

GUIDEPOINTS:

News from NADA

September 2009

LONGTIME INPATIENT UNIT SUCCUMBS TO PRIVATIZATION

One of the oldest and most stable NADA-utilizing programs suddenly closed last month in a bid by the State of Delaware to reduce expenditures through privatization. The Kent/Sussex Detoxification Center, located in the tiny town of Ellendale, had been operating on the site (in an old school house) since 1974. The unit primarily served the population of that largely-rural, southern part of the state. The state-run residential program had offered patients the NADA protocol since 1993, and has often been cited as a model for other NADA facilities.

According to the *Milford Chronicle*, a newspaper published in a nearby town, state officials claimed that a private contractor could operate the Ellendale facility at lower unit cost. Even so, officials said, the state employees who had been assigned to Kent/Sussex would all continue on the state payroll at other state facilities. It was unknown at press time whether any of the NADA-trained employees may be rehired by a contractor, or whether those who are being re-assigned to other sites would have opportunity to use their NADA skills.

PRIVATIZATION CONTINUES ON PAGE 2



NADA-trained staff of the program had already been facing a possible threat to their operations from a new law regulating acupuncture recently passed by the state legislature and scheduled to go into effect next year (see *Guidepoints*, September 2008). Program supporters were just gearing up to respond to that problem when the closure order came from the state department of health and human services.

ACUPUNCTURE AND SOCIAL ORGANIZING

(The following is a transcript of the keynote address by NADA founder Michael O. Smith, MD, D Ac, to the attendees at the NADA Annual Conference held in Ann Arbor, Michigan, June 6, 2009.)

I have just two concepts I want to introduce about our work.

The first is that NADA acupuncture, and you could say acupuncture in general, is what you call a *foundational* message. It's a message to the most basic part of the person. Therefore it's not a message about disease. It's not a message about addiction. It's a message that says: "You're still alive. You've been alive. And now we're going to talk about the most real part of your life, which is: What picks you up? What keeps you going? What is always safe and healthy and what always renews?"

MIKE SMITH CONTINUES ON PAGE 7

French Quarter
Hotel

NADA Invites You To New Orleans

Theme: Recovery, Rebirth & Reunion

25th Anniversary Conference

March 26-27, 2010

Learn, Earn CE
Credits, Celebrate!

A spokesperson for the state told *Guidepoints* that a contract would soon be in place with a new provider and services would resume for that part of the state by October 1, and in the meantime patients needing care would be transported to privately-operated detox units elsewhere in the state.

According to the daily *Wilmington News-Journal*, state government overall has seen a sharp spike in employee voluntary retirements, perhaps due to an across-the-board pay cut under the governor's austerity campaign. Kent/Sussex lost several senior people to retirement, many of them with NADA ADS training or registered trainer status. The paper reports that the state officials may have decided upon closure instead of going through hiring for so many open slots.

The beginning of NADA work at the facility in 1993 was a response to the high recidivism and AMA rates associated with the crack cocaine impact of the late 80's. According to Irene Rust, a NADA trainer who was then the unit director, data analysis done in following years showed that of 667 clients who had passed through the agency, 89% received acu detox. Of those, 82% "had continued sobriety" at three-month follow up, as compared to 33% of those who did not receive acu detox during treatment. Eighty-seven percent of the acu group were not readmitted (compared to 18% of non-acu group). Seventy-six percent reported "an improved quality of life, compared to 34% of the control group". The AMA rate dropped from 16.6 per month to 9.8 per month after adding acu detox to the program.

The *News-Journal* interviewed a self-described addict and alcoholic from Frankford who credited the detox unit with saving his life. "They can find money in the budget to do this and do that, why can't they find money in the budget to keep that place open?" he said. "What's going to happen to the other people who want help and can't get it?"

