ISRAEL METHADONE PROGRAM TRYING LIMITED ACU CARE

Some addicts who are citizens of Israel, both Jews and non-Jews, now have a chance to get the healing help of the NADA protocol. “The Mercaz”, as its patients usually refer to it, is a methadone maintenance clinic in the Yafo section of Tel Aviv. Funded in a very limited way by the government, The Mercaz operates under the public health department of the addiction medicine section of the Israeli Ministry of Health.

According to NADA member Clare Mallory, The Mercaz opened its doors in 1991. The small staff includes three social workers, a part-time physician, and three clinic assistants. The clinic has a caseload of approximately 270 people. In 2005, the leadership of The Mercaz decided to try to seek and incorporate alternative therapies by asking for volunteers to provide an acupuncture service. Today the clinic provides acupuncture to about 15 of its patients.

Acupuncture treatment currently happens twice a week. The staff want to increase this to three or four times a week, if more funding appears. Treatment availability occurs for a two-hour time period and on a drop-in, group basis. Treatments utilize the NADA protocol, with additional points added “as needed”. Among the patients are new immigrants to the country, especially those from Russia, Clare reports.

Clare and her associate Eran Golstien started volunteering at the Mercaz two years ago. Clare is a licensed acupuncturist and has been an ADS since 2003 (trained in Seattle by long time NADA activist and board member Rachel Díaz). She met Eran as he was finishing acupuncture school at MediSin in Tel Aviv. He was interested in working in addictions, so Clare taught him the NADA protocol and together they began volunteering at The Mercaz. A few months later, Eran flew to New York to be trained at the Lincoln Recovery Center.

In January of this year, the two established NADA Israel as an official non profit organization. In addition to their time with The Mercaz, Clare and Eran also work at a local psychiatric hospital with dual-diagnosis patients. There they are setting up a pilot study to look at the effects of acu detox. It would be the first study of its kind in Israel.

Out of a population of approximately 6 million; more than 300,000 Israelis are drug users and 20,000-30,000 are addicts (plus 80,000 alcoholics) according to the government’s anti-drug authority. Israel has several methadone maintenance centers, although not enough, Clare reports, due to funding issues. With the exception of The Mercaz, acupuncture has not yet been part of the addiction medicine system in the country.

ISRAEL continues on page 2

A NEW GATEWAY TO RECOVERY

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Details on pages 6-8

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**ISRAEL continued from page 1**

Clare and Eran hope to institute acupuncture into the jail system soon. They are working closely with a lobbyist who is trying to coordinate a meeting with relevant government officials in order to officially introduce them to acu detox. Also, they plan to meet with some local judges and heads of jails. Clare says it’s still slow going at this point. They are trying to keep their focus on letting key people know about the value of acu detox. Once this happens, and especially with the recognition of the government, they expect things to move more quickly, she explains.

Even though The Mercaz actively sought to incorporate alternative therapies, there were several obstacles to overcome. Rigidity on the part of some of the staff members in terms of structure of treatments was one issue. Initially, the staff wanted to divide the time into two groups, one in the first hour and one in the second hour, with all of the first group arriving at the same time and all of the second group arriving at the same time; i.e., there was no fluidity or flexibility in terms of when the clients could come. This has been changed and clients now come in on a drop-in basis at any point in the two-hour period. The program was initially set up so that only those methadone patients who were not using other drugs could come for acupuncture treatments. The
staff has changed this, however, and now anybody can come, and is encouraged to come, for acupuncture.

There was also an unexpected cultural obstacle. The slang terms for drugs were very different from the drug terms in the states. In Israel, heroin is referred to as Persian Coke; cocaine is referred to as crystal. Persian Coke is usually ingested by inhaling — injectable heroin is not common. Clare said she “had to do some mental acrobatics to readjust the names of the drugs she was familiar with to their different definitions there.” She had expected the drug names to be either in Hebrew or the same names as in English. She never expected them to use English names to refer to completely different drugs than their USA equivalents. A majority of patients use marijuana, barbiturates, and benzodiazepines. Probably because The Mercaz is a methadone maintenance program, the current rate of drop outs is only 12% per year. Drug-free recovery has not been a major goal of the program, and in the past two years, only one patient has been withdrawn from methadone.

