH IDEAS continued from page 1

A similar process occurred in the state of Washington. Clark County Public Health invited several health agencies in its service area to offer the training to RNs who work in addictions, mental disorders and related areas. Original policies for the use of the protocol by nurses were promulgated by the county health officer (a medical doctor) under the county's official policies and procedures.

The training was conducted by Mary Renaud, a registered nurse and NADA registered trainer who is employed by the county as supervisor of the parent-child health unit. (Full disclosure: Mary is also a co-owner of J&M Reports, LLC, the firm contracted to operate the NADA Office and publish this newsletter). Organized to mesh with the work load of the trainees, the training sessions were held on successive Fridays, concluding in January, and enrolled 10 nurses.

Operating under the same basic idea that licensed medical doctors have the authority to delegate appropriate procedures to suitably trained and supervised health workers, NADA's president Kenneth O. Carter has embarked on an ADS training process in North Carolina. This is a populous and prosperous state, with a well-developed addiction and mental health treatment system, located next door to the ADS model states of Virginia and Tennessee. However, studied opposition by the licensed acupuncturist community has so far curtailed affordable access to NADA care by those who need it.

Ken, a medical doctor and medical acupuncturist in Charlotte, consulted the legal staff of the state medical board who responded that physicians in the state could delegate "to a qualified person any acts, tasks, and functions that are otherwise permitted by law or established by custom" so long as ? "1)The individual is qualified to perform the task; 2) The individual is supervised by a physician; and 3) The task is permitted by law or established by custom so as to allow an un-licensed, but qualified individual to perform the task."

With a deep background in using the NADA protocol in settings ranging from a drug court to private psychiatric practice to a large hospital chain crisis unit, Ken has also been prominent in study groups on complementary and alternative medicine operated by the US government and psychiatric professional associations. Ken's pioneering training effort in the state kicked off last month and will continue monthly on Saturdays until next August. The 13 enrollees , included RNs, social workers and a variety of other credentialed professionals.

Editorial—

NADA Needs Research Data Based On New Methods

Much of the published research on acupuncture treatment of addictions used the wrong research design, was conducted in the wrong environment and used the wrong practitioners. The results came out wrong too—unreasonably positive in some instances and unreasonably negative in others.

Leading NADA clinicians agree that the research design of most of the early studies – using the random controlled trial (RCT) technique originally devised for pharmaceuticals – was the major flaw. But is there another, better way to build a scientific basis for this therapy? Is it possible for the reality of patient healing which practitioners see on a daily basis to be captured in a way that demonstrates the validity of these effects?

The latest gathering of the Society for Acupuncture Research (SAR), held in Baltimore last November, devoted serious attention to this question. Though looking primarily at general, full body acupuncture examples, the panelists dealing with qualitative research methods presented material that could begin to be adapted to the typical NADA setting.

Key to the concept of qualitative research is that everything that happens in the treatment process is significant, according to the SAR panelists. The patient's relationship with the practitioner is as important as the needling, as is the intentionality of the practitioner. (These principles, of course, are fundamental to the content of NADA training and practice).

Claire Cassidy, a Maryland acupuncturist and frequent author on acupuncture topics, reported on her observation that the effects of intentionality can be seen in the results of RCT studies that supposedly exclude such influences. Citing reports presented at the SAR on a preceding day, she noted that one set of study reports found very little difference between sham and actual care while a second set found a large difference. The first group, she explained, utilized acupuncturists to provide the needling, while the needling providers in the second group were other health professionals. In Cassidy's view, acupuncturists see their intention to help the patient as central to their art. As a result, even the delivery of a sham treatment by an acupuncturist is accompanied by the practitioner's own felt intention to help. This can cause the supposedly "inactive" sham treatment to be active, thus blurring the outcomes of sham versus actual care.

Given these issues, social science data-gathering methods might be more appropriate in the study of acupuncture outcomes than the physical science methods, such as RCT, that have played the dominant role heretofore. Charlotte Patterson told the SAR conferees about approaches she has been using to try to capture data on the many different aspects of a treatment experience as it happens in the real world. (Charlotte is a senior research fellow at the institute of health & social care research at the Peninsula Medical School, Universities of Exeter & Plymouth in the UK.)

Charlotte pointed out that patients may experience significant effects from their treatment experience that are entirely outside of what designers of that experience were planning to deliver. These may include changes in symptoms and medication, changes in energy, strength and relaxation, and changes in self concept. Only some, or perhaps none, of these may be observed and/or recorded by the clinician.

Her attempt to measure these items includes using a battery of questionnaires. These include the Measure Yourself Medical Outcome Profile (MYMOP), the Medical Change Questionnaire (MCQ), the Wellbeing Questionnaire (W-BQ12) and the Patient Enablement Index (PEI-ac).