LACK OF ADS CAPABILITY MAY WORSEN CALIFORNIA CRISIS

Several NADA programs in California have been recently deemed unaffordable due to the budget crisis. Some acu detox programs have lost funding. Others are at risk, and are either just getting by or are having to resort to charging clients extra for acu detox treatment. It may be all the more difficult to keep programs going because of state law that disallows health professionals

Helio
ISO CERTIFIED

Shen Men
Kidney
Sympathetic
Lung Liver

**Acupuncture
Needles
NT5 & VT5 Cluster Pack**

**Detox Needles
ND Q-Pack**

**Ear Seed
ES-01**

**Magnetic
Ear Pellet
ES-05**

**Your Complete Source
For Detox Acupuncture**

**Detox Needles, Ear Seeds, Magnets,
Ear Models, Ear Charts and More . . .**

If you are a registered NADA Trainer, call Helio to inquire about discount for your training supplies.



**Call us at
1-800-672-2726**



**Order Online
www.heliomed.com**

who are not licensed acupuncturists from utilizing NADA training in their work. So programs are limited in being able to achieve the improved retention rates and other gains from using the NADA method at lower cost.

NADA board member and licensed acupuncturist Cally Haber saw three of her programs in Santa Cruz lose funding over the past year. “Money is just not there to be found.” It began in June 2008 when the drug court funding for acupuncture dried out. In December, her acupuncture program for a perinatal program lost its funding after just a year of operation. Then, in June 2009, the entire Hermanas women’s residential program closed after 25 years of service, when budget cuts rolled across the county. According to counselor RayeAnn Jiminez, Hermanas, under the umbrella organization Santa Cruz Community Counseling Center, was “one of two programs in the city that can serve women with their children.” Cally had been offering the service there since October, 2005.

Cally believes that if she could teach acu detox to existing staff at her remaining programs, their services could be increased to daily. Cally still provides acupuncture twice weekly at Si Se Puede and Santa

3 Cruz Residential Recovery. “It is amazing to me how committed the administration and staff are to keeping the acupuncture twice a week at both programs as long as they can.” She is cautious, however. “With cuts at every level, county and state, we will see.”

In Sacramento, the nonprofit Community Addiction Recovery Association (CARA) has lost contracts at four of its treatment sites, reports CARA’s executive director and NADA board secretary Carolyn Reuben. According to Carolyn, a licensed acupuncturist, CARA provides an integrative program of acupuncture, nutrition, mind-body movement therapies, sleepmix tea, ear beads and seeds.

Since 1995, CARA provided acupuncture at the Sacramento County Adult Drug Court offered Monday through Friday for 10-20 clients. A county shortfall led to a drug court budget cut zeroing out all of CARA’s services, effective June 30, 2009. “There was never a time when the drug court didn’t have acupuncture, from its first day of business,” Carolyn declares. Besides acupuncture, her program offered tai chi, qigong, yoga, nutrition education, supplements as well as free healthy food to take home or to eat at the program. —>



OREGON COLLEGE *of* ORIENTAL MEDICINE

The science of medicine, the art of healing.



One of the oldest colleges of acupuncture and Oriental medicine in the United States, founded in 1983
 Recipient of the 2007 American Association of Acupuncture and Oriental Medicine (AAAOM)
School of the Year award

Granted Candidacy for Accreditation* status by the Northwest Commission on Colleges and Universities (NWCCU) in 2008

Third acupuncture and Oriental medicine college to be accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)

First acupuncture and Oriental medicine college in the U.S. to receive a federally-funded research grant from the NIH



10525 SE CHERRY BLOSSOM DRIVE | PORTLAND, OREGON | 97216
 503 | 253 | 3443 WWW.OCOM.EDU

*Candidacy is not accreditation nor does it ensure eventual accreditation. Candidate for Accreditation is a status of affiliation with the Commission which indicates that the institution has achieved initial recognition and is progressing toward accreditation.

The Sacramento County adult drug court had become a “blueprint” for California legislators and other drug courts for integrating mind-body therapies and nutrition, according to Burke Adrian, the county’s supervising probation officer and manager. He says drug courts as far away as San Diego were looking to it as a replicable model.

Acupuncture was a required component of the drug court. Burke points to a 2008 independent study (conducted by NPC Research) that found a 17% two-year recidivism rate, a figure well below the weighted and unweighted national drug court averages (27.5% and 25.5% respectively). He adds that after increasing treatment services, including doubling CARA’s nutrition component, one year recidivism rates dropped from 15.1% to 13%.

