

GUIDEPOINTS:

News from NADA

March 2010

LIGHT AND DARK IN THE DEEP SOUTH Part 1: AAAOM Law Spoils NADA South Carolina

By Ryan Bemis

In 2005 the AAAOM endorsed a bill that stamped NADA out of South Carolina. Top acu-addictions expert Alan Trachtenberg pins protectionist policies on acu-guild interests.

“Continue to give strength and wisdom to those burdened with leadership and decisions....” from a prayer read to South Carolina House Representatives March 27, 2003, hours before the Herbkersman bill was introduced.

Some say it takes a lottery ticket to do great things. Others say it takes great leaders. Last March, a local paper asked one South Carolina NADA-trained acupuncturist what he would do if he won the lottery. Affordable acupuncture for the addicted was the dream he described. Today, no known South Carolina licensed acupuncturists (LAc) work in addictions treatment. But in years past, without waiting for a lottery win, NADA style treatment did exist in the state. Addiction patients benefitted from the services of non-LAc, NADA-trained Acu Detox Specialists (ADSeS). That is, until a new state law took away that option.

NADA-trained paramedic Chuck Bagley says he received a green light to pilot an acu detox program in five correctional facilities in the state. His only barrier was the passing of a new acupuncture law (H 3891), endorsed by the American Association of Acupuncture and Oriental Medicine (AAAOM), an acupuncturist-run guild identifying itself as “the unifying force for American acupuncturists.” The new law now authorized LAcS to dictate on-site “direct

supervision” for all ADSeS, a glaring anti-NADA policy. As a result, South Carolina NADA trained workers say they cannot needle because their agencies cannot afford to hire an on-site LAc.

Why should ADSeS need on-site direct supervision? *Guidepoints* asks a leading figure in the history of acupuncture in the United States. “There’s no reason,” replies Alan Trachtenberg, a medical doctor who organized the 1997 National Institute of Health Consensus Development Conference on acupuncture and headed their Office of Alternative Medicine (precursor to the National Center for Complementary and Alternative Medicine). He attributes protectionist laws, like South Carolina’s, which also bans physicians from providing acu care, to the interests of acupuncture guilds. (Editor’s note: “Acupuncture guild” refers to the informal complex of organizations and agencies which attempts to define and defend the professional turf of licensed acupuncturists.)



ALAN TRACHTENBERG

Meanwhile, several NADA members point to a former acupuncture guild leader, AAAOM Ex-President Martin Herbkersman, as the driving force behind cutting ADSeS out of the state.

The Columbia-based LAc denies this allegation and blames the insertion of “direct supervision” on an unnamed legislator. However, his brother, Rep. LIGHT AND DARK continues on page 2

LIGHT AND DARK continued from page 1

William Herbkersman was a legislator at this time, and was, in fact, co-sponsor of the bill. Furthermore, *Acupuncture Today* (April, 2005) applauds the family pair as successful engineers of the bill. The bill's original text includes the anti-NADA language when introduced on March 27, 2003. To read the full text of the bill, go to: http://www.scstatehouse.gov/sess115_2003-2004/bills/3891.htm.



MARTIN HERBKERSMAN

M. Herbkersman affirms that the AAAOM gave the authors of H3891 access to model legislation templates around the country, in particular nearby southeastern states. One local LAc (the source would like to remain unnamed out of fear of provoking controversy) reports that Herbkersman said the 2005 bill was based on a failed 2002 South Carolina acupuncture law which was taken from a Georgia

law (see *Guidepoints*, May 2002). Both of these laws included "direct supervision." In Georgia, mirroring its neighbor, no known non-LAc ADSes practice.

The AAAOM appears in perfect accord with the anti-NADA language of the 2005 bill. "Yes they should have direct supervision because they're technicians, not acupuncturists," says sitting AAAOM President Deborah Lincoln. Meanwhile, Mina Larson, the public relations spokeswoman for the national acupuncture certifying body, the National Certification Commission for Acupuncture and Oriental Medicine, goes so far as to assert that all ADSes "should be licensed as acupuncturists" before needling the ear.

Trachtenberg disagrees. "The licensed acupuncturists certainly have no data to show that what they do is any safer than what ADSes do. If there's no data, why make that policy or law?"

