DELAWARE MOVER AND SHAKER MOVES ON

Irene Rust is a registered nurse and NADA acupuncture detoxification specialist who has played a major role in creating and sustaining one of the most accessible and stable acu detox-utilizing addiction treatment sites in North America. As of this month, she has retired from her longtime job as executive director of the Kent/Sussex Detoxification Center in Ellendale, a very small town in the farming/fishing coastal lands of southern Delaware.

In 1993, Irene set out to reduce the recidivism and AMA rates associated with the crack cocaine impact of the late 80’s. Adding acu detox allowed the center to meet four out of five management goals, especially showing a significant reduction in recidivism and AMA rates between those who participated in ear needling and those who did not. Beck depression scale scores also had significant pre and post treatment differences.

The state-run agency serves persons over 18 who can not find help elsewhere due to their lacking insurance coverage. Kent, Sussex and Newcastle counties comprise the unit’s catchment area, but patients from the northern part of the state often come to Ellendale, preferring its more friendly environment. Patients in alcohol withdrawal undergo a five day detox schedule and patients on opioids remain for seven days. In its most recent data summary, for 2005, the unit shows an overall treatment completion rate of 80.45%.

The agency’s facility is possibly unique in North America in that it occupies an officially-designated historical site that was once a public school built in 1928. State authorities permitted its new use as a detox unit on the condition that the building’s architecture be always preserved.

Two-State Health System Adds Acu Detox

One of the USA’s largest regional healthcare systems has added the NADA protocol as an available modality for behavioral health patients in both a 42-bed inpatient unit and an urgent care clinic.

Heading the project is Ken Carter, of Charlotte, North Carolina, a psychiatrist on the staff of the Carolinas HealthCare System (CHS). Ken is also an acupuncturist, a NADA registered trainer and the vice president of NADA. Providing the needling at the clinical sites will be four of the behavioral health center’s other psychiatrists whom Ken has trained as NADA acupuncture detoxification specialists. During the training period, prior to beginning the treatment of patients, behavioral health staff members were encouraged to receive free treatments. Ken reports this offer was very warmly received and he hopes to make acu detox available to staff on a continuing basis.

Ken says the inpatient unit now offering the NADA protocol has a mixed population of about half severely, persistently mentally ill patients with the others needing care for depression, suicidality, and substance use disorders.

Ken sees a future expansion of the service, including giving acu detox support to CHS’ internal employee assistance program (serving 15,000 individual staff members) with a particular focus on smoking cessation and diabetes/weight management interventions. He is seeking funding for pilot outcome studies on the project. Ken also expects to be visiting with state legislators in an effort to make North Carolina more ADS-friendly in terms of statutes and/or regulations. (At present, North Carolina rules restrict use of any sort of acu detoxification).

NADA Veterans Affirm Safety for Pregnancy-Related Treatment

In response to concerns raised by some NADA members about the safety of auricular acupuncture for pregnant women prone to miscarriage, a consensus of NADA clinicians with long-time experience supports the safety of the NADA protocol. Clinicians consulted by Guidepoints affirm that while it is always important to consider each patient’s individual constitution at any given time, the four or five-needle protocol is safe to use on pregnant women, including those that may be at risk for miscarriage.

Advocates have supported the use of auricular acupuncture for the treatment of addiction in pregnant women, but until 1998, NADA protocol had recommended utilizing a three-needle treatment, rather than the usual four- or five-needle regime.

This issue was last given public discussion in the May 1998 issue of Guidepoints, a review of which demonstrates NADA’s evolving opinion and clinical experience of the acudetox protocol for pregnant women. That article recounted how providers have successfully used the full four- or five-earpoint treatments for pregnant women for years. Brian McKenna, an acupuncturist and long-time NADA activist and trainer, was quoted as saying that EuroNADA clinicians have been using the five-point protocol all along, especially in Germany’s Ralph Raben, a medical doctor specializing in OB/GYN, and also an acupuncturist and NADA-trained ADS.

PREGNANCY continues on page 8
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**WEST COAST NADA PIONEER TAKES NEW ASSIGNMENT**

David Eisen, an acupuncturist and social worker who is one of NADA’s best known pioneers, and a former president of the association and current board member, is taking over as director of Project Quest, an integrative health service for chronic illness in Portland, Oregon.

The new position follows David’s 18 years with the Portland Alternative Health Center (PAHC). He played a major role in bringing the NADA model of treatment from Lincoln Recovery Center in the South Bronx to Oregon’s largest city. There he worked to establish an acupuncture capability throughout a multi-modality addiction treatment system under the corporate umbrella of Central City Concern. The largely homeless target population of the city-wide system was eventually able to access NADA-

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**West Coast Nada Pioneer Takes New Assignment**

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The question was again raised when Sharon Driscoll, a social worker and NADA registered trainer in Bridgewater, Nova Scotia and some of her colleagues read in Advanced Textbook on Traditional Chinese Medicine and Pharmacology Volume 4, that “Ear acupuncture treatment is not suitable for old or weak patients and pregnant women who suffer habitual abortion.” Anecdotally, Sharon reports, two of their trainees experienced onset of menses after treatments, one of which had been period-free for three months, while the other was a few days early.

