

GUIDEPOINTS:

News from NADA

September 2007

DISASTER SPURS LOUISIANA TO OKAY ADS-FRIENDLY LAW

Though truly an ill wind, Katrina did blow some good towards making both NADA healing and general acupuncture available in Louisiana. A new law, driven by the demands of the disaster's first responders, not only sets up an ADS system in the stricken state, but also frees full-body acupuncturists from an old requirement of being an employee of a Western physician.

Bringing off this double-play was veteran NADA legislative activist,

Laura Cooley, a New Hampshire acupuncturist and NADA registered trainer. Prior to working on the new law, Laura was a key player in the effort to bring acu relief to the disaster's victims and aid workers (see *Guidepoints*, November 2005).



Laura Cooley

From that experience, combined with her former legislative achievements in Texas, Laura recognized that the post-hurricane environment would favor a reform of the laws.

The new law follows the established NADA principles for state laws governing acupuncture detoxification specialists. Consequently, ADSes in Louisiana can now function under the general supervision of either a Western physician, or an acupuncturist. (In unique Louisiana parlance, the healthcare provider known in most states as an "acupuncturist" is legally designated as an "acupuncturist's assistant" in reference to the now-repealed requirement of being an employee of a Western physician with acupuncture training. Louisiana law will continue to require an "acupuncturist's assistant" to

"work under the direction, control and supervision" of a Western physician. Most entities concerned, including *Guidepoints*, will be referring to the "acupuncturist assistants" as "acupuncturists".)

In other ways too, the new law is highly specific to NADA recommended policy. To qualify as an ADS, the law says a person needs to have undergone "NADA training by a registered NADA trainer" and to have qualified for "NADA certification".

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VIRGINIA OFFICIALS PRAISE NADA WORK IN THEIR "CONSERVATIVE" STATE

People new to NADA work often marvel at the fact that acupuncture for addiction treatment thrives in places in the world noted more for their social conservatism than for innovation. NADA held its 2007 annual conference in one of these places – Roanoke, a small city in the hills of the state of Virginia.

Among the conference speakers were two state officials, one a human services administrator and the other a pioneer drug court judge. Their remarks showed how well NADA has found acceptance in the region.

James M. "Jim" Martinez, head of the Virginia mental health system, spoke about some of the reasons why the NADA method has been widely adapted in his "conservative, fiscally responsible" state with a tradition of being "low tax, low service."

Mental health and addiction services operate in the state through 49 different "community service boards" (CSBs). These are located in urban as well as "very rural" areas and, according to Jim, "They're quite different from locality to locality ... They're local government entities and there's a strong tradition of local

VIRGINIA continues on page 2

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government autonomy here.” [Editor’s Note: Since NADA services exist in all types of areas in Virginia, this means that the value of NADA proved itself repeatedly at the local level within each CSB.] Like all states, Jim explained, Virginia is having to transform its service delivery system to deal with increasing demand and shrinking resources. “We want to change the culture of our service system – both the organizational culture to become kind of a culture of healing and hope and recovery and also the physical culture of our service system,” Jim said, adding: “We want to change the language that we use in the way we talk about each other and about what we do.

“That’s a tough nut to crack. We have people that we serve who have been in our rehabilitation programs for 18, 19, 20 years. And we have to ask ourselves – what is it about that experience that we need to look at and facilitate recovery. I think that’s partly because our funding doesn’t create an incentive for recovery. It, in fact, may create an incentive for dependence. I think we underestimate the degree to which getting a diagnosis of mental illness or having an addiction can be a spirit breaking experience for people... And to believe, because of the stigma that we have, that that’s the way you are going to be for the rest

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of your life is a pretty crushing blow for people ... we forget sometimes that for the individual we need to find a way to re-awaken the hope in that person following that despair ... It involves active coping versus just a passive kind of adjustment, reclaiming a positive sense of yourself, and having a new and different kind of connection with other people.