AAAOM guild leader Lincoln explains their anti-NADA law was "based on one we put together for national consensus." Her predecessor, Martin Herbkersman, refuses to believe that his law should necessarily rub NADA off the map, a state of denial to which the NCCAOM also clings. Larson praises the recently passed anti-NADA Delaware acupuncture law as "ideal legislation" even though it outlaws the practice of 19 veteran ADSes, many of whom had delivered acu-

care to thousands of under-served clients since 1993.

Sitting South Carolina Governor Mark Sanford (currently under fire for an extramarital affair) foresaw problems and vetoed W. Herbkersman's bill, stating in a letter to the Senate that "it was unduly burdensome and imposed unnecessary regulatory restrictions on the profession". In the end, Herbkersman struck back, turned against his Republican leader and led the overriding of the veto. In December 2004, the Governor predicted the bill would "smother opportunity and stifle productivity for some South Carolinians."

Opportunities were likewise smothered by the bill's demand for ADSes to complete NCCAOM's clean needle technique course required for full body acupuncturists. To pass the course, South Carolina ADSes would have to needle full body points, points for which they are prohibited by the same law to needle.

It is not clear if ADS Bill Wells would actually be put behind bars if he needled full-body points during a NCCAOM clean needle course. The South Carolina medical board has not responded to *Guidepoints* queries on such penalties. Nonetheless, Bill says he cannot afford the \$300 NCCAOM course or hire an on-site LAc supervisor and thus cannot treat his pain pill-addicted clients, fulfilling Gov. Sanford's prophecy. The NCCAOM clean needle course requirement "makes no sense" to Trachtenberg and is dubbed a "a straw dog" by NADA President Kenneth "Ken" Carter who already trained Bill in NADA's clean needle training, accepted as safe and standard procedure in all other NADA friendly states. Ken criticizes the makers of Herbkersman's bill as "manipulative" and having an "ulterior motive."

Making LAc the only qualified persons to directly supervise ADSes was a swift move in a state where just years before, LACs were under the thumb of direct supervision by MDs. The law stopped short of permitting LAc to go by "Dr." Yet Herbkersman alone bears this title among his colleagues on his state LAc association's website (<http://sc-oma.org/directory.html>), though he has never attended a doctoral acupuncture program. Nor has he been to medical school, though his law mandates all MDs attend a three to four year acupuncture school before they can needle full body points. If a non-LAc MD wants to perform the five point protocol, Herberksman's law demands they also be directly supervised by a LAc.

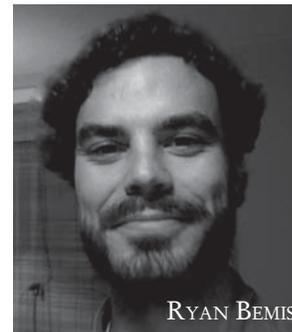
“What is on Dr. Herbkersman’s agenda for the future?” asks Acupuncture Today (April, 2005) to which he replied: “Protecting our new law.” His bill also created a special committee within the medical board for which he assumed chairmanship upon passage in 2005. Herbkersman himself challenges a *Guidepoints* reporter with the question: if ADSes are allowed to needle the ear with the five-point protocol, “What prevents someone to do a knee protocol? I’m just curious.”

Ken, who is a medical doctor, responds that NADA trainees do not learn and are not authorized to needle points other than the five-point protocol; the NCCAOM clean needle course is absolutely outside their scope of practice. He laments the lost foothold of the 56 non-LAc South Carolina ADSes, many of whom he personally trained and mentored. They worked in churches, hospitals, dual diagnosis programs, a medical school and a pain clinic. In a state named “conservative in many ways” by Herbkersman, ADSes had to confront many insular elements in their pioneering. However, no obstacles blocked their progress like his bill, H 3891. At the conclusion of the

3 Guidepoints interview, Herbkersman requested he not be credited as the bill’s author.

Five years since NADA was sidelined in South Carolina, Ken contemplates, “I can’t help but think about the forces of light and dark. You always have to ask yourself: What side do you want to be on there? The forces of darkness were against NADA in South Carolina.”

Light and Dark in the Deep South is a series that traces the rise and fall of NADA in South Carolina. Follow this series in upcoming Guidepoints issues.



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Reflections on 25 Years of NADA

Interviews with Dr. Michael Smith, Carol Taub, Claudia Voyles, Libby Stuyt, and Susana Mendez

“NADA MEANS KEEP IT SIMPLE”

Interview with Dr. Michael O. Smith

Dr. Michael O. Smith, co-founder of NADA, started working in 1969 as a psychiatry resident at what was then known as Lincoln Detox, a “first of its kind” methadone outpatient program in the Bronx, NY. Impacted by the work of Dr. Wen in China, Dr. Smith and fellow colleagues started offering acupuncture at Lincoln in 1974, “and it was quite clear that it worked.



