

GUIDEPOINTS:

News from NADA

November 2011

2012 CONFERENCE ISSUE

INFO ON THE 23RD ANNUAL NADA CONFERENCE IN NEW HAVEN, CT: JUNE 14-16, 2012

SEE PAGES 6 AND 7 + INSERT

MEETING NEEDS WITH NEEDLES: A REVIEW OF THE 2011 NADA INTERNATIONAL CONFERENCE, DUBLIN

By Samuel K. Roberts

When NADA office manager Sara Bursać asked me to write a summary of this conference I had misgivings. I am not a NADA member nor am I trained in the protocol. I am not a healthcare or social services worker. I am an historian and social scientist writing a book about the history of political and social movements in addiction recovery in the United States between the 1950s and 1990s.

Yet it seemed, in a sense, only appropriate, as one of the things which fascinated me the most about the conference weekend was the repeated de-emphasis of so-called qualifications in favor of an ethos of “attack the problem the best we can”. Each of the salient themes that emerged echoed this ethos.

Access and affordability of treatment and training

This, perhaps more than any of the other three themes,
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GUIDEQUOTE

“This is a first meeting, a process, and it’s especially important that it’s in a country that’s had a lot of divisions. Bill Wilson, one of the founders of AA, said that they finally figured out that if they helped other people, that would help them come together. You don’t even have to succeed, you just have to try.”

--Opening remarks at Dublin conference by NADA founding chairperson, *Michael Smith*



Photo courtesy of Bullit Marquez/ AP Photo

Two typhoons hit the Philippines in late September and early October of 2011. On October 14th we got a message from NADA trainer and founder of NADA Philippines, Janet Paredes:

“We cannot move to give treatments because WE HAVE NO NEEDLES! I am calling on the NADA family if you can help us out with a needle drive for Masantol Pampanga, Calumpit and Hagonoy Bulacan - these are the areas we want to reach this November. Ms. Cristina Tangonan is filling a box for needle donations.”

Tanganon is a NADA member and travels frequently to the Philippines. For questions, contact her at (805) 952-2228.

To make a needle donation, mail to:
Cristina Tangonan, 141 Santa Rosa Ave.
Oxnard, CA 93035

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pervaded the two days in Dublin. Rightfully so, since the rapid international spread of the NADA protocol owes itself to the principle, formed at the Lincoln Recovery Center in the South Bronx of New York City, that treatment should be effective, affordable, and accessible.

Most delegates noted increased activity in training as well as treatment. Jorma Paalasmaa, a Finnish medical doctor, reported the existence of some 700 NADA acupuncture specialists in Finland. At the nonprofit Retretten in Norway, program founder Rita Nilsen reported that in the last year staff provided acupuncture treatments every hour on the hour, serving over 6,500 people.

“NADA members must think and move politically in order to ensure the survival of the protocol and the communities it serves.”

This is not to say that there are not challenges in providing affordable treatment and training. When Dessie Kyle of the HURT program in Derry spoke of the lack of government support -- “something which I’m sure rings a bell with a lot of you” -- it seemed that virtually everyone in the room nodded their heads in agreement. But it is not just governments that can pose a barrier to treatments. Former NADA president Ken Carter’s closing remarks on Saturday specifically pointed out the problem of acupuncturists in the United States, as represented often by official acupuncture boards, who pose bureaucratic barriers rather than help spread the NADA protocol.

The importance of community and community empowerment in all aspects of health and recovery

Some time ago, in the course of my research on the history of community-based addiction treatment programs in the United States, I met the staff of the Lincoln Recovery Center. As Michael Smith, Nancy Smalls, Jeanette Robinson, and Jo Ann Lenney noted, Lincoln Recovery began in the early 1970s (as Lincoln Detox) and persisted for over four decades as the strongest and most enduring example of the community-based movement.

This year, virtually all of the delegations had an emphasis on community empowerment through mobilization, access to treatment and training, and active participation in the treatment program. And implicated in these communities are not only service providers and patients. As a number of delegates noted, rates of substance dependence often reflect the turmoil that an entire community – even those who do not use intoxicants at all – may experience.

This was explicit in presentations by Tomas Fisher from Belfast and delegates from Derry’s HURT organization. For Fisher and the Derry delegation, the problem of political violence and repression looms large in the issue of drug abuse. Their mission was not simply the treatment of drug use, but the treatment of trauma which had led thousands to self-medicate for symptoms of stress and pain.

