Discrediting Acupuncture in Addiction Treatment Research

by Alex Brumbaugh

This article is the second in a series of six that author and NADA advocate Alex Brumbaugh will contribute to Guidepoints over the course of the next publication year (see the ad for his new book on p.3). Visit our website for this article’s bibliography.

In the first installment of this series, we reported the rejection of the efficacy of acupuncture in the treatment of substance use disorders by substance abuse research scholar Dr. William Miller, who wrote: “controlled trials have shown little or no beneficial impact on substance use outcomes from interventions such as acupuncture ...” The statement appears in a 2006 article published by the policy-influencing Journal of Substance Abuse Treatment (JSAT).

BRUMBAUGH continues on p. 2

Winter - Season of the Kidney Point

by Nityamo Lian

This article is part of a series to help us take a deeper look into each of the points used in the NADA protocol. Winter is the season of the Water element and the Kidney point corresponds with Water in Chinese Medicine.

The Su Wen, an ancient Chinese text, tells us “The three months of winter are closing up and storing away. Water freezes and the earth cracks, there is no stirring in yang. Go to bed early and rise late, waiting for full sunlight. The attitude should be as if lying low, as if staying hidden, as if attending only to one’s own private business, as when we already have everything. Avoid cold and seek warmth, not allowing the skin to leak (sweat), keeping the qi under forceful control. This is what is in accord with winter’s qi, supporting the path or storing away...” (Translation from the ancient Chinese text the Su Wen of the Huang Di Nei Jing by Selah Chamberlain, DOM, MAEC © 2011 )

This is good advice for us all during the winter; advice that we tend to forget in our racing, high-achieving society. Part of the function of the Kidney is to help us know where our resources are, and how to access them. Somewhat like your savings account at the bank-although you use your checking account day to day, you try not to use up your savings because if there is sufficient money in there, you feel secure.

KIDNEY POINT continues on p. 5

2013 Conference: May 2-4, 2013 Denver, CO - see info on pp 6-7

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In reading such a sweeping and general discrediting of our work in a scholarly journal like JSAT, one would expect a list of citations to document the conclusion. In Miller’s article, however, there is only one citation: another article that he himself wrote (Miller et.al. 2003), appearing in a book he also co-edited called Handbook of Alcoholism Treatment Approaches: Effective Alternatives.

The indictment against acupuncture in the JSAT article is – at least in part - fraudulent on the surface, because the claim made by Miller is that “controlled trials have shown little or no beneficial impact on substance use outcomes from interventions such as acupuncture . . . .” The references cited to substantiate this assertion, however, are concerned with the treatment of alcohol only, not with research on the treatment of other substances for which acupuncture has been widely studied.

We find deeper flaws when we take an in-depth look at the sources and methods Miller uses in the cited article that set the standards he uses for judging acupuncture’s lack of efficacy involving any substance use outcomes.

In the JSAT article, Miller describes a process he has been engaged in since the 1970s reviewing alcohol treatment studies and summarizing their findings for the treatment community. By 1980, Miller and colleagues had considered 600 studies (Miller and Hester, 1980). They then began to focus exclusively on clinical trials, and developed an elaborate matrix for assigning “box scores” to each modality studied based on a variety of factors such as cost-effectiveness, quality of study design, and the methodology of the studies – the latter using 11 quality rating scales. By 2000, the group had identified about 400 studies that met their strict criteria.

The end result of this daunting project was the development of a ranked list - based on their efficacy of 48 interventions for treating alcohol problems. Miller describes (2003, p 17-18) the ranking criteria as follows (I quote him literally to demonstrate his statistical dexterity):

“Cumulative Evidence Score (CES). The CES is figured in this way. For each study, the Methodological Quality Score is multiplied by the Outcome Logic Score. Then [we] added up all these scores for a particular modality. So the CES is a function of the number of studies, the scientific rigor of each study, and the outcomes for a treatment within each study.

“Mean Methodological Quotient Score. This is the average score of the scientific rigor of each study in a particular modality. Scores can range from 0 to 17.

“Mean Severity of Treatment Population. This reflects the average of how severely dependent the population studied was. Scores range from 1 (less severe alcohol related problems and dependence) to 4 (severe alcohol dependence).

