

Launching & Running a Program



How to Get Started (or Decide if You Want to)



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 National Acupuncture Detoxification Association

*Ethical Principles
of Acupuncture
Detoxification Specialists*



**National Acupuncture
Detoxification Association**

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1985

1. To believe in the dignity and worth of all human beings.
2. To use acupuncture detoxification in a supportive and nurturing way in the recognition of the right to humane treatment of suffering directly or indirectly from substance abuse.
3. Never to withhold treatment as punishment or to use acupuncture detoxification in a programmatically punitive manner.
4. To maintain a professional relationship with all persons served and to refer them promptly when this is not possible.
5. To adhere strictly to the established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government regulations.
6. To contribute my ideas and findings to the general body of knowledge concerning acupuncture detoxification.
7. To regularly evaluate my own professional strengths and limitations, biases and levels of effectiveness, striving for self improvement and seeking professional development through further education and training, to agree to periodic review of technical competency by a NADA-designated consultant and to pledge to provide service for the welfare and betterment of all members of the National Acupuncture Detoxification Association.
8. To refrain from undertaking any activity where my personal conduct including the abuse of alcohol and other mood altering drugs, is likely to result in inferior professional services, denigrate the profession in general, or constitute a violation of law.
9. To be committed to a drug-free state and sobriety for all patients.
10. To avoid claiming directly, or implying, professional qualifications that exceed those I have actually obtained.
11. To accept the fact that professional competency to use the acupuncture technique for detoxification does not imply competency to use acupuncture in general.
12. To use acupuncture detoxification technique as an integral part of appropriate counseling and supportive services.
13. To support the concept that training of acupuncture detoxification practitioners will be done only by competent individuals designated by NADA.
14. Not to exploit acupuncture detoxification for personal gain.
15. To provide accurate information regarding my education, training and experience, professional affiliations and certification.
16. To make public statements regarding the effectiveness of acupuncture detoxification that are within the generally accepted experience of the profession as a whole or within the individual practitioner's experience.
17. To respect the integrity of other forms of health care and to make efforts to build bridges and develop collaborative relationships to achieve the best possible care for individual patients.
18. To make an effort to keep fees within the reach of the general public, and to have provision for flexibility in fees for low income patients.
19. Not to associate myself with commerce in such a way as to let it influence, or appear to influence, my attitude towards the treatment of my patients.
20. Not to engage in activity that promotes dependency or exploitation of patients.

PERSONAL STATEMENT

As a credentialed acupuncture detox specialist, I shall strive at all times to maintain the highest standards in all the services I provide, valuing competency and integrity over expediency of temporary success. I shall recognize the limits of my ability, providing services only in those areas where my training and experience meet recognize professional standards. I shall always recognize that I have assumed a serious social and professional responsibility due to the intimate nature of my work which significantly touches upon the lives of other human beings. I shall strive to maintain good feelings towards my patients, realizing that my intention affects the treatment in a special way.

(Signature)

(Date)

*Acupuncture: The Value
of the Non-Verbal*



Michael O. Smith

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May 2010

Acupuncture brings a non-verbal component to the addiction treatment process. Acupuncture does not supplant the need for the counselor to talk with the patient, but allows the verbal interaction to be quite flexible so that a patient who does not feel like talking can be accommodated easily and naturally. Acupuncture will be just as effective even when the patient lies to us.

The most difficult paradox in the addiction medicine field is the common reality that addicted persons usually deny their need for help. Such patients do not say anything helpful to the treatment process. Nevertheless, resistant patients often find themselves in a treatment setting due to referral or other pressures. Using acupuncture can bypass much of the verbal denial and resistance that otherwise limits retention of new and relapsed patients.

Acupuncture treatment for drug and alcohol problems was primarily developed at Lincoln Hospital, a New York City owned facility in the impoverished South Bronx. The Lincoln Recovery Center is a state-licensed program that has provided more than 800,000 acupuncture treatments in the past 35 years.

The Lincoln Hospital model can be summarized and defined as follows:

1. Clinicians use three to five ear acupuncture points.
2. Treatment is provided in a group setting for a duration of 40 to 45 minutes.
3. Acupuncture treatment is integrated with conventional elements of psycho-social rehabilitation.
4. Several components of the Lincoln program are frequently combined with acupuncture in other treatment facilities.

These items include: a supportive non-confrontational approach to individual counseling; an emphasis on Narcotics Anonymous and other 12 Step activities early in the treatment process; an absence of screening for “appropriate” patients (so as to lessen unnecessary barriers); the use of herbal sleep mix; the use of frequent urinalysis; a willingness to work with court-related agencies; and a tolerant, informal family-like atmosphere.

A wide range of patients can be accepted for the initial stage of treatment because there is no verbal motivational requirement. Also, acupuncture is effective for most drugs and a wide range of psychological states. Problems relating to language and cultural difference are diminished. For new patients, frequent acupuncture treatment permits the gradual completion of assessment on a more accurate base rather than merely on the basis of initial interview.

The tolerant, non-verbal aspect of acupuncture facilitates retention during periods when the patient would otherwise be ambivalent, fearful, or resentful within a more intense verbal interpersonal setting. The acupuncture makes it easy to provide outpatient treatment on demand, without appointments, while the patients are being acclimated to the interpersonal treatment setting. Patients are often willing to be urine-tested even when they know that their toxicology result is positive. Thereby showing respect for the value system of the overall treatment process. Those same patients may be unable or unwilling to share their crisis and failure verbally until they have time to reach more solid ground. In the acupuncture setting, time is on our side.

In practice, acupuncture provides an excellent foundation for 12 Step recovery. Patients seem less fearful and more receptive when they first enter the meetings. The traditional advice – “listen to learn and learn to listen” – fits this model well. Acupuncture reduces white-knuckle sobriety considerably. There is less guarding and greater ability to support each other warmly. The increased ability to use 12 step meetings provides more stable support for continuing treatment on an outpatient basis.

Patients referred by court-related agencies often enter treatment in total denial or with a basic conflict with the referring agency. The non-verbal aspect of acupuncture allows the intake staff to get beyond these protests and offer acupuncture for stress relief, instead of forcing the issue. Using acupuncture we are able to wait until the patients feel more comfortable and less threatened so they can admit their addiction and ask for help.

The nature of recovery from addiction is that patients often have quickly changing needs for crisis relief and wellness treatment. Many persons in recovery have relatively high levels of wellness functioning. Even so, a crisis of craving or past association may reappear at any time. Acupuncture provides either crisis or wellness treatment using the same ear points formula. The non-verbal present-time aspects of the treatment make it easy to respond to a patient in whatever stage of crisis or denial that may exist.

Addiction patients often cannot tolerate intense interpersonal relationships. Using a conventional one-to-one approach often creates a brittle therapeutic connection. It is easily broken by events or any stress. Patients have difficulty trusting a counselor’s words when they can hardly trust themselves. Even after confiding to a counselor during an intake session, a patient may feel frightened and confused about expanding that relationship. Many

of their concerns are so complex and troublesome that talking honestly about their lives could be difficult in the best of circumstances. The ambivalence typical of addicts makes it easy to develop misunderstandings. All of these factors support the usefulness of non-verbal technique during early and critical relapse phases of treatment and critical periods of relapse.

A woman six months pregnant entered our clinic several years ago. She said, "I can't tell you much about myself because my husband is out in the street with a baseball bat, he'll hit me in my knees if I say too much." We provided an emergency treatment and conducted a simplified intake interview. Two weeks later this patient told us, "This is my husband, he doesn't have a drug problem, but he is nervous, can you help him?" Both of them received acupuncture that day. The woman needed non-verbal access to treatment because of real physical danger. Overprotective spouses often forcefully oppose all social contacts outside the marriage. This patient was protected because there was no premature verbal bonding that would have threatened the husband. The whole process was so supportive that the husband was able to trust his wife and seek help himself. Like many fearful people, he was literally unable to make any verbal approach on his own.

Treatment programs without acupuncture are compelled to screen for patients who are able to talk readily with authority figures. Many verbally needy patients become quite dependent on the program and quite involved with numerous staff members. Such patients may be the focus of many conferences, but they are often too needy

to remain drug-free outside the treatment setting. In contrast, acupuncture-assisted intake can retain patients who are relatively more paranoid, independent, assertive, and hostile. Noisy, troublesome patients who are frustrated with the world and with themselves actually may be more likely to sustain a drug-free lifestyle than patients with verbal dependency needs.

Acupuncture helps a program develop an underlying environment of acceptance, tolerance, and patience. There is ample space for the ambivalence and temporary setbacks that are a necessary part of any transformation. Patients can have a quiet day by attending the program and receiving acupuncture without having to discuss their status with a therapeutic authority figure. Since acupuncture reduces the agitated defensive tone in the whole clinical environment, patients are able to interact with each other on a more comfortable level. Their increased ability to listen to other and accept internal changes have a profound effect of the quality and depth of communication in group therapy sessions and 12 Step meetings.