“My own belief is that [NADA work is] very much consistent with that vision of recovery. And acupuncture can help create a welcoming, healing kind of environment for people, support a culture of healing, and help providers and participants collaborate in a different way in a recovery process. My understanding is that [NADA] takes people where they are, and it doesn't really matter where you are – it matters where you're going. And it can show people that they can take some control over their own recovery path and that change is possible, that there is hope of full recovery for everyone. To the extent that that happens, that is exactly what our vision is.”

Diane Strickland is a retired judge who spoke about her experiences presiding over Virginia's first drug court, located in Roanoke. Because of the availability of the NADA protocol in the treatment system run by the local CSB, drug court participants could receive the benefits of auricular acupuncture. According to Diane, an evaluation of the Roanoke drug court outcomes by professors at nearby Virginia Tech University showed that participants were 60% compliant, compared to 35% for drug offenders in the criminal justice system who do not go through the drug court track. The evaluation also found a 10% recidivism rate for drug-related felons participating in drug court, compared to a 45% rate for drug-related felons that go through normal case-processing.

She concluded that “the real successes of drug courts are not in the statistics, but in the stories of the individuals that go through the drug court programs: the mothers who birth drug-free babies, the mothers who are able to reclaim their children from foster care, the fathers who begin to play a role – both financially and personally in the lives of their children. They're the stories of the individuals who have never held a job, who get a GED, who get job training and become a tax-paying citizen. And they're the stories of people who have been addicted for 5, 10, 15, and sometimes more than 20 years who come into the program and leave the program with the tools that they will need to serve them well through the rest of their life of being a responsible member of society.”

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ETHICS PLEDGE FOR NADA ACUPUNCTURE DETOXIFICATION SPECIALISTS

[Editor's Note: All persons who qualify for the NADA certificate of ADS training have signed the following ethics pledge. *Guidepoints* is reproducing the pledge text in recognition of the ongoing centrality of these ethical statements to the NADA mission.]

As an Acupuncture Detoxification Specialist, I pledge to

1. Believe in the dignity and worth of all human beings and to provide service for the welfare and betterment of all members of the National Acupuncture Detoxification Association (NADA);
2. Use Acudetox in a supportive and nurturing way in the recognition of the right to humane treatment of suffering directly or indirectly from alcohol and drug addiction and behavioral health issues in general;
3. Never withhold treatment as punishment or to use Acudetox in a programmatically punitive manner;
4. Maintain a professional relationship with all persons served and to refer them to the appropriate service or practitioner promptly when this is not possible;
5. Be committed to a drug-free, sober state for all patients whose primary reason for receiving Acudetox is to support their recovery from addictions;
6. Never to do anything that would weaken the physical or mental resistance of a human being, except for strictly therapeutic or prophylactic indications imposed in the interest of the patient;
7. Refrain from undertaking any activity where my personal conduct, including the abuse of alcohol or drugs, is likely to result in inferior professional services, denigrate the profession in general, or constitute a violation of law;
8. Adhere strictly to the established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government regulations including but not limited to HIPAA;
9. Not associate myself with commerce in such a way as to let it influence, or appear to influence, my attitude towards the treatment of my patients;
10. Not exploit Acudetox for personal gain;
11. Make an effort to keep fees within the reach of the general public and to offer sliding fee scales for those patients who require such consideration;
12. At all times to maintain the highest standards in all the services I provide, valuing competency and integrity over expediency or temporary success;
13. Support the concept that ADS training will be offered only by NADA Registered Trainers;
14. Provide accurate information regarding my education, training, experience, professional affiliations, certifications and licensure;
15. Not claim directly or by implication professional qualifications exceeding those that I have actually attained;
16. Recognize the limits of my ability, providing services only in those areas where my training and experience meet recognized professional standards;
17. Accept the fact that training in the Acudetox technique does not imply competency to use acupuncture in general unless so trained and licensed;
18. Limit my practice of acupuncture to the NADA protocol unless I am a permitted to perform acupuncture in general under the scope of practice of my professional licensure;
19. Regularly evaluate my own professional strengths and limitations, biases and levels of effectiveness and to strive for self-improvement by seeking professional development through further education and training. When appropriate, I agree to have my technical competencies reviewed by a NADA designated consultant and/or Registered Trainer;
20. Practice Acudetox in accordance with State, Provincial and/or Local regulations where such exist;
21. Seek supervision as needed and as required by State, Provincial and/or Local regulations;
22. Respect the integrity of other forms of health care and to make efforts to build bridges and develop collaborative relationships to achieve the best possible care for individual patients;
23. Use Acudetox in conjunction with appropriate counseling and supportive services;
24. Contribute my ideas and findings to the general body of knowledge concerning Acudetox and acupuncture for behavioral health issues;
25. Make public statements regarding the effectiveness of Acudetox that are within the generally accepted experience of the profession as a whole or within the individual practitioner's experience;
26. Use great caution in publishing discoveries and methods of treatment whose value is not yet recognized by the profession at large; and
27. Always recognize that I have assumed a serious social and professional responsibility due to the intimate nature of my work that significantly touches upon the lives of other human beings.