Burke reports how he has observed CARA’s “hands on, caring approach” during his eight years of working in the drug court, and claims that CARA had a “great deal” to do with retention rates. He describes CARA’s nutrition program as the most popular feature, providing a “fundamental need” for drug court clients. He likens it to soup kitchens which “get people back to the Lord by their stomachs”. Now that the drug court is operating with only nine of its 23 previous staff, Burke forecasts a “drop in sobriety.”

The crunch first hit CARA back in September 2008 with the loss of funding for services at two transitional housing programs run by Cottage Housing, Inc. For five years, CARA had provided once weekly acupuncture at Serna Village and Quinn Cottages, more recently adding nutrition classes and hypnotherapy for stress reduction. Group sizes ranged from five to nine people, and services were voluntary. A fourth CARA site at the Sacramento Department of Education-funded Sacramento Community Based Coalition lost funding last June 30. This project provided one hour classes of nutrition education and Emotional Freedom Technique (EFT), a counseling style involving acu-point tapping, for seven months.

CARA still has contracts at Kaiser Permanente’s chemical dependency recovery program in Sacramento and at New Dawn Recovery Center’s inpatient adult services in nearby Orangevale and Citrus Heights. Carolyn reports no anticipated reductions at these sites, while adding, “There is always a risk that funding will be cut!”

A better picture appears in southern California’s Santa Barbara. Former NADA president Ruth Ackerman, a doctoral-level social worker, reports on how the community’s Project Recovery has found a way to maintain its acupuncture component. Using multiple funding streams, Project Recovery’s parent agency, the Council on Alcohol and Drug Abuse, (CADA) contracts with Santa Barbara Acupuncture Associates (SBAA), an acupuncture group practice, to provide services at Project Recovery’s outpatient and detox program as well as at another CADA program, the Daniel Bryant Youth and Family Center.

According to SBAA’s treasurer Jennifer Henry, a private donor helped SBAA get started. The group’s business plan was to depend on California’s state Medicaid program, Medi-Cal, for reimbursement and sustainability of SBAA services. However, since the California budget crisis, reimbursement has decreased and SBAA was forced to start charging clients. This additional revenue, added to the donor money and the reduced Medi-Cal reimbursement, has been keeping SBAA afloat and able to continue its services to Project Recovery. Jennifer adds that SBAA does not refuse clients who can’t pay.

SBAA’s innovative packaging of acupuncture services has cut CADA’s cost for the treatment up to one third, says Jennifer. However, she explains, “We did reduce some treatment but made sure it was as little as possible to keep efficacy. For example, detox patients still receive treatment daily but just once instead of twice as before.”

According to Darren Lisle, president of SBAA, “The necessity for acupuncture treatment in addiction, and the profound message it presents to society at large, cannot be underestimated.”

In Berkeley, financial woes at Options Recovery Services halted its five-day-a-week acupuncture services for six months back in 2008, according to their acupuncturist and activist Jane Weinapple (see *Guidepoints*, January ’08). Last December, the agency began offering the service only two days a week. Recently Jane’s hours were reduced an additional 20%. “Because I didn’t want to reduce acupuncture any more than it was, I reduced my fees by 20% instead.” Jane also works at United for Health’s Berkeley Primary Care, where acu care is offered every weekday for 30-45 people daily. She says this program survived the

crisis, but only after her supervisor Hope McDonnell organized Jane and the clientele to write letters and give presentations at city council meetings.

As in Berkeley, the fiscal crisis has been fuel for grassroots activism elsewhere in California. Carolyn says the slice in her Sacramento programs has only made her more determined to change the existing anti-ADS law, starting by making weekly visits to the state capitol and using ear beads as outreach tools. She and Ruth are co-chairs of an active committee to reform the law prohibiting ADS. NADA public policy expert and registered trainer Laura Cooley has already sat down with Carolyn and Cally for an initial consultation on legislative strategy. They are hoping to create an administrative rule to modify the effect of the existing law as early as February 2010.



