Early this year, NADA advocates in Colorado and Hawaii have been compromising with their state acupuncture associations in order to arrive at satisfactory bill language and create a provision for non-acupuncturists to provide acu detox. How acupuncturist input to the bill-writing process affects access to NADA treatment remains to be seen.

The Colorado effort for House Bill 1119 is led by a state psychiatric hospital director and NADA board member, Elizabeth “Libby” Stuyt. Stuyt’s work at the Colorado hospital has included the use of NADA and other alternative therapies for helping psychiatric clients taper off medications. The original bill would have expanded access to NADA therapy within psychiatric treatment and mental health support groups in Colorado.

However, before the House Second Reading, acupuncturists expressed concern about the scope of the bill, reports Stuyt. They were concerned that non-acupuncturists would use other points outside the 5-point protocol. At press time, HB 1119 has been amended so that NADA workers can only provide treatment for a diagnosable addictions disorder “in the context of a...”

COMPROMISE continues on p. 4

PULITZER FINALIST ROBERT WHITAKER TO DISCUSS IATROGENIC MENTAL ILLNESS AND PSYCH MEDS AT NADA CONFERENCE

By Ryan Bemis

At this year’s conference in Kansas City May 20-21, NADA will meet award winning investigative journalist Robert Whitaker, who emerged in 2010 as a leading critic of the drug-based psychiatric health care paradigm. Whitaker will present his research, and will also serve on a conference panel alongside clinicians discussing the use of NADA methods to assist in tapering off of psychiatric medication.

His most recent book has been referred to as the “Silent Spring” of the psycho-pharmaceutical industry. Entitled Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, Whitaker makes a compelling case for the need for alternatives to psychiatric medication.
Seeking Testimonials on Your NADA Work

Guidepoints is seeking direct service testimonials to give NADA members a better idea of how acu detox is implemented in a variety of different contexts.

Whether you have 100 or 800 words, please answer any of these questions or simply share your thoughts. Even if you don’t want to be published, we are eager to hear from you.

✦ How has NADA training helped/empowered you in your role as a health provider?
✦ What are your professional credentials?
✦ What is your work setting?
✦ What is your position/role?
✦ How often do you provide treatments?
✦ Who do you serve?
✦ How do people respond to the treatment?
✦ What do you value most about giving treatments?
✦ If you could change one thing about the way acu detox is administered in your setting, what would it be?

Include the following information in your submission:

Can we publish your observations in upcoming issues of Guidepoints?

If yes, please tell us your name and the best way to contact you.

Guidepoints News from NADA

March 2011

COMPROMISE continued from p.1

chemical dependency, mental health, or behavioral health treatment program”. The bill still needs to go to the floor of the House and then the Senate before final approval, so this language may change, says Stuyt.

The Acupuncture Association of Colorado (AAC) advocated for other amendments to the bill, including a clarification of who would provide supervision. The initial bill stated that indirect supervision could be performed by “a health care professional who is authorized to perform five-point NADA auricular acupuncture”. Acupuncturists requested that they be specifically identified. The amended bill now states that supervision can be provided by NADA trained licensed acupuncturists and physicians. NADA Registered Trainers were added and then taken out of the bill language as viable supervisors.

The legislative chair for the AAC, Linda Gibbons, provided testimony at the first House committee hearing in February. Gibbons told Guidepoints that “as long as those professionals who do not currently have acupuncture in their scope are supervised by a NADA certified Licensed Acupuncturist or physician, the Acupuncture Association of Colorado believes that the public can be assured that adequate training and oversight will be provided while opening access to this effective acupuncture protocol.”

In Hawaii, acupuncturists resisted a NADA law, SB 32, and legislators have let the bill die after turf battling swelled up against medical doctors (see page 6 for the full story). This spring, psychiatrist and longtime NADA advocate Leslie Gise plans to meet with the Hawaiian Oriental Medicine and Acupuncture Association to discuss acupuncturist support for 2012 NADA bill effort after the 2011 effort, SB 32, died following acupuncturist opposition. The state acupuncture board voted against SB 32 partially because acupuncturists had complained that medical doctors are not qualified to provide NADA supervision. While in the majority of states with NADA friendly policies, medical doctors are recognized by state regulators as qualified NADA supervisors, Gise says that, as a medical doctor, she has no problem with an acupuncturist providing general supervision of her performing the NADA protocol, and is willing to compromise.

