While NADA and the US Air Force could hardly be more different organizationally, they share a similar need for practical, quick methods of treating health problems in settings that are often inconvenient and highly variable. Both have found a five-point ear acupuncture protocol to be extremely useful.

According to an article published last month in *The Baltimore Sun*, the Air Force will begin teaching “battlefield acupuncture” early next year to physicians deploying to Iraq and Afghanistan. The article said this move is “the first high-level endorsement of acupuncture by the traditionally conservative military medical community”.

Richard Niemtzow, an Air Force colonel and medical doctor, developed the ear acupuncture procedure which is said to relieve “even unbearable pain for days at a time”. The article describes how the procedure enables badly wounded patients who arrive at a hospital by medevac aircraft to begin to emerge from the daze of pain-killer drugs administered by surgeons in the field.

“This is one of the fastest pain attenuators in existence - the pain can be gone in five minutes,” Richard says. According to the article, he stresses that the procedure is an adjunct to traditional therapy and does not replace morphine and other such drugs used in combat medicine and it doesn’t work for everyone.

“But neither does acupuncture provoke the kind of adverse side effects, allergic reactions and potential addiction associated with powerful psychotropic drugs often used to dull the pain of the severely wounded,” the article states.

In addition to his medical degree from the Universite de Montpellier in France, Richard attended the medical acupuncture training program at UCLA and he is a physician registered to perform acupuncture in Maryland. According to the *Sun* article, he named his procedure battlefield acupuncture because it’s easily learned and requires no cumbersome equipment. A pack of needles can easily be carried in a pocket and the procedure can be performed with little preparation.

**CHARLOTTE PROJECT SHOWS PATH TO PRACTICAL OUTCOME DATA**

NADA researchers found that patients who chose to receive a program at a residential treatment program reported less cravings, depression, anxiety, anger, headaches, concentration problems and dysphoria than control group patients who did not choose to receive it. The study from Charlotte, NC may provide a model for how everyday NADA programs can collect meaningful outcomes in a cost-effective way that does not interfere with normal clinical operations.

“The central method at this point is to compare treatment as usual and treatment with acu detox,” reports Ken Carter, who conducted the pilot study. Currently serving as NADA’s president, Ken is a staff psychiatrist at Carolinas Medical Center in Charlotte.

Research was conducted within the regular

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June 1-6, 2009 Ann Arbor, Michigan
programming at the highly structured program at Sam Billings Residential Treatment Center using ADSes as researchers. The study permitted the patients themselves to choose whether or not to receive acu detox, and no one was denied the opportunity to receive it.

Before and after the hour sessions, both groups completed a 10-point Likert scale questionnaire with seven outcome measures. Ken suggests that NADA programs could easily adapt this method of collecting outcomes by including a symptom scale in the progress notes, alongside checklists of protocols such as disinfection of the ear and removal of all needles.

Sessions continued twice weekly for three months. Significant statistical significance was demonstrated among all symptoms in the acu detox group (p-values across the board measured at .0001). During the acu detox sessions, the patient group who did not choose acu detox spent their time sitting in a study hall. Members of this group reported either no change or increased severity of symptoms, including, for example, a 14% increase in cravings.

“The interesting thing is that the people who tended to be more agitated seemed to get worse in a control group,” notes Ken, adding that “leaving them to their own devices” may make patients worse.

According to Ken, the challenge of launching research at Sam Billings did not manifest in the complexities of grant-writing or statistical analysis, or other typical deterrents for NADA programs to document outcomes. Rather, he had to convince administrative staff that research doesn’t have to be complicated and that line staff could do the work.

“You want the people who are on the line staff to do it and remove me as a physician,” says Ken, noting that most programs can’t afford to pay the salary of a medical doctor to do acu detox. “You have to have people who are willing to be the fire starters to do this but not to stay there and not to claim it.”