*The Kent-Sussex Program:
A Case For Acupuncture
Specialists*



David G. Mercier

INTRODUCTION

This paper will be a brief description of the detox program established at the Kent-Sussex Detoxification Center in Ellendale, Delaware, and a comparison to an acudetox program at a Maryland hospital using licensed acupuncturists. The two programs were developed a year apart.

In studying the two programs, established by the same acupuncturist/consultant, the sharp contrasts could not be ignored. The Kent-Sussex program is an exemplary illustration of how the use of ADSes is unsurpassed in cost, efficacy, and in overall clinical effectiveness.

Once apprised of the prospect of better clinical outcomes with the addition of acupuncture, many program managers are taking note and making the commitment to incorporate acupuncture into their treatment strategy. The use of ADSes increases the chances of acudetox becoming more available in a field searching for better answers.

THE KENT-SUSSEX PROGRAM

The Kent-Sussex Detoxification Center in central Delaware is a state residential facility with 21 beds for clients in sub-acute withdrawal. The length of stay for most patients is between five and seven days. The majority of patients are crack or cocaine users. The most pressing clinical problem facing the staff was the high percentage of clients leaving AMA. When Librium and other medications failed to sedate clients adequately, the anxiety and restlessness became overwhelming and clients would leave the program. Nothing seemed to help these clients overcome their restlessness, and acupuncture was considered as a possible solution. Since client retention is a fundamental requirement for successful rehabilitation, this problem was clearly a major concern for the administrators. In order to deal with this concern, it was decided that acupuncture detox would be implemented.

The first obstacle facing the administrators was the highly restrictive nature of Delaware acupuncture regulations. The nearest acupuncturists were two hours away. The Center's administrators were eager to implement an acupuncture program in spite of the obstacles, and after some brainstorming, it was decided that a temporary exemption from existing acupuncture regulations would be requested from the Delaware Board of Medicine, allowing the Kent-Sussex Detox Center's nurses to be trained in providing acupuncture detox. Support from the director and deputy director of the state's Division

of Alcohol, Drugs and Mental Health (DADAMH) was solicited and obtained. The administrators of the detox center, in conjunction with DADAMH officials, the Center's medical director, the acupuncture consultant, and other consultants met with the Board of Medicine to present their proposal.

The proposal was a request for an 18-month exemption from current regulations. Delaware regulations required acupuncture to be performed under the supervision of a licensed physician who was competent in acupuncture and was on the premises at the time acupuncture was performed. The proposal requested permission to have acupuncture performed by nurses, who would be trained by the acupuncturist-consultant (licensed in another state), and to have the medical director of the Center perform physical exams on clients and authorize acupuncture without being on the premises and without being competent in acupuncture. The design of the protocol for medical approval was based on regulations existing at that time in the bordering states of New Jersey, Pennsylvania, Maryland and in the District of Columbia. The intent behind this design was to reassure the Board that there was a precedent for the bulk of the proposal, and that concerns for medical safety had been addressed in every phase of the proposed project. In a turn of events that surprised the most optimistic members of the group, the proposal was approved unanimously by the Board with its encouragement.

The next obstacle arose unexpectedly when the acupuncture project was introduced to the Kent-Sussex nurses. They were resistant to the idea because of two major concerns. First, acupuncture was not included in the scope of nursing practice as defined by the Delaware Board of Nursing, or any other board they were familiar with, thus bringing into question the legality of doing acupuncture. Second, acupuncture would not be covered by their professional liability insurance since it was not defined as part of nursing practice.

In order to deal with these concerns, the Center's administrators next requested approval from the Delaware Board of Nursing for an 18-month exemption to have acupuncture considered part of nursing practice for the Center's nurses. Most insurance companies providing malpractice insurance for nurses will cover virtually any nursing practice as long as it is approved by the nursing board of the state in question. The Delaware Board granted its approval for the exemption, thus satisfying the nurses' concerns.

Initially, twelve nurses were trained within a month to perform acupuncture detox. They were given a brief introduction to Chinese medical theory, such as yin-yang, channels, five elements, tonification, sedation, etc. They were then trained in the standard detox treatment protocol based on the Lincoln Hospital model. From the beginning, the distinction between the practice of traditional acupuncture and the practice of acupuncture detox was emphasized, and the nurses agreed to restrict their practice to detox, which was not of concern to anyone since they had not been trained to do anything else with acupuncture. The program got underway in January of 1993.

At the end of a year, the research group of the Kent-Sussex Detox Center provided its findings. It found a lower rate of clients leaving AMA. In the 18-month period prior to the implementation of acupuncture, 300 patients, or 21%, left AMA. In the 18-month period using acupuncture, 177 patients, or 16.8%, left AMA. The results are noteworthy as they stand, but are remarkable when viewed in light of the fact that due to an eligibility policy, only 667 of 1053 patients admitted were eligible for acupuncture. Of these, 591, or 89%, elected to receive acupuncture. This means that the overall AMA rate was reduced 20% when only 56% of total admissions received acupuncture.

The nurses documented sleep patterns, and found that the acupuncture group experienced a significant reduction in the number of wake-ups during the night. In a follow-up study of a randomly selected 20% of previous patients, it was found that three months after discharge, 82% of the acupuncture group reported being substance-free, while in the non-acupuncture group, the figure was 33%. Perhaps the most compelling feature of this project is that nurses who had received only a brief training in acupuncture detox were producing outstanding results.

In June, 1994, preliminary results were presented to the Delaware Board of Medicine, and a request for an additional 18-month exemption was approved by unanimous consent.

A MARYLAND HOSPITAL PROGRAM

In another program, five licensed acupuncturists were recruited to provide acupuncture detox in the chemical dependency program within a large mental health institution in Maryland. The program was designed as a pilot project for the treatment of inpatients, many

of whom were dually diagnosed. Due to limitations imposed by insurance coverage, the average length of stay was limited to seven days. The acupuncturists hired were fully-trained, licensed acupuncturists, with prior experience in providing detox acupuncture. In addition to providing the standard detox treatment, they were also able to use body points when appropriate. Maryland regulations contain no provision for acupuncture detox specialists, so at this time, licensed acupuncturists must be used. A research protocol was designed, but as of this writing, the collection of data had not yet begun.

At the time the acupuncture component was being designed, Maryland regulations required physician approval before the commencement of treatment. A considerable amount of time was devoted to establishing highly specific policies and procedures with physicians, the contracting department, the director of risk management/infection control, and the program managers. The acupuncturists were private practitioners in the Baltimore area who had anywhere from two to 11 years of experience as acupuncturists. Between the five of them, one hour treatment sessions were provided six days a week.

COMPARISON OF ADSes AND ACUPUNCTURISTS

In observing these two different detox programs, sharp contrasts began to emerge. It was evident that for the institution, the patients, the staff, and the acupuncture consultant, the use of ADSes was highly advantageous.

1. Greater Trust and Rapport for ADSes

Since the nurse ADSes at Kent-Sussex are staff members, present for eight hour shifts, they are better positioned for establishing trust and rapport. They are familiar to the clients, and have already had time to develop trust. On the average, each nurse ADS spends forty hours per week on the premises with clients. Being present for that much time allowed clients to become familiar with them in other capacities. Thus trust and rapport, important ingredients in the healing process, were easy to establish. The acupuncturists coming into the Maryland hospital once or twice a week to see a rapidly changing group of patients have very little time for the establishment of trust and rapport. It is not an impossible task, as rapport can sometimes be established quickly; yet the odds are stacked in favor of a staff member who is present eight hours a day interacting with the clients in other capacities.

2. Treatment on Demand

At the Kent-Sussex program, acupuncture is provided from 11 A.M. to noon. However, since all the nurses in the program have been trained to perform detox acupuncture, treatment is available at any other time, 24 hours a day, seven days a week, for any client experiencing withdrawal symptoms. With retention as a primary goal, the value of this service is inestimable. On the other hand, acupuncture at the Maryland hospital is available for one hour a day, except Sunday, when it is not available at all. With the use of fully trained acupuncturists coming for a short, specified period of time, the customizing of treatment schedules to meet the unpredictable needs of clients is not possible. If the acupuncturist is only present for a limited time, five or six days a week, someone being admitted on Saturday afternoon might need to wait until Monday until the acupuncturist arrives. In the Kent-Sussex program, clients can and do receive two treatments per day if necessary, and three am if necessary. This unprecedented availability provides an enormous advantage over the structure of most acupuncture detox programs.