Gise says she will propose that general and indirect supervision be limited to licensed acupuncturists or NADA
Registered Trainers. She says she will advocate that future NADA bills in Hawaii will, like SB 32, be exemption-based laws, not limit NADA scope of practice to addictions, and not put ADS as a license nor limit NADA training to only professionals holding a license in social work, counseling, or nursing. The Colorado HB 1119 bill will limit NADA practice to licensed professionals.

The Hawaii advocacy effort, like HB 1119 in Colorado, should create new opportunities for licensed acupuncturists to operate as supervisors and trainers in mainstream health care programs and hospitals. Currently in these states, most acupuncturists primarily work in private practice.

**25TH ANNIVERSARY CONFERENCE VIDEOS AVAILABLE ON ACUDETOX.COM**

A year after the conference, we finally have short videos of various speeches and panels available for easy viewing.

If you go to the Training page and scroll all the way down to the bottom, you can watch 6 minutes of New Orleans trained Acu Detox Specialists proudly receiving their certificate of training and excitedly shouting out names of cities they traveled from, and communities they represent. It will make you proud to be part of NADA.

You can then go to the About NADA page, open the Board of Directors subpage and watch a minute and a half video of the entire Board along with some NADA trainers sing a song to Jay and Mary Renaud, the retiring NADA office managers, to the tune of Beatles’ Hey Jude. This is a must see. Staying in the About NADA page, open the History subpage, and you will have the privilege of listening to Pat Culliton, a NADA co-founder, share about the beginnings of NADA. In only 5 minutes!

Your video tour can then continue onto the Video section of the Resources page where you can watch Michael Smith’s keynote address, members of NADA International honoring Michael Smith on the 25th anniversary of NADA, and a segment of a Sickle Cell Foundation Support Group panel discussion featuring the late Philip Oliver, Sr. who passed away only weeks after giving this presentation.

If you want to thoroughly educate yourself on what NADA is up to, click on “view all videos”, a link on this 2010 Conference Highlights page, and it will prompt you to log in. Once logged in, you will be able to watch all videos taken at the recent conference.

Need help logging in? Email nadaoffice@acudetox.com or call (888) 765-6232 and we will walk you through the initial log-in process.
GUIDE QUOTE

“Even defenders of antidepressants agreed that the drugs have “relatively small” effects. “Many have long been unimpressed by the magnitude of the differences observed between treatment and controls,” psychology researcher Steven Hollon of Vanderbilt University and colleagues wrote – “what some of our colleagues refer to as “the dirty little secret.””

From a February 8, 2010 Newsweek article titled “Studies suggest that the popular drugs are no more effective than a placebo. In fact, they may be worse.” by Sharon Begley

WHITAKER continued from p. 1
drug based psychiatry. In January, Whitaker presented his research and debated psychiatrists at one of the top rated psychiatric hospitals in the country, the Massachusetts General Hospital.

His argument: the “evidence base” for the long term use of psychiatric medication, based on studies in major psychiatric journals, is severely lacking. Whitaker does not advocate that psychiatric medications should never be used or are never helpful. Rather, he calls for a scientifically honest discussion about the long term outcome data on psychiatric medications, and a consideration for alternative approaches.

His research is acclaimed by psychiatrist Elizabeth “Libby” Stuyt, director of a dual diagnosis state hospital program in Colorado, who has ample clinical experience and supervises non-acupuncturist nurses who use the NADA protocol and other modalities to help clients taper off antidepressants, anti-psychotics and benzodiazepines. “I do think medications are utilized far more frequently than is necessary or prudent. The biggest problem I see is they are used far longer than is recommended.” Stuyt, also a NADA board member, calls Anatomy of an Epidemic a “very sobering read.” (See page 1 for more on Stuyt’s legislative efforts to expand NADA in Colorado)

Former president and co founder of NADA, David Eisen, also has used acupuncture and other psychosocial therapies to help clients taper from psychiatric medication at both the dual diagnosis and HIV program in Portland, Quest Center for Integrative Health, as well as at the largest behavioral health program in Oregon, Central City Concern. “Whitaker’s book is a must read for anyone who is either currently practicing in the field of behavioral health or thinking about entering it.”