No statistical significance of difference was demonstrated among gender, sex, race and program completion status between the control and the acupuncture groups. However, patients who chose acupuncture tended to be younger (mean age 39 as opposed to 45 for the control group). The report suggests that younger subjects may be more comfortable with and open to acupuncture.

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No data was collected as to why patients elected not to receive acupuncture, nor on any co-occurring disorders diagnosed. Ken says he prefers to deal with the subjective symptoms of the patient, documented in the 10-point Likert scale, as opposed to individual diagnoses, assigned by clinicians. The study’s purpose, he says, was not to see if the study helps a particular diagnosis.

“The last thing you want to do is burn out on people doing research. It’s helpful to have a software that can be used intuitively by people to enter the data and manipulate it.” Ken points to the popular online survey tool www.surveymonkey.com as a cost-effective example. It could provide a simple way for several NADA programs at the same time to compile data in an efficient, streamlined fashion. According to the website, 80% of the Fortune 100 companies utilize this software for data analysis.

“All we’re trying to do is document what we do. A simple tool that documents over and over again that water is wet,” says Ken.

Ken says recent cuts in treatment funding have forced programs “to do a lot more with a lot less.” In light of this, he suggests that future NADA studies should focus on how acu detox can improve cost efficiency of a program. He also noted that many staff at Sam Billings dropped into acu detox groups for stress relief, a need in all programs during times of economic hardship.

**MAJOR LEAGUE ADDICTIONS CONFERENCE SLATES PRESENTATION ON NADA**

For the first time in its history, the premiere national convention of the addictions treatment industry will feature a workshop presentation by a NADA registered trainer.

The event, to be held February 9-11, 2009 in Atlanta, is the South East Conference on Addictive Disorders or “SECAD”. While the name suggests a regional meeting, sponsorship by the two principal professional organizations in the addictions field shows its national character. They are NAATP – The National Association of Addiction Treatment Providers and NAADAC – The Association for Addiction Professionals. The former group represents mainly the ownership and management of North American treatment centers (mostly the higher profile ones) as well as field associations such as NADA.
The latter is an organization of counselors and other addictions clinicians.

Making a presentation on “Understanding and Implementing the Acupuncture Protocol” will be NADA registered trainer, Virginia June. Virginia, a credentialed social worker and addictions counselor, is director of business development at Brighton Hospital, one of the USA’s oldest and most-respected treatment organizations.

According to the SECAD website, Virginia’s presentation will review and discuss statistically significant findings on the effect of the NADA protocol, which Brighton has collected over a two-year period on 1500 respondents. (See Guidepoints, July 2008 issue). She will also discuss handling staff and leadership issues arising from the use of the protocol and explain how it creates change as a non-verbal process. Virginia’s audience will be offered the opportunity to experience personally the NADA five-point treatment.

For more information about SECAD, go to www.secad09.com. Contact: Virginia June, Brighton Hospital, (810) 877-0905 veejayjune@lycos.com

BATTLEFIELD continued from page 1

method can be taught in a few hours to doctors, medics and combat troops, most of whom already have learned traditional battlefield first aid.

While NADA and the Air Force seem to have arrived at a similar clinical doctrine, they have differed in the path they followed. Contemporary practice of ear acupuncture derives from two separate knowledge traditions: one originates directly from Chinese medicine and the other is a reformulation of that older tradition, developed by the French physician, Paul Nogier. NADA terminology and concepts borrow mainly from the Chinese side while the Air Force approach derives from Nogier. NADA uses Chinese terms to identify the needling points on the ear while the more Western medicine-oriented Nogier approach relies on the Greco-Latin anatomical terminology.

(Richard is a co-author of a 2006 paper published in the journal Military Medicine. Entitled “Auricular Acupuncture in the Treatment of Acute Pain Syndromes: A Pilot Study”. The report showed an immediate 23% drop in pain experienced by emergency room patients following the needle treatment. This was in comparison to no immediate change in the control group receiving standard care, although both groups reported a similar reduction in pain 24 hours after the ER treatment. The treatment used indwelling needles that remained in place four to six days.)