The NADA Office receives frequent requests for scientific evidence of the effectiveness of the NADA protocol. While there is a wide selection of supportive literature available, most of it was produced in the 1980s and 90s and only a smattering of those reports were based on research methods that were both clinically appropriate and supportive. The need clearly exists for newer, stronger and more relevant evidence. It is probable that instruments like the ones discussed at the SAR meeting could be used to advance toward this goal.

(Editor's Note – Special thanks to Cara Michele Nether, licensed acupuncturist, NADA member and registered trainer, for her help with this article).

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To NADA--Please enroll me as indicated above (signature required) Date

Uncle Sam Shows Acu Sites Holding Their Own

Acupuncture continues to be a significantly-utilized adjunctive modality within the addiction medicine field, according to the latest data from the US government. The new edition of the National Survey of Substance Abuse Treatment Facilities (N-SSATS) based on 2006 data shows that the number of USA treatment sites offering acupuncture as part of the treatment program totals approximately 700 sites. This is a similar total to the last facilities survey based on 2002 data.

The US Substance Abuse and Mental Health Services Administration (SAMHSA) conducts this survey of all USA programs periodically and publishes a wide range of statistical information based on the data collected. SAMHSA's goal is documenting the size and type of every identifiable addiction program in the USA. Using telephone calls, mailed questionnaires and the internet, government data gatherers attempt to get a statistical snapshot of the entire national treatment system as it exists on a specified day of the year. For the present report, that day was March 31, 2006. →

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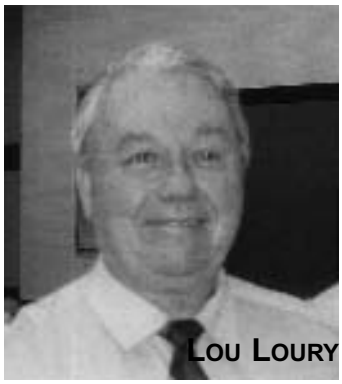
The federal researchers have asked about acupuncture services since at least the 1995 edition of the report. The acupuncture sites identified in 2006 represent about 5% of the 13,771 sites covered by the report. Since the SAMHSA survey is limited to "alcoholism and drug abuse treatment facilities and services" in the USA, the many NADA-utilizing sites outside that category are not listed. These would include many mental health facilities, shelters, general health clinics and outreach programs, as well as informal and transient services related to disaster work.

To download a free copy of the SAMHSA National Survey of Substance Abuse Treatment Facilities (N-SSATS): 2006, go to the Office of Applied Studies: www.oas.SAMHSA.gov, click on N-SSATS.

LOU LOURY

Addiction treatment folk in the El Paso, Texas area were saddened to learn of the death last November of Lou Loury, a staffer at the local branch of Dallas-based Homeward Bound. A licensed chemical dependency counselor, Lou received his NADA training from Susana Mendez in 2004 and, according to Susana, "He was a fantastic advocate for the NADA protocol in the area. His presence will be missed but his spirit is still with us and with all the patients that he supported."



LOU LOURY

MENTAL HEALTH continued from page 12

the withdrawal symptoms (as most clients were not in immediate withdrawal), the clients expressed in quantifiable terms that they were experiencing an increased feeling of grounding and minimized experiences related to anxiety, frustration and depression.

So although limited frequency of treatment was reducing the efficacy of the detoxification application, the psycho-emotional findings were extensive enough to warrant sustaining the program. In general, acupuncture at CCD has succeeded in a lot of the same areas where it succeeds in addiction centers; stress management, engaging reluctant clients, program retention and relapse prevention.

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:* Ryan Bemis ISSN 1070-8200

Where it excelled the most was in its non-verbal approach and emotional leveling. Just like in a detox program, CCD is a "talk" based program and its group therapy and individual counseling are not as effective if someone is lying or if they are unwilling, too shy, or reluctant, for whatever reason, to speak. The frequency of the "non verbal" personality is equal if not greater in a facility filled with people suffering from crippling anxiety and or depression. Acupuncture can act as the gateway in this situation, strengthening and grounding the person from the inside out and allowing them to be involved in the program, even if they are not yet ready to speak. Finally, the most important result noted about the acupuncture was its effect on emotional leveling.

Most clients suffer from any combination of anxiety, depression, and insomnia. With regular acupuncture visits, even at once a week, the acupuncture was able to reduce the severity of the attacks. The clients felt more grounded and less affected by external situations. One client noted:

"I can feel a difference when I don't come to acupuncture one week. I don't feel as grounded and I feel I am less in control of my emotions. That's when I realized how much acupuncture was doing for me."