Acupuncture isn’t recognized in Israel, which is why this portion of the clinic is not funded by the government. They hope to acquire funding in the form of donations. They are applying for funds from local Israeli organizations and also hope to receive American funding as well. Clare believes it’s important that the project, by serving both Jews and non-Jews, serves a very important function in these times. The official name of the agency is HaMercaz LeTipul B’Nifge Samim (Center for the Treatment of Drug Addiction). If you would like to donate to The Mercaz, please contact: (In the USA, Clare Mallory, 970-744-9140 acudetox.israel@gmail.com.) (In Israel, Eran Goldstien, 972-54-491-2025).
The Essence (associated with the Kidney channel in TCM) is the main task after detoxification. Since the Kidneys are associated with the ear, auriculotherapy, [such as the NADA protocol] is a good choice for this predicament.

“The use of the Du channel follows a common strategy for treating the brain. Treating the spine is often used for treating mental disorders and senile dementia in Chinese acupuncture [see references below]. The authors probably assume that addictions are a brain disorder. This is controversial within the long history of TCM. Before and after the foundation source texts such as the Inner Classic of acupuncture were written, the brain was given high prominence. However this classic placed more emphasis on the channels of other internal organs (such as the Heart). This is why our 5NP has no points for the brain specifically—and yet it works so well on psychiatric conditions.

“Contemporary approaches that focus only on the brain could be limiting themselves by overlooking other organ systems and their related features. Good results can obviously be had, as occurred with the approach here. However the rich history of TCM provides other angles to pursue.”

Other articles that consider the use of the Du channel mostly on the spine are:


The article discussed above is:

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ACU DETOX: A NEW GATEWAY TO RECOVERY
NADA’S 18th Annual Conference and Pre-Conference Events
May 14-19, 2007

Main Conference -- Friday and Saturday, May 18-19 (15 CE credits pending)*

Conference Highlights:
Mental Health Consumers and the Recovery Movement: Consumers utilize acu detox in peer-run program.

Crisis Stabilization Programs use Acu Detox: Acu detox aids innovative Virginia programs in offering holistic services to persons in crisis.

Acu Detox For PTSD, Trauma and Uniformed Services: Worldwide survey.

Drug Courts: Court program representatives speak on acu detox as a tool for engaging participants in treatment.

Jesse Morgan Memorial

Methadone Clinics: Achievements and contributions from methadone clinics in Virginia, Maryland and elsewhere.

Update on Delaware Addictions Programs Using Acu Detox.

Acu Care in the Carolinas -- Programs Share Their Progress: Including discussion with staff and administrators.

NADA Networking Luncheon: (Saturday noon)
Featuring food, entertainment, networking, and conversation, the NADA luncheon will nourish and energize you.

Saturday afternoon Keynote Speaker: Michael O. Smith, MD, D Ac., co-founder of NADA; director of Lincoln Recovery Center.

Conference Hours:
Friday, May 18
Plenary: 9 am—12:45 pm  Afternoon Break-out sessions: 2 pm —6 pm
Saturday, May 19
Breakouts: 8:30 am—12 pm  Networking luncheon: 12 pm—2 pm Full group session: 2 pm —6 pm

*15 CE credits pending for addictions counselors and acupuncturists, (including both conference days)

Conference Hotel:
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The Hotel Roanoke is in the heart of Virginia’s Blue Ridge Mountains and located in downtown Roanoke near the historic market. For more information about the hotel, visit http://www.hotelroanoke.com
NADA Special Room Rates: Sgl $124  Dbl $134 and $10 each additional person, per night, plus tax. These rates are available through April 25, 2007. Do not wait to reserve a room as we have a limited block of rooms and reservations made after April 25 may have higher rates.

Want to share a room and save money? Call the NADA Office (888) 765-NADA.

(COTA, The Center for Organizational and Technological Advancement, affiliated with the Virginia Polytechnic Institute and State University, is a partial sponsor of the 18th Annual NADA Conference)
PLUS TWO PRE-CONFERENCE TRAININGS

1. For Clinicians – May 14-19

Earn an ADS Certificate (and a total of 45 CE credits)*.

Attend this pre-conference session, AND the main NADA conference (you must attend both to qualify) and earn your Acupuncture Detoxification Specialist certificate of completion all in one six day period. This low cost, time-efficient ADS training and conference combination comes just once a year. From NADA’s top trainers, learn the simple ear needling technique and how to integrate it into addiction treatment settings. Practice it at Blue Ridge Behavioral Health Care, a premiere NADA-based treatment clinic in Roanoke. Register early -- This event always sells out.

Who can be trained?

