Spotlight on ADS Success: A United Front Brings an ADS Law to Rhode Island

“My name is Laura Levine and I am a program director for CODAC Behavioral Healthcare in Rhode Island. I have been discussing with Providence Community Acupuncture [PCA] how our staff could offer acupuncture for our opiate-dependent patients. We are now providing wraparound services for our patients and acudetox fits in with our mission.” – from an email written to NADA in March of 2014.

Cris Monteiro, PCA’s director, told Levine that would be possible but only if the Rhode Island legislation was changed – and she told her to contact the NADA office. Now, two years later, H7130 has been passed into law and will go into effect January 1, 2017.

It permits licensed chemical-dependency professionals and their clinical supervisors to practice as acudetox specialists. They must be “working in or in collaboration with behavioral health and healthcare agencies, or other state approved programs or agencies,” and under the general supervision of licensed acupuncturists. The bill, sponsored by Rep. Aaron Regunberg, passed with no opposition and the full support of the Departments of Health and Behavioral Health, and brings Rhode Island in as the 20th ADS state.

Some of the elements of success in passing this legislation included cooperation and coordination among addiction treatment agencies, state agencies, acupuncturists and Rhode Island legislators. Another element was the legislative outreach and education by RHODE ISLAND continues on p. 8

Healer of the Mountain

by John Joseph Posadas

In September 2015, we did a training in Bindoy, a Philippine municipality located about 30 miles northwest of the provincial capital, Dumaguete City, and 370 miles south southeast of the Philippine capital, Manila. It has a population of around 39,000 people, and there is only one district hospital there.

One of the trainees from this group was Renald Mi-ot. He is a high school graduate who learned acupuncture in a short-course program with a scholarship grant from his church. He lives with his parents and five siblings. Only two of his siblings are in school – a sister who is in college and a brother in high school. In order to provide for their needs, the family raises and sells animals.

In our conversations, I learned that Renald plays an essential role in his community. He serves as the lone acupuncturist – and maybe the only source of healthcare – in their barangay situated in a mountain at Bindoy. To HEALER continues on p. 2
HEALER continued from p. 1
reach his hometown from Dumaguete City, it takes at least two hours, and one would need to ride a bus and then a motorcycle or habal-habal, a motorcycle taxi with up to a dozen passengers.

Renald always thinks of the health and welfare of community members, especially those who are sick. On a regular day, he wakes up at six in the morning and walks from home to a sitio, a far-flung hamlet, where he treats 10 or more patients. Then he heads to another sitio where he treats a similar number of people. He walks a few kilometers back to reach home, usually at eleven at night.

His dedication to serve the community exudes from his stories about treating patients even on his rest days. A lot of patients in their hometown are already waiting for his return. “Learning the NADA protocol,” he said “is another tool I can use up in the mountains. Patients do not need to lie down – just sitting down, they can be helped. With the NADA protocol, I can treat more people and with good results as I experienced during this training.”

Fortunately, being in the training gave him a much needed rest and retreat from all his tasks. We reminded him that time-management, specifically having a clinic schedule, is part of caring for the self. Hopefully this time, he can fulfill his role with a Spirit that revitalizes both his patients and his very own self.

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NADA, PO Box 1066, Laramie, WY 82073.
Phone: (888) 765-NADA.
Office email: NADAOffice@acudetox.com.
Membership questions: membership@acudetox.com.
President: Elizabeth “Libby” Stuyt: libbystuyt@msn.com.
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<td>Detox Needles – box of 500</td>
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<td>Aculux AUS Series</td>
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Ear Seeds & Pellets

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Probes, Charts & Models

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<td>Acurea Ear Model</td>
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9am - 12pm: Integrating NADA Into Programs
1pm - 4pm: Outreach & Education
6pm - 8pm: Welcome Reception

May 5 - NADA Conference
8am - 6pm: General Session

May 6 - NADA Conference
8am - 4pm: General Session

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<table>
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<tr>
<th>Pre-Registration (before 5 pm 3/24/17)</th>
<th>2-Day Conference May 5 - 6, 2017</th>
<th>NADA Full ADS Training + 2-Day Conference April 30 - May 6, 2017</th>
<th>NADA 101 Workshop May 4, 2017 Morning: Program Integration Afternoon: Outreach &amp; Education</th>
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<td>Current Member*</td>
<td>$275</td>
<td>Contact NADA Office</td>
<td>$35/Session (or $50 for both)</td>
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<tr>
<td>Non-member</td>
<td>$400</td>
<td>$750</td>
<td>$35/Session (or $50 for both)</td>
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<tr>
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<td>$230</td>
<td>$525</td>
<td>$35/Session (or $50 for both)</td>
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| Current Member                        | $350                            | Pre-register only                                         | $50/Session (or $75 for both)                                                    |
| Non-member                            | $475                            | Pre-register only                                         | $50/Session (or $75 for both)                                                    |
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Guidepoints News from NADA