MICHAEL SMITH

It stopped withdrawal symptoms in its tracks, the

patients liked it, its non-verbal character was fairly clear...and for people who spoke Spanish [we] had much greater retention rates.”

After teaching and speaking in many cities including St. Louis, Boston, Los Angeles, and Chicago, and after appearing on 29 television programs, in 1985 Dr. Smith along with other advocates helped organize the National Acupuncture Detoxification Association (NADA) as a nonprofit organization “because I didn’t want to be the only one doing this.”

Then new funding from the city triggered the development of a formal training curriculum. “At Lincoln I wanted a method to be taught to non-doctors and something that would pass in the larger world.” The first trainings lasted 4-8 hours. “You had the sharp end and the dull end [of the needle] and you had 60 patients to figure it out.” The training evolved into a 2-week apprenticeship program. The goal was to “reach a lot of people who have another primary job... and help them do their primary job better.”

Reflecting on the 25th anniversary, Dr. Smith expressed a far-reaching vision for NADA: “That it spreads out so much that all the practical issues disappear...this should be part of a license of any social worker, of any nurse, of any addiction counselor. Because why not?”

“KEEP THE MISSION OF NADA GRASSROOTS”

Interview with Carlos Alvarez, new Board Member

Carlos Alvarez refers to Lincoln Detox, now Lincoln Recovery Center, as “the best kept secret in town”. He started at Lincoln in 1970 as a volunteer nurse’s aide, and swiftly progressed to an addiction counselor, a job he held for 17 years. His focus was individuals on probation, a project spearheaded by Dr. Smith. Before retiring in 2007, Carlos’ last 20 years at Lincoln were spent as a NADA trainer and assistant coordinating manager.



CARLOS ALVAREZ

In the early years “we were doing acupuncture when it was illegal here in New York State.” In 1986, Carlos and other counselors were suspended by the Health Dep’t from providing acu detox treatments. Dr. Smith and colleagues drafted petitions that were sent to the State Legislature and 2 years later, in 1988, Gov. Cuomo signed groundbreaking legislation legalizing the administration of auricular acupuncture by non-acupuncture health professionals in the State of New York.

In response to an urgent need to address the rampant crack cocaine problem, in the early 1990s Carlos was invited by Dr. Smith to introduce acu detox to the model Metro-Dade drug court program with first-time offenders. His expertise in working with people in crisis became vital when 9/11 happened. In concert with St. Vincent’s Hospital, Carlos “brought my trainees who had 2 days of training... We showed up in the evening...set up a bunch of chairs, and put up flyers in the elevator stairs, on the streets...people started showing up and they kept coming, and it didn’t stop.”

In the next 25 years, Carlos’ vision for NADA is “to make auricular acupuncture available on a broader scale to community agencies and to increase the availability to states that have not embraced this modality of treatment...I’m a little soldier in this big field.”

NADA IN THE FUTURE: “NIMBLE AND RESPONSIVE TO NEEDS”

Interview with Carol Taub, retiring Board Member

Carol has been on the NADA Board for more than 20 years. She was introduced to NADA in the early 1980s, while living in Los Angeles. Working at her alma mater, Samra University of Oriental Medicine, Carol learned of Mike Smith and his innovative program at Lincoln through a student who had visited the detox center and returned inspired. Shortly thereafter, Carol organized a “well-attended” statewide 2-day seminar and invited Dr. Smith to speak about the treatment approach and NADA protocol.

With guidance from Dr. Smith and participation of volunteer acupuncturists, Carol helped open a program on Skid Row called Turnaround Alternative Treatment Center. Although a city initiative, it was a pilot project with no financial support. Unable to secure funding to continue, the program closed after 18 months. At this juncture Carol was invited to join the Board.



CAROL TAUB

Among her many roles, Carol was the first Training Chair, “at the time when the registered trainer’s concept was getting formalized.” She characterized her tenure on the board, which includes 5 years as Board President, conference

chair, and co-leader of pre-conference trainings, as contributing to the “financial and structural stability” of the organization. This happened as she transitioned in her professional career from a clinician to an administrator, applying her organizational skills to the Board. Of all of her diverse activities, she found the pre-conference trainings the most rewarding. “I found it so exciting to see how acu detox was seeded in the various programs, so carefully and lovingly.”