Whitaker admits that he once believed that antipsychotic drugs “revolutionized” the treatment of schizophrenia. “We’ve all been told that it was a story of great progress,” he told a Portland audience in February. As a medical journalist for the Boston Globe, his expose on the abuses in psychiatric research was a finalist for the Pulitzer Prize in 1998. His book, Mad in America, trailed the history of psychiatric treatment since the 1800’s. But Whitaker kept digging further.

Anatomy of an Epidemic begins as an investigation into why the number of disabled adults diagnosed with a psychiatric disorder has tripled in just 20 years. Though psychiatric medications are prescribed more today than ever for children, he asks: Why are there 35 times more disabled mentally-ill children than there were two decades ago? Why aren’t disability rates decreasing as a result of advances in pharmaceutical treatments?

In the 1980’s, Whitaker finds, psychiatrists had determined that psychiatric medications far too often caused rather than fixed “chemical imbalances” in the brain. Yet the prescribing rates of psychiatric medications exploded. He shows how this swell in psychotropic prescribing correlated with poor long term outcomes for depression, attention-deficit disorder, anxiety, bipolar and schizophrenia over the past 50 years.

The studies Whitaker dissects can hardly be dismissed as marginalized evidence. The World Health Organization and the National Institute of Mental Health funded six of the sixteen studies he focuses on. Many of the pivotal studies revealing poor long-term outcomes were funded by the pharmaceutical inventors themselves, though these studies were not always reported in US newspapers.

“The real question regarding psychiatric medications is this: When and how should they be used?” he writes in his final chapter, “Blueprints for Reform.”

In western Lapland in Finland, he reports, new cases of schizophrenia have almost disappeared, reduced by 90% since the 1980’s when an Open Dialogue family network approach treating psychosis was installed into the mental health system. The model de-emphasizes medication as a first step in treating psychosis, provides in-home counseling sessions for families of clients experiencing psychosis, and discourages a diagnosis of schizophrenia in the first 6 months of treatment. “Psychosis” itself is not seen as residing inside a disordered individual in this model, but instead is considered to be a relational process that occurs between people in their social networks.

At a recent conference in Portland, “Moving Mental Health Forward: Rethinking Psychiatry,” Whitaker said his
hope for his book was to encourage a critical look at what is working and what needs to be changed in how mental health care is provided. Alone, the societal cost of paying for the medications of disabled Americans makes reform imminent, he argues. At the conference, he presented the Finnish model to policy makers and mental health experts alongside mental health diversity counselor and Lincoln NADA trainee, Will Hall.

A Portland-based writer, therapist and international speaker on alternatives to drug-based psychiatric therapy, Hall is currently working to promote NADA services in peer mental health recovery groups in Alaska and Oregon. In Massachusetts, Hall co-founded a weekly free NADA clinic as part of Freedom Center, a volunteer peer-run program which has used NADA, yoga, recovery education and community support groups for over six years to help hundreds of clients reduce their reliance on psychiatric medications. Hall and Freedom Center acupuncturist, Lee Hurter, will present to NADA conference members on their success using NADA methods as well as how to create collaboration between NADA practitioners and the peer mental health movement.

The demand for alternatives to the drug based behavioral health paradigm has long been a force behind the pharmaceutical-free NADA model. Community activists in the 1970’s developed the NADA protocol as an alternative to methadone maintenance. NADA conferences regularly feature presentations from innovative psychiatrists and nurses using NADA methods both as an alternative and adjunct to psychiatric medications within government run psychiatric hospitals throughout Europe, as well as the state mental hospital in Colorado.

Stuyt admits that encouraging clients to safely taper off their medication can be a “hard sell”, “primarily I believe because they have been told by their doctors that they must take their medication. The patients are convinced that they have a ‘chemical imbalance’ that only the medication can fix. Of course there is no research backing this up but it is what they have heard over and over.”