Richard’s medical colleagues have signed on to his concept as well, the Sun article explains. Col. Anyce Tock, chief of medical services for the Air Force Surgeon General, announced authorization for 32 active-duty physicians to begin “battlefield acupuncture” training. Lt. Col. Terri L. Riutcel, an Air Force psychiatrist deployed to Iraq, treated victims of roadside bomb blasts, among other injuries, and told the Sun, “Acupuncture is very well tolerated and there are very few side effects,” apart from occasional bruising.” I think it has tremendous potential for military medicine.”

The Sun article describes how physicians at Ramstein Air Force Base in Germany use the ear acupuncture to treat severely wounded troops in transit from the battlefield to Andrews Air Force Base and on to Walter Reed Army Medical Center or the Bethesda Naval Hospital for long-term care. It is said to be especially effective among patients suffering from a combination of combat wounds, typically a brain injury or severed limbs, burns and penetrating wounds along with severe disorientation and anxiety. The article quotes Col. Stephen M. Burns: “We get damaged and psychologically troubled people here, and our approach is to turn down their pain, let them relax, get some sleep, and then they can focus on their healing.”

The U.S. Army Rangers, who often operate in remote locations, have also received training from Richard and his team, the article noted.

INDIA SEES GROWING PEER ACTION TO ASSIST RECOVERY PROCESS

Besides working to spread the NADA ear needling technology throughout South Asia, NADA/India is teaching how peer group involvement strengthens the basis of recovery.

Under the leadership of its director, social worker Suneel Vatsyayan, Nada India Foundation has initiated the Association of Recovering Peer Action Network (ARPAN). As reported in The Hindu (one of India’s national daily newspapers) “ARPAN is an action network of peer-based initiatives for people recovering from disability and trauma related to drugs, HIV/AIDS, violence and crime. The word ARPAN in Sanskrit means to present or to offer in dedication.”

The project promotes peer support and
facilitates the setting up of minimum standards of care for those who want to organize rehabilitation services.

Suneel reports that the seeds of ARPAN were sown as early as 2000 when some of the recovering addicts/peer counselors/educators, as part of “guru shishya parampara” (a traditional Hindu term for the mentor/mentee relationship) became part of the drug treatment and rehabilitation field. Later on they established rehabilitation centers for their fellow members. With the nurturing of ARPAN, rehabilitation sites mushroomed in different parts of the city of Delhi as well as in the states of Punjab, Rajasthan, Haryana and Uttar Pradesh. According to Suneel, “Following the 12 Step program, along with the peer based approach for recovery, these centers engage the inmates in yoga, medical care and counseling sessions to provide them an enabling environment for change.”

Suneel says: “I have seen these people grow like a child and with time accept the fact that success and failure are a part of life and there is somebody for them who has given them a right to fail. Each day of recovery brought to them confidence and helped them come out of the pain.”

**WAR VETS IN MARYLAND HAVE FREE EAR ACU CLINIC**

A NADA-style free ear acupuncture clinic for veterans, active military personnel and their families has been operating weekly at a VFW post in suburban Owings Mills, Maryland for more than 14 months.

According to a news release from Carolyn Nelka, a Baltimore acupuncturist and NADA ADS, the program was set up in memory of her husband Gene Nelka, a Vietnam veteran who died in 1979 from injuries sustained in that war.

Other current and former members of NADA are giving their services to the project include acupuncturists Janice Campbell, Jennifer Downs, Alison Hartman, and Audrey Rice. Needles have been donated by longtime NADA supporter, Lhasa OMS.

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**GUIDE-QUOTE …**

“These people could be anyone’s child. And they are.”

Judge John Creuzot, Denton County, Texas, regarding his drug court participants, as quoted on the Dallas Bar Association web site.