Nic Constable of Cornwall reported severe economic stagnation in his community as evidenced by unemployment, underemployment, and lack of educational opportunity, which readily produces suffocating conditions causing many to find escape and relief with drugs. Constable noted that official policy too often recognizes only those who have entered the criminal justice and weakening public health system, while giving comparatively little attention to the fraying community fabric of people who may not be drug users but are vulnerable and exposed to stress on a daily basis.

Using social media like Facebook and a newsletter, Mette Wiinblad of Denmark plans to integrate the greater community into their NADA practice, describing the effort as “Acupuncture for the People”.

Skepticism of medicine’s authoritative claims, especially in the face of evidence to the contrary

On my way to Dublin I carried an essay by Adele Clarke on “biomedicalization,” a term which she uses to define the tendency over the past 2-3 decades of the medical industrial complex to privilege expert, large-scale, technical, and technocratic approaches to problems which are often social in origin and nature.

Delegates at the Dublin conference appeared to have an investment in countering this tendency, namely because biomedical approaches tend to ignore the social dynamics of community. While acupuncture detoxification requires *technique*, it is not highly *technical*. Acquisition of the protocol’s skill set has a low barrier to entry (simple training enforced by repeated application). Its spread is diffuse and not warehoused in large politicized research institutions or industrial profit-taking pharmaceutical concerns.

In fact many delegates reported successfully treating conditions to which biomedicine attempts to lay exclusive claim. German doctor Ralph Raben reported the use of NADA protocol in a wide spectrum of psychiatric treatment regimens based on a response from 300 (out

of 600) surveyed colleagues in Germany (this despite the fact that German regulations mandate that only medically trained personnel should use the protocol).

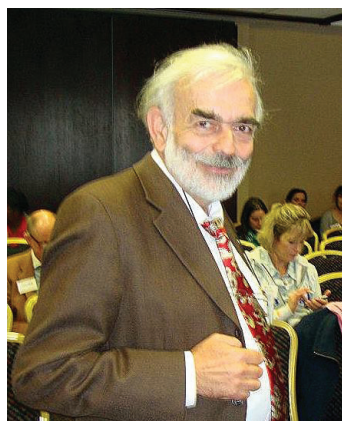
Other presenters noted that they found the NADA protocol useful in treatment of depression, schizophrenia, bipolar affective disorder, borderline-personality, and anxiety. Lars Wiinblad of Denmark threw down the gauntlet, reminding us that in most cases the commonly prescribed pharmacopeia is of dubious efficacy and unknown action on the brain.



Ralph Raben

The necessity of political mobilization

I learned as a historian, and then as a guest at the Dublin conference, that NADA at its genesis and in its subsequent decades of proliferation has at its core the recognition that NADA members must think and move politically in order to ensure the survival of the protocol and the communities it serves.



Ajándok Eőry

Under sway of the biomedical impulse, the Hungarian government seems poised to bar non-medical personnel from practicing the NADA protocol, an issue which the Dublin delegates addressed in an open letter crafted by retired judge Sheila Murphy and NADA office manager Sara Bursac, guided by the representative from NADA

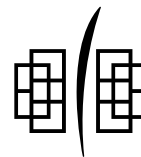
Hungary, Ajándok Eőry and his delegation. This letter is posted on the NADA blog and has already been presented to various officials in the Hungarian government.

In his closing remarks, former NADA president Ken Carter emphasized the utility of thinking of the NADA protocol as a “folk medicine.” “A fancier way to say ‘folk medicine’ may be to say ‘wait list control,’” said Carter, since the demand for detox services in the U.S. is so high, and patients have to wait for weeks or months to enter a program.

Carter also pointed to the necessity of a return to the

DUBLIN continues on p. 10

Guideposts News from NADA



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Spirit of NADA: THE POWER OF MAGNETIC BEADS WITH CHILDREN

My name is Elmarie van der Westhuizen and I am an Asian Bodywork Therapist in Kansas City, Missouri. I work with families and children, and have been using magnetic beads and seeds for many years. I would like to



share with you the story of a 4-year-old girl who became a client of mine.

I learned about the girl through her grandmother, a long-term client, who said that for about 2 years her granddaughter's behavior displayed a combination of

hyperactivity, aggression, tantrums, and a lack of focus. She also had trouble falling asleep and staying asleep.