We welcome all peer recovery groups to attend the NADA conference in Kansas City May 20-21. Consider attending the full NADA training May 15-21 to incorporate the five point ear acupuncture protocol into your set of clinical skills.

Reduced Recidivism at NADA Pilot for Hawaiian Criminal Justice Clients

By Ryan Bemis

“Each of the 10 also ran 100% negative drug screens throughout the pilot.”

Negative drug screens and reduced recidivism are among the outcomes reported at a recent 3-month NADA pilot at a Hawaiian Department of Public Safety (DPS) pre-trial and prison alternative outpatient addictions program. According to the pilot coordinator, Kenneth Rowe, he says he will continue to support NADA growth on the islands.

"I believe that this treatment could be essential for our offenders who are just entering our criminal justice system or admittance into jail or prison. This would start them in becoming better prepared for the adjustment of jail or prison, and to start them on their way for rehabilitation for substance abuse."

The pilot started with 30 participants. Verified by the state Criminal Justice and Information System, the ten who completed the pilot had no new criminal charges. Each of the 10 also ran 100% negative drug screens throughout the pilot. After one year, 2 participants obtained a GED and enrolled in post-secondary education, 3 have maintained part-time or full time work, and 3 were re-arrested, reports Rowe.

"We would like to offer this within our DPS, however pending approval or authorization from department, and funding for services," says Rowe. The pilot results emerged just prior to the introduction a NADA bill in Hawaii, SB 32, (see page 6 for the full story), which would enable all recovery programs to have their program staff trained.

The pilot was staffed by acupuncture students and faculty at the local Traditional Chinese Medical College of Hawaii (TCMCH), supervised by TCMCH Academic Dean and NADA registered trainer Megan Yarberry. NADA services were offered once a week at the Hawaii Intake Service Center in Hilo. The treatment costs were covered by TCMCH, totalling $1,350. Megan and TCMCH are currently seeking grants for future NADA projects within other social service programs in the area.

Robert Whitaker’s blog and website: www.madinamerica.com
Freedom Center: www.freedom-center.org

Guidepoints News from NADA
ISLAND ACUPUNCTURISTS OPPOSE NADA BILL;
HAWAII PROGRESS POSTPONED

by Ryan Bemis

The Hawaii state acupuncture board voted against a Hawaii NADA exemption bill, Senate Bill 32, which died in February. The exemption bill would have allowed non-acupuncture health professionals to practice the NADA protocol. The legislative effort had hoped to capitalize on several years of advocacy led by psychiatrist, Leslie Gise, who plans to meet with the Hawaii Oriental Medicine and Acupuncture Association in early spring to discuss compromises on language for a new bill that could be introduced in January 2012.

The bill was introduced following positive outcomes from a NADA pilot at the Department of Public Safety (DPS). According to Kenneth Rowe, the DPS Hawaii Intake Services coordinator in Hilo, the NADA protocol "has proven itself as being a "positive" protocol that can only enhance the chance of success for someone receiving substance abuse treatment or experiencing other stressors." (see page 5 for details)

Opposition from the acupuncture community was expected, says Roseanne Harrigan, Dean of the University of Hawaii John A. Burns School of Medicine's Complementary and Alternative Medicine School. Harrigan reasons that in other states, acu detox administered by NADA trained health workers is safe and effective, both cost-wise and clinically.

She comments, "We have a very restrictive acupuncture coalition. They make sure no one else can do acupuncture".

Acupuncturists mobilized in February against another proposed bill, SB 1507, to repeal the authority of the acupuncture board to regulate acupuncturists, osteopaths, and physician’s assistants. According to Gise, SB 1507 had incited acupuncturist opposition that may have stunted legislators to advocate for NADA bill SB 32. Currently, Hawaii and South Carolina are the sole U.S. states where physicians cannot perform full body acupuncture. Harrigan recounts a 15 year turf battle between acupuncturists and any other professional performing acupuncture techniques.