3. Costs

At the Kent-Sussex program, there is virtually no additional cost in providing acupuncture. The cost of needles is essentially the only ongoing expense, which at this time is 90 cents per treatment. In the initial stages of the program, fees were incurred for consulting and the training of the nurses, but those fees were the equivalent of three weeks of acupuncture provided by licensed acupuncturists at the mental health hospital. The yearly cost of providing acupuncture at the hospital with licensed acupuncturists is 16 times greater than at the Kent-Sussex program. The nurses at Kent-Sussex are simply adding a task during the times they are already on duty. Since they are paid on an hourly basis, no additional cost is incurred for the administering of treatment. At this stage of the project, occasional acupuncture consulting fees are incurred, but the fees are minimal in comparison to the overall cost of having licensed acupuncturists provide treatment.

4. Administrative Simplicity

Organizing a group of acupuncturists and developing a schedule which takes time out from their busy practices can be complex. Communication by mail and telephone can be time-consuming. Scheduling, communications about treatment progress, protocol changes, etc., can be complex when established acupuncturists, who are generally busy and difficult to reach, are involved. In the

hospital program, only one face-to-face meeting with the five acupuncturists has been arranged in the six months. All other communications have taken place by mail or by phone, as all attempts to arrange meetings have been made virtually impossible by busy schedules.

At the Kent-Sussex Center, scheduling is not a concern whatsoever from the standpoint of the acupuncture consultant. Scheduling, and all managerial and administrative processes have already been instituted, and nothing needs to be done by the acupuncturist-consultant in this regard.

5. Availability of Acupuncturists

Established acupuncturists are often unwilling or reluctant to interrupt their daily treatment schedules to travel fifteen to thirty minutes to a site where they earn considerably less than if they had simply stayed in their offices to treat their patients. The economics of acupuncture detox are unappealing compared to the economics of staying in an office for treatments. Travel time to and from the site, as well as the interruption of the flow of patients in the office, can reduce income. It is a credit to many acupuncturists involved in these types of programs that their commitment to serving their communities motivates them to participate in spite of limited financial appeal.

At the conference of the National Alliance for Acupuncture and Oriental Medicine held in Washington DC during the Spring of 1994, Tim Murray, director of substance abuse control for Miami-Dade County FL, stated that there are a number of programs in Florida actively seeking to implement acupuncture detox, yet are unable to find acupuncturists who are willing to provide the service. The availability of ADSes would provide the necessary resources.

In one city on the Eastern Shore of Maryland, four treatment chemical dependency programs expressed a strong interest in providing acupuncture detox. Only recently has an acupuncturist moved to the area to provide treatment at two of the four facilities. If all four programs hire this practitioner, he will be traveling to four different facilities a day, with about fifteen minutes travel between each stop, five to six days per week. To a beginning practitioner, this may hold some appeal. To an established practitioner, it would be a nightmare. The true effectiveness for acupuncturists, and the most sensible financial strategy, lies in becoming managers of such programs. Our impact will be felt more when our skill and knowledge are exponentially expanded through the design and implementation of programs staffed by ADSes.

6. Improved Morale for the Staff

The Kent-Sussex program has achieved a notable improvement in morale for several reasons. First, the improvement in the quality and efficacy of the program has come from internal sources, i.e. the Center's staff and not from a group of outsiders. The ownership of the change lies with the staff of the Center, thus understandably leading to a sense of pride. It is something they are doing for themselves without reliance on outside experts coming in to do work for them.

Second, the nurses, counselors and administrators have been the subject of television and newspaper coverage. They have received letters of commendation for their work from both the Board of Nursing and the Board of Medicine. They have made presentations to chemical dependency professionals at conferences. The favorable media coverage has helped reshape the self image of the Center.

Third, the nurse-ADSEs report a greater sense of clinical effectiveness in their work. Previously, their work was limited to paperwork, giving medications, taking blood pressure, and other tasks which did not evoke the immediate satisfaction, gratitude and visible results in clients that the acupuncture does. They are experiencing, in their own words, a sense of "bonding" that had not existed before in their relationships with clients. They value the immediacy of results, the rapport that naturally emerges from providing acupuncture. Susan Mumford, RN, the charge nurse, says, "I don't know what we'd do if we didn't have the acupuncture. It's such a positive thing to do for them. Paperwork and other things we do are not always positive, but acupuncture is. It's such a big part of what we do, and we love doing it. Some nurses come in on their off days to do it." Rachel Grant, RN, says, "I love doing the acupuncture. It brings instant gratification. It increases the confidence the clients have in us. When it calms them so they're not bouncing off the wall, it increases the rapport and confidence they have with us. I can't say enough good things about it."

Helping addicts can be frustrating work, but with the addition of a treatment modality that makes a significant difference, the frustration is reduced, and now the nurses are experiencing a renewed sense of optimism and value in their work. Having the acupuncture provided by outsiders does not rule out the possibility of the staff experiencing renewed morale, but the greatest impact on morale obviously comes when treatment is provided by existing staff.

7. Integration of Acupuncture and Chemical Dependency Treatment

When staff counselors or nurses learn to provide acupuncture, their effectiveness as individuals and as a team is exponentially increased. By combining their experience and expertise in chemical dependency treatment with acupuncture skills, they are more potent agents for change.

Competence in traditional acupuncture is not an indication of competence in the treatment of chemical dependency. The field of addictions treatment is based on principles and dynamics of its own, which can, at times, differ significantly from those in other fields of health care. As an example, there are circumstances in which a gentle, flexible approach can allow an addict to persevere in denial. Chemical dependency counselors receive years of training before earning certification. It can be difficult for trained acupuncturists to understand that competence in their field does not automatically translate into competence in addictions treatment. The gift that acupuncturists can give to the field of addictions treatment is the transfer of their knowledge and skills to those already working in the field.

The use of ADSEs is the most practical, economical and effective use of acupuncture in the treatment of chemical dependency. If the recent past is any indication of the future, we will see a great increase in the demand for acupuncture detox during the coming decades. The demand will come from institutions that, like many others, are locked in a continual struggle for solvency. Insurance companies are tightening their purse strings, while the scramble for public funding is as competitive as ever. The highly unique position of acupuncture is that is effective while inexpensive, a sure way to break the notion that better means more costly.

In order to maximize the potential that acupuncture has to offer to chemical dependency treatment, our thinking about acupuncture's role in society needs to shift. Acupuncture detox provided by non-acupuncturists does not symbolize the dilution of quality, but an enrichment of the possibilities that Chinese medicine has to offer.

Public health acupuncture operates in a paradigm different from that of private health care, different in that it searches for low-cost solutions to social and public health problems. Acupuncture is poised to make a notable impact in this area by expanding the scope of its work and taking chemical dependency clinicians under its wing. The Kent-Sussex program is exemplary of this possibility.

*The Integration of
Acupuncture Into Existing
Chemical Dependency
Treatment Programs*



**Michael Smith and
Brian McKenna**

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**21st International Institute on
Prevention and Treatment of Drug
Dependence June 7, 1994 Prague, CZ**

The global epidemic of polyaddiction is necessitating the development of new strategies for the treatment of larger numbers of individuals during a time of decreasing resources; increased medical costs and competing budgetary concerns. The social and economic marginalization of greater numbers of people worldwide increases the burden on many existing institutions. It is well recognized that the prison systems of many countries are swollen with individuals incarcerated on drug and alcohol related charges. In the United States the annual cost of keeping an individual incarcerated in a federal prison is frequently equivalent to the annual cost of educating an individual at an Ivy League university such as Harvard.

The development of acupuncture as a tool to treat polyaddiction occurred in similar economic conditions to those we find in many areas of the world where trafficking and consumption of illicit drugs is rapidly escalating. Our outpatient acupuncture clinic is attached to Lincoln Hospital in the South Bronx in New York City. The South Bronx is a racially marginalized, high poverty, high unemployment, high crime, high infant mortality, low literacy neighborhood devastated by several decades of substance abuse. Our client population could not be described as well motivated. We were using methadone detoxification in the 1970s when we first read reports on the use of acupuncture with opiate abusers written by H. L. Wen in Hong Kong. Dr. Wen was a neurosurgeon who had occasion to treat heroin and opium addicts when he accidentally discovered that acupuncture reduced opiate withdrawal symptoms and cravings. Eventually he designed a study with a representative sample of 40 opiate addicts. He reported that using electroacupuncture he was able to withdraw all his subjects with a minimum of discomfort. (Wen and Cheung 1973). We began to experiment with the protocol and learned that it was more effective without electrical stimulation. This led to our being able to develop a more easily applied, broadly effective approach which could simultaneously treat a large number of patients in an outpatient setting. We trained our counselors and other staff in the use of this technique and over some years expanded our efforts to the point where we treat between 200 and 250 clients daily. As we continued to work we learned that the same protocol was equally effective for all substances of abuse. There are at this point approximately 400 programs worldwide using our protocol with alcohol, crack-cocaine, opiates, marijuana, benzodiazepines, and smokable amphetamines.