1. Addiction treatment professionals: If you work in the addiction treatment or related fields, i.e., 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 licensing or specialized exemptions that allow addiction professionals to learn and utilize the ear acupuncture for addiction protocol. To be sure, check your state laws and regulations. (NADA records show these states and provinces allowing some type of ADS practice: Arizona, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Maryland, Michigan, Missouri, New Mexico, New York, Nova Scotia, Ontario, Prince Edward Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington.)


Training schedule: May 14-19. Trainees will complete a six-day, intensive sequence, beginning with a four-day phase of didactic and practicum training at Blue Ridge Behavioral Health. There will be some homework assignments. Trainees will complete their work in the final two days by attendance at the NADA 18th Annual Conference at the Hotel Roanoke. Attendance is required at all sessions - from 8 am Monday, May 14 through 6 pm, Saturday, May 19, so make your travel arrangements accordingly!

Travel and accomodations: Besides the registration fee (see Page 8), trainees will be responsible for the costs of transportation, lodging and food throughout the training period. (Trainees from the local area may be able to commute.) Once you have registered, you will receive full details of training sites, special hotel and transportation arrangements.

*CE credits pending for acupuncturists and addictions counselors.

Registration Form Page 8.

2. For Directors and Administrators – May 17

Integrating acu detox into your program (5 CE credits)*

Learn how to maximize the benefits of acu detox from the original experts: Michael O. Smith, MD, DAc, NADA co-founder and director of the Lincoln Recovery Center, and other NADA trainers and program supervisors.

Workshop topics:
* Since acupuncture primarily helps patients to focus, to be less impulsive and self-conscious, they listen and participate better in treatment activities.
* The treatment milieu benefits by a reduction in interpersonal tension and aggression -- even in difficult prison settings violent incidences drop virtually to zero.
* These factors produce improved retention and program efficiency. In treatment sites around the globe, the result is improved patient outcomes which in turn bolster the programs’ fiscal strength without special funding.
* In many jurisdictions, existing program staff can readily learn the NADA protocol under existing state laws and regulations. Agencies can acquire a NADA capability at very low cost.
* The NADA protocol readily fits into existing treatment plan regimes. The addition of acupuncture offers program managers yet another way to show accreditation officials an improvement in quality.

Workshop schedule: Thursday, May 17, 9 am—3 pm

*CE credits pending for acupuncturists and counselors

Registration Form Page 8
USA funds only, payable in advance, no P.O.s or vouchers

Cancellation Policy. Full refund less $40 processing fee for cancellations received before 5pm Friday, April 20, 2007. No cancellations accepted after that date.

### Conference Registration Fees Schedule:

<table>
<thead>
<tr>
<th>Pre-Registration (before 5pm, 4/20/07)</th>
<th>18th Annual Conference Only May 18-19</th>
<th>ADS Certificate Training (May 14-19 incl 18th Annual Conf)**</th>
<th>Directors and Administrators Workshop on Integration of Acupuncture (May 17)</th>
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</thead>
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<tr>
<td>Current Member*</td>
<td>$270</td>
<td>$650</td>
<td>$175 ($75 if Conference Reg also)</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$335</td>
<td>$715</td>
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<tr>
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<tr>
<td>At the Door</td>
<td>$300</td>
<td>Pre-Registered only</td>
<td>$225 ($100 if Conference Reg also)</td>
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<tr>
<td>Current Member</td>
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<tr>
<td>Student</td>
<td>Pre-Registered only</td>
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</tbody>
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*Member Rate available to persons who are:
1. Current in NADA dues, or
2. Who renew their expired membership, or enroll as new associate members, on the Conference Registration form below.

** Attendance limited. First come, first served. No registrations accepted after 5pm April 20, 2007.

Check membership category 1 or 2 or 3 below, then fill in the correct fee from table above for each event you will attend.
1. ___I am a current NADA member, entitled to member registration price
2. ___Please enroll me as a ___New or___Renewal NADA member (enter fee below to qualify for member discount)
3. ___Non-member

$______NADA 18th Annual Conference, May 18-19.
$______ADS Certificate Training, May 14-19 (Includes 18th Annual Conference).
$______Directors and Administrators Workshop on Integration, May 17.
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To NADA--Please enroll me as indicated above (signature required) Date
FINDINGS DUBIOUS IN “OLD STYLE” DEPRESSION STUDY

Patients with unipolar depression responded well to acupuncture treatment, according to a 2005 research report in a Chinese language journal. However, as with many research reports from China, it may be difficult to ascertain validity of these findings. According to Guidepoints research consultant Roger Lore, a doctoral level acupuncturist, active researcher and NADA registered trainer, “this study is problematic in several ways. It is a standard case of the issues with Chinese acupuncture research that do not meet international standards.”