JANET AIDS FIRE SURVIVOR

Janet Pimentel-Paredes of Manila, The Philippines, joins the ranks of NADA Registered Trainers. She is a longtime oriental medicine practitioner who has been a familiar face at recent NADA annual conferences. Last year, Janet pushed NADA work into the disaster relief area in her home region when a neighborhood-wide fire made 200 families homeless (see Guidepoints, September 2008). Lincoln Recovery Center, under the tutelage of Carlos Alvarez, was the site of Janet's initial ADS training in 2004. She completed her RT menteeship with Cally Haber. Contact: Janet Pimentel-Paredes, Integrative Medicine for Alternative Health, 82-A Malakas St, Diliman, Quezon City 1100, Philippines. 063/926-3356 janetparedes@pacific.net.ph

ON LINE ACU DETOX VIDEOS

For a handy way to show what acu detox looks like in a real treatment setting, go to <http://www.brightonhospital.org/> and click on the "Treatment Programs" box at the top of the page followed by a click on "Auricular Acupuncture Training" on the left side of the new page. There you will find a selection of videos on how the NADA protocol is being used for treatment training at Michigan's Brighton Hospital, the second-oldest continuously operating addiction treatment center in the USA.

A visit to this web page can be an excellent tool for helping addiction treatment professionals understand that NADA treatment fits in well at a venerable institution like Brighton. Many longtime workers in the field will recognize the status of Brighton as among the very upper tier of treatment providers internationally. Denise Bertin-Epp, Brighton's president was a featured speaker at the NADA 2009 conference in Ann Arbor, where she was unreserved in her praise for how NADA concepts are working at her facility.

Herbal Sleepmix Detox Tea

Prepared in collaboration with Michael O. Smith, MD, DAc and manufactured in strict accord with his formulas

We produce teabags in small quantities to assure freshness

PRE-PACKAGED

five teabags per polybag with label
\$136.00 per case of 200 packages

LOOSE teabags

\$72.00 per case of 1000 loose teabags
\$25.00 per case of 300 loose teabags

Add \$7.50 per case for p/h. Shipped UPS

Terms: COD or advance check or MC/Visa
Purchase orders okay from hospitals or government

To order or receive free *Fact Sheet for Health Professionals*, contact::

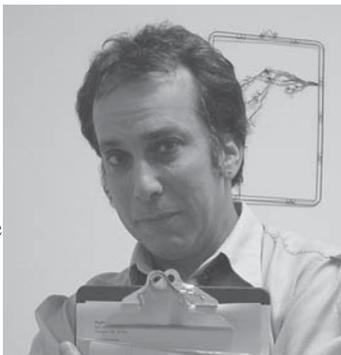
NUTRACONTROL

Box 1199 Old Chelsea Station, NY, NY 10011
(212) 929-3780 Fax (212) 765-7847 www.nutracontrol.com

LONGTIME MEMBERS SAY GOODBYE TO NADA BOARD OF DIRECTORS

Four individuals, long prominent in NADA affairs and all current or former NADA registered trainers, have recently completed service as members of the association's board of directors.

David Eisen, an acupuncturist and social worker who directs a multi-disciplinary health clinic in Portland, Oregon, was among the early activists associated with the NADA birthplace, Lincoln Recovery Center in the South Bronx, New York. He has occupied various NADA official posts, including president, and most recently served as treasurer.



Mark Farrington is a psychiatric nurse in Charlottesville. He did much to make Virginia a leading state in appropriate ADS legislation and widespread use of NADA-utilizing programs in urban, small city and rural areas. He recently joined the US Dept. of Veterans Affairs to work with PTSD. Mark's latest Board position was secretary.



John Kolenda, an acupuncturist who now directs clinical training at the American College of Traditional Chinese Medicine in San Francisco, joined with other LACs in the Bay Area to treat public health clients when available funding still made such services possible in the Golden State. His NADA service included terms as president and treasurer.



Phyllis Spears is a nurse with the Indian Health Service in Tucson, Arizona where she is nationally prominent in the HIV field. Active as a NADA registered trainer, Phyllis has done much to nurture the high level of NADA training and NADA-using clinical services among tribal and non-tribal entities that now exist in her region.