The low cost, simplicity, and effectiveness of acupuncture detoxification have resulted in increased interest and use among professionals of all disciplines. Our organization,

the National Acupuncture Detoxification Association (NADA), has trained and certified approximately 3000 professionals in the use of the NADA protocol since its founding in 1985.

In 1989 the British medical journal *Lancet* published a single blind study involving 80 chronic recidivist alcoholics which showed in a controlled way that acupuncture could significantly increase retention in treatment in a difficult population. 21 of the subjects in the treatment group (52.3%) completed the eight week program compared to 1 subject in the control group (2.5%) (Bullock, Culliton, and Olander 1989). The National Institute of Drug Abuse and the California state legislature have since funded similarly designed studies involving heroin (TRIAD 1990) and cocaine (Lipton et al. 1990) which have indicated similar increases in retention in treatment.

The NADA protocol involves the placement of 5 needles in each ear which are retained for 45 minutes. Clients receive the treatment while seated in chairs in a group setting. In addition to reducing withdrawal symptoms acupuncture provides a strong calming effect on substance abusers and substantially reduces drug craving. Clients describe the effects of acupuncture as allowing them to feel relaxed yet alert. It is well understood that the restlessness, impulsivity and cravings which characterize early withdrawal substantially reduce a client's ability to take part in a therapeutic program and frequently lead to relapse. We observe that clients receiving acupuncture express less resistance, become more accepting of their need for treatment and develop trust in the treatment process. Addicts are frequently impatient and oriented to present time in their needs for gratification. Acupuncture addresses these needs which dominate the early stages of treatment by allowing them to feel better immediately. Consequently other components of a treatment program become more effective when acupuncture is incorporated.

NADA consultants are frequently asked to assist in the development of acupuncture components in existing treatment programs all over the world. We have found that this protocol is flexible enough to be added to almost any existing clinical structure, is easily learned and requires no additional personnel. It has proven to be inexpensive to apply and generally improves the outcomes of any program's efforts. Acupuncture can be described as a non-verbal therapy. It is safe enough to be applied non-diagnostically and can be used as the gateway into a comprehensive treatment plan. As a non-verbal process it minimizes the denial and resistance which inhibits treatment in its early stages. As a result

it consistently provides significantly greater retention in treatment. Relapsing clients who have received acupuncture will return to treatment more readily because they have experienced the process as pleasant, nonthreatening and helpful. In using a drugless therapy which produces relaxation, and stress reduction clients receiving acupuncture come to realize that they have the capacity to feel good without getting high. The use of a group setting provides a safe means of having a constructive experience with one's peers which does not involve drugs or alcohol. Newer clients can gain strength by observing those further along in the recovery process without the stress of having to verbalize their feelings. This serves as nonthreatening preparation for later work in verbally oriented group therapies. In the early stages of treatment pressure to verbalize feelings will often lead to dropout. Conversely clients who receive acupuncture in a tolerant accepting atmosphere not only tend to remain in treatment longer but more easily open to verbal therapies offered on either an individual or group basis. As clients become calmer and less resistant to treatment they will frequently accept demands for behavioral changes requiring greater discipline. We have found that programs which incorporate acupuncture can utilize urine testing and client contracts more effectively.

In consulting on the development of acupuncture components for existing facilities we are frequently asked if acupuncture will improve outcomes in a particular type of structure such as an inpatient detox unit, a traditional 28 day rehabilitation center or an employee assistance program. What follows is data reported by our colleagues from a variety of structures. We certainly recognize the importance of controlled scientific research in establishing a deeper understanding of the mechanisms by which acupuncture functions in addiction medicine. We also recognize the value of clinical data gathered from the broad variety of functioning programs in many different cultural contexts.

Our colleagues at the Portland Addictions Acupuncture Center in Portland, Oregon operate a number of successful state funded programs involving acupuncture. One such program is a 7 day inpatient detoxification unit. A recent clinical evaluation compared the retention rates for alcohol, cocaine and amphetamine abusers over a 7 day period with one follow up visit involving a mandatory urine test. Only 5% of clients abusing cocaine and amphetamines who did not receive acupuncture completed the detoxification process whereas 90% of cocaine and amphetamine abusers who received acupuncture completed detox and

follow up. Among alcohol abusers only 50% of the non-acupuncture group completed detox compared to 90% of the acupuncture group. Acupuncture treatment is widely funded in the State of Oregon and has grown so successful that the Oregon State Legislature passed a law in 1992 which prohibits a heroin addict from receiving methadone without first having received treatment with acupuncture and counseling.

Inpatient detoxification units in the State of Delaware using these protocols report a reduction in rates of recidivism from 87 to 18% within one year following admission. West Lambeth Hospital in London reports that prior to the development of acupuncture services 90% of clients who discharged themselves from treatment did so because of severe withdrawal symptoms. Since the incorporation of acupuncture this is no longer a reason for clients discharging themselves from treatment. Prior to the development of acupuncture services less than 25% of clients managed to complete the detoxification program and less than 5% progressed to rehabilitation centers. Now 66% complete the detoxification program and 33% of these clients progress to rehabilitation centers while 33% continue in an outpatient day program involving acupuncture and counseling. They additionally report a 50% reduction in the average length of time taken for clients to complete detoxification allowing a greater turnover in the unit. They estimate the savings to the hospital to be potentially 4,000 pounds per client through the increased efficiency in the use of the facilities, staff time and reduction in the revolving door syndrome typical of detoxification units.

The Al Amal Hospital system in Saudi Arabia maintains three 28 day rehabilitation programs which report a 50% increase in retention since the incorporation of acupuncture as well as an improvement in the quality of rehabilitation. They interpret this qualitative change as appearing to be due to an increase in client motivation and attribute this to the calming and stress reduction effects of acupuncture. There are numerous rehabilitation centers in the United States using acupuncture and 2 in Russia under the supervision of The Narcological Association of the Russian Federation.

Therapeutic communities are also finding benefit from acupuncture. Phoenix House in London reports an increase in retention rates over a 6 month period from 30% to 70% since incorporating acupuncture as a mandatory treatment. Our consultants have recently trained the staffs of therapeutic communities in Switzerland and Italy faced with increased demand for

services and increasingly difficult to manage clients. We have found that staffs trained in the use of the NADA protocol easily transition to the treatment of cocaine and polyaddicted clients. The calming effects of acupuncture reduce the aggressivity and paranoia of cocaine clients and provide the staff a tool to manage what can otherwise be a frightening and stressful situation. At Lincoln Hospital we have treated over 8000 cocaine and crack addicts in addition to addicts and abusers of such substances as heroin and alcohol.

Lincoln Hospital has provided a model for the development of inexpensive outpatient treatment services using acupuncture, counseling and urine testing. This outpatient treatment approach has led to the incorporation of acupuncture in outpatient based Employee Assistance Programs. The Rossano Clinic in Flint, Michigan treats factory employees of General Motors Corporation, many of whom are described as poorly motivated and have been deemed failures in treatment at inpatient facilities. General Motors evaluations show a clean and sober rate of 83% among this population at one year follow up.

At Lincoln Hospital and at other acupuncture based outpatient treatment services we have frequently incorporated daily urine monitoring and computer data processing to increase the effectiveness of counseling. Counselors, social workers, parole officers and judges can work together with the client in an atmosphere which is more free of denial, intimidation and frustration. Treatment programs utilizing this approach provide daily acupuncture, urine monitoring and brief up to date counseling sessions. A client's progress can be objectively verified and a serialized toxicology report can be forwarded to criminal justice agencies for any client signing a release form. Daily urine monitoring in the context of a genuinely supportive therapeutic program removes the fear and stigma associated with the occasional spot testing method. Clients who demonstrate progress can be appropriately rewarded while clients whose progress is slower can be affordably retained in outpatient treatment. This cooperative approach allows clients, treatment providers, and criminal justice professionals access to the same information, fostering an atmosphere of calm communication, free of denial, intimidation or enabling.

In evaluating this methodology it is important to understand that we do not screen our referrals for motivation or any other factor. As a public health facility we accept all individuals who enter our doors. Our data

indicates that more than 60% of the clients we see will give clean urines in three months.

The success of this approach led Associate Chief Judge Herbert Klein to recommend the development of a jail diversion and outpatient treatment program in Miami, Florida based on the Lincoln model. This innovative program was begun in 1989 and incorporates the use of a specialized drug court whose philosophy is to treat the individual arrested on drug charges as an addict rather than a criminal unless proven otherwise. The effort was designed to divert offenders from the criminal justice system into treatment. The drug court was created using a judge, prosecutor and public defender who received special training in drug addiction. Treatment consisted of acupuncture, counseling and mandatory attendance at Narcotics Anonymous meetings offered on an outpatient basis. Participants were routinely tracked through urinalysis to insure the consistent, authoritative oversight necessary to make a diversion program a viable alternative to incarceration. A report issued after two and one half years of operation shows that 4,516 arrestees have opted for this program. Of these there are 1,740 successful graduates, 1,269 listed as currently in treatment and 1,507 listed as dismissed or reassigned. The re-arrest rate for graduates is 3%, the re-arrest rate of those listed as still in treatment is 7% and the re-arrest rate of similar populations not in treatment is 33%. The program cost is given as \$1,000.00 per year per client.