One of NADA’s items of approved literature is “Acupuncture as Treatment for Substance Abuse and Its Application During Pregnancy”, by Ruth Ackerman, a social worker, psychotherapist and NADA registered trainer. In that paper Ruth quotes Nolan Cordon, a medical doctor whom she describes as “the foremost authority on auricular medicine in the United States” as stating that auricular acupuncture points when stimulated manually would not endanger pregnancies: “The body will draw from the auricular protocol only what is needed. Pregnant women can be treated in all phases of pregnancy as long as electrical stimulation is not used.”

Also, according to the Ackerman paper, traditional and contemporary scientific studies support the safety and efficacy of acupuncture for the inhibition of premature labor, as well as the use of auricular acupuncture administered for anesthesia during caesarean section with no negative affects on the fetus.

Another source of questions about pregnancy issues is the web site www.tcmcentral.com which states that pregnant women in the first five months of pregnancy should avoid auricular acupuncture, and pregnant women in the last five months of pregnancy should avoid these auricular points: internal genital, endocrine, abdomen, uterus, and ovary. The web site also claims pregnant women with a history of miscarriage should avoid auricular acupuncture entirely.

In contrast Hong Jin, dean of faculty at Oregon College of Oriental Medicine, a licensed acupuncturist who specializes in women’s health, states that she will often choose ear points for pregnant women, deeming them safe and gentler than body points.

A consensus of the experts concluded that there is no basis in traditional Chinese medicine, research or clinical experience for not using the full four- or five-point auricular protocol on pregnant women per se. But style and full-body acupuncture. Acupuncture was accessible regardless of the phase of treatment currently occupied, from acute inpatient detox to long-term alcohol and drug-free housing to outpatient follow up services. The newsletter of the Oregon acupuncturists’ association observed that “PAHC has been a national role model for public health clinics and chemical dependency treatment utilizing integrative medicine.”

Known for a hands-on style of working, David not only treated legions of patients, and trained a generation of ADs (at least 140 individuals, according to NADA Office records), but also frequently practiced various building trades after hours and on weekends in order to remodel, expand and beautify the physical facilities of his clinics. Persons accustomed to the often disheveled quarters of agencies serving low income clients would express amazement at the high level of physical cleanliness, comfort and attractive design of Central City sites.

Founded in 1989, the not-for-profit Project Quest has gradually expanded its mission beyond an original focus on HIV/AIDS and now serves patients with chronic pain, mental illness and cancer. David explains the service will be using a multi-disciplinary approach including Chinese medicine, osteopathy, massage, nutrition and Western psychiatric techniques.

David reports he is in process of expanding the Quest program further by adding a program specifically for people with co-occurring behavioral health disorders. This project will require obtaining a state alcohol and drug treatment license as well as bringing on appropriate staff and obtaining funding and contracts. He says another project to treat depression amongst newly diagnosed and post treatment breast cancer survivors is also in the works. David also reports he plans to continue teaching on public health topics at the Oregon College of Oriental Medicine.

According to the Project Quest website, the agency functions through “two arms that work intimately together. One arm provides health care to individuals, including mental health as well as alternative and western medical services. The other component is our wellness and health education program … We base our services on a community model, recognizing the important role that receiving and giving support to others can play in the effort to make lifestyle changes and the journey to heal.” Contact: David Eisen, Project Quest, 2100 SE Belmont, Portland OR. 97214 (503) 238-5203. david@msn.com. www.projectquest.org

LIKE IRENE, all clinical staff of the agency are registered nurses and some have additional credentials as counselors and social workers.

Contact: Kent/Sunny Detox Center, PO Box 251, Ellemdale, DE 19941, (302) 422-8388.

DELAWARE continued from page 12

Magnet Bead 100 for Shen Men Point
Chinese researchers at Changsha City Institute for Drug Abstinence and other institutes tried the new drug on a sample of 109 heroin withdrawal (acute stage) patients and compared the outcome to 111 similar cases treated with acupuncture. They published their finding in a Chinese language journal. According to the translated abstract of the study, the patients in both groups “were effectively withdrawn”. Various measures showed superiority of acupuncture at a statistically significant level for withdrawal symptoms, insomnia and anxiety. The abstract concludes: “Acupuncture has a satisfactory, rapid, safe and reliable clinical therapeutic effect.”