Gise has been in dialogue with acupuncture board chair Michael Howden, who has expressed his support for a NADA bill if supervision were limited to licensed acupuncturists, and if the state acupuncture association were involved in the legislative effort. Gise says a NADA law would create new opportunities for acupuncturists to operate as trainers and supervisors of allied health workers.

One reason why the acupuncture board opposed SB 32 was because it included medical doctors and other non-licensed acupuncturists as NADA supervisors, explains Howden. In most states with a NADA law, medical doctors are recognized by state regulators as qualified NADA supervisors. However, Gise reports, as a medical doctor who previously performed NADA services for pregnant drug addicted women in Hawaii, she would not have a problem with a licensed acupuncturist supervising her NADA work. She says she will propose a new bill, one which will limit supervision responsibilities to NADA Registered Trainers and licensed acupuncturists.

For over a decade, NADA programs have come and gone in Hawaii, mostly dried up following budget cuts. Not having a NADA policy permitting non-acupuncturist program staff to perform the NADA protocol, such clinics must pay a contracted licensed acupuncturist, a situation not affordable for most addictions programs.

Acupuncturist and NADA trainer Joe Kassel explains how two addictions programs, the Salvation Army and Access Capabilities, had previously offered acupuncture services until program funding was "mothballed" years ago. One of the few NADA programs in Hawaii today, a clean and sober housing program called Bridge House, has been staffed by Joe for 8 years, where he receives $40 per session twice weekly in compensation for NADA services and supplies. While this program has faced moments of imminent funding cuts, currently Joe estimates that the acupuncture component will continue. Kassel is one of several NADA trainers in Hawaii, and traveled to Haiti last summer to provide treatments and training to local Haitians as part of disaster response.

With current four to six-month wait lists to enter addictions programs, Gise says she will advocate a NADA bill that is an exemption for both professional and lay NADA trainees to use acu detox without licensure.

Chris Brown, who oversees the Hawaii Department of Health addictions training courses for alcohol and drug Guidepoints News from NADA

HA·WAII continues on p. 10
March 2011
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**Conference Registration Form**

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*Member rate available to persons who are either current with their NADA dues or who renew their expired membership on this form.*

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Norway Recognizes A Visionary: Interview with Rita Nilsen

By Sara Barsač

On October 21, 2010, Norwegian activist Rita Nilsen received an award from the Norwegian National Board on Drugs and Alcohol Related Issues for her innovative and pioneering work in the field of addictions treatment over the past 10 years. Rita is a NADA trainer and founder of NADA Norway. In 2002 she also founded Retretten, a nonprofit based in Oslo that provides treatment services to people young and old living with addiction. Services at Retretten include daily ear acupuncture, individual and family counseling, and long-term follow-up support. Their services also extend to incarcerated addicts who receive ear acupuncture and participate in a peer-education group.

At the end of 2010 when I interviewed Rita, she was visiting the Miami Drug court, the first in the U.S. (1991) to incorporate ear acupuncture as a complementary clinical service in its treatment diversion program. Rita explained that there is a drug court in Norway, but it has only been operational for 5 years.

Although professionally an acupuncturist, “I never had time to work with it.” Instead, “my work has been more related to addiction.” Because she herself was in recovery, she wanted to learn everything behind using drugs, but “no one in Norway could answer my questions.” Her path of self-education led her to take a NADA course in Norway and then go on to Sweden for more training in understanding addiction and the criminal justice system. In 2005 Rita traveled to Schuylkill, PA where she attended a course with psychologist, author, and professor Glenn D. Walters, who coordinates the Criminal Lifestyle Program at the Schuylkill federal prison.

She also visited the nonprofit SAGE in San Francisco, an organization that works with individuals victimized by, or at risk for sexual exploitation, violence and prostitution (sagesf.org). In 2005 she met Michael Smith, the medical director of Lincoln Recovery Center and co-founder of NADA, and in 2006 she became a NADA trainer.

Ear acupuncture is and has been a hallmark service at Retretten. Retretten is open for acupuncture 6 days a week, from 9am to 4pm, Wednesdays until 6pm, and Sundays 12-2. Addicts in recovery come to receive treatments often with their family members. Currently their youngest client is 13 years old. Among other services that clients use, they participate in a 5-week peer education program which meets 4 days a week for 5 hours a day where they invite “family members to have an open dialogue with them.” At the successful completion of intensive services, they join the aftercare program that meets weekly for 2 hours and lasts 45 weeks, almost an entire year. Last year 94 people enrolled in the Retretten programs and 70 completed —a 75% completion rate.