“% Excellent. This is the percent of studies in each treatment category that had high Methodological Quotient Scores (> 13 on scale of 1-17).”

The list Miller produced using this confounding method reveals some interesting things. More important, from our point of view, is that acupuncture doesn’t rank poorly at all! On a scale of 1 to 48, it ranks 17th. Thirty-one modalities are ranked lower, including interventions such as Client-Centered Counseling, Stress Management, Group Process Psychotherapy, Relapse Prevention, and Twelve-Step facilitation.

Miller states in the narrative (ibid. p 35), “Positive but isolated studies have been reported for acupuncture...” He cites three (Bullock et.al. 1987, Bullock et al 1989, and Worner et al, 1992), the first two of which reported positive results. They were landmark studies that bolstered our work by showing highly successful outcomes for homeless, recidivist, alcoholic men in a Hennepin County, Minnesota detox program (the second of these studies warranted publication in the prestigious Journal Lancet). The third study cited by Worner was an unsuccessful attempt to replicate the two Bullock studies using different sham acupuncture points for the controls.

The single most important question, from the standpoint of both research and researcher integrity, is, how did Miller arrive from “Positive but isolated studies have been reported for acupuncture...” in his cited source material to “controlled trials have shown little or no beneficial impact on substance use outcomes from interventions such as acupuncture ...”? Is it the result of a clerical error? An editorial slip on the part of JSAT? Is Miller held in such esteem by such journals that his citations are regarded as valid without any verification? Or is there an unconscious bias on Miller’s part against acupuncture that caused a lapse in objectivity? Is he among those research scientists who feel it their self-appointed duty to debunk something
that they neither understand nor can explain?

The answer is lost, because there is no formal mechanism within the research establishment that provides for questioning the veracity of unsupported allegations against reputable scholars publishing in mainstream journals.

That research establishment is an increasingly closed society, having folded into its ranks the pharmaceutical industry and the National Institute on Drug Abuse (NIDA-the primary research funding agency of the Federal Government) to a degree that the question of what strategies are effective to treat acute withdrawal and other acute symptoms of addiction and substance use is not open to further research. “Drug-free detox” (treating acute withdrawal without the use of drugs) is seen as an oxymoron, a contradiction in terms.

This collusion within the research community – in the view of one anonymous observer – resulted in the termination in of the Center for Substance Abuse Treatment’s (CSAT) “Treatment Improvement Protocol” (TIP) on acupuncture 2002, just as it was about to be published. According to that observer, NIDA influenced CSAT to abandon the TIP in order that the U.S. government not be viewed as in any way endorsing “unscientific” strategies such as “folk medicine,” or likely any other strategies that would provide alternatives to drug replacement therapies in the treatment of acute symptoms of addiction.

The current establishment consensus appears to be that there is no effective amelioration of the acute symptoms of addiction without the use of other drugs, and the only really significant research agenda is to see which one(s) are more effective for which drugs delivered by what routes of administration. For many of these treatment researchers, treating drugs with drugs seems perfectly reasonable and logical. They tailor the disease to fit their medicines in the name of “Evidence-Based Practice.” These researchers resemble those scientists noted by Mukherjee (2010, p 70-71) who, mistaking their zeal for competence, ascend further and further up the isolated promontories of their own beliefs, thus drawing the blinds of circular logic around themselves.

And, not surprisingly, they are often paid for their biases. Charles Seife writes in the Scientific American (2012), “In the past few years the pharmaceutical industry has come up with many ways to funnel large sums of money … into the pockets of independent researchers who are essentially independent no more.”


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group of trainees with significant experience in the mental health field. They were highly motivated to learn this new skill and take it back to their patients.

It did not take long for the trainees to realize that NADA is a lot more than “just the needles.” They quickly began to grasp the spirit of NADA and the Chinese medicine concept of integration of mind, body, and spirit.

“I was inspired and excited for the people once they were finishing the training, excited to see how they could use it in their community,” said Lindsay Herrera, commenting on the motivation of the trainees to initiate grassroots NADA programs in their community, such as offering regular treatments to local firefighters.

With the support of Judy Weaver, the director of staff education at CMHIP, trainers recruited friends and colleagues of trainees as well as other staff members from the hospital and nursing students, to receive treatments throughout the week and help the trainees practice their new skill.