And herein lies the strength of NADA, in “the spirit of the people who are...finding creative ways to bring [acu detox] in to new situations – post-trauma treatment, the military.” Looking ahead, Carol “would love to see ADS laws in more states...and bring in younger people. We need new energy to come into NADA and be a part of it.”

NADA Is My FAMILY

Interview with Claudia Voyles, retiring Board Member

Claudia has served on the NADA Board for nearly 10 years, and it has been “a good run.” Trained at Lincoln in 1991, “it has been 20 years now of NADA being a weekly part of my... personal life [and] professional life.” In 2000 when she joined the Board, Claudia assumed the role of Training Chair from Carol Taub, a role she maintained for 5 years.



CLAUDIA VOYLES

As an acupuncture student at the Oregon College of Oriental Medicine, Claudia and Carol worked closely together on the first training manual revision. The goal was to “come up with a manual that represents the NADA spirit [and] that is also flexible in the training process, in order to appeal to people of all different walks of life and occupations...to provide the yin and yang...the structure and the freedom.” Since the initial revision, Claudia worked closely with other NADA trainers to deliver the most recent 2008 revision.

VOYLES INTERVIEW continues on page 6

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VOYLES INTERVIEW continued from page 5

The value of NADA comes from “supporting people and organizations for being stronger from the inside.” And NADA as an organization has “some legs now...we are grounded, we have a track record, and worldwide...all of that makes us stronger and more responsive.”

As NADA has “always grown in an organic and serendipitous way”, Claudia hopes that “some of this structure-building that we’ve done will make it easier for advocacy, and easier for increased acu detox availability...to respond as our world moves forward.” (Check out Claudia’s collected essays, *Some Lessons Learned*, a must read for any acu practitioner. They can be found at www.acudetox.com).

ACU DETOX IN THE WESTERN EYE

Interview with Libby Stuyt, new Board Member

Elizabeth B. “Libby” Stuyt was among 5 psychiatrists at Colorado state hospital that participated and completed the Acudetox Specialist training in 2000. Since then she has administered acu detox in a hospital setting, with a special focus on helping dually diagnosed individuals be tobacco-free. Strongly rooted in her western medical training, she was initially “skeptical” of the 5-point protocol, and “started



LIBBY STUYT

studying it” to build empirical evidence of its effectiveness and utility.

Throughout this analytical process, Libby began to collect data and in 2006, in affiliation with the Colorado Mental Health Institutes at Pueblo and the Department of Psychiatry at

University of Colorado Health Sciences Center,

published a paper in the *Journal of Dual Diagnosis*, 2(4), 41-52, on the application of auricular acupuncture in an inpatient dual diagnosis treatment program that was tobacco-free. Her ultimate goal is to get all drug treatment programs “to quit using tobacco”. To this end she has given talks around the country, always integrating NADA in her presentation “as an option” to help people to stop.

As a new Board Member, Libby looks forward to lending NADA “the medical perspective”. She is currently designing a study using the NADA protocol to address PTSD at the inpatient trauma unit of the VA in Denver. She hopes to increase awareness and utilization of acu detox within the medical field and make it evidence-based medicine. If that wasn’t enough, she is working to change legislation in Colorado to be more NADA-friendly.

FROM ARGENTINA TO TEXAS: A PASSION FOR LEGITIMACY

Interview with Dr. Susana Mendez, new Board Member and former Registered Trainer Representative to the Board



SUSANA MENDEZ

Susana was aware of NADA since her arrival to New York from Argentina in 1985. A trained psychiatrist, Susana’s first exposure to NADA was a PBS movie where Dr. Michael Smith was talking about auricular acupuncture. “I thought, this guy is out of his mind because he was so different from his place at his time... that was my own ignorance for acupuncture.” A move to Dallas, TX brought her to an outpatient treatment where in 1992 she trained and became an Acudetox Specialist.

Following her affinity for teaching, in 2003 Susana became a NADA registered trainer and a licensed acupuncturist in 2005. For the past 11 years she has worked at Homeward Bound, Inc., a drug and alcohol treatment center, and is now Assistant Executive Director, overseeing the clinical component of the treatment center. In 2004 Homeward Bound became an official full certificate training site. “My training mixes eastern and western theories of care, with the focus always on NADA.”