OWN A PIECE OF ACU HISTORY

NADA members with an archival bent can acquire a complete set of issues, 1993-2003, of the original *Guidepoints: Acupuncture in Recovery*, the predecessor of this newsletter.

Prior to its acquisition by NADA and becoming the association's official member publication, *Guidepoints* was a main source of documentation of events in acupuncture, not only in the addictions field but in general acupuncture as well.

Just a few of the historical milestones covered in these pages: legalization of acupuncture needles; NIH consensus conference leading to endorsement of the safety and value of acupuncture; first use of acupuncture in public mental institutions; creation of the US government Office of Alternative Medicine (later to become the National Center on Complementary and Alternative Medicine); acupuncture adoption by drug courts; *Consumer Reports* magazine article endorsing acupuncture; the split of the national acupuncture movement into two opposing organizations; *Good Housekeeping* magazine endorsement of acupuncture; acupuncture's growth in Russia after the Soviet collapse; the first USA uses of acupuncture and herbs for HIV treatment; acceptance of acupuncture into the American Public Health Association; launching of the Society for Acupuncture Research; the scientific search to distinguish acupuncture effects from placebo; state authorities order insurance companies to pay for acupuncture; California and United Kingdom jails find acupuncture reduces inmate violence; a state Medicaid system authorizes payment for acupuncture; US government publishes an acupuncture bibliography; *Encyclopedia Britannica* publishes an illustrated article favorable to acupuncture; Betty Ford Center publicizes its use of acupuncture; outcome results show possible

help for ADHD using needles or magnetic beads; US government publishes census of acupuncture-for-addiction treatment sites; prominent Republican Congresswoman becomes an acupuncture advocate; acupuncture finds a role in treatment of PTSD; acupuncture aids 9/11 survivors; first acupuncturist earns a Harvard University MPH; Americans take acupuncture for addiction to Nepal, India, Burma, Uganda and Ireland; research reports acupuncture helps depression.

The complete set of back issues comes hole-punched ready for insertion into loose leaf binders. Total price to current NADA members is \$57.94 (\$49.99 plus \$7.95 shipping). Call the NADA Office toll free 1-888-765-NADA with your credit card or mail a check/money order marked "Gp Back Issue Set" to NADA, PO Box 1927, Vancouver WA 98668-1927.

MIKE SMITH CONTINUED FROM PAGE 1

You have business that doesn't renew, friends that don't renew, ideas that don't renew and all sorts of other things that change. And yet our own inner spirit can be reached by acupuncture, even by a practitioner who has no idea what they are doing with acupuncture. Our own inner spirit can renew in a safe and productive way, all the time, every day. And why should anyone with a hard life believe that could be possible?

Yes, the NADA message is that you're alive. And that means that whatever trauma and shame you have isn't quite as real as you thought. And the message that you're alive is not a partial message. A person bearing dreadful issues can be sitting in an ear acupuncture group next to a person with seemingly moderate issues. Both get the same message. I don't have to know how hard and dreadful and difficult a person's issues are. I don't have to know that you have not only been abused yourself but that you abused a lot of other people and a whole series of things. The acupuncture message comes through just as clearly to each person the first time they get it. For people who are desperate, that message comes through the first time they get it. It's not like other messages: "Oh what was that? Is it really me?" This message may not last forever but it is a clear message, a message of sobriety and it's a message that you're legitimate, that you're there.

How is it that most people can get that message, even amongst a lot of other messages--even among

biochemical and pharmaceutical messages? "Oh does he need an upper or a downer?" Our patients aren't bipolar they're multipolar. They're on many poles. Doctors and pharma only want to sell two poles, so they call it bipolar. Most people, if you ask them how many poles they've got, they would go a little higher than two. Countless poles! Bipolar, in case you haven't figured it out, is a con game. We're filled with con games. (You don't have to worry about comparing con games, but since we're filled with con games, you know, one more won't hurt us that much.)