Fall Issue, 2016
In the spring of 2016, Montreal’s Collège Rosemont, hosted a conference to raise awareness of the simplicity and effectiveness of the NADA protocol. Rosemont is the only school with an acupuncture program in the province of Quebec. “The conference gave students and professionals new perspectives of what acupuncture can achieve and how to give access to treatments,” said Charlotte Astier, an acupuncture student who had already been trained in the NADA protocol.

Astier and NADA-trained social worker, Dorothy Spevack, arranged to have the meeting start with the NADA protocol. There were more than 100 people in attendance for the conference, and over half received a treatment, provided by eight volunteer acupuncturists.

The two featured speakers were former NADA president, Ken Carter, and NADA trainer, Laura Cooley. Carter talked about NADA’s history and roots, as well as his own experience using the NADA protocol in his psychiatric practice, and Cooley showed her film, “Unimagined Bridges: Ear Acupuncture for Disaster Trauma.”

During the Q & A, both Spevack and fellow NADA-trained social work student, Sara Todd, shared that they themselves completed the NADA training outside the province and started outreach efforts in Montreal. Both received warm rounds of applause. One student was so excited, she called out, “That is the acupuncture I want to do!” In a province where NADA is practically nonexistent, “this conference opens a new way to practice acupuncture,” she later reflected.

The assembled acupuncture students requested an ongoing NADA clinic as a support for all of Rosemont’s students. Approved at the end of August 2016, a weekly clinic will open its doors to the entire college of 3,000 during the winter semester. The clinic will be run by third year acupuncture students and supervised by acupuncturists.

This conference was made possible by the energy generated from Quebec’s first NADA training which took place in 2015, also organized by Spevack and Astier. They had met in 2014 and developed a connection based on a mutual interest in bringing the practice of NADA to Quebec. After contacting the NADA office and other trainers in Canada to see how to initiate NADA training and practice in the province, Spevack and Astier coordinated this training, bringing together social workers, acupuncturists, students and teachers. For their clinical experience, some trainees practiced in Ontario and Vermont considering the provincial restriction for only acupuncturists to use needles.

As a result of this training, we know of two programs that started using the NADA protocol. Sara Todd arranged for acupuncturists to staff a weekly NADA clinic at Dans la Rue, a drop-in center for homeless and street youth. Due to a scarcity of volunteer acupuncturists, Todd transitioned the NADA services into teaching the youth to apply seeds for themselves.

The other program was arranged by Spevack at a residence for women. “I was there each week with one of two volunteer acupuncturists,” said Spevack. At the end of the first eight weeks of NADA treatments, residents and staff asked if they could continue, so Spevack ensured that the volunteers returned for one more cycle of eight weeks.

“I am not legally allowed to do NADA in Quebec province,” said Spevack who maintained some momentum by teaching the residents how to apply seeds on Reverse Shen Men for each other. She encouraged them to
continue to meet weekly to apply seeds and keep the rhythm of the group going. One of the volunteer acupuncturists said, “I found that this clinic offered residents a time for rest, for quiet reflection and to try something they were often quite proud of.” Residents were also referred to further treatments available at the Aux Sentiers Acupuncture Clinic, a nonprofit cooperative clinic that had hosted the training.

The success of this dedicated multi-disciplinary NADA team is evident in their commitment to bring the Spirit of NADA to Quebec. Their recent presence at the World Social Forum is another example of their creative outreach efforts.

To contact: Charlotte Astier: charlotte.saya@riseup.net, Laura Cooley: laura@acuaid.net, Dorothy Spevack: gonaturalhealth@gmail.com and Sara Todd: saralstodd@gmail.com.

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**NADA at the World Social Forum, August 2016**

Simon Goulet, a member of the Aux Sentiers nonprofit cooperative clinic, helped create visibility for NADA at an annual event called the World Social Forum (WSF), which happened this year in Montreal in August of 2016. The mission of this year’s event was to gather tens of thousands of people from groups in civil society who want to build a sustainable and inclusive world (www.fsm2016.org/en/).

Goulet arranged to have a NADA acupuncture clinic for three full days on the campus of McGill University, housed in the health tent where yoga classes, Tai Qi and Haitian dance were also happening. He also organized a showing of Cooley’s film.