Volunteers poured in and a remarkable 169 people received treatments that week, sometimes multiple times a day. “One day we had so many people we couldn’t fit them in the cafeteria, and we had to move them to the chapel,” recalls Herrera.

We asked the volunteers to write a brief note on the back of the consent forms and here are some of their comments: “This was the first time I ever experienced acupuncture and I am amazed at how relaxed I felt in a room full of people!” Another one that we found unique: “Peace of mind. Natural mystic blowing in the air!! One Love!!”

One concrete outcome of the training was to schedule four additional treatment sessions for staff to assist with stress management. “Staff are requesting additional times,” says Stuyt, “but right now we are leaving it up to the trainees to provide this on their individual wards.”

We are all looking forward to the upcoming NADA annual conference that will be in Denver this year. Some nurses from this training have already registered for it!

MK Christian is a Denver-based NADA trainer and licensed acupuncturist.

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The emotion associated with Water is commonly called fear or fright. Imagine you are driving across the country coast to coast, and as you go through Idaho where the road signs say “no facilities for 200 miles”, it begins to snow. The flakes start swirling down, and the wind begins to pick up. The sun went down an hour ago. Suddenly the low gasoline light starts flashing, accompanied by an ominous beep. The fear that you would feel is the same feeling in a Kidney that’s not working. It’s the legitimate terror of knowing that we’re not going to make it. If the Kidney is functioning, it’s like remembering that your partner had put a spare tank with 5 gallons of gas in your trunk. You just might make it after all—you might not need the extra, but you know you have it.

The Su Wen, in Chapter Eight, says that the Kidney is “the official who acts with strength, cleverness, and finesse.” At the beginning of the day, we can come in to work and get jobs done with no muss, no fuss, and no energy wasted. But at the end of a long day, it seems to take three times as much energy to get a quarter of the same work done. The Kidney represents the ability to perform these tasks with efficiency and intelligence, so there isn’t any energy wasted when the Kidney is healthy. KIDNEY POINT continues on p. 9

The NADA book club returns in February!

Next teleconference: Sunday, Feb 10 at 2 PM

Testimonial from a book club member:
“I felt nourished by information and experience sharing from the participants. We are separate in distance, in languages. Nonetheless, we suffer from similar difficulties: politics, vulnerability of clinic practicing, funding on demand. As a community we can support our efforts in learning better strategies to spread the NADA word.”

—Nylaia, ADS, Brazil

In the next NADA book club we will look at 3 research studies, one of which was authored by former NADA president, Ken Carter. Ken has agreed to join our discussion on Sunday Feb 10 to answer any questions group members might have about this study, and to discuss research issues in general.

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Guidepoints News from NADA

January 2013
Fostering Community Resilience and Healing

24th annual conference: May 2-4, 2013
Pre-conference Acu Detox Specialist training:
April 28-May 4, 2013

Conference Schedule

- **4/28-5/4**  
  Acu Detox Specialist Training
- **Sun-Sat**  
- **Th 5/2**  
  Directors and Administrators Workshop
- **Th 5/2**  
  Registered Trainers Day
- **Fri 5/3**  
  Opening Reception
- **Th 5/2**  
  Directors and Administrators Workshop
- **Sat 5/4**  
  All Member Meeting, Continental Breakfast
- **8:30**  
  Registration
- **9a-6p**  
  Plenaries and Breakout Sessions
- **7pm**  
  Banquet dinner
- **8-8:30**  
  All Member Meeting
- **8:30**  
  Breakout Sessions
- **12:30-2**  
  Lunch on your own
- **2-4pm**  
  Closing Plenary, Conferring of Training Certificates
- **Earn up to 15 CEUs for the 2-day conference, 5 for the Directors and Administrators Workshop and 30 for the Acu Detox Specialist Training!**

Keynote Speakers:

**Joan Borysenko**

**Judge Robert Russell**

Conference Accommodations:

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$119/night +plus tax. Rate available for up to 4 people per room.


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Conference Highlights:

**Joan Borysenko**, PhD, is the author of It's Not the End of the World: Developing Resilience in Times of Change and an internationally known speaker on spirituality, integrative medicine, and the mind/body connection. She is a clinical psychologist, the best-selling author of numerous books, and a journalist and radio personality.