“I had two combat tours in Vietnam,” explained 72 year-old Oliver Jackson, a US Army retiree. “I’ve been coming to the clinic since it opened, and I don’t get as angry as I used to from post traumatic stress. I am calmer, sleep better – especially the night I go. They [the acupuncturists] are really nice, wonderful people.”

James Griffin has been attending the free clinic since it began. “The treatments help me to relax. I’m a Vietnam Vet and have PTSD. It used to be hard for me to relax and focus.”

Contact: Carolyn Nelka, L Ac. (443) 324-8985. canelka@earthlink.net

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**NADA’s 20th Annual Conference and Pre-Conference Events**

May 31–June 6 – NADA Full ADS Certificate Training (45 CE credits)*

June 4 – Administrators and Directors Workshop (5 CE credits)*

June 4 - Registered Trainers Day meeting: 9-6 (7.5 CE credits)

June 4th 6-8 pm – Registration/Reception with snacks and networking

June 5-6, 2009 Main Conference – (15 CE credits Incl Fri Film Screening and Sat Luncheon)

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**NADA’s 20th Annual Conference** highlights acu detox as a simple, cost-effective intervention utilized world-wide to treat and prevent addiction. NADA trains individuals and programs in the NADA protocol to enhance their ability to prevent and treat addiction and trauma in their own communities.

**Main Conference Highlights Friday, June 5 Plenary Session.**

Preventative Auricular Acupuncture: A Model for Prophylactic Treatments in At-Risk Populations.

The Michigan Story—a model for introducing and sustaining acu detox locally or globally.

Brighton Hospital—an integrative, comprehensive residential and outpatient program (with 23 ADS on staff) shows us how.

Auricular Acupuncture for Cigarette Addiction/smoking cessation.

European Nurses employ Acu Detox in Hospital-based Programs.

Acu Detox Research Planning for Preventative Treatments.

NADA protocol and Opiate Addiction: Methadone and Acu Detox.

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**Friday, June 5 Breakouts Global Solutions to Substance Abuse.**

Training and outreach in Africa.

Psychiatric nurses bring acu detox to mental health care in European hospitals.

Acu detox shapes and changes programs: adolescent program in Maryland; rural 12 Step program in Ontario, Canada; mainstream program in Virginia.

NADA 101- history and philosophy of NADA; receive a treatment;

Point location refresher for Acupuncture Detox Specialists.

Methadone programs and acu detox.

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**Saturday, June 6. Breakouts.**


Methamphetamine users—new lessons learned for an old problem.

Youth, Trauma, and Behavioral health—Talking with kids about traumatic events; magnetic beads for children.

Surviving in Tough Times—economic realities for the treatment of addiction, behavioral health, and trauma.

**Saturday Lunch Speaker**—International Alliances of Public Health Agencies, NGOs, and Acu Detox Trainers: A Network for Success (David Eisen, Quest Center for Integrative Health).

**Saturday Plenary.**

Progress in New Orleans—Acu Detox has support of medical board, fire department and police chiefs

SNAP-Support Network for People Abused by Priests

**Keynote address:** Acupuncture and Social Organizing Internationally: A transferable and sustainable community-model.  *Michael O. Smith, MD; Lincoln Recovery Center; NADA Founder*

*CE credits pending for addiction counselors (NAADAC; MCBAP—for Michigan counselors) and acupuncturists (NCCAOM, CA). Others will also receive verification of attendance which can be submitted to their agency or board.

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**Friday, June 5 Special Events:**

8 pm Annual Members Meeting.