As a Board Member Susana wants to help “get federal money attached to NADA to give it legitimacy.” She is currently in the process of designing a study of the women’s unit at Homeward Bound with an epidemiologist from UT Arlington, and will be applying for a National Institutes of Health grant to implement it.

*Editorial:***25 YEARS: SPIRIT OF NADA SEEKS NEIGHBORS**

As we journey through the rise and fall of NADA in South Carolina, the role of NADA comes to light.

NADA serves as a link between the acupuncture world, the public, and health professionals. We step aside from the titles and turf wars that mark the political struggles of the acupuncture profession. We have found home, rather, as a branch of the addictions profession and seek to know the neighbors.

We defer to leaders of recovering communities for their creative energies in ushering acu detox into their neighborhoods: asylums, refugee camps, disaster areas, prisons, war-zones. They spearhead NADA's grassroots constituency and carve a path for our new mission of policy and practice advocacy. For 35 years we have followed their lead. We hear their stories. They tell us acu detox aids in much more than the treatment and prevention of opiate withdrawal. Our team in South Carolina affirms these outcomes.

Their stories reveal that ignorance, not insurance, is our common primary barrier. From their history, we distill a few points to guide decision-makers unfamiliar with NADA best practices and policies:

1. *Acu detox is not full body acupuncture*, and is safely delivered by non-acupuncturists who have completed NADA clean needle training.
2. *Our patients report positive acu detox outcome without a Traditional Chinese Medicine diagnosis.* Effective as a non-verbal therapy - no intake or interview is necessary for effective delivery of care.
3. *Our patients prefer assistance from self help groups and health professionals who serve as cultural brokers within their respective communities.* Acupuncturists can best help our patients by partnering with and not restraining these groups.
4. *Our patients, providers and legislators are hampered by burdensome bureaucratic policies.* Model legislation designates NADA scope of practice as an exemption to regulations within western medicine protocols, not as a profession defined within acupuncturist practice acts (i.e. Acupuncture Act of

South Carolina).

When barriers threaten communities of recovery, the spirit of NADA will assist them. As always, our motto remains: "Saturate patients with providers." In the 25th Anniversary year of NADA's birth, we owe our strength, our independence and our impartiality to our diverse allies, going on 1500 members and over 25,000 NADA-trained health workers around the world. We invite you. Join us.

INTERNATIONAL JUDGES EXPERIENCE ACU DETOX

On October 8th, 2009, Dr. Michael Smith and two board members, Judge Sheily Murphy and Dr. Susana Mendez, participated in the Annual Conference for the International Bar Association held in Madrid, Spain.



DR. SMITH PROVIDING ON-SITE DEMONSTRATION TREATMENTS

Judge Sheila Murphy chaired the lecture "Restoring Justice". Dr. Smith described the NADA protocol and its implementation at Lincoln Hospital since 1974 and provided on-site demonstration treatments. Dr. Mendez explained the link between auricular acupuncture and drug diversionary courts in the United States, highlighting her program, Homeward Bound in Dallas, Texas. Judges from other countries were very interested in the concept of linking a drug diversionary program with the NADA Protocol.

Later that month Dr. Mendez presented at the 4th International Conference on Medical Acupuncture in Barcelona Spain where her lecture focused on documented outcomes at Homeward Bound with court-referred women receiving the NADA protocol.

AURICULAR ACUPUNCTURE IN NEPALI PRISONS

By Malabika Das, MSW, ADS

In the late fall of 2009, a self-funded 2-week Acudetox pilot project was initiated in 3 Nepali prisons by Malabika Das, a clinical social worker, ADS, and activist for the Nepali community in the U.S. and Nepal. Application of the protocol intended to address mental health and substance abuse issues among incarcerated men and women in the Chitwan, Pokhara and Dhulikhel prisons of Nepal.

This project developed as a collaboration with Indira Ranamagar, a social worker and 20-year human rights advocate with the Prisoner's Assistance Nepal (panepal.org), a Nepali based nonprofit organization that conducts prison reform work in Nepal, particularly focusing on human rights advocacy and empowerment of children and families affected by incarceration. With her extensive experience and awareness of the dire state of prisoners' mental health and substance dependency issues, Ms. Ranamagar provided a solid foundation and the necessary connections for this project to successfully start.