**Hon. Judge Robert T. Russell Jr.** is an Associate Judge for the Buffalo City Court in Erie County, NY and past Chairman of the National Association for Drug Court Professionals. In 2008 he created and began presiding over the first Veterans Treatment Court in the U.S. He also founded Buffalo’s Drug Treatment Court in 1995 and Mental Health Treatment Court in 2002.
NADA 2013:
Fostering Community Resilience and Healing

Pre-conference Training

Earn an ADS Certificate of Training (up to 45 CE credits)
Attend this pre-conference training as well as the 2-day conference (you must attend both to complete the training) and earn an Acupuncture Detoxification Specialist certificate of completion in 7 days. This cost effective and time efficient ADS training and conference combination comes only once a year. From NADA’s top trainers, learn the simple ear needling technique and how to integrate it into addiction, behavioral health, and disaster response treatment settings. You will gain practical clinical experience at a Denver-based program. Register early – this event always sells out and space is limited.

Who can be trained?
Addiction and Behavioral Health Professionals*: If you work in the addiction treatment, behavioral health, or disaster response fields as a counselor, social worker, nurse, corrections officer, psychologist, medical doctor, case manager, mentor, etc. you may be able to add acudetox to your skill base. Many states have specialized exemptions that allow non-acupuncture professionals to learn and utilize the ear acupuncture protocol. NADA has documented the following states and provinces as allowing some type of ADS practice: Arizona, Arkansas, Connecticut, Delaware, Georgia, Indiana, Louisiana, Maryland, Michigan, Missouri, New Mexico, New York, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Native American reservations, Nova Scotia, Ontario, and Prince Edward Island. Check your state laws and regulations for more specific information.
* Because of the CO state law, if you are a CO resident, you must be a licensed acupuncturist, nurse or physician to take the Acu Detox Specialist training.

Licensed Acupuncturists: Join in the exciting integration of Chinese medicine within a traditional Western addiction and behavioral health setting. Become an advocate for the NADA protocol in addiction treatment as well as dual diagnosis and mental illness, and disaster response including PTSD. Enjoy the rich experience of opening doors for acupuncture to benefit those who may not otherwise seek out such a simple yet powerful healing treatment.

Note: You will receive a certificate of completion after the training but you do not need to submit continuing education credits to NADA on an annual basis in order to maintain status as an Acu Detox Specialist because this is not a certification.

Trainee Schedule
Trainees participate in a 5-day intensive training that begins on Sunday 4/28 and ends on Thursday 5/2, followed by the 2-day conference. The training interweaves the theory and application of acudetox along with a clinical practicum. Hands-on experience is available by providing acudetox treatments to each other as well as clients served by local programs. Trainees are required to participate in both days of the conference and demonstrate all the required competencies as an ADS to earn a certificate of completion at the end of the 2nd day of the conference.

Travel and Accommodations
Accommodations will be available at the Courtyard by Marriott at Cherry Creek at $119/night (up to 4 people per room). Trainees are responsible for transportation, lodging and food throughout the training period, although there may be organized carpooling to and from the training site each day.

Come celebrate NADA in the mile-high city of Denver—for things to do check out www.Denver.org

Guidepoints News from NADA
January 2013
TRAUMA RELIEF RE-IMAGINED WITH NEW EDITION OF UNIMAGINED BRIDGES
by Laura Cooley

By adding Spanish, Chinese, Danish, and Greek subtitles, a team of volunteer translators has made possible the release of the 5th edition of Unimagined Bridges: Ear Acupuncture for Disaster Trauma. Starting with New York City after September 11, 2001, Unimagined Bridges reveals how simple adapted traditional practices can improve modern medical care in both developed and developing countries.

To include all the photos I could not fit into the film, a 12-minute slide show, with titles of the programs depicted, has been added as an extra. This can allow people to have a slideshow running overhead during presentations, at a health fair, or other public event where newcomers may be passing by or receiving a demo treatment.

Initially, English subtitles were added after a NADA member suggested it could be used for outreach to the deaf community. Deaf and hard of hearing individuals face problems with availability, accessibility, and acceptability of mental health services, according to the Western Interstate Commission for Higher Education Mental Health Program.