9 pm Screening of *Finding Normal*, a brilliant new film on the role of mentorship in recovery, followed by Q & A with the film’s director Brian Lindstrom. 2 CE credits.
Pre-Conference Training Events:

**FOR CLINICIANS – 8 am, Monday, June 1, to 4 pm, Saturday, June 6**

**Earn an ADS certificate (and a total of 43 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 Brighton Hospital, Michigan’s first and most experienced addiction treatment facility. Brighton Hospital utilizes the NADA protocol throughout the treatment process, from detox, rehab, partial hospitalization, intensive outpatient clinic, men and women’s halfway houses and outpatient clinic. Brighton Hospital offers extensive and complete substance abuse/dual diagnosis treatment, and is a leading national chemical dependency residential and outpatient treatment center.

Register early – This event always sells out.

**Who can be trained?**

**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 addictions 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, Louisiana, Maryland, Michigan, Missouri, New Mexico, Nova Scotia, Ontario, Prince Edward Island, Tennessee, Texas, Vermont, Virginia, and Washington.

**Licensed acupuncturists:**
Join in the exciting integration of Chinese medicine within traditional Western treatment settings. Collaborate with allopathic providers, criminal justice systems and community organizations. Become an advocate for acupuncture in addiction treatment. Enjoy the rich experience of opening doors for acupuncture.

**Training schedule:** Trainees participate in a six-day, intensive sequence, beginning with a four days of didactic and practicum training at Brighton Hospital, in Brighton, Michigan. (Accommodations will be available at the Holiday Inn Express Hotel in Brighton during the training days — $99 single or double). Homework assignments include some to be completed PRIOR to the training. Trainees finish final two days by attendance at the NADA 20th Annual Conference at the Kensington Court Hotel in Ann Arbor. Attendance is required at all sessions – from 8 am Monday, June 1st through 4 pm, Saturday, June 6th, so make your travel arrangements accordingly!

**Travel and accommodations:** 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.) After you register, the NADA training team will contact you directly with details of schedule, transportation, lodging, homework, what to wear, etc.

**FOR DIRECTORS AND ADMINISTRATORS,** Thursday June 4th, 9am – 3pm

**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 colleagues.

**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 incidents 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 program’s financial strength without special funding.

In many jurisdictions, existing program staff can readily learn the NADA protocol under existing laws and regulations. Agencies can acquire a NADA capability at very low cost.

The NADA protocol readily fits into existing treatment regimes. The addition of acupuncture offers program managers yet another way to show accreditation officials an improvement in quality.

*CE credits pending for acupuncturists and counselors.
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Cancellation Policy. Full refund less $50 processing fee for cancellations received before 5 pm, Friday, May 1, 2009. No cancellations accepted after that date.

Conference Registration Fees Schedule:

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<tr>
<th></th>
<th>Pre-Registration (before 5pm, 5/1/09)</th>
<th>20th Annual Conference Only June 5-6</th>
<th>ADS Certificate Training June 1-6 including 20th Annual Conf**</th>
<th>Directors and Administrators Workshop June 4</th>
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<td>*<em>Current Member</em></td>
<td>$270</td>
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*At the Door*

| **Current Member**      | $300                                  | Pre-Registered only                  | $225 ($100 if Conference Reg also)                          | As above                                      |
| **Non-Member**          | $365                                  | Pre-Registered only                  | As above                                                      | As above                                      |
| **Student**             | $245                                  | Pre-Registered only                  | As above                                                      | As above                                      |

*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 5 pm, Friday, May 1, 2009.

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 20th Annual Conference, June 5-6
$_______ADS Certificate Training, June 1-6 (Includes 20th Annual Conference)
$_______Directors and Administrators Workshop on Integration, June 4
$_______NEW or RENEWAL MEMBER DUES ($65 or $40 student with proof of status)
$_______Tax deductible contribution to NADA
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Current Hawaiian law only allows MDs and acupuncturists to perform acu detox. According to Leslie, Hawaii’s current restriction of non-acupuncturists may be influenced by anti-ADS attitudes found among some California acupuncturists. California and several other states have delayed ADS law progress, resulting in the scarcity of patient access to care in the Golden State and elsewhere. Like California, Hawaii has many addictions programs that could not afford to pay licensed acupuncturists to perform acu detox.