The project began in the Chitwan prison. The prison has space for 120 inmates, but incarcerates over double its capacity, around 270 inmates. On the first day, the 2-person treatment team partnered with members of the prison staff to introduce inmates to the auricular acupuncture protocol as a support for those experiencing mental health issues and substance dependency, although everyone was invited to participate. The first session included 22 male inmates and despite some logistical challenges, ten inmates fell asleep while others relaxed.

The second day began with a session on 2 prison staff: the jailer and nurse. The jailer fell asleep and the nurse looked blissful. Both commented later on how useful and effective the treatment had been. A second male inmate session was successfully conducted in a new space working on repeats from the previous day as well as new participants. Following an oral interview, many said they had slept well the night before and felt relaxed.

On the third and final day in Chitwan, inmates

expressed happiness from receiving the therapy and a desire to continue it. This positive response illuminated the power of non-verbal healing that can occur in as little as 3 days and impact both inmates and prison administration. The Spirit of NADA was alive and thriving and the prison nurse expressed interest in attending a NADA training.



MALABIKA ADMINISTERING NEEDLES

The next two days were spent at another overcrowded prison. The Pokhara prison has a capacity of around 100 people but holds 220. Two sessions were held on the first day on more than 40 male and female inmates. On the second day, a third session was added for prison administrative staff including the

NEPALI PRISONS continues on page 9

GUIDE QUOTE

WHAT IS THE STRENGTH OF NADA?

“The indefinable thing we call the Spirit of NADA, that is our heart” – *Claudia Voyles, retiring Board Member*

“NADA helps the person get a transforming different start. It gives you the time and space and comfortability in your own self.” – *Michael O. Smith, co-founder of NADA*

“ADSEs can respond to crises.” – *Carlos Alvarez, new Board Member*

“The spirit of the people who are so committed to the work that they do... making it as accessible as possible.” – *Carol Taub, retiring Board Member*

“The protocol. How effective it is for everybody” – *Susana Mendez, new Board Member*

“The conferences – this is the only one where I feel really comfortable, and people are interested in each other” – *Libby Stuyt, new Board Member*

From interviews with Michael O. Smith, new and retiring Board Members, reflecting on 25 years of NADA. (see pages 4, 5, and 6)



FEMALE INMATES ASLEEP INDOORS

NEPALI PRISONS continued from page 8
 doctor, jailer, and head of security. All reported deep relaxation and even sleep. Similar responses to the treatment came from the male and female inmates. All in all, 100 sessions of the NADA protocol were conducted at the Pokhara prison, with a marked increase in returning participants each day. Malabika also administered magnetic beads to inmates. It only took 2 days to affect the administration: the prison doctor was ready to attend a NADA training.

The 2-week pilot project ended at the Dhulikhel prison, a prison that documents 30% of its inmates as

having a mental disorder. The first treatment session included ten inmates with mental disorders and a prison guard experiencing severe stress. After the treatment most said they felt relaxed; the guard slept deeply.

Since the pilot project, the treatment team has received very positive feedback from the prisons. The project demonstrated that the NADA protocol can have an immediate therapeutic impact. It also evidenced the critical need for restoration for those affected by incarceration, inmates and staff alike. One of the most humbling observations was the increase in compassion and mutual respect between inmates and staff involved in treatments.

Under the guidance of Indira Ranamagar, NADA Nepal is developing a training for Nepali prison staff in April, 2010. No external funding has been secured and supply donations are most welcome.

If you would like to make a donation to the NADA Nepal project, contact Malabika Das at siddhashanti@gmail.com

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NADA PROTOCOL COMES TO THE YALE SCHOOL OF MEDICINE

In July 2009, the Yale School of Medicine Department of Psychiatry offered its students for the first time an opportunity to learn auricular acupuncture using the NADA model. The training was coordinated by the Connecticut Mental Health Center-Substance Abuse Treatment Unit (SATU), located in New Haven, CT. In addition to treatment and research, SATU is a sought after training and research site for many disciplines associated with the Yale School of Medicine Department of Psychiatry.

SATU has used auricular acupuncture in its treatment milieu since 1996. A majority of clinicians at SATU have been trained in the 5-point protocol by NADA trainer and Board Treasurer Katurah (Abdul-Salaam) Bryant. At the 2009 NADA Conference in Ann Arbor, MI, Katurah was impressed by Laura Cooley's documentary film *Unimagined Bridges* which focuses on the use of acu detox as an intervention for victims of trauma and first responders. Upon returning to New Haven, Katurah shared the video with SATU

NADA's Mission

"The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster & emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with (other) Western behavioral health modalities."