The deaf population has historically faced the challenges of recruiting and retaining an effective health workforce that is culturally and linguistically prepared to serve them, as well as abuse rates that are 2 to 3 times higher than the general population.

Given the vast cultural and linguistic diversity in the deaf population, the ability to be adequately prepared to serve all of them is nigh impossible. But it gives more importance to our track record serving multitudes of cultures, and heightens the usefulness of using Unimagined Bridges in our mental health outreach efforts. Being able to provide a non-verbal treatment to people who live in a non-verbal world brings a new meaning to “meeting the patient where they are”.

Here at NADA, we understand our work is relevant, needed and useful. The task has been learning how to inform laypeople and professionals across cultures to motivate grassroots growth that drives the use of acu detox.

Consider some responses from viewers to Unimagined Bridges:

- NADA trainer Carolyn Reuben showed the film to the participants in the Sacramento Drug Divert Court this past fall. When she returned the following week, they asked to view it again.

  Why? “It spoke to them, and they wanted to catch what they missed the first time. It puts what the individual is experiencing into a context that expands their experience into a worldwide movement. It’s exciting and comforting for people to learn that they are part of a global movement that’s been going on for 30+ years. It legitimizes what they are being asked to be participating in, gives it more depth and makes it holy. It’s an incredible tool to show people who are under stress and who are having needles stuck in their ears.”

  Reuben adds, “it’s a wonderful marketing tool for us to not only to get new contracts, but to show to programs where we already have contacts, and to remember to keep showing it as the clients and staff change.”

- After a showing to the medical team at Yale’s Substance Abuse Treatment Unit, the medical director initiated NADA training, now mandatory for those attending Yale’s addiction training program, with graduate MDs taking acu detox to the nearby VA.

- Unimagined Bridges introduced acu detox to troops in the trauma program at Ft Hood, the largest military base in the world. On a visit, the counselors told me that all troops that saw the film tried acu detox, and that they visibly relax when Ritchie Denninger, peer counselor from New York City Fire Department, speaks onscreen.

Keeping a list of screenings of the film on my website reveals demand. If you show it, a quick email to tell me where and when it was shown, no matter how small an event, can go on the list of screenings. I welcome suggestions from anyone on how to reach the deaf
Kidney is an important point for the people we treat. People who have used alcohol and other drugs for many years and those exposed to violence and trauma have used up a significant portion of their internal bank balance. This shows in behaviors and symptoms of “empty fire” - agitation, sleeplessness, feelings of heat and inability to function in the face of stress. Healthy kidney energy can help to restore balance.

Nityamo Lian is an acupuncturist and NADA trainer in Albuquerque, NM as well as a NADA board member at large. She operates the nonprofit, Public Health Acupuncture New Mexico.
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Laura Cooley is a longtime NADA trainer and filmmaker. Cooley has begun a longer film that will illustrate what acupuncture has to offer the health care system today.

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G U I D E Q U O T E

“I came to learn about acupuncture and instead I learned about heart.”

-Kenny Whitbread, an ADS trainee in Ireland comments on a meeting he attended this September along with retired judge and former NADA board member, Sheila Murphy, and the founders of two NADA Eireann programs.
NADA’s Mission
“The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster and emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with other Western behavioral health modalities.”

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SPIRIT OF NADA: NADA Program Trains Colorado Nurses by MK Christian

In mid-November, the Colorado Mental Health Institute at Pueblo (CMHIP) hosted its third and most well attended NADA training for nurses, acupuncturists, and physicians who work in the Colorado state mental health system.

According to Libby Stuyt, NADA president and medical director of the flagship Circle Program at CMHIP, a dual diagnosis program that utilizes the NADA protocol on a daily basis, this training “had the most enthusiasm, excitement, and people following through” with completing their Acu Detox Specialist (ADS) training, as compared to the two previous trainings in 2004 and 2008. Stuyt and I co-taught the training along with Fort Collins-based acupuncturist Lindsay Herrera who is in the process of becoming Colorado’s third NADA trainer.

The interest and energy of the 27 ADS trainees was palpable throughout the 4-day training. The group consisted of one psychiatrist, one acupuncturist, a nurse practitioner and 24 nurses. This was a talented