Research Review

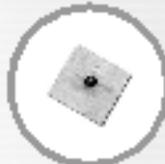
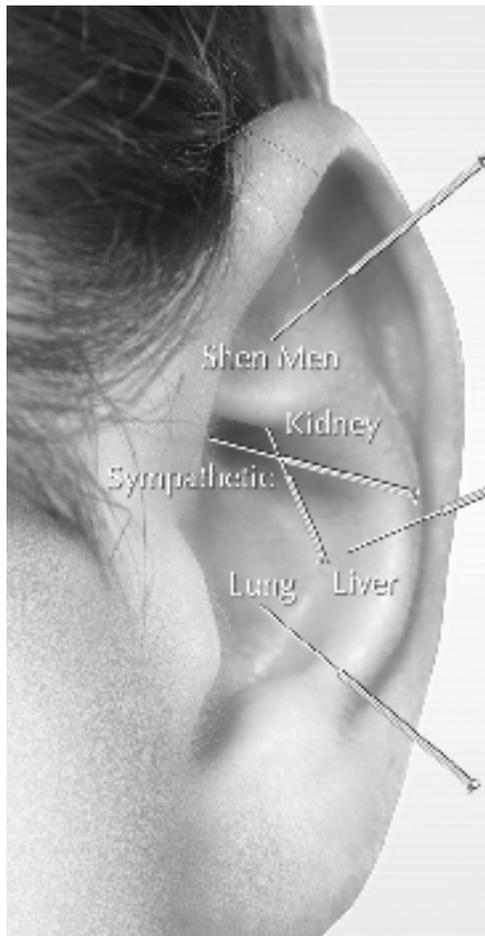
WESTERN JOURNAL REPORTS ON ACUPUNCTURE FOR SLEEP APNEA

BY ROGER LORE

A recent study documents clear results from acupuncture in the treatment of sleep apnea. This is a glorified medical term that includes snoring. But sleep apnea in general is nothing to laugh at. Technically, it is when breathing during sleep regularly stops. (To meet the current definition, the breathing interruption must be for at least 10 seconds, more than 20 times an hour, and with measurable lowered blood oxygen.) An improved apnea intervention is relevant news for the addictions field since morning grogginess and depression – common to many of our patients – are among the

many negative physical effects of the disorder. In inpatient detox settings, snoring can sometimes dominate morning conversations. Some of the most embarrassing (and distracting) moments for an inpatient resident is keeping a whole ward of people up all night. This is easy to do, since insomnia is often a chief concern among any detox population. Snoring alone is much more common than full-blown sleep apnea and is harmless by itself. However, in detox settings both of these disorders are worsened by alcohol, tranquilizers, hypnotics, and anti-histamines – items used both by prescription and without

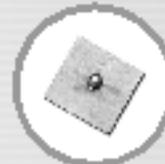
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by our patients. There is no adequate Western medical treatment for sleep apnea. In severe cases, a machine is used by patients all night that blows air into their nasal passages. It is mechanically effective, but most patients find it difficult to use and give it up within a year. Chinese medicine, in contrast, offers acupuncture, acupressure, herb formulas, and self-massage protocols that should be used and researched.