The grandmother is very involved with all her grandchildren. She calls them for sleepovers, they swim and picnic around her pool; she adores them. At times when the parents do not know which way to turn she says

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NADA SERVICES HELP SURVIVORS COPE WITH THE 10TH ANNIVERSARY OF 9/11

By Jackie Vendetti & Wendy Henry

As with many large-scale traumatic events, survivors can experience a resurfacing of their original trauma symptoms during an anniversary. In anticipation of the emotionally charged 10-year anniversary of 9/11, the Mental Health Association of New York City (MHA-NYC) staffed "Family Support Centers" near the memorials in New York and Washington, DC, with mental health counselors and chaplains, massage therapists, acupuncturists from CRREW (Community Relief & Rebuilding through Education and Wellness), art therapists, imagery therapists and therapy dogs.

Funded by the federal program, 9-11 Healing and Remembrance, the goal of MHA-NYC was to provide families, responders and survivors a place where they could experience a healing and transformative atmosphere. When the MHA-NYC launched the program in 2010, acupuncture was one of the mind/body supports specifically requested by 9-11 families.

4

What we experienced in the "Family Support Centers" was a synergy between traditional mental health and mind/body therapies. People who didn't want talk to a counselor were able to access the acupuncture or massage room. Many family members, especially youth, drew pictures or talked to therapy dogs, opening a way for them to speak to the counselors. If an individual or family had met with a counselor, they were encouraged to visit the wellness stations to continue the relaxation that often follows a release of feelings. Both modalities appreciated and greatly depended on the other's services.

The comments we received were highly encouraging: "Thank you so much for the acupuncture treatment and having a calm place for my energy to heal; Thanks for all the help and relaxing of natural therapy – the acupuncture, massage and the therapy, ...was great; Very helpful...I feel great – from the positive energies of the people and a great acupuncture treatment...First time for me. Helped me to learn more about my body and my feelings. Will be back for more."

Our experience working with people affected by 9-11 started when LifeNet, a crisis hotline, became a primary point of entry for all New Yorkers to access mental health supports in the wake of the disaster. Between 2002-2004 we trained over 7,000 trauma crisis care providers and from 2002-2009 MHA-NYC administered the 9-11 Mental Health and Substance Abuse Benefit Program which provided financial assistance for mental health care to the 9-11 population. Due to the success of the World Trade Center Relief Services Ear Acupuncture Program at St. Vincent's Hospital, acupuncture became a covered service under the benefit program.

In the 10 years that MHA-NYC has worked with the 9-11 community we have observed that ear acupuncture has been a readily accepted stress reducing treatment especially when used in conjunction with traditional mental health services. In the immediate aftermath of the event, it helped induce calm and enable people to better cope in the post-trauma atmosphere; acupuncture and mental health practitioners saw that after treatment people were laughing and sleeping for the first time since the disaster.

Contact information:

Jackie Vendetti is the Media Services Coordinator for the 9-11 Healing and Remembrance Program: jvendetti@mhaofnyc.org

Wendy Henry is an acupuncturist and operates Acupuncture Mobile Services: acumobile@gmail.com

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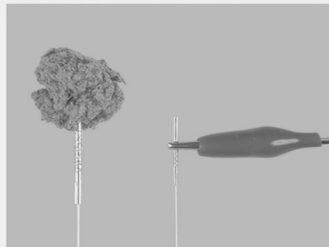
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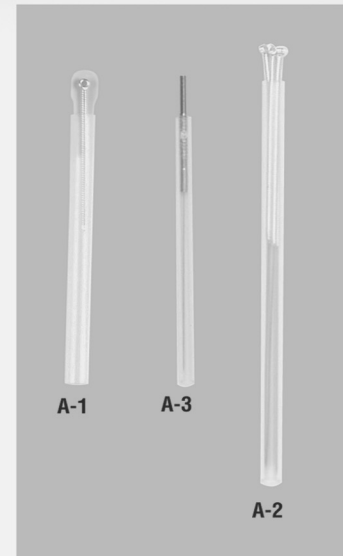
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- A-1** Spiral silver handle single pack needle
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Diameter	Gauge	0.5"	1"	1.5"	2"	2.5"	3"
0.12mm	#44 ~ #02	•	•				
0.14mm	#42 ~ #01	•	•				
0.16mm	#40 ~ #1	•	•				
0.18mm	#38 ~ #2	•	•	•			
0.20mm	#36 ~ #3	•	•	•			
0.22mm	#34 ~ #4	•	•	•	•		•
0.25mm	#32 ~ #5	•	•	•	•		
0.30mm	#30 ~ #8	•	•	•	•		•