As is evident in the program design, the emphasis is on creating and fostering relationships. “Most drug addicts have problem with relations, not only with partners, but with neighbors, at work, and school.” The prison work that Rita started is a prime example of the success of cultivating long-term relationships. In 2002 Retretten was getting referrals from the Oslo probation department, and in 2004, thanks to a connection with a guard who himself was in recovery, Rita was able to bring ear acupuncture into the Oslo prison once a week.

Over the years this grew into a group that now meets 4 days a week, and most recently they started a 12-week motivation group for young people ages 15-23 “who have complex histories of crime, drugs and/or psychiatry. Each session starts with the NADA auricular acupuncture protocol and magnetic beads.” Rita writes that when participants were invited to share how the course could be improved, “they wanted it to be held more than two days a week, and possibly on weekends when there would not be a 2-hour limit on the discussions.” These groups are facilitated by Retretten volunteers.

It is no wonder that Rita was given this prestigious national award. Her power to connect on a very human and honest level and inspire the hope of recovery is palpable, even in a brief hour-long conversation. When asked how she felt about receiving the award from the National Board, Rita replied that the award was not just an accomplishment for her or Retretten, “but it shows other addicts that there is hope, that they can recover from addiction.

To learn more about Rita’s work, learn Norwegian, and then go to www.retretten.no (or cheat and click Translate this page). NADA in Norway: www.nada-norge.no.
**NEWS BRIEF: INDIA’S PRISONERS TRAINED WHERE GANDHI ONCE A PRISONER**

NADA co-founder Michael O. Smith led a training in January at the Sabarmati Jail in India, where Mahatma Gandhi was imprisoned in March, 1922. Facilitated by Nada India, the training was held for jail officials, inmates from the medical unit, physicians, nursing staff and NGOs, writes Suniel Vatsyayan, founder of Nada India. NADA trainer Daksha Patel, her brother Punit Patel and his wife Manjula Patel helped plan for and assist with the training. Both NADA members, Punit and Manjula (Yardley, PA) will be attending the upcoming NADA conference. More on this story in the May issue of Guidepoints.

To learn more about Nada India, please visit http://nadaindia.info and click on Nada News Update.

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Guidepoints News from NADA
**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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Contact: NADA, PO Box 1655, Columbia, MO 65205-1655. Phone: (888) 765-NADA. Email: NADAOFFICE@acudetox.com. President: Ken Carter, Editor: Sara Bursac, Staff Writer: Ryan Bemis ISSN-1070-8200.

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**SPIRIT OF NADA continued from p. 12**

Cindy works as a hospice nurse at Suncoast Hospice in Clearwater and lives in Tarpon Springs with 3 sons, 2 stepsons and a husband whose name also happens to be Michael Smith, as that of NADA’s co-founder. She can be reached at blueberry4030@yahoo.com. Look for her at the upcoming NADA conference; she will be on the registration team.

If you were considering volunteering for the membership liaison position, you can still be involved! Contact our office at (888) 765-6232 or email us at nadaoffice@acudetox.com and share with us your interest.
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I started out in Michigan as a nurse. I was a single mom at the time with 3 kids and I learned that if I got the [ADS] training, I could get paid an extra dollar and get more hours. So I made it happen. And then it ended up being one of the passions of my life.

Cindy Smith is not your typical ADS practitioner who only provides acu detox in her professional setting. A very personal connection has kept Cindy promoting and believing in the healing power of acu detox: her son. Just one year ago, her son, who is now in his 20s, was diagnosed with autism.

But from age 5, doctors believed he had ADD because he was having difficulty learning in school. “He was on tons of medication…he was like a zombie” says Cindy. After her training as an ADS, she gave the treatment to her family members, including her son. And this is when the change began to happen. After one of the first treatments, Cindy noticed that he had gotten calm, and was able to