The success of the initial Miami Jail Diversion Program led to its expansion not only in Florida but has led to the development of drug courts in 10 other American cities. Almost all of these drug courts use acupuncture based treatment services following the approach we developed for Miami. In all locations where this approach has been developed the funding has come from the city or county in which the court was located. This is an indication of the inexpensiveness of these projects, and combined with their effectiveness in a variety of locations, has led to new sources of funding at the state and federal levels. The new Crime Bill currently before the United States Congress provides \$1.4 billion for the development of drug courts.

The crack cocaine epidemic has been accompanied by a dramatic increase in women substance abusers. Estimates of the percentage of crack users who are women are frequently 50%. This has led us at Lincoln to develop a special Maternal Substance Abuse Division to meet the specific needs of this population. Many of these patients are mothers and a substantial portion of our referrals are from the Child Welfare Administration. We have

received over 4,000 referrals for drug abusing mothers. This group has special requirements, one of which is the need for convenient outpatient services. These clients are frequently pregnant and therefore require a drug free approach to treatment. Therefore acupuncture serves the needs of these clients rather effectively.

The smoking of crack has been associated with a significant increase in brain damaged, premature or low birth weight babies. Often these babies are kept in a neonatal intensive care unit for months. Costs associated with their care can range from \$40,000 to several hundred thousand dollars for each child. The costs associated with this problem have escalated to crisis proportions in public hospitals in many urban areas. The average birth weight of a child born to a crack abusing mother is 5.3 pounds. Clients who receive treatment at our program deliver babies whose average birth weight is 7.6 pounds consequently there is no such crisis at our hospital. We estimate the savings to the City of New York at several million dollars. We are pleased to report that the Soros Foundation has recently provided the funds to allow the City of Baltimore to develop a Maternal Substance Abuse Program based on our model.

The Soros Foundation is also funding a project in the Republic of Hungary in which we are training medical professionals nationwide in the NADA protocol. This project is in its second year and we have trained and certified over 350 Acupuncture Detoxification Specialists. The substance abuse problem in Hungary is largely an alcohol problem although it is anticipated that this will change in the near future. Acupuncture's success with alcohol in addition to its effectiveness with other drugs will promote an easy transition should the situation change to hard drugs as it is in other countries in Europe. In addition, the inexpensiveness and simplicity of this method appears to lend itself well to incorporation within the medical services of developing countries.

Our colleagues frequently pose the question how does acupuncture interact with methadone clients? Our clinic was a methadone unit when we initially began using acupuncture so we can share our personal experience as well as that of our colleagues. Acupuncture has been successfully integrated in several methadone programs and its interaction with methadone clients is the subject of currently funded studies in the United States.

The phenomenon of polyaddiction is broadly recognized and it is well known that methadone clients are vulnerable to abuse of alcohol, cocaine and benzodiazepines. Cocaine abuse is particularly frequent and has been reported as high as 60% in some methadone populations (Condelli,

Fairbank, Dennis et al 1992). This seriously compromises the goals of treatment. Pharmacological approaches to cocaine abuse have had only limited success. Many programs have turned to acupuncture in attempting to address this problem.

Yale University School of Medicine has been a site for methadone research for many years. They recently published a study using acupuncture to reduce cocaine abuse in methadone clients. They reported a 50% completion rate in their subjects receiving an 8 week course of acupuncture and 88% of those completing the study attained abstinence, defined as providing cocaine free urine samples for the last 2 weeks of the study. This yields an overall abstinent rate of 44%. Those abstaining also reported decreased depression and craving. The investigators observed no apparent interaction between methadone and acupuncture, doses remained stable during the study and there were no spontaneous requests for more or less methadone. Patients reported no symptoms of being under- or overmedicated when questioned midway and at the end of the study (Margolin, Avants, Chang, Kosten 1993).

In our experience methadone patients attempting to attain an abstinent state benefit from the application of acupuncture. Withdrawal from methadone is protracted and characterized by a post methadone syndrome lasting up to 6 months. Symptoms can include depression, anxiety, cravings, feelings of vulnerability and disordered thinking. These symptoms are frequently a source of relapse or a deterrent to attempting to withdraw from methadone. They respond favorably to acupuncture and it can assist clients in this critical transition time.

Methadone therapy is seen as part of the policy of harm reduction which is currently being so widely discussed. Harm reduction policies frequently incorporate the use of needle exchange programs in an effort to inhibit the dissemination of HIV infection. In this effort the issue of compliance parallels the issue of retention in a treatment program. Acupuncture's pleasant calming effects make it popular with clients and it has been successfully incorporated into all needle exchange programs in New York City. It is common sense that AIDS education efforts in this critical area will improve among clients who are calmer and less impulsive. We recently trained the staff of a needle exchange program in Frankfurt, Germany to use acupuncture. Their interest is not only compliance but also in the reduction of disruptive behavior among their clients. Montefiore Hospital in New York City began incorporating acupuncture to

reduce cocaine abuse in methadone clients and reports a reduction in disruptive behavior.

Behavioral problems also characterize another important population, the mentally ill chemically dependent. These dually diagnosed clients are frequently paranoid and can be hostile and unresponsive to verbal processes. As difficult cases they are frequently ignored by the medical and legal systems which results in their being encountered in other social contexts: city streets, parks and public places.

The advantage of our protocol is that we can safely accept almost everyone and provide a means of establishing a constructive contact with them without the barriers inherent to the use of a verbal process as a gateway into treatment. We can provide people a means to enter treatment who would otherwise be unavailable to us. We have experienced that we can safely provide acupuncture to any substance abusing client before any psychiatric assessment is made. The significance of this is that when we do assess that person we have a calmer, relatively more cooperative and available client.

We consulted in the development of an acupuncture unit for dually diagnosed clients in Waco, Texas. The initial intent of this project was to attempt to reduce nicotine addiction in this group of severe, chronic schizophrenics. These clients all have histories of numerous hospitalizations and are on substantial doses of psychotropic medications. We were surprised to learn that these clients reported sleeping better and feeling calmer. The staff observed that the clients were less agitated, and had improved cognitive and social functioning. Their rate of hospitalization declined dramatically from an average of one hospitalization every 46 days to an average of one hospitalization every 545 days. It is clear that this phenomenon will require considerably more study before it can be commented on authoritatively, however colleagues in various clinics are reporting similar findings. One client in the Bronx State Hospital who had not spoken for two years uttered her first words which were remarkably "I want Acupuncture." It is our intent to pursue investigation into this possible new direction in the work of NADA and we will report on this at a future time.

Our work has expanded in other countries quite rapidly in the last two years. We have provided trainings in nine European countries and are currently scheduled to provide training in two others. Six of these countries have developed chapters of NADA on their own. We are proud that this effort has shown itself to be of sufficient value to find applicability outside the context of its origin. We will continue to share it in the spirit of human development wherever it is requested and we will work cooperatively

with all legitimate groups interested in its use. While the mechanisms of action whereby acupuncture assists addicts are to date only partially articulated the broad applicability of the technique is clear. We observe the effects of acupuncture to be generally humanizing and to support individuals in their ability to be comfortable with their own selves, to be able to sit quietly in the company of their own thoughts, to be able to listen to others, and to go inside and find their own inherent worth. It is rare to uncover such a valuable human resource and we offer it in the support of all those interested in the improvement of professional service and the struggle of humanity to become free of the suffering of addicted states. Thank You.

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*Long-Term
Program Sustainability*



Alex Brumbaugh

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The most important issues in acupuncture-based programs being sustained over time are maintaining the foundation of the program while at the same time remaining flexible and responsive to treatment and funding trends.

FOUNDATION MAINTENANCE:

Foundations are, by their nature, often beneath conscious awareness and attention. If a house has a good and strong foundation, people can live in the house and do things in the various rooms for many years and not be consciously aware of the foundation because it is “automatic,” or “built in.” Little ongoing attention needs to be paid to the good foundation of a house because houses are structurally static. Unless there are very severe external circumstances - such as termites, earthquakes, or floods - these foundations require a minimum of maintenance.

Treatment and recovery programs are structurally dynamic rather than static because of constant shifts in staff, client base, and funding. The influx of new staff, new philosophies, and new funding imperatives requires that sustained attention be paid to the foundation of the program.