Simple acupuncture treatments can help this disruptive factor so that patients can focus on their recovery. My teacher (and NADA board member and registered trainer) David Eisen found the extra point BiTong to work very well for snoring. I use either Sanjiao 17 or Small Intestine 17, both of which treat the throat. For ear acupuncture, the simple addition of Forehead on the Antitragus may be analogous to the first point given above. The Throat and Mouth points in the Cavum Concha would be similar to the second acupoints. Using a seed or a needle may help snoring. This writer's experience is that the Internal Nose point on inside of the Tragus definitely helps sinus issues, if this is involved in snoring.



Besides possibly adding to our clinical knowledge base, this new research report, published in the mainstream Western medical journal *Sleep Medicine*, lets us observe some of the current needs for revolutionary change in acupuncture research.

The Brazilian study used a comprehensive approach. The protocol is extensive and well-crafted. The research model is high-quality, randomized and controlled – the famous ‘gold standard’ of late twentieth century medical research. The study outcomes are positive for acupuncture, and the statistics look impressive. Brazilian acupuncture demonstrates its high levels of achievement in many ways here. The article demonstrates the global penetration of both Chinese acupuncture and American research models.

However, studies like this are a trap. They are part of the reason why, if research continues down its current road for 25 years, it will kill acupuncture. Let's look at why.

For science, replication is key. This means that a

single study is meaningless until the same treatment protocol is again tested in a different clinic under the same conditions. But – and here's the point – if that second trial fails, then acupuncture fails. A later meta-analysis, combining the results of both studies, will show ‘inconclusive results.’ This is exactly what happens when extensive research is done, for example, with detox acupuncture. Results there are ‘mixed’ and therefore not accepted as definitive.

Why? Because the current randomized, controlled trial (RCT) model – actually only a few decades old – looks at acupuncture as if it were a drug. For pharmaceuticals, studies conducted according to the RCT model are able to mirror clinical reality fairly well. But for acupuncture and many other complementary and alternative medicines (CAM), the drug model does not match reality. Ask any detox acupuncturist if acupuncture is a drug!

So if the current research model does not match reality, what's next? There are exciting new buds on the research tree. Investigators are beginning to see the need to change research models to reflect the profound changes brought by CAM modalities such as acupuncture. These changes need to be brought up in discussions about acupuncture research.

One simple but revolutionary approach is to combine qualitative and quantitative types of research. This Brazilian study is a prime example of the purely quantitative research that now dominates acupuncture studies. We get the number outcomes, but have no idea what the patients actually experienced. Did they enjoy it? Would they recommend it? Did it help more than other things they tried? These are the questions sought in qualitative research. The patients are asked a few questions. Their words are written down. (We get to hear them at NADA conferences!) There is new software that can then comb through the written data to find patterns. Larger numbers of patients can then be surveyed this way. And the reason many patients now choose CAM more than conventional modalities are found in these qualitative issues: meaning, comfort, convenience.

It is interesting that medical schools teach quantitative research, while nursing schools have developed qualitative research into a science. Nurses are more similar to acupuncturists in being placed in the front line of patient care, dealing with its more complex issues. For instance, hospice nurses are more interested in patient quality of life rather than slight statistical improvements in clinical outcomes. Combining the two approaches has

A new name on the list of NADA registered trainers is Sue Y. Tham of Tucson, Arizona. Active as a health professional since starting as a psychiatric social worker in Mumbai, India in 1984, Sue has an outstanding background in cross-cultural work including being fluent in English, Cantonese and Hindi.



SUE THAM

Sue received her initial NADA training in 2004 under Ashitari Perez and worked with Ashitari on completing her RT mentoring. The longtime NADA site La Frontera has employed Sue in a variety of positions since 1994, leading up to her present position of clinical supervisor of the young adult program.

Contact: *Sue Y Tham, LCSW, La Frontera Center, Inc, 502 W 29th St. Tucson, AZ 85713. (520)258-5004. stham@lafrontera.org*

great promise, since the qualitative end can also register the more subtle changes not caught in standardized research instruments that ask patients to convert their experience into a number scale.