**Goulet on NADA at WSF:**

“We were glad to share the information about the NADA protocol with people from around the world at our booth where we offered a continuous acudetox clinic. Participants appreciated the experience and many came back for more. As for me the process was soothing, not having to analyze. I could just greet the person and procure them a safe space to relax. It was so efficient I just don’t understand why it’s not offered wherever stress lingers.

“With Laura Cooley’s help, we wish to establish a regulation that will permit a wide variety of NADA practitioners to practice. We have a well-established acupuncture community – now we need to open it so it may be accessible to a wider range of patients.

“Sadly we are meeting a lot of resistance from acupuncturists, for they think it will steal customers. I have a hard time about how medicine in general is so much about profit. Now more than ever we need a counter current that will set medical objectives straight. We are lucky to have an institution as strong as NADA to back us up, and show how it has been helping out people in need throughout the world.”

To contact: simon.goulet@gmail.com
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RHODE ISLAND continued from p. 1

NADA trainer and advocate, Laura Cooley. “The biggest help was that she put information packets together and I had one for every senator. They were very impressed with the effort and that went a long way,” said Levine.

Levine got additional support from her CEO, Linda Hurley, who wanted to see this legislation passed and asked Levine to take the lead on the process. CODAC, a multi-site nonprofit organization that provides treatment, recovery and prevention services to individuals, families and communities, decided to run a pilot NADA program in 2014, staffed by acupuncturists from PCA. The intent was to gather data that could provide substantiation for the passage of a law primarily allowing drug counselors to be NADA providers.

Rhode Island has a statewide requirement that behavioral health programs must have at least 50 percent of its staff licensed as counselors treating substance use disorders. According to Levine, at CODAC most are working toward obtaining that licensure if they do not have it already. In the climate of the opiate epidemic and rising number of deaths due to overdoses, Levine felt it was the right time to introduce an ADS exemption to the existing acupuncture practice act. She said, “We wanted it to get passed and we wanted to have it limited to drug counselors so that it would get passed. I don’t think it’s going to be hard to amend later for people to do this in other contexts.”

Expanding access to acupuncture services has always been Cris Monteiro’s focus, and this is reflected in PCA’s mission “to create social change in healthcare and to provide Rhode Island with a lot of acupuncture.” PCA was instrumental in garnering support from the Rhode Island Society of Acupuncture and Oriental Medicine (RISAOM), as the law would create an opportunity for the positive impact of NADA acupuncture on a larger societal level. “They came to the conclusion that this legislation was going to be beneficial,” said Monteiro of their work with RISAOM.

Monteiro and Levine also organized an Acupuncture Awareness Day at the capitol building in Providence.

Another advocate for the NADA protocol was acupuncturist Grayson Wood. AdCare, a New England-based drug and alcohol treatment program with two sites in Rhode Island, had initially approached him in 2015 to be their in-house acupuncturist. What Wood initiated instead was a six-month acudetox pilot program which started in June 2016.

The design was group treatments twice a week while staff conducts observations, client surveys and associated analyses to determine the effectiveness of the treatment. “The acudetox sessions were a huge success among clients. I was approached many times by staff saying that their easiest days were the days when acupuncture was offered,” said Wood.

Shortly after his initial contact with AdCare, Wood attended their open house and approached Sen. Joshua Miller, Chair of the Health Committee, to discuss the need to establish an ADS presence in Rhode Island. This meeting provided the impetus for Wood to organize the first NADA training in Rhode Island.

Trainees included three staff from CODAC, one from AdCare and several acupuncturists, among them RISAOM’s treasurer, Mark Brancato. The idea behind having full-body acupuncturists in the training was “so they would also participate in the addiction crisis response, have some adequate training and be involved in NADA programs,” said Cooley, who led the training.

In the early months of 2016, Cooley and Wood held a scheduled meeting with Senator Miller. “The benefits of

Guidepoints News from NADA Fall Issue, 2016
the protocol had become so obvious that Miller stated he was prepared to vote in favor of the bill regardless of opposition,” said Cooley.

As part of House testimony for the bill, Rep. Joseph McNamara, chair of the Health, Education and Welfare committee, noted: “It’s very interesting that the professional acupuncturists in the state are in total support of this legislation. It’s rare to see a group agree to expand their scope of practice to another professional group that is going to definitely help people. It compliments all of the acupuncturists in the state.”

This is all the more significant because, according to Rhode Island’s Strategic Plan on Addiction and Overdose, “an estimated 20,000 Rhode Island residents are living with untreated opioid addictions – more than double the number receiving medication-assisted therapies.” The potential for the NADA protocol to make a difference is great. In fact, Levine said “it might take on its own movement and become much bigger, because Rhode Island is such a small state.”