The architect Frank Lloyd Wright developed the concept of a cantilever foundation for tall buildings. Intended to make the buildings earthquake-resistant, a steel cantilever was driven deep in the ground, and from its vertical projection the building was suspended like branches from the trunk of a tree. Walls no longer had to depend upon corner beam supports, therefore freeing space for creative design. Wright believed that if the cantilever foundation went deep enough into the earth, there was no limit on how tall the building could be. If an earthquake came, the supple building would bend and sway like a tree in the wind but would never break. NADA treatment programs, in their traditions and spirit, are safe, accessible; welcoming, barrier-free, “user-friendly,” and client-centered. These organizing principles serve the program as the cantilever foundation serves a tall building. If these things are firmly in place and deeply honored, then the program can easily withstand outside influences and dramatic changes in funding and staffing. Sometimes we become so accustomed to hearing about these foundation principles that they become clichés or hollow phrases, and their meaning can be forgotten or taken for granted.

“Safe” means that it is okay for the client to be there. Some programs even have guards at the doors to assure

the safety inside. The program serves as an oasis or safe haven in contrast to the environment in which the addict has to function outside.

“Accessible” has meaning in terms of geographical location, and programs can better serve clients if they operate in the neighborhoods where the clients live, but it also means that the program is *emotionally and psychologically* accessible. There is no discrimination or judgment made about clients based upon class, race, gender, sexual orientation, or ethnicity. Nor is there discrimination based upon the particular circumstances that brought the client to treatment. The fact that the client is involved in the criminal justice system, for example, is quite incidental to the client’s being an addict or alcoholic.

“Welcoming” means that *the program is as interested in common decency toward individuals as it is in therapeutic outcome*. The client is respected as if a guest in one’s home or a customer in one’s store. In homes that are welcoming, and in stores that are successful, the guest/customer is “always right,” and the host is honored and graced by the guest’s or customer’s presence. Addiction is a disease of isolation, of being “outside.” A proper and genuine welcome into the recovery circle is so important that, for many clients, it may be all that is required for success!

“Barrier-free” means that there are no “hoops” to jump through or interviews or assessments that the client needs to endure before something significant happens. The barrier-free acupuncture clinic as a “front-end” service provides this.

“User-friendly” means that the program is relapse tolerant. It understands that the nature of addiction is that people use drugs. Programs that have daily urine testing have a distinct advantage in this regard. For programs that don’t, each counselor and acupuncturist must be in the ongoing process of examining their own reaction to a client’s use episode. *The important thing is not that the client used, but that they came back.*

“Client-centered” means that *the client is free to negotiate stabilization in their recovery on their own schedule rather than on the program’s schedule*. It means that clients are met where they are and not where the program thinks they should be. Acceptance is the hallmark of recovery, and a program’s capacity to accept clients exactly where they are and to respond intelligently to that gives the program an opportunity to model recovery.

A program that embraces these as the organizing principles of its deep foundation will be very likely to sustain itself and grow.

There are three other intrinsic features of the NADA acupuncture modality itself that make it a foundation for other services, and it is important to program sustainability that these be kept in the consciousness of the program's clinical and administrative staff. In preface to describing these three elements, a question we might ask is, "what can we possibly do in the design of our services to make them 'competitive' with the things we are asking our clients to give up?" In other words, what can we offer in the structure of what we do that can compete with, or replicate in a positive way, or mirror the things that our clients are doing outside *at a level that will attract their attention, engage them, and retain them long enough for something significant to happen?*

Retention, as will be discussed in more detail below, is the central and most important concern of all chemical dependency treatment. We know anecdotally, and through research and outcome studies, that *if we can retain clients in treatment long enough for something significant to happen for them*, then they have a chance of achieving and maintaining recovery. If we cannot, their chances of achieving and maintaining recovery are very slight.

Some programs offer psychoactive drugs as "replacement therapy," and this helps achieve the goal of attracting the attention of clients, of engaging them, and of retaining them. Indeed, the literature of drug treatment is largely a discussion of drug therapies, and these therapies, such as methadone, do in fact have the ability to compete with, replicate, or mirror some of the things that clients are expected to give up. Methadone programs have reasonable retention rates.

But programs that elect not to rely on drug replacement therapy must rely on other services to achieve these goals. The most obvious service used in conventional programs is "talk therapy." There are many different modes of talk therapy. Perhaps the most potent mode in early recovery is "disclosure" or peer support, which are the primary therapeutic mechanisms of 12-Step programs. Some counselors who are themselves in recovery use this mode, and some programs use peer counselors and support groups. Education is another classic talk therapy mode in chemical dependency treatment, giving clients information about their disease and about drugs, self esteem, family dynamics, and so forth. Another powerful mode is relapse prevention, providing the client with skills and tools to avoid the stresses that precipitate relapse. Another is case management, which is the often essential process of connecting the client with ancillary

services. Finally, there is individual or family counseling or psychotherapy, which is generally essential in long term recovery.

None of these diverse modes should be disparaged or discounted. They are vital and diverse, as the rooms in a house. They are the point of having a foundation. It is in these various modes that the "something significant" can happen that makes long term recovery possible.

And yet these modes do not contain, either singly or collectively, the inherent deep structures that are necessary to have consistent success in attracting the attention of clients, of engaging them, and of retaining them for reasons we will describe.

There are three ways in which the acupuncture modality provides these deep structures.

1. Acupuncture provides consistency.

The first foundation element of the acupuncture modality is its unique ability to provide consistency. Chronic alcoholics and drug addicts crave consistency. This may seem a paradox in that their lives are generally characterized by inconsistency and unpredictability, but this is the very reason that they crave consistent experience. They seek and find this consistency in their drugs. Often, their drugs and the mental and emotional states they elicit are the only consistent thing in their lives. In the beginning of their use, they were perhaps motivated by novelty-seeking, but in the later or chronic stages they are far more interested in consistency, which is evidenced by how particular and meticulous alcoholics and addicts generally are about the brand, supply, dose, and strength of their drug(s), their synergistic effects, and so forth. A primary reason for this is that the motivation to take drugs in the chronic stage is in the amelioration of the symptoms of acute withdrawal. Chronic drug users are going through detoxification every day, whether they are in treatment or not, and they are engaged in the daily, methodical, and formidable task of masking and suppressing the discomfort of the symptoms of acute withdrawal with more drugs. This requires a fairly high degree of precision, attention, and consistency in dose-response.

The acupuncture modality we use has the ability to provide this consistency of experience and hence to replicate or mirror in a healthy way an important element of what we are asking them to give up. The talk therapies that programs provide, as rich and diverse as they may be, cannot provide this level of consistency since they are dependent to one degree or another upon the personality

and skill and style and even the mood of the person delivering the service.

The treatment effects of ear acupuncture, on the other hand, are relatively predictable and consistent *independent of the acupuncturist who is delivering the treatment*. The treatment is generic, and does not vary significantly based upon presenting symptoms or diagnosis. While the technique and strategy of choosing ear point location may vary slightly among different acupuncturists, the treatment experience is largely comparable to the last treatment, to the one before that, and so on. This consistency is supported by offering the treatment at the same time every day.

This element provides a horizontal flexibility parallel to a 12-Step meeting, from which a participant can gain a predictable benefit regardless of the stage or phase of recovery that they happen to be in, and it is a benefit that is *independent of the personality of the therapist*.

2. Acupuncture works in the present moment.

Most alcoholics and drug addicts are oriented toward living in the present moment. It is usually difficult for them to realistically project the consequences of actions into the future, or to relate present circumstances as being a consequence of past actions. The past in general is too painful to entertain, and while many alcoholics or addicts may have frequent reverie or fantasy about the future, they are usually not oriented toward realistic planning for the future. This is one reason why the 12-Step cliché of “one day at a time” is fairly easy for alcoholics and addicts to identify with.

Psychoactive drugs operate in the present moment. It is for relief in the present moment that alcoholics and addicts ingest drugs.

While psychotherapy seeks to operate in the present moment through accessing current feelings, much talk therapy in the stabilization phase of recovery - the first six months - is limited to the past and the future. Examples are, “How old were you when you first started using drugs?” or “How did it make you feel when that happened?” or “Can you think of some things you might do differently if that situation happens again?” etc.

For people to be able to function in relation to past and future, they need to have the capacity to be in the present. If they have no comfortable “place to stand” in their present experience, they are not likely to be able to work constructively with past or future issues.

Acupuncture operates in the present moment. It does not operate on a linear or horizontal plane, but on a

vertical one, directing the attention inward toward the sources of healing. Michael Smith has stated that the goal of this therapy is not that people get *well*, which is unrealistic, but that they get *better*. In other words, while it is not likely that the acupuncture will alleviate all of the symptoms of acute or post acute withdrawal that the person is experiencing, it may give them enough hope and strength to make that discomfort endurable. If successful, they will reduce use and return tomorrow. Because, if we can offer them something that makes them feel better in the present moment without drugs, we will have given them something that they may not have experienced in many months or even years, and this is something to which they are likely to return.