One can listen in on a much more extensive discussion on the need to change acupuncture research by visiting this website:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1800863> This free, full-length article is signed on by Hugh MacPherson and Mikal Aickin, among others. These two researchers have previously done many high-quality studies and critiques of acupuncture research. Their ideas are systematic, cogent, and very necessary if acupuncture is to continue. It is necessary for detox workers to do more than quote positive studies – since these represent only a portion of the extant literature – but also to point to noteworthy developments in medical research such are represented by the present article. This is a necessary form of advocacy for our patients.

Friere, A, et al., Treatment of moderate obstructive sleep apnea syndrome with acupuncture: A randomised, placebo-controlled pilot trial, *Sleep Medicine*: v8: 43-50, 2007.

Roger Lore, L Ac, DAOM, is a NADA Registered Trainer and member of the faculty at the Oregon College of Oriental Medicine. He is the regular research consultant for *Guidepoints*. Contact: 503/253.3443 x 216. rlore@OCOM.edu

NADA EUROPE ADS TRAINING CATCHING UP TO NORTH AMERICA

European NADA groups have now trained more than 10,000 ADS clinicians, according to reports heard at the NADA Europe conference in Helsinki, Finland last month. This total only includes data from Germany (3500), Sweden (2700), Denmark (2400) and Italy (1500) and there are several other countries with active NADA work, including United Kingdom, Ireland, Hungary, France, Switzerland and others.

From other data, NADA's co-founder and international coordinator Michael O. Smith described a major NADA impact on the larger addiction/psychiatric hospital facilities in the region. In a large number of these, 50 or more individual staff members have completed the NADA training (Germany has 40 sites, Sweden six, Denmark four). In the German state of Bavaria, NADA is used to some extent in 60 out of the total of 90 hospitals.

Mike credits the rapid penetration of the NADA concept to the socialized medicine situation in Europe. Management of the health system, lacking pressure from drug companies and other profit-motivated entities, is able to be more pragmatic in choosing simple, inexpensive therapies such as NADA. Traditional treatment for addictions in these facilities had favored a combination of benzodiazepines and restraints, use of which has steeply declined with the arrival of the NADA option.

Line clinicians are also comfortable with NADA since, Mike explains, it is a "rational method" as opposed to much of prior thinking in the field which was "contaminated with methadone and harm reduction". Much of the leadership in implementing NADA, Mike explains, comes from the nursing staff. Nurses in Italy can now use NADA training to meet their CEU quota.

The next European NADA conference, in 2009, will be held in Switzerland. Contact: michael.smith@nychbc.org.

PATIENTS RESPOND WELL AT NADA/INDIA TREATMENT SITE

A positive outcome report was recently issued on 100 addiction patients who received NADA acupuncture as part of their treatment at the Tek Chand Sidana Memorial Hospital and De-addiction Centre in Sri Ganganagar, a city in the Indian state of Rajasthan, a thriving rural area near the Pakistan border.

The patient group represented three religious-affiliations – 37 Hindu, 15 Muslim and 48 Sikh. In socioeconomic status, 12 patients were “high”, 71 were “middle” and 17 were “low”. Acupuncture was made available every day for the patient’s first five days, then twice a week until discharge. Everyone in the group experienced at least three needling sessions and half of them attended seven or more sessions.

Sixty-five of the patients self-reported that the needling reduced their craving and withdrawal symptoms, while staff members and family members of the patients reported the positive acu effort in a somewhat higher number of patients (72 and 70 respectively).

Evaluations of the three main classes of patients by a psychiatrist, with reference to the ICD-10, found that the acupuncture was “very much effective” in 20 of the 25 primary alcoholics, in 14 of the 38 opioid addicts, and in 13 of the 37 multiple addicts.

According to the report, the de-addiction center uses a holistic approach with a team of providers including psychiatrists, psychologists, medical practitioners, social workers and counselors. Group therapy, family counseling and vocational rehabilitation play a role alongside the acupuncture, which, in the opinion of the center, provides a “non chemical alternative that can offset the motivation to use drugs again.”