MIKE SMITH AND TAPIO KARO OF FINLAND,
ANN ARBOR 2009

But the deal is, we can do better. We don't do: "OK, I'm going to help this pole, and then you go to the other pole and, 'Oh I gotta help you again with the next pole and the other pole', and of course you wouldn't want to change too quickly!"

That's what addicts do. They treat bipolar things -- they take uppers and downers. As with people in the stock market who say it's very easy: "You want the market to go up, you sell the cocaine a little cheaper. You want it to go down, you hold back the price." I have talked to dealers on Wall Street, and that is what they do! I would think they got the right plan. And I wouldn't be surprised if that's what they did. Upper, downer and so on like that, we're going to take all of you. "Oh I'm more real because I took this Red Bull" and all that -- that's all the con game.

And we all do this, that and the other. But the NADA treatment, without the practitioner even knowing it, does not participate in this con game. Acupuncture was smart from the first day we tried it. We had to figure it out (and I imagine we're still figuring it out), but the acupuncture was smart from the first day. These are simple points, smart from the first day. And that's very unusual.

Then there are the verbal things that don't work. We think we need cognitive things, that we need to think things out. But other things in life don't become perfected by thinking them out. There are times we have →

to rethink -- that's more the issue than think. But Oh!, there are so many tragedies with verbal therapies! Such as when the patient uses street language the therapist says: "I'm going to teach you other languages." But here the acupuncture protects. If you have a cognitive program and it has acupuncture with it, then the healing purpose of the program is protected. Otherwise, it's not.

And this nonverbal treatment means we stay away from transference. Not you nor I, none of us, can stay away from transference. The patient projects on who we are and we project back. We can't help it, but acupuncture does not have that problem. It stays away from transference, and that is very important. Why can't the parent help their kids? Because of transference. Why can't a friend help another friend? Because of transference. NADA acupuncture provides a service and provides a message without transference, without all this verbal clutter. There's nothing else that does any of these things.

Now, the second part of what I want to talk about is not just that the treatment works, it is that ear acupuncture is a socially dominant treatment. That's very important. We're not talking just about ten people in Kenya. We're talking about 18,000 treatments in six months. Yes, there are a lot of fads, there are a lot of things that are curious. But they are not 18,000 treatments in six months when nobody was counting. It was done because it made sense to do it. We hear that acupuncture is used in a prison in England and say "Wow!" But No!, it's used in 130 prisons in England!. The social dominance of ear acupuncture has meaning for the world.

We're so filled with "once in a while's". We're filled with "first times". Oh, (acupuncture) is a "special thing". No, it's the same old foolish thing each time. Eighteen thousand times. One hundred and thirty prisons. The same thing in each of the people receiving. That is a different kind of reality. When our colleagues talk about the treatment programs in Europe, they are not talking about one or two or five special nurses, they are talking about 50 people trained at a time. We're talking about these things being done in most of the EuroNADA countries.

We need to understand that this social dominance has been apparent for a long time. And it has happened without a lot of help from us. We have social dominance for this treatment. But until there is an ADS rule that allows a lot of people to be trained in California

and Florida and such places, there will never be a lot of people treating in our USA hospitals. Until they change the law, there is no point to ask. There won't be a lot of prisons using treatment, and no point to ask.

We could help with Iraqi vets coming back so they don't damage themselves and their families. Oh we could do that---but only if we can train lots and lots of recovering vets to be treatment people themselves and only if a good number of them become also trainers themselves. Otherwise you don't get the social dominance. You just get a cute thing and we get cute things all the time. There's a new age and it is all full of



NADA TRAINING IN KENYA

cute things. But acupuncture is easily 3000 years old, and it's not a cute thing. Every country in the world has an acupuncture association. Cuba was supposed to hate China and love Russia, but the Cubans kept acupuncture. The Russians too -- they kept the acupuncture even when they were supposed to hate the Chinese. Acupuncture is not a cute thing and not a modern thing. Not new age. It is basic life. Healing by touch is basic life. Touching each other is basic life.