Some clients have expressed that acupuncture has proven to be the catalyst towards stability and happiness in their daily lives. One client even described acupuncture as something which completely transformed his life.

The treatments have proved to be not only grounding but also empowering. Clients manage their stress better; they are less likely to have emotional outbursts and are given tools for coping with everyday stress. The

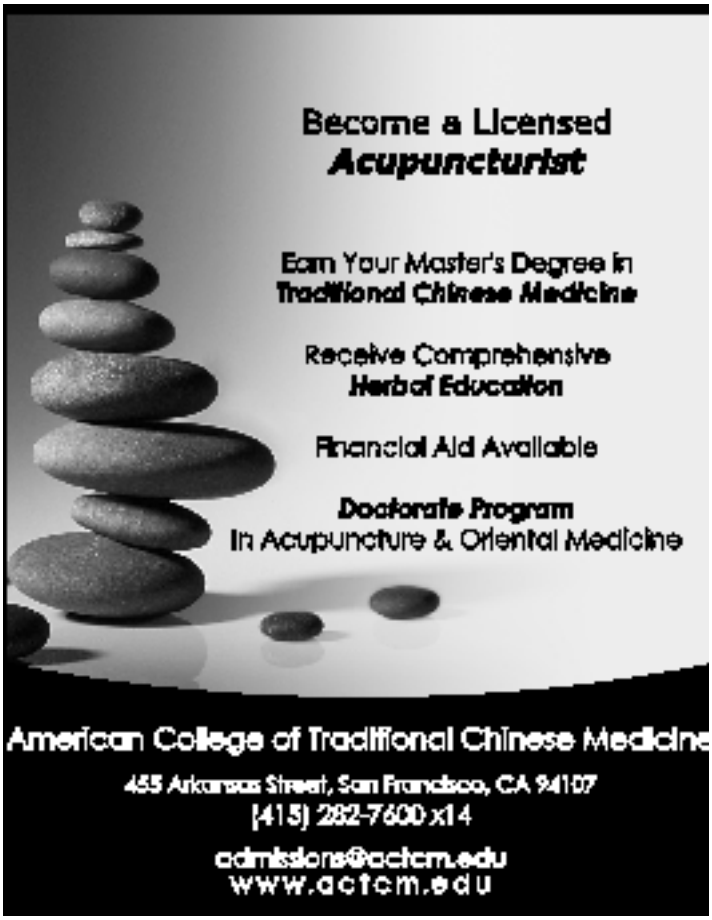
acupuncture has fit seamlessly into the centre and is effective with patients both on and off psychiatric medication.

As for point protocol, because this program is not geared towards immediate withdrawal, I have allowed for some modification depending on the patient. The most common modifications are Yin tang, anxiety point on the ear, Du 20, Du 23, An Mian and Si Shen Cong.

Just like my patients, I too can sleep easy now knowing there is a new tool to help patients at the CCD, and possibly in the future, other mental health facilities in the rest of the country as well.

Emilie Salomons is a Practitioner of Traditional Chinese Medicine in Vancouver, BC. She has a private practice in Yale Town and also works for the Vancouver Coastal Health Authority doing acupuncture detoxification.

Clinical Essay is a periodic feature of Guidepoints. NADA members are urged to submit their own contributions of 750 to 1000 words. Submissions will carry your byline and may be subject to revision by the editor for space, style and sense.



Clinical Essay:

ACUDETOX IN A MENTAL HEALTH SETTING

By Emilie Salomons

Thanks to the tireless work of Michael O. Smith and the thousands of NADA trained acupuncture detoxification specialists throughout North America and the world, the word is finally out about the efficacy of acupuncture for the treatment of addictions. Yet, what still surprises me is that ear acupuncture has yet to catch on in the mental health sector.

EMILIE SALOMONS

I have been working for one year at the Centre for Concurrent Disorders (CCD) in Vancouver, BC, as an ADS. The results I have seen in patients have been positive and very promising. CCD is a Vancouver Coastal Health-funded program for people with mental health and substance use issues. The centre runs individual and group counseling, and for the past two years acupuncture. Unfortunately, due to the usual financial constraints of not having a separate budget for acupuncture, acupuncture groups are only offered once a week, with a second day being considered. Originally, acupuncture was added exclusively for detoxification purposes, but due to the infrequency of sessions, as I illustrated to the director of the centre, the efficacy and benefits of detoxification and reduction of withdrawal symptoms would be greatly reduced. All that said, the results we saw were revealing. Although the weekly acupuncture was found to have had only a small effect on

MENTAL HEALTH continues on page 10

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In This Issue:

MENTAL HEALTH continues on page 10
MENTAL HEALTH continued from page 12