The report was authored by NADA/India member Roop Sidana and his colleagues. Contact: drroop67@yahoo.com.

Spirit of NADA

ATTENDING AN AA MEETING

By Mary Ann Petersen

I attended my first AA meeting today. I went in not knowing much except the part about how people say their names, followed with “I’m an alcoholic.” I wasn’t sure if they really did that or if it was just something we are shown on TV. It turns out, they really do. Attending a 12-Step meeting was a requirement for my chemical dependency class. I felt like I went in open-minded and with great respect for the people who go to these meet-



MARY ANN PETERSON

GUIDE-QUOTE ...

“Until drug treatment facilities systematically treat their patients’ tobacco use, millions will flow through the treatment system, overcome their primary drug of abuse, but die prematurely from tobacco-related illness.”

Kimber P. Richter and other authors of a report published in the online journal *Substance Abuse Treatment, Prevention and Policy*, August 14, 2006.

ings. I was also a bit nervous. What were people going to say? Would I have to talk? Would they mind if I wasn’t an alcoholic? After the meeting, I felt like I had gained insight into the human condition (not just alcoholics) and had more respect for those in recovery than I already had.

I was struck by many things. The people there were really trying to change their lives or maintain the change. They spoke very honestly and eloquently about their most personal feelings to a huge group of people. Everyone seemed invested in being supportive, nonjudgmental, and truly wanting to help themselves and others around them. After a short time of observation, I was a little jealous that I wasn’t an alcoholic. I want to sit in a group of people who are striving to do better. I want a peer group who is committed to creating a space to openly dialogue about their feelings and processes. But, enough about me. I think my point is, AA and the Twelve Steps are things we can be proud of, for the mere fact that they exist.

The life of an alcoholic sounds very hard and painful, as described by several people in the meeting. The experience of being a recovering alcoholic is also most certainly hard and painful. However, I can see how recovery is also an amazing gift and opportunity to come into the world more fully. It not only offers a chance to recover from alcohol addiction, it offers a way to address and heal many other issues. The original wounds need to come to the surface to be mended so that destructive habits and behavioral patterns can be corrected. Those seeking help with addiction left a lasting impression on me. It made me want to work at being a better person and a little braver in the world.

Mary Ann Petersen is a 2007 graduate of the Oregon College of Oriental Medicine. An Oregon native, she has also served as the *Guidepoints* staff writer for the past year.



TRI-STATE COLLEGE OF ACUPUNCTURE

LOUISIANA continued from page 1

In a nod to the continuing human needs in Louisiana, the law also has a “Good Samaritan” provision. This permits ADSes “from other states who are certified by NADA” to perform the NADA protocol “during a public health emergency and for such periods as thereafter as the Department of Health and Hospitals deems the need for emergency services to continue to exist...”

While the basic law went into effect on August 15, it mandates a rule-making process by the state medical board, working “in collaboration with its Integrative and Complementary Medicine Committee”. This process will determine many details of how the law will work in practice, including the setting of fees, provisions to sanction providers who “act beyond the scope of practice or engage in unprofessional conduct”, and possibly definitions of “general supervision.”

It is probable that Laura will be a central player in the rule-making process as well. She expects to be working as NADA’s liaison to Henri Roca, a medical doctor and acupuncturist connected to Louisiana State University, who has been tasked by the state medical board to draft the rules.

Laura has been working on legalization of ADS in Louisiana for more than seven years, but credits the disaster with opening attitudes on the part of those “responsible for providing care including policy makers and those on the ground.”

Erin E Brewer, a medical doctor in charge of the public health agency told Laura that the support of the fire fighters was what sold her on the value of NADA. A state legislator gave similar credit to the advocacy by fire fighters, Laura reports.

Laura explains that the immediate effects of the new law will be small due to the lack of a corps of trained ADSes in the state. Funds are currently being sought to provide the needed training.

Laura also credits the law’s passage to the work of Louisiana native David Fuselier, an acupuncturist, who “advocated strongly both for the ADS provision and for freeing acupuncturists of the physician employee requirement.”