We have something basic, this very simple treatment. Social dominance has to have social spread. Three years ago in Europe, they didn't have any hospitals using acupuncture for psychiatric problems. We never discussed it. All of a sudden Kajsa Landgren in Sweden said, "Oh, we have 30 hospitals". The people from Switzerland said, "We have 30 hospitals." I thought they must be lying, that they were just trying to compete with the other people. Because how could you all of a sudden have these things? But now they've trained enough nurses, the people in the hospitals liked it, and now the possibility is there to have something that will be a national trait and a national movement.

Consider the Burmese refugees. They already

have a lot of trainers on the borderland there and that is despite having 14 different tribes who sometimes don't like each other very much and 14 different languages. And the civil war is right across the river, but this does not stop the NADA work.

In Kenya we trained for six days. And then the new trainees gave 18,000 treatments in the next six months. They had a tribal war going on and they treated the people in the tribal war, and maybe reduced the civil war that might have happened otherwise. They are only 100 miles from where a million people did die in a civil war.

Such a potential! You spend three days to train people and you get back 18,000 treatments in six months: That's a potential. But my God, it might not happen if the needles don't get there! The needles that we discard all the time! Needles that people are required to put these stupid labels on and say it's out of date...just bizarre! That's a harmless thing in a society with money. It's not so harmless over there. And a couple civil wars later, because it's not because we "might" help them. We did help them.

Now there have been a lot of Americans who have gone to Africa to do training. None of them have done as well as that. None, none, none. Why did it work so well this time? Because these trainers did not outnumber people. They had learned to fit themselves in to what other people were doing. It was not a simple thing to learn --they had gone there at other times to learn it. The result was something that was possible, and, Lo and Behold, those 18,000 might start training other people!

We now have such a chance and such an opportunity to do something. You know what they say in AA, you "let go and let God"? If you know something, and you know it first, it has no meaning unless you let it go so that someone else knows it. What, are you going to put it on the tombstone? What you know has no meaning unless somebody else knows it. So there are a great number of things that we know that don't have much meaning yet, because those things haven't yet moved on. And it is very understandable if you say, "I'm trying to move on and I can't see how." Fair enough. Some of these presentations at this conference have shown you how. Often what it takes to learn is a short time →

feel the difference...



Ear Seeds



Ear Press Tacks



Cupping Sets



Cluster Pack



Easy 5 Pack



Detox Pack



Models



Derma Roller and Probes



Clinical Supplies



CARBO
Acupuncture Needles




- Hi Tensile Surgical Grade U.S. Stainless Steel
- Light weight Aluminum Alloy Handle
- Detox Pack - Ideal for NADA protocol

ACP

MEDICAL SUPPLIES INC.
118 BAYWOOD AVENUE
LONGWOOD, FL 32750
TEL: (407) 830-0588
FAX: (407) 830-1588
TOLL FREE: 1-877-248-4539
www.acpmedical.com

lesson, and then reinforcement and encouragement and continuing support.

But we have a responsibility right now, because this is a treatment that could literally change history. In European psychiatric hospitals, NADA enhanced treatment is simply better than other psychiatric treatment is, period. Probably a great deal better. It doesn't mean that usual treatment is not also working. It just means that the NADA results are just massively better. Hopefully, some place in the USA will do what they're doing in all these little towns in Sweden. But that will only happen when we effectively reach out to nurses.

All these corrections officers can learn how to do acupuncture in prison. They're all former military people. Maybe that is why it has been suggested that the military people could help the Iraq veterans. Regarding the veterans, everyone asks: "Oh what can we do?" We can hand off NADA knowledge to military personnel. Then the "we" becomes important. Otherwise, it's a "wee we". Not too important.

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.

Guideposts: News From NADA is published six times per year for members. Annual dues of \$65 (US funds) includes subscription and other benefits. Publication contents may be reproduced without permission (please give credit). Contact: NADA, PO Box 1927, Vancouver WA 98668-1927. USA. Phone: (360)254-0186. Fax: (360)260-8620. Email: NAD-AOffice@Acudetox.com

President: Ken Carter *Editor:* Jay Renaud *Art Director:* Mary Renaud *Staff Writer:* Ryan Bemis ISSN-1070-8200

We've done a great deal to get to this point where we can proceed further. But to do so, the knowledge needs to be handed off, and that is not always easy. But we must begin to plan how it can be done. Yes, I really appreciate what we've done so far, but I appreciate even more what we might do. Now is the time.