To contact: Laura Cooley: laura@acuaid.net, Laura Levine: llevine@codacinc.org, Cris Monteiro: shichangpu@gmail.com, and Grayson Wood: grayson@shiningsea-acupuncture.com.

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**NADA Board Develops a 5-Year Plan, Emphasizing Expansion**

In early October 2016, seven members of the NADA board met in Laramie, Wyoming, the location of the national office, to create a 5-year strategic plan for the organization. The plan will begin in 2018, when we will have reached the end of the current one.

One of the things decided was that the national conference will be held every two years, focusing the organization on regional meetings in the off year for a more local presence. We hope to increase the visibility of NADA through public relations and media coverage, both in traditional media outlets (print and radio), as well as social media forums.

Another intention is to maintain a sustainable revenue plan that includes: increased sponsorships at conferences; developing an “Ask” program for soliciting contributions from members and the public; and a “Give or Get” program for board members. This means that each board member either directly contributes to NADA, or organizes a fundraiser. The board immediately adopted the Give or Get policy, effective in 2017, without a set minimum.
Outreach Success With NCAD

This past August, NADA had a booth at the National Conference for Addiction Disorders (NCAD), held in Denver, Colorado, and attended by over 1,000 individuals who work in the treatment field. This event proved to be an incredibly rich outreach experience for NADA – it continues to create more opportunities for putting our mission into practice, providing education and advocacy for the NADA protocol on a national level.

Some brief statistics – in two days, we provided over 120 treatments with needles and beads, got a list of 22 people interested in being NADA-trained, and connected with many attendees through conversations before or after their treatment.

NCAD showed its support for NADA by making the cost of the booth complimentary in exchange for us providing free treatments during all the refreshment breaks. Cate Olszewski, the exhibitor organizer, made sure that we had everything we needed. “And don’t forget I get a treatment!” she added as we discussed booth preparations.

There were regular PA announcements directing people to our booth to get a NADA treatment. We had visibility on their banners and a prime spot among the other exhibitors. We could only treat six people at a time, so we started to “borrow” space from neighboring booths that were happy to share, as they could see that people were reporting a great benefit from these treatments. While getting a treatment, a representative from one of those booths said to an attendee looking inquisitively at our information, “Have you tried this? It’s working!”

At a meeting like this, we do not expect people to sit for a full 30 minutes, but we do encourage them to give it some time, perhaps 20 minutes. After a brief time in treatment, one participant observed, “I could really feel myself relaxing deeply. When I could feel my body wanting to do this” – she lifted her shoulders up – “I just did this” – she relaxed her shoulders down. It sounds very simple, but can feel profound to the person sitting in treatment, even surprising. It sparks an interest to learn more about what we do, and how they could potentially also learn to be a provider and bring it to their clients.

Some tangible outcomes from our presence at NCAD: at the end of September an article was published by SoberRecovery.com recapping the talk that NADA’s president, Libby Stuyt, gave at the conference; a counselor from Indiana became an acudetox specialist after getting in touch with our trainer there, Robin Parsons; and a few physicians from a community health center in Chicago, who also listened to Stuyt’s presentation, contacted us about attending our pre-conference training in Dover, Delaware.

With NCAD’s continued support and interest, we are planning for a booth at 2017’s NCAD conference, slated for Baltimore, Maryland, August 16-20.
Guidepoints News from NADA

Fall Issue, 2016

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Fax: (407) 830-1588
Toll Free: 1-800-370-9077

SAN DIEGO • NEW YORK • CHICAGO

1-877-764-2694
www.PacificCollege.edu
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Words From the Founder

There are times when verbal interaction is trampling on the flowers.

Non-verbal treatment is important because no trust is needed at first. The patients don’t trust themselves, why should they trust you? Some of our clients know that the treatment is working and drop out because they don’t want it to work. They are afraid of success – they are used to failing, so they fear they will fall even further down. They have a ton of guilt – with acupuncture, they learn that nature forgives them, their own body forgives them.

Acupuncture is a living thing. It is like a message or a lesson – once the body learns the lesson, you don’t need the treatment. It is a whispered suggestion and whispered suggestions should not be regulated. When you do speak to a client, speak so that the person can take it in. Say similar things, not unique things – like saying “I love you” to the same person every day. Don’t tell people new ideas. Make them safe and then let the ideas pop up. Make what’s already there rich – help to value and honor it.

– Michael Smith

Beads Corner: Jo Ann Lenney gave a NADA training with beads at Brooklyn Veterans Center. One of the trainees shared: “If I had known I could feel this comfort within myself, I wouldn’t have had to use alcohol and heroin.”