Contact: *Laura Cooley, 22 Forrest Tallman Rd, Orford, NH 03777. (603) 353- 9893 lauramon@mind-spring.com*

NADA's Mission

The National Acupuncture Detoxification Association is an educational, not for profit, tax-exempt corporation supporting education and training in a specific auricular acupuncture protocol within comprehensive addiction treatment programs to relieve suffering during detoxification, prevent relapse and support recovery. NADA strives to make acupuncture-based, barrier-free addiction treatment accessible to all communities and to ensure its integration with other treatment modalities.

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President: Ken Carter *Editor:* Jay Renaud *Art Director:* Mary Renaud *Staff Writer:* Mary Ann Petersen *Research Consultant:* Roger Lore ISSN 1070-8200

WORKING CLASS continued from page 12

initial paperwork. They strive to “provide accessible acupuncture and wellness resources for working class patients,” according to their website, www.workingclass-acupuncture.org.

Lisa Rohleder and Skip Van Meter founded the WCA in 2002. Lupine Hudson joined them in 2004. Lupine is not an acupuncturist, but has provided significant support with business and organizational aspects of the clinic.

Lisa claims that prices like this are good for the patients and good for the clinic. She is very happy with how the clinic is doing financially. Because the prices are low, patients can often come in more frequently and get more treatments to aid the healing process. She wants to bring acupuncture to those who might not normally have access to it. She doesn’t want acupuncture to be a “boutique” medicine that is out of reach to people with less means or without insurance. WCA has three full-time and three part-time acupuncturists.

Follow-up intakes are kept to a minimum, usually lasting about five minutes. Many customers come in at least once a week so staying current often takes less time. Most chairs are organized in groups of four, in a circle, facing each other. Lisa calls the different clusters “pods.” There are acupuncture needles, cotton balls, and a sharps container within reach of each pod. Here, the implements of treatment have a homey look. They appear friendlier than they might in a more angular office with hard surfaces.

In addition to running a clinic, WCA has also created a customized business model that they offer to →

other natural health care providers. The focus of this model is to empower patients, build community, and break down class divisions.

Lisa credits NADA for helping her start out her career in acupuncture. After getting her degree in Oriental medicine, she worked in a residential drug and alcohol treatment center, doing 5NP, for pregnant women. She believes that NADA is an example of bringing the medicine to populations that might not otherwise receive it because one of NADA's main goals is to make acupuncture-based, barrier-free addiction treatment accessible to all communities and to ensure its integration with other treatment modalities.

As Lisa says: "NADA pretty much functions as the collective social conscience of acupuncture in the United States."

Anyone interested in WCA's practice model can go to a support network and information resource at www.communityacupuncturenetwork.org.



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These words are among the first thing you will see upon entering the doors of Working Class Acupuncture and Wellness Resource Center. "Welcome to Aculand" is a sentence in a painting, from a serene scene hanging on the wall in the waiting area. Three people stretch out and relax, floating just above their lazy-boy chairs, where they appear to be experiencing bliss. Clouds and sky take up the rest of the frame. Most would interpret the painting as pure fantasy. Others might hope it contained some foreshadowing of what is beyond the closed doors? Is it just an artist's fantasy or does a place like Aculand exist? Only one way to find out. Go in.



After you push through the swinging doors, there are few references to a time or place. There are no clocks. There is no classifiable decorative theme. The setting could be used as a stage set about waking up in an alternate reality where the time, country, and dominant culture are not defined. What is clear is this: It is the culture of calm.

People come and go about every 15 minutes. Patient count this Spring was up to 350 a week. In summer, it drops to around 300 a week. A receptionist in front is the gatekeeper. Once they push through the doors, they are free to pick out whichever seat looks comfortable to them. Shortly, an acupuncturist comes up to them, asks how they are doing and gets started on their treatment as they continue to chat.

Working Class Acupuncture's (WCA) declared mission is to use acupuncture to create social change in health care. True to its name, the clinic resides near working class neighborhoods on a busy street in Portland, Oregon. Treatments are offered on a sliding scale of \$15 to \$35. There is a one-time charge of \$10 for WORKING CLASS continues on page 10

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