DOCS LEARN CONTINUED FROM PAGE 12

to perform the NADA five-point protocol and could volunteer to experience being needled themselves. Libby also gave an overview of Eastern Medicine philosophy. Among her other topics: acupuncture with Axis II patients comorbid for depression, the 'intention' involvement of the therapist, how the NADA technique can influence transference and counter-transference.

Given the effect of the training on energizing Colorado physicians about the value of the NADA protocol, Libby expects a boost to efforts in the state to reform regulations to create eligibility for a wider range of health worker classifications to learn and utilize the NADA method. As far as is known at pre-sent, only physicians, registered nurses and licensed acupuncturists are using the protocol within the state.

Libby's Circle Program is a unit for patients with co-occurring disorders that has long been noted for its use of the NADA protocol, including for smoking cessation. Many of its nursing staff have received the ADS training and become NADA members.

Lhasa OMS
 everything acupuncture

The NEW J-15

The world's most versatile
 15mm acupuncture needle.

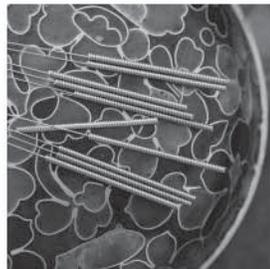
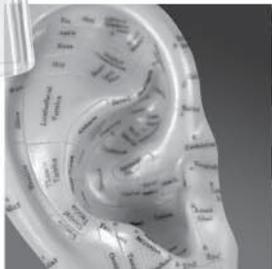
▶ Auricular Therapy

▶ Facial Rejuvenation

▶ Hand Therapy

▶ Sensitive Patients

SEIRIN[®]
 The Painless One[™]



Ask about our
**Lowest
 Price
 Guarantee!**

**Great Products. Great Prices.
 Dependable Service.**

We continue to provide lower prices and quantity discounts on the products you need.
 When it comes to shopping for acupuncture products, it's easy to see
 why more practitioners turn to **Lhasa OMS** for peace of mind.

800-722-8775

www.LhasaOMS.com

Return Service Requested

In This Issue:

- Delaware Detox Closed - 1
- Acu and Social Organizing - 1
- Fiscal Stress in California - 2
- Online Acu Detox Videos - 5
- Old Timers Leave Board - 6
- Guidepoints Archive Offered - 6
- Psychiatrists Meet NADA - 12

DOCS LEARN ABOUT NADA AT COLORADO CONFERENCE

Psychiatrists and other mental health professionals learned about NADA treatment at the 34th annual Aspen Psychiatry Conference held in Aspen, Colorado last month.

Teaching the three-day “skill building” track in auricular acupuncture was NADA registered trainer Elizabeth A. “Libby” Stuyt, a psychiatrist and medical director of The Circle addiction treatment program at Colorado State Psychiatric Institute at Pueblo.



LIBBY STUYT

The overall theme of the conference was “modern treatments for depression”. The organizers explained: “We know that pharmacotherapy helps only a certain number of patients who suffer from depression ... This

year’s interactive, skill-building conference will focus on teaching attendees up-to date psychotherapeutic, psychopharmacologic, and alternative medical skills that have demonstrated efficacy for the treatment of patients with depression.”

In addition to Libby’s acupuncture track, other tracks available included interpersonal psychotherapy, motivational interviewing and cognitive-behavioral therapy. In a post-conference note to NADA colleagues, Libby explained that her track was the “funnest” and had attracted the enrollee limit of 20 participants, “mostly physicians”.

Libby’s teaching covered the basic history of the use of acupuncture in treatment of mental illness, and a review of the basic research literature. Attendees learned DOCS LEARN continues on page 10

French Quarter
Hotel

NADA Invites You To New Orleans

Theme: Recovery, Rebirth & Reunion

25th Anniversary Conference

March 26-27, 2010

Learn, Earn CE
Credits, Celebrate!