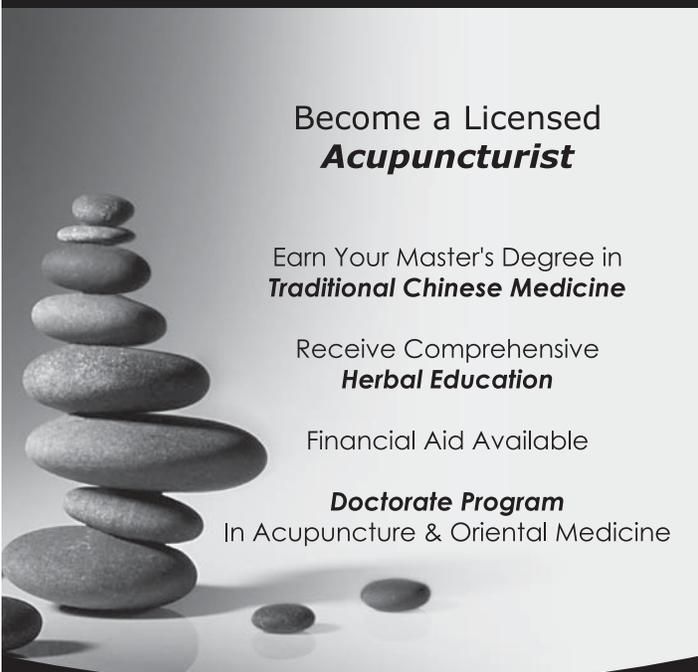
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staff that were deeply impacted by the power of the intervention.

Based on this response, SATU leadership considered the option of a NADA training for all incoming Yale trainees. Both Dr. Meandžija, Medical Director of SATU, and Dr. LaPaglia, Clinic Director, facilitated departmental permission for all Addiction Psychiatry Fellows and all Psychology Interns within the Division of Substance Abuse.

Katurah consulted with Dr. Michael Smith regarding the format of the training. Because the trainees were medical doctors and advanced practice clinicians, the training was truncated with the major focus being on understanding Eastern medicine philosophy, point location, addiction and the integration of acu detox in addiction treatment.

Dr. Smith participated in the final day of training, offering invaluable advice to the physicians and psychologist. Additional insight on integrating acu detox into the treatment milieu was offered by Dr. John Antonucci, a NADA registered trainer at the Newington (CT) VA. Thirteen students participated and received NADA training certificates. Trainees found the experience positive and beneficial to their learning and recommended it be incorporated as part of future Fellows' and interns' learning experience at the Yale School of Medicine.



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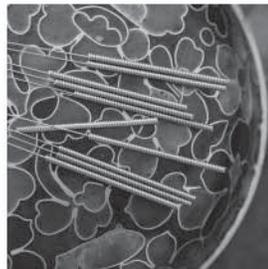
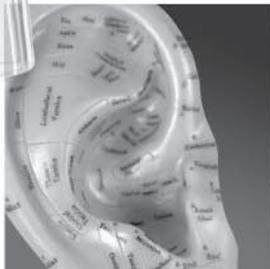
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Spirit Of NADA: BACK IN THE BIG EASY

It has been a very long road home since Hurricane Katrina. After almost 5 years, I am still rebuilding. When Katrina hit, I evacuated with my 9-year old son. We were on the road, moving from one FEMA hotel to another, until we were able to get into a FEMA trailer. The stress of the disaster took a toll on my body, resulting in diabetes.



LISA MICELI

Luckily, I stumbled upon acu detox through the Red Cross and met a group of wonderful people in New Orleans who gave me treatments and provided relief for my PTSD as well as lowering my blood sugar! After only one treatment, I became an acu detox advocate and went on to study and get trained myself.

I have been able to get my energy back with a positive outlook and strength of soul.

Acu detox healed me and motivated me to finally get back into school, where I am currently getting my doctorate in Naturopathy. I have been treating everyone I meet, including those in social services who are over-stressed and over-worked, as well as the anonymous recovering addicts and alcoholics. As long as I can maintain my supplies, I will continue this service, as there is a great demand here along the Mississippi Gulf Coast.

I am proud to be a new member of NADA and look forward to meeting y'all in New Orleans, my hometown. We have come so far--and yet there are still so many people who need to be touched by acu detox to experience its cleansing power bringing peace of mind, body and spirit.

By NADA member Lisa Miceli, M.Ed., N.C.C., ADS