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NADA Protocol: Pioneers and Visionaries of Integrative Medicine

23rd annual conference: **June 14 - 16, 2012**

Pre-conference Acu Detox Specialist training: **June 10-16, 2012**

at Yale University

Conference Schedule

6/10-16	Acu Detox Specialist training
Sun-Sat	
Th 6/14	Directors and Administrators Workshop
9am-3pm	
Th 6/14	Registered Trainer's Day
9am-5pm	
Th 6/14	Opening Reception: Featuring Local Artisans and Entertainment
6-8pm	
6/15	Fri
8-8:30am	All Member Meeting Continental Breakfast
8:30am	Registration
9am-6pm	Plenary and breakout sessions
12:30-2pm	Conference Luncheon
6/16	Sat
8:30am	Breakout Sessions
12:30-2pm	Lunch on your own
2-4pm	Closing Plenary Conferring of Training Certificates



Conference Accommodations:

Courtyard by Marriott at Yale

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

Cut-off date for room discount: 5/14/2012.

Call to make a reservation: (203) 777-6221.

Parking: \$15/night.

Yale University Dorms

\$70/night for a single room OR \$40/night for a bed in a double (2 single beds).

Rooms come with a blanket, pillow and bedding (sheets, pillow case & towel).

All rooms are grouped in suites. 2-4 rooms with common area per suite. Shared bathroom and showers. – *yes, folks, you're staying in a dorm!*

Contact the NADA office by 5/14/2012 to reserve a room: (888) 765-6232.

\$50 fee to make adjustments to the reservation (adding or removing room nights).

Parking for all registrants is available on the Yale campus: \$8/day or \$28/week – online registration required.

Conference Highlights:

Innovative NADA Training for the Department of Psychiatry at the Yale School of Medicine: *A Collaboration with the West Haven VA Medical Center*

Baltimore NADA Trainings: *the Glass program*

Trainings in El Paso, TX and Juarez, Mexico

History of Research of the NADA Protocol

Continuum of treatment: *NADA protocol as part of an ideal treatment model*

Earn 15 CEUs for the 2-day conference, 5 for the Directors and Administrators Workshop and 30 for the Acu Detox Specialist Training!

NADA Protocol: Pioneers and Visionaries of Integrative Medicine

Pre-conference Training

Directors and Administrators Workshop

*Facilitated by
Michael Smith*

*founding Chairperson of NADA
and retired medical director of
Lincoln Recovery Center*

*Thursday 6/14/2012
9am-3pm*

Workshop Purpose: to learn how to integrate acu detox into an addictions or behavioral health treatment program and maximize its benefits with a variety of client populations.

Workshop discussion will focus on issues brought forth by group participants. Frequently asked questions include:

- How does acu detox help clients better engage and participate in treatment?
- What are the costs to running an acu detox program? Can it save our program money?
- How can supervision help the program and the clients?

Earn an ADS Certificate of Training (45 CE credits)

Attend this pre-conference session 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 one or more New Haven-based programs. **Register early – this event always sells out.**

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 acu detox 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, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, New Mexico, 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.

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 maintain status as an Acu Detox Specialist because this is not a certification.*

Training Schedule

Trainees participate in a 5-day intensive training that begins on Sunday 6/10 and ends on Thursday 6/14, followed by the 2-day conference. The training interweaves the theory and application of acu detox along with a clinical practicum. Hands-on experience is available by providing acu detox treatments to each other as well as clients served by local programs. Trainees are required to participate in both days of the conference to earn a certificate of completion at the end of the 2nd day of the conference.

Travel and Accommodations

Accommodations will be available at two locations: Courtyard by Marriott at Yale at \$119/night (up to 4 people per room) and Yale University dorms at \$70/\$40 night (see p. 6 for more detailed information). 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.