3. Acupuncture is a ritual experience.

Addictive drug use is an experience surrounded by ritual. Each drug has its own culture and its own rituals that govern the procurement, preparation, and ingestion of the substance and the paraphernalia that is used. If one speaks with a newly recovered alcoholic or addict, one might even conclude that the person is as “hooked” on the rituals attending the use of the drug as they are on the effects of the chemical itself. Much relapse prevention work is indeed directed toward the rituals surrounding drug use that become, in recovery, relapse triggers - the “people, places, and things” associated with the use of the drug.

One function of rituals is that they give meaning to life, and we live in a culture that is lacking in ritual experience. Indeed, one of the reasons that people, especially young people, may be so attracted to addictive or “drug” cultures is the element of ritual or “life meaning” that attends these cultures. When an individual is faced with the prospect of giving up addictive drug use, they are also faced with giving up the attending rituals with which they may have formed a primary identification. Effective treatment must be structured to help provide ritual alternatives to compensate for this loss.

12-Step programs achieve this compensation for many people. Attending a 12-Step meeting is a ritual experience. The meeting always begins and ends, without deviation, with the same words spoken and the same formalities. The words spoken at the opening of the meeting are an invocation for what is to follow. The invocation creates, within the meeting, ritual space in which healing can occur. Indeed, another principle function of ritual is to invoke an opportunity or “space” for healing, for transformation, or for spiritual experience.

Coming for acupuncture is a ritual experience. The tea is part of this. More important is the design of having

the client do for themselves everything that they possibly can, such as signing in, getting their own treatment card, selecting their needles, opening the packet, prepping their ears, and taking their own needles out at a mirror following treatment. As one can readily observe in the acupuncture clinic, all of these things are quickly learned, adapted, and seriously undertaken by the client as a part of a recognized ritual. And, as is the case with the 12-Step meeting, these repetitious behaviors invoke the “content” of the treatment experience which, again, gently directs the attention away from external or linear matters and inward toward the sources of healing and transformation.

In these three ways, the deep structure of our acupuncture treatment modality has elements that help attract the attention of clients, engage them, and retain them in treatment. It therefore provides a foundation of recovery that greatly enhances and enriches the other diverse modes of service that programs offer. It provides clients with something recognizable, personal, meaningful, and consistent to which they can return at any time regardless of how they are doing in other areas of their lives or in other parts of the program.

All of these foundation elements of NADA programs can be threatened in at least three ways:

1. In busy clinics, over time the acupuncture can tend to “disappear” from consciousness and be taken for granted. If administrators, counselors and other staff begin to take the acupuncture service for granted and fail to provide support for the acupuncturist during clinic, the ambiance of the clinic can rapidly deteriorate. The acupuncturist requires the support of at least one other dedicated counselor or clinic monitor for every ten clients to assist with sign-in, intakes, safety issues, tea, noise level, and the emergent concerns of clients. The ratio of one acupuncturist to 24 clients in an hour should also be diligently followed.
2. If the program places a condition on clients receiving acupuncture, such as participating in groups or other treatment services, then the treatment is no longer barrier-free, and clients who are not emotionally ready for other program services will generally drop-out. One of the cardinal strengths of acupuncture is in making treatment accessible, and any conditions the program places on the service threatens this accessibility. Programs may be tempted to do this because of funding or billing imperatives, or because they are impatient with the length of time it may take some clients to begin to access other more cognitive treatment components.

3. If the acupuncturist enters a diagnostic relationship with the client prematurely and expands the 5-point auricular protocol, some of the deep structures that make acupuncture the foundation are compromised.
 - The treatment is no longer consistent, and now depends upon verbally engaging the client in diagnostic transactions. If good benefit is achieved, the client may return the following day expecting similar results, which may not be realistic.
 - A relationship and hence bonding will occur in the diagnostic process between the client and the individual acupuncturist, creating the opportunity for dependence of the client upon the therapist for sustaining his or her recovery rather than upon a therapeutic process guiding him to inner resources. This can be especially disruptive is the program employs several acupuncturists.
 - While experientially, the treatment itself will still function in the present moment, the diagnosis that precedes the treatment will require accurate historical information on the part of the client, shifting the therapeutic process from vertical to linear transactions. And, while the skilled acupuncturist may develop the level of trust necessary for accurate diagnosis, that trust depends upon interpersonal verbal exchange, and the systemic value a non-verbal treatment opportunity is lost. It is important to realize in this regard that for the newly sober client, relapse is a “statistical inevitability,” and the clinician must evaluate the impact of individualizing treatment upon potential relapse and, most important, upon the client’s psychological ability to return to treatment following a use episode.
 - Finally, the ritual associated with the repetitive auricular acupuncture experience has been lost. Even though the treatment itself may invoke ritual healing space for the client, addicts are a neurologically and emotionally sensitive population, and “simple is better” until stabilization is achieved. A safe, predictable, and simple container for ritual experience is better in the beginning as a balanced response to the paradoxical presentation of both Excess and Deficiency in chemical dependency clients.

FLEXIBILITY AND RESPONSIVENESS TO FUNDING TRENDS

Once these foundations are secure in the awareness of program staff, the program can be creative and flexible with

other program elements. It can add things, trim things, experiment with on-site vocational rehab or innovative mental health programs, enter collaborative relationships with disparate agencies, expand into new client arenas, add smoking cessation programs, and so forth.

Nothing in the chemical dependency field seems static at the present time. There are dramatic shifts in the channels through which funding happens. Future funding is apt to arrive less through conventional channels and more through departments of education, housing, criminal justice, and social services. Each of these venues requires that the program be able to “speak different languages” to respond to different perceptions of need. A competent and sustained program will be able to interface as effectively with school superintendents as with public health officials, or with probation officers as with the welfare case manager. Leaders in the program are challenged to cultivate the breadth of understanding and flexibility necessary to respond to these shifts without losing the deep foundation of what their program does.

Survival in the current funding environment also challenges us to be able to translate what we do into verifiable treatment outcomes and milestones. As funding shifts, so do outcomes and milestones. For one funder, employability is the significant outcome; for another it is housing; for another it is a reduction in crisis mental health services, or better grades in school, or a reduction in criminal behavior. We need to be able to track client progress along a multitude of lines while at the same time politely educating funders that, for addicts, all of these domains are *secondary* to sustained sobriety. While we know that people who achieve and sustain sobriety invariably seek improved vocation, permanent housing, utilize fewer public services, and so on, *we need to improve our skill at tracking these secondary benefits in objectively verifiable ways.*

Acupuncture lends itself well to the new outcome funding environment, particularly in the critical stabilization phase of recovery. *The premier cause of relapse and treatment*

dropout is the program’s failure to adequately address the physical symptoms of acute and post acute withdrawal. Many conventional treatment programs have no therapies in place at all to respond to these physical symptoms. A program’s rich array of educational, counseling, and case management services and comprehensive video library will be of little avail if the client is experiencing a cycle of acute craving and anxiety. Programs that cannot retain clients in treatment during the early relapsing phase will not have good long-term outcomes, and the key to that retention is the program’s ability to respond to these inevitable and persistent physical symptoms.

Therefore, a fundamental stabilization milestone is that “the client self-reports relief from the symptoms of acute and post-acute withdrawal.” It can be easily shown through client tracking that success in this milestone correlates with success in the subsequent milestone of program retention: “client remains in treatment at (30/60/90) days and continues to comply with treatment plan.” And, the one thing we know for certain from chemical dependency research is that the longer the client can be retained in treatment, the better the long-term outcomes, whether primary or secondary.

The only method besides acupuncture for achieving this first critical milestone is drug therapy. Indeed, drug applications such as buprenifrine for opiates, Prozac or generic imipramine for cocaine and amphetamines, and naltrexon or Phenobarbital for alcohol, are gaining increased acceptance in outpatient programs. This approach requires medical supervision, however, which adds dramatically to the cost of services. *Acupuncture based programs, therefore, who have cultivated the capacity to track these milestones, are well-positioned to compete in this new outcome-funding environment.*

*So, You Want to Start an
Acupuncture Treatment
Program for Detoxification,
Relapse Prevention and
Preparation for Counseling?*



Ruth Watkins Ackerman

Developing an acupuncture-based chemical dependency program offers an opportunity to learn about the mysteries of program funding, policy development and strategic planning. The following is a brief sketch, using our experience in Santa Barbara, California, as a case study of elements to consider. Although specifics may vary from community to community, there are often common elements.

PROJECT RECOVERY — A CASE STUDY

Project Recovery provides low-cost outpatient alcohol and drug detoxification and relapse prevention treatment to Santa Barbara's homeless, low-income, and adolescent populations. Project Recovery started in 1988 with the cooperation of the Community Action Commission which provided an administrative umbrella for the first nine months. An independent nonprofit agency, Alcohol and Drug Treatment, Inc., was incorporated to get the project off the ground, with a plan to find it a permanent home with an existing agency. It found a home at the Santa Barbara Council on Alcoholism and Drug Abuse where it has been located since 1990.