According to a translation of the original article by L. Chen, a staff member of the Oregon College of Oriental Medicine (OCOM), the primary points applied to the test group were ST 36 Zusanli, LI 4 Hegu, PC 6 Neiguan, and SJ 5 Waiguan. The symptomatic points were HT 7 Shenmen (for insomnia) and SP 6 Sanyinjiao (for spermatorrhea). Needle depths were 40 mm on leg point, 13-20 on arm channels, using .35mm needles. Treatment was given daily for 10 days, alternating sides, with patients lying down and needles retained for 30 minutes. Needle rotation was manual every 10 minutes for 180 degrees at once per second. Roger Lore, a doctoral-level acupuncturist, NADA registered trainer and researcher at OCOM reviewed the article. His slightly edited comments:

“Acupoint selection — The use of LI 4, PC 6, & SJ 5 follows the research of J.S.Han, (a medical doctor, professor and director of the neuroscience institute at Peking University) who developed a protocol for treating pain and opioid withdrawal based on animal and human research. These were found to increase all five known neurotransmitters, when stimulated electronically. (Han,JS. Acupuncture and endorphins. Neurosci Lett. 2004 May 6;361(1-3):258-61.)”

“Alternating Unilateral treatments are done here to avoid patient burnout with acupuncture. A major focus of Chinese acupuncture since 1985—when clinics were privatized—is to provide gentler but more effective treatments. For example, at the numerous clinics I observed in Nanjing last spring that used acupressure pellet treatments on the ear, each one used unilateral treatments alternating sides. This allowed better long-term treatment, saved time, increased comfort, and had the same effects as bilateral treatments. Unilateral treatments are something for all acupuncturists to consider, based on this widespread practice and some substantial research outcomes.

Acupuncture researchers in China have found acupuncture to be similar to a pharmaceutical in its effectiveness in treating heroin withdrawal. Lofexidine hydrochloride is a non-opioid drug for treatment of opioid withdrawal, chemically similar to clonidine, that is finding large acceptance in the United Kingdom and is being tested for possible use in the USA. The drug, an alpha2-adrenergic agonist, is promising to the National Institute on Drug Abuse “because it is not addicting, is easy to use, and has a favorable safety profile.” It is described as acting on specific alpha-2 receptors found in many tissues and organs of the body, including brain, gut and blood vessels. When lofexidine acts on these receptors, over-activity of noradrenaline is reduced, relieving withdrawal symptoms.

According to patient information issued about Britlofex, the brand name given the drug by its manufacturer Britannia Pharmaceutical, the medication is to relieve “chills, sweating, stomach cramps, muscle pain and runny nose.” However, the company observes: “Britlofex will not stop you craving opiates.” Among side effects reported for the drug are drowsiness and slowed heart rate. Also, persons using the drug must build up to an effective dose over time and when terminating use, must do so under a tapering-off regime.

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A key figure in the early history of NADA, who is also a registered trainer and a former president of the association, has taken up a new position in her continuing career as a social activist and social services administrator. Ana Oliveira holds NADA ADS certificate #5. Since 1999, she has been executive director of the Gay Men’s Health Crisis in New York City, said to be the USA’s “largest and oldest” AIDS-services agency with nearly 200 employees. In her new position she will direct the New York Women’s Foundation, “a cross-cultural alliance of women helping low-income women and girls in the five boroughs to achieve sustained economic security through expanded opportunities.”

Ana is an alumna of the early Lincoln Hospital days, during which the NADA protocol was refined into its current form and NADA itself as an organization took shape. It was at Lincoln’s addiction treatment facility serving a poor, minority population, that the first encountered acupuncture. That experience led her to become a licensed acupuncturist, and to follow a career devoted to advancing the use of acupuncture in public health settings, especially on behalf of the victims of addiction. Eventually serving as president of NADA in the early 90s, Ana was an outspoken advocate and critic of those in the acupuncture field who, in their drive for professional status, had done too little to help the poor.

Born in Brazil, Ana attended the psychology institute of the University of Sao Paulo and later completed a BA in psychology and sociology at the University of Missouri in St. Louis. In 1985, she earned the MA in medical anthropology from New York’s New School for Social Research. Contact: Ana Oliveira, New York Women’s Foundation, 34 W 22nd St, NY NY 10010. (212) 414-4342. aoliveira@nywf.org

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“Manual stimulation of acupoints every 10 minutes is common practice for all Chinese acupuncture research. In clinical practice in Nanjing China, this is usually not done: points are passively retained and not stimulated during treatments, perhaps due to the time demands on practitioners.

Some patients may prefer manual stimulation during treatments; others not. Results will be better for those patients who can tolerate it.