BHUTAN TREATMENT PROGRAM BENEFITS FROM NADA TRAINING

By Janice Halteman & Brendan Walker



Photos courtesy of Janice Halteman

The following report was compiled by 2 NADA-trained licensed acupuncturists who went to Bhutan in August of this year. In the September 2010 issue of Guidepoints we printed a story by Emily Lewis, a clinical social worker who spent a 3-month volunteer internship at the Jigme Dorje Wangchuk National Referral Hospital also in Thimphu. During this 3-month stay, Lewis conducted a NADA training for 5 hospital staff. To read the full story, log in to acudetox.com and go to the Guidepoints section where you can download past issues of newsletters.

The purpose of the month of study was to explore similarities between Bhutanese traditional medicine and Chinese medicine, including diagnostics and herbal therapy. We also hoped to learn about ancient traditional Bhutanese therapies and spiritual practices not common to Chinese medicine.

We treated hundreds of patients for pain and internal medical complaints with acupuncture at both the National Traditional Medical Hospital and to outpatients in the pain clinic of the Jigme Dorje Wangchuk National Referral Hospital (JDWNRH), the largest allopathic referral hospital in the country, located in Thimphu, the capitol. Upon referral from JDWNRH physicians, we also made home visits.

As the occasional Sunday was free of otherwise scheduled patients, we sought out and obtained authorization and an invitation to travel to the Treatment and Rehabilitation Centre for Drugs and Alcohol Dependents (the Centre) in Serbethang, Thimphu, Bhutan to offer the NADA auricular acupuncture treatments to counselors and inpatient clients in both the male and

8 female facilities.

The Centre was established in 2009 and provides a men's dorm which houses 12 patients and a women's dorm which houses 8. The recommended stay is three months. Each dorm has peer counselors who are recovered addicts, and one administrator oversees both.

In order to be admitted in the Centre, a patient must first be treated by a staff from the psychiatric department at JDWNRH. The hospital psychiatrist must then make a formal referral for the patient to obtain a bed at the Rehabilitation Centre.



The Centre's facilities were established by the Youth Development Fund in close consultation with the Bhutan Narcotic Control Agency (BNCA). Funding for services at the treatment facility comes from the United Nations Office on Drugs and Crime (UNODC), the United Nations International Children's Emergency Fund (UNICEF), the government of Bhutan and other individual donors mobilized by the BNCA.

Patients pay 1500 Ngultrum per month, equivalent of 34 USD, to participate in the treatment and rehabilitation program. According to the administrator of the Centre, the structure of daily activities as well as length of stay follows recommendations issued by the World Health Organization. The day begins with prayer, and throughout the day patients are involved in gardening, counseling, socializing and reflection. Family members can visit one day on the weekend.

Our visit was well received by both counselors and Centre residents. Some counselors had previously received NADA training but did not have supplies to treat the patients. We talked about our experience volunteering in similar rehabilitation centers in the United States and the effectiveness of the ear acupuncture protocol. We then performed the protocol on all of the patients and

counselors in the men's facility.

At the conclusion of our stay, we traveled with the counselors to the women's facility where we trained and supervised them to provide the ear acupuncture protocol. We left them with 4,000 needles and a promise to help them obtain more supplies as necessary.

Bhutan is a developing country with a growing need for alcohol and drug rehabilitation facilities. The waiting list to receive treatment at this facility is currently four months, and although they have no formal records of success versus recidivism rates, they believe their success rate to be nearly 75%. Within the tight community and social structure of both the facilities and the country as a whole, these rates may be realistic. Support in the form of cash contributions or needle supplies would be welcome.

Note from Emily Lewis: "I am delighted to know about this. The alcohol and drug rehabilitation center is one of the places I demonstrated Acudetox, but we were not able to concretize a way of their receiving ongoing Acudetox. I am glad they are now trained."

For more information and to send donations contact Janice Halteman: halteman@gmail.com

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and policy consultant, Ryan Bemis hails from Wyoming. "NADA has traditionally set roots easily in rural states like Wyoming where what is valued is pragmatic hassle-free social solutions that save taxpayers money," says Bemis. "There's just a few acupuncturists, and a people who regard community over bureaucracy: fertile ground for NADA."

In 2010 the NADA office added outreach and education as part of its main operations. The relocation to Missouri from Washington helped bring a fresh energy to the Show-Me state where ADS activity had been dormant for some 5 years. "We did a lot of outreach in Missouri in preparation for the 2011 conference, and I plan to stay involved with the momentum that has grown here," says NADA office manager Sara Bursać.

