

## **CANADIAN CITY FINDS ACU DETOX ADAPTABLE TO DRUG ZONE**

Self-report data from clients of a pilot NADA protocol-based project conducted in a notorious drug zone in Vancouver, British Columbia gives support to the feasibility of the technique for reduction of substance use among “the marginalized, transient population”. The target population represents the “poorest urban population in Canada” with an HIV prevalence of 30% and a hepatitis C prevalence of 90%.

An article reporting the findings appears in the *Journal of Urban Health*, released this month. One of the co-authors is Louise Demorest, an acupuncturist, long time NADA advocate and former registered trainer based in Vancouver.

As pilot work, the project is described by the report as “designed to examine the feasibility of delivering acupuncture services and using tools to measure the impact of the acupuncture treatment. It was not designed to draw any firm conclusions as to the efficacy or effectiveness of the acupuncture treatment.”

The actual work with patients and collection of data occurred in the summer of 1999 at the Vancouver Native Health Society drop-in center, a centrally-located, multidisciplinary clinical setting where the NADA protocol could be integrated with other medical services.

A second site was the Salvation Army’s Harbor Light complex, described in the report as “a more structured, ‘traditional’ detox and residential alcohol and drug treatment program. Operating at this location would provide information about how acupuncture would or would not fit within such a program.”

Subjects could receive the NADA protocol five days a week during the study period. In addition, staff members of all agencies serving clients in the drug zone (known locally as Downtown Eastside or “DES”) as well as the family and friends of drug-users at the Native Health site could experience the needling treatment. The study report explains that this practice was intended to equip the staffers to “better inform their clients about the service”.

Data on the effects of the project derived from client questionnaires and comments, attendance records, queries mailed to community agencies and “direct feedback from clients and staff”. The information was compiled and analyzed with generally recognized computer-aided statistical methods.

261 individual clients took part, 52% male and 56% Caucasian. Drugs of choice covered the spectrum, with alcohol the most common followed by heroin.

Symptom reduction, based on self-report data from weekly questionnaires, showed a statistically significant reduction over the project period for depression ( $P=.04$ ), anxiety ( $P=.001$ ), “muddle-headedness” ( $P=.02$ ) and suicidal feelings ( $P=.03$ ).

According to the authors, client reports of their substance use patterns show “an increasing tendency towards abstinence ... over time among clients who attended acupuncture sessions for at least 4 weeks” at the  $P=.01$  level of significance.

Less quantifiable but warm-hearted comments came from clients, underscoring the social marketing value of the NADA protocol as something that can attract clients initially and help them to keep coming.

From the survey of community agencies, the researchers elicited generally positive anecdotal comments about the project and all but one of the eleven responding organizations stated “they would refer clients to acupuncture in the future.”

Janssen, PA, Demorest, LC, Whynot, EM, Acupuncture for substance abuse in the downtown eastside of Vancouver, J of Urban Health, access on line published May 4, 2005:  
<http://jurban.oupjournals.org/cgi/content/abstract/jti054v1?ctx=ef>

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