Roger’s Summary – Point selection and alternating unilateral treatments are the outstanding features of this research that can help acupuncturists treat patients undergoing heroin withdrawal.”

Contact: Roger Lore, OCOM, 10525 SE Cherry Blossom Dr, Portland OR 97215. rlor@ocom.edu.

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Pregnancy: continued from page one

According to the 1998 article, the hesitation towards utilizing acupuncture during pregnancy first arose during the early development of the acu detox technique. The article quoted NADA co-founder Michael O. Smith, a medical doctor, who recounted several guiding factors. Initially, Mike explained, the use of acupuncture for addiction was set up with consideration given to the possible need for compliance with research protocols, which may have even excluded pregnancy.

Mike recounted that at that time (1970s) pregnant opiate addicts detoxed with methadone in the hospital. These patients then remained hospitalized for the duration of the pregnancy, so there was no need to include them in a possible study sample.

Mike acknowledged how he originally adopted the modified protocol for the pregnant women. “Initially we felt extra precautions were needed, but later we understood very clearly that this is not the case, and for that matter most of the time, in general, four needles are adequate.”

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Contact: Ken Carter, PO Box 77998, Charlotte NC 28271. carl5008@bellsouth.net

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model programs in the Seattle area. After graduation from the Northwest Institute of Acupuncture & Oriental medicine, she established the acupuncture programs at a acupuncture minimum security correctional facility, an alcohol treatment center, a homeless youth program, at ACRS, at Rainier Beach Medical Clinic, and at a county community center.

Besides her public health work, Sachiko is on the clinic faculty at Seattle Institute of Oriental Medicine and has a private practice. Contact: Sachiko Nakano, One Heart Healthcare LLC, 7217 S Taft St, Seattle WA 98178. (206) 579-7454. onehearthc@earthlink.net

NEW LIGHT ON VALUE OF 12 STEPS

A new scientific journal article points up the importance of including 12 Step participation in a comprehensive addiction treatment system. The long-term study showed that AA attendance combined with professional treatment improved outcomes in people with alcohol use disorders.

Researchers studied 362 people with who entered treatment, AA, or both in the year after they first sought help. Follow-up found that remission among people who had participated in both treatment and AA was at 65% at 16 years.

The rate for people in AA only was 57% and for treatment only 50%. It was also found that as duration of AA participation increased, the likelihood of remission significantly increased.


A heart attack February 24 at the age of 53 ended the enthusiastic campaign of Marc O’Regan to bring healing and hope to the victims of disaster across the globe. He was a former military man, trained as a physician’s assistant and acupuncturist, (among several other health specialties), and was recently designated as a NADA registered trainer.

Marc, a resident of Santa Barbara, California, had recently returned from a disaster relief expedition to the victims of the Pakistan earthquake. Prior to that venture, he was bringing his many Western and Oriental medicine skills to the aid of Katrina survivors. In a letter to NADA about Kashmir, written a few weeks before he died, Marc explained: “I wanted to do something for the refugees, to help them rebuild their lives and assist in their medical needs. My Western medical training and experiences working in other natural disasters would come in handy but what excited me most was using acupuncture in the midst of this crisis.” An article in this month’s Reader’s Digest features Marc’s work in Kashmir. At news of his death, the article’s author recalled Marc as “a bright light of humanity, a fearless soul who really dared to live in service of others.”

In his letter, Marc explained he was part of Operation Heartbeat, which had a medical team in Pakistan within a few days of the earthquake’s first shocks. He was with a group sent to the village of Garhi Duppatta, where mountains on both sides reach heights of 8000 feet. The main need was to get more teams into the higher mountains where many people needed medical assistance. Along with the Western medical gear Marc assembled for that task went 3000 acupuncture needles donated by longtime NADA supporter Helio Medical Supply (San Jose, CA). He led the medical teams on nine separate operations into the mountains, each trip lasting two to three days.

As Marc was treating such issues as pneumonia, abdominal pain, broken teeth, festering wounds that had not been cleaned or un-bandaged for up to three weeks, he was also screening people he felt would benefit from acupuncture. He was looking for those who had reactions to the disaster, “whether it was physical, emotional, or personal”. The positive responses of these patients to the ear needle treatment attracted the attention of a Pakistan Army officer who then asked to be trained himself. Eventually Marc trained four officers and six soldiers as well as three USA medical students and two psychologists. A brigadier general told Marc that the suffering he and his men witnessed in the first days, as injured people poured out of the mountains into the valleys, was overwhelming. The general said it was so painful to him to see all the children and women injured that as he helped the wounded he would have to walk away from the scene – cry and come back to do more work. Marc wrote how impressed he was with how the NADA protocol is adaptable to unusual settings. “It is funny to see a man doing auricular acupuncture with a machine gun strapped to his back, but I saw it often and the work they did was good.”