New contact information will be printed in the January newsletter, sent in e-mail updates, posted on the Facebook page, and on the website.

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DUBLIN continued from p. 3

ethos of the South Bronx's Lincoln Recovery, the home of "people who love their community enough to take a risk ... and make that treatment available." Sheila Murphy and Margaret MacCurtain sounded the clarion call for outright and forceful mobilization in the courts, the jails and prisons, and the streets.

Thank you to those who so generously shared their insights with me, and for a fascinating and inspiring two days with NADA in Dublin!



Samuel Roberts is an Associate Professor of History at Columbia University and an Associate Professor of Sociomedical Sciences at the Mailman School of Public Health.

skroberts@columbia.edu

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they will call her to come over or bring the little girl to her for guidance.

When the grandmother initially contacted me about her granddaughter, she was on the verge of tears. She said the parents wanted to medicate their daughter and she asked them if they would consider an alternative treatment first. With her guidance, they chose to give the ear magnets a try.

Ear magnets or seeds are small balls approximately the size of a mustard seed that are placed on an ear acupuncture point and attached with a round or square piece of adhesive tape. The point most commonly used with children is reverse Shen Men, located on the back side of the ear.

I showed the grandmother how to apply the beads and asked her to keep me informed of the progress. She wrote the following: "I have put the magnets on my grandbaby, she calls them batteries. She has left them on. In fact she is really proud of them. Everyone can attest to the fact that

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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Contact: NADA, PO Box 1655, Columbia, MO 65205-1655. Phone: (888) 765-NADA. Email: NADAOffice@acudetox.com. President: Elizabeth "Libby" Stuyt, Editor: Sara Bursac ISSN-1070-8200.

they have worked miracles. She seems to be much more focused. So the vote is in they want to continue this until she is 80 years old.

My other son has also been using them for his ADD. His wife notices a difference in him. They want to put them on their 2 year old, too! So I guess my whole family with their lack of focus is sold. Now I need MANY more. Let me know how I can buy enough for my entire family to use. Also I need to know how soon I can get them. Hundreds of them! Thousands of them!"

NADA trainer Jo Ann Lenney from New York adds this note: The magnetic bead is placed on the reverse Shenmen. One can frequently observe distended veins, moderate erythema or poor skin tone at this location suggesting a need for tonification. The beads merely rest in place – they should not be pressed or manipulated.

A child's response to the beads is both quicker and easier than an adult's. When Dr. Mike Smith first started working with the beads, it was thought that treatment should be continuous – now it seems that this is not so. The bead treatment initiates a healing process that does not necessarily need prolonged stimulation to be effective. It's as though a blockage has been removed – a veil has been lifted. The beads start the process of the kids making themselves better – they may still be in trouble but they can now learn how to help themselves.

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NADA OFFICE MOVES TO THE COWBOY STATE



Starting January 2, 2012, the NADA office will begin operations in a new location: Laramie, Wyoming. But the office just moved to Missouri, you exclaim! Yes, this is true. And life changes and moves in unpredictable ways.

But let's think about this as an auspicious move for the organization. Laramie, a town of 30,000 with the only university in the whole state, is just two hours north of Denver, Colorado, where we hope that the 2012 Colorado legislature will make a second attempt (*first one was in 2011 – see the March issue of Guidepoints*) to pass an ADS law, joining 17 other states that have supported the expansion of acu detox specialists for the past 20 years.

The new NADA president, Elizabeth “Libby” Stuyt, lives in Pueblo, CO, a 2-hour drive south from Denver. The NADA office looks forward to being in proximity to

Stuyt and the Circle Program, an innovative dual diagnosis program at the Pueblo State Hospital, of which she is the medical director (*see the Sept issue for more information about Stuyt and the Circle Program*). Stuyt told the NADA office that there is quite a large drug problem in Wyoming. “I’m so glad that the office will be there to do outreach.”

NADA founding chairperson Michael Smith and trainer Lianne Audette attended the 2010 Wyoming Drug Court Conference in Jackson, WY. Both Smith and Audette found a supportive and receptive audience among the assembled drug court officials who wanted to learn more how the NADA protocol could benefit their programs. Additionally, “many local acupuncturists and staff social workers were making partnerships as we spoke,” said Smith. The NADA office looks forward to building and expanding these partnerships and help bring NADA treatments to many communities in Wyoming.

Known to members as the Guidepoints staff writer

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