A translated version of the report says that of the 42 patients studied, 21 were “cured” (complete disappearance of clinical symptoms with a stable affect, ability to return to work and take care of own life activities); nine cases got a “marked effect”, (two or less clinical symptoms with a basically stable affect and an ability to take care of own life activities); five cases “improved” (five or less clinical symptoms and a relatively stable affect, but patient not able to handle own common daily affairs); and six cases got “no effect”, (no improvements seen in symptoms or patient stopped treatment in the middle) “for a total effectiveness rate of 85%.”

The report explains that all 42 patients enrolled in this study met the diagnostic criteria for unipolar depression. The group ranged in age from 45-74 and had suffered from depression for from one month to 10 years severe enough to interfere with family life, social relations, life activities, and work. Two were male and 40 female. The study excluded patients with organically based psychiatric disorders or schizophrenia. The main points chosen included: Shen Men (H 7); San Yin Jiao (S 6); Zu San Li (St 36); Xin Shu (Bl 15); Pi Shu (Bl 20).

In evaluating these findings, Roger explains: “A great number of Chinese studies in TCM all get successful results in the 85% range. It’s striking and surprising that so many different projects can have the same statistic. It seems ‘engineered’ — just too tidy and party-line. Many researchers don’t trust it one bit as a result.”

Roger raises these specific issues regarding the report: “1) The lack of any control group whatsoever. It would have been so easy to use a ‘conventional treatment’ as a control, such as people on medications, etc; 2) Vague criteria for different levels of success. Western research uses standardized inventories, such as the MYMOP or SF-36/Short Form – which have reams of research validating what they say they are measuring. Researchers have found out that with measuring patient outcomes, you don’t always get what you think you are measuring. Hence the effort to carefully craft the outcomes measures themselves. We are just now starting to use the MYMOP form in our qigong classes to gauge outcomes.”

Roger explains that the Beck Depression inventory and other standard Western instruments to measure depression are now available free and online. He reports: “Some Chinese research uses them; this one is ‘old style’. Simple outcomes research – even without a control group—is both beautiful and necessary. But this study can’t even deliver on that, based on international standards of research.

“Patient selection process is not even mentioned. Eyewitness accounts from Canadians in China reported to me that for this type of studies, Chinese researchers cherry-picked patients. Difficult or sickly ones were turned away at the door, making them inaccurate reflections of real-life practice.

“Aside from the research issues, the treatment protocol is too standardized. Two organs are being treated, but any acupuncturist who has treated depression will tell you that any channel can be at play. Some might be more prominent, but nobody will argue that it is two and only two organ systems involved –all the time.”

**Mark Your Calendar…**

**Nov 6-17.** Full certificate Acu Detox Specialist training with Susana Mendez. Dallas. 214-941-3500 Ext 283. smendez@homewardboundinc.org

**Nov 20-30.** Full certificate Acu Detox Specialist training with Susana Mendez. Dallas. 214-941-3500 Ext 283. smendez@homewardboundinc.org

**Nov 11-12.** Beginning of NADA Acu Detox Specialist certificate training with David Wurzel. Baltimore MD. (443) 812-1665 www.TheChiFarm.com

**2007**

**Jan 12-14** Beginning of NADA Acu Detox Specialist certificate training with Virginia June. Brighton MI. (810) 877-0905 veejayjune@lycos.com

**Mar 3-4** Beginning of NADA Acu Detox Specialist certificate training with David Wurzel. Baltimore MD. (443) 812-1665 www.TheChiFarm.com

**Apr 13-15** Beginning of NADA Acu Detox Specialist certificate training with Virginia June. Brighton MI. (810) 877-0905 veejayjune@lycos.com

**May 14-19.** Full Certificate training at NADA annual conference with Claudia Voyles and Shellie Goldstein. Roanoke VA. (360) 254-0186.

**May 17.** Registered Trainers Day, Roanoke VA. (360) 254-0186.

**May 18-19.** NADA 18th Annual Conference. Roanoke VA. (360) 254-0186.

**Aug 23-28.** NADA International Conference. Helsinki, Finland. smithmi@nychhc.org Tentative date for International Conference Aug 23-28 in Helsinki, Finland.

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**Administrators & Directors Workshop with Michael O. Smith**
May 17

**Registered Trainers’ Day**
May 17

**NADA 18th Annual Conference**
May 18-19

All details and registration form Page 6-8

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