One of the important fine points being discussed is whether the law will require supervision of ADSes by licensed acupuncturists. NADA policy supports such supervision, although not all state and provincial laws require it. According to New Mexico NADA members, 16 new jobs were created for acupuncturists as supervisors as a result of the recent pro-ADS law enacted in that state. This may provide comfort for acupuncturists who worry that laws allowing non-acupuncturist ADSes will cart off job opportunities. New Mexico NADA member, acupuncturist and researcher Nityamo Lian points out: “Generally we are not creating jobs for ADSes as the ADSes already have jobs with agencies. What we are doing is adding a service to existing
programs and jobs.” Nityamo adds that ADSes have increased the visibility of the value of acupuncture among legislators, the department of health, and non-profits in New Mexico.

A law requiring supervision does not come without a cost, however, according to Laura. Paying a supervisor’s salary and travel costs to distant NADA sites can deter a program from bringing in acu detox. She says a clause could be added to the bill “that says if the financial burden is too great on the program, they can go without a supervisor.”

Laura also believes that what supervision entails should be defined in more detail. She mentioned that supervisors should have knowledge of research, maintaining a sustainable program and should inspire ADSes by removing administrative obstacles. “I think good supervision is what makes a program sustainable,” noting that she has seen several programs fail without supervision.

Leslie and her team are currently reviewing bills to use as a model. Laura has pointed to the new Louisiana legislation as offering a novel approach. That law’s language does not specify that acu detox is only for addiction drug treatment, which allows for its use in other settings. Trauma centers and firefighters in Louisiana, for example, can utilize acu detox for PTSD.

Nonetheless, any model will have to adapt to the legal language and political structure of Hawaii. One Hawaiian lobbyist has suggested calling acupuncture something else. Delineating “acu detox” as different from full-body acupuncture has sufficed for many states. According to Laura, another name for acupuncture is “dry needling,” which physical therapists in Colorado also use to name trigger point therapy.

Leslie worked for eight years with drug addicted pregnant and parenting women. In addition to teaching at the University of Hawaii’s medical school, she currently works with patients with serious and persistent mental illness at Maui Community Mental Health Center, in Wailuku.

Joe is a licensed acupuncturist and naturopathic physician on the Big Island. He received his initial NADA training at Lincoln Recovery in 1987 and registered trainer status in 1995. Joe did NADA work in Oregon prior to his relocation to Hawaii, where he has started acupuncture in drug rehab programs. Besides supporting legislation to expand access to the NADA ear acupuncture protocol, Joe also supports letting MDs who have taken MD-oriented acupuncture training being permitted to use acupuncture.

Contact: Leslie Gise, MD. leslieg@maui.net
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After four years of NADA advocacy, Hawaiian lawmakers are one step closer to a progressive ADS law. The task is led by psychiatrist Leslie Gise, a long-standing NADA activist.

“I believe all who are taught this process [acu detox] should be able to do it. We are denying care to our people in Hawaii, a place of significant drug abuse disparity.” says Roseanne Harrington. She is chair of the University of Hawaii’s department of complementary and alternative medicine, and has also joined the legislative efforts.

“The acupuncturists that I’ve talked to have been enthusiastic,” says Leslie. Other stakeholders include acupuncturist and NADA registered trainer Joe Kassel, acupuncturist Michi Holley, and Paula Arcena from the Hawaiian Medical Association. The acupuncture board in Hawaii has yet to bless the bill.

Bill details are still being worked out. State Senator Rosalyn H. Baker may introduce it as early as this month. The decision has yet to be made whether to write a new law or to amend an existing law.

“The best law tack to take is to write an exemption from the acupuncture law for those completing training with NADA,” says registered trainer and acupuncturist Laura Cooley. She is NADA’s ADS law expert who is consulting with the Hawaii team.