The program is barrier-free: no appointments are necessary, and sobriety is not a prerequisite for treatment. As the effectiveness of acupuncture became clear, some County funding was made available after one year of operation. Now, five years later, Project Recovery provides services offsite at Casa Rosa (a residential facility for young, alcohol and/or drug-dependent mothers and their babies), at Zona Chica (a day-treatment program for substance-abusing expectant mothers), as part of a demonstration project in the county jail, and as part of the free detoxification program offered at the Salvation Army's Hospitality House shelter where the Santa Barbara Council maintains six beds for Project Recovery clients. The Council pays the Salvation Army for the beds, meals, and laundry for these six clients, who are picked up at 7:00 a.m. for a Project Recovery day treatment program, and are returned to the Salvation Army residence at night. Initial results here and elsewhere indicate that acupuncture is the most effective treatment to date with the resistant population referred for treatment by the criminal justice system.

HOW TO START A PROGRAM — REMOVING BARRIERS TO TREATMENT ON THE COMMUNITY LEVEL

After hearing about this unique treatment and then visiting Lincoln Clinic in the South Bronx, New York, it was

apparent that this treatment worked and was a necessity in our community. We received generous consultation and encouragement from Michael Smith, M.D., Director of Lincoln Clinic, and other National Acupuncture Detoxification Association [NADA] members including Carol Taub, David Eisen, Pat Keenan and Janet Konefal. Information and technical support is available from NADA, 3115 Broadway #51, New York, NY, 10027.

We immediately approached the alcohol and drug office at the County Health Department. Although Dr. Smith came to Santa Barbara for our first presentation to the County Medical Director and his staff, they rejected our proposal for a demonstration project. We then developed an alternate strategy: to find an established nonprofit provider with whom to collaborate.

Dr. Smith suggested we target a population that was not currently receiving services, that presented a visible problem in the community, and that was not potential income for any existing programs. In short, we tried to avoid competing with anyone for a client population.

In the start-up phase we worked closely with one or two leaders in the acupuncture community. The director of the Santa Barbara College of Oriental Medicine, Joanne Hickey, D.O.M., was particularly helpful.

We determined that our first target group should be the substance abusing homeless and those at high risk for homeless. The lack of services to this adult population had far-reaching effects. For example, in our community, if a parent is "under the influence" when a family appears at the homeless shelter, the family including the children cannot obtain shelter. Before Project Recovery, our county lacked resources for detoxification and treatment except for inpatient residential treatment which averaged \$6,000 to \$13,000 per month.

Detoxification services had been identified in our community as a critical need. Most communities have drafted a needs assessment for alcohol and drug commissions, which should be available from your county Board of Supervisors, City Council, and the public library.

Before we could provide acupuncture based services, we had to identify and acquaint the key stakeholders in the community with our goals and our innovative method. First, we contacted the community we intended to serve. We met with The Homeless Coalition whose membership is drawn from the homeless community. The next stop was the Monday group, an informal gathering of community members interested in the issue of homelessness. We also contacted leaders in the Native

American, Latino and African-American Communities to learn about needs from their points of view and to familiarize them with this treatment modality.

Groups with special interest in human services such as the Medical Society Auxiliary, the Junior League, and several local private foundations were approached both to familiarize them with this new treatment concept and to ask them for direction, guidance and funding.

We knew that there was resistance to acupuncture in the medical community, which dominated existing treatment resources. Therefore, very early on, we contacted the physicians – individually, in groups, by presenting at hospital grand rounds; and organizationally, by presenting our plan to the County Medical Society.

Our presentations included an acupuncture treatment and a video tape presentation of Lincoln Clinic. There are now several videos appropriate for that purpose available from the [NADA website — acudetox.com — or call (888) 765-6232]. We received excellent advice from an African-American social worker in the community who saw the Lincoln Clinic tape. She suggested we make our own video as soon as we could to counter the resistance and denial in our community which insisted that we had no indigent addicts here and that addiction is a problem only in large urban areas.

Examples of groups we spoke to included the directors and staffs of the County Drug and Alcohol Services Department, Chief of Police, Sheriff, Jail Administrator, District Attorney, Public Defender, Association of Trial Lawyers, Chamber of Commerce, Down Town Merchants Association, the newspaper publishers, South Coast Coordinating Council on Social Services, City Council, County Board of Supervisors, County Alcohol Advisory Board, County Drug Advisory Board, Franklin Center staff (health and social services provider in the African American Community), Human Services Commissions, Santa Barbara Council on Alcoholism and Drug Abuse, Transition House Homeless Services, Zona Seca (nonprofit substance abuse treatment provider for the Latino/a community), Community Health Clinics, Isla Vista Health Services, Cottage Care (our local, private detox and 28-day program provider), Shick Hospital, The Care Unit, a 28-day treatment program which has since closed, Klein Bottle Services (our adolescent drug and alcohol treatment provider), and the methadone clinic.

We had direct access to all these groups by virtue of connections from working long years in the social service community. If you don't have them yourself, find connections who will provide linkage to these systems.

What to Tell an Audience

With enthusiasm and respect, tell them what you are going to tell them, tell it, then tell them what you told them and allow for questions.

What you tell them might include:

1. What and how you define the need for this substance abuse treatment based on local needs assessments.
2. Describe and demonstrate acupuncture detox treatment.
3. Refer to successful outcomes elsewhere.
4. Describe the program you are proposing locally.
5. Suggest how that particular audience might help i.e. a letter of support, contributions, linkage to key decision makers.
6. Always leave a copy of or reference to the excellent studies from Minneapolis “Controlled Trial of Acupuncture for Severe Recidivistic Alcoholism” by Bullock, Culliton, and Olander, (The Lancet, June 24, 1989, pp. 1435-1439); and “Acupuncture Treatment of Alcoholic Recidivism: A Pilot Study” by Bullock, Ymen, Culliton, and Olander, (Alcoholism: Clinical and Experimental Research, 11(3), May-June, 1987, pp. 292-295). The fact that these research reports had appeared in peer-reviewed journals was critical in gaining the support or at least tolerance from the medical and chemical dependency communities.
7. Show a video, selected according to your audience.
8. Give them contact names and numbers of people in successful programs. Call NADA if you need assistance identifying appropriate contacts.
9. Arrange for key decision makers to visit New York, other communities which have established programs. Or arrange a visit to your site from someone from these programs.

Where to Locate the Program

Our vision was to simply add acupuncture treatment to existing chemical dependency programs. The intent was to establish a pilot program at an existing service agency located near the homeless shelter.

The dream is a long range plan, the reality takes time. After many months it became apparent that our efforts to be “adopted” by an existing agency were not going to be successful, even though we offered to raise all of the money for the project ourselves. The primary obstacles were skepticism regarding acupuncture as an effective treatment and fears of liability.

Liability

Trustees on boards of nonprofits were fearful of their liability exposure. Provision of acupuncture is considered a physical treatment and most providers were not covered for any treatment beyond counseling. So we obtained professional liability insurance for each acupuncturist. The agency advanced them the money for the premiums and they have paid it off over time. This worked for us, but may not work for you. We recommend professional consultation on this matter from your attorney.

Starting a Nonprofit

Because we could not get “adopted,” we started a new (there are now 760 of these in Santa Barbara County alone) nonprofit corporation. The Legal Aid Foundation connected us with an attorney who donated \$4,000 in professional services and obtained nonprofit status for us. This tax exempt 501(C)(3) status allowed us to receive contributions from individuals and charitable foundations. It is possible to establish your own nonprofit without incurring legal fees. A “How to” book with do-it-yourself tear-out forms is published by NOLO Press, Berkeley, California.

To create a nonprofit, you must have a board of trustees. Board members should be selected strategically. We included the following:

- an accountant
- a prominent physician
- an attorney (Our first choice accepted. She was a recovering alcoholic with 5 years of sobriety. She committed suicide by taking an overdose the day we were to meet for the first time. The disease of alcoholism is cunning and baffling. We require our staff to attend at least six Al Anon meetings as part of their orientation).
- the director of the most prominent adolescent substance abuse program in town
- a Latina psychologist who is an international consultant on addiction
- the director of a local charitable foundation with skills in community organizing and ties to private donors
- a local realtor/counselor who became one of our most generous private donors
- A professor of anthropology at our local university who is a well respected activist in the African-American community.

This board met twice a year. Members had no responsibilities in relation to fund raising or policy, but

their names on the letterhead were as good as gold. We purchased errors and omissions board liability insurance and strongly recommend any nonprofit do so.

Our financial strategy was to raise enough money to sustain the project for three years. We did not want to disappear for lack of funding after a successful six-month demonstration project. Initially we obtained a small grant (\$900) from a nonprofit foundation interested in supporting start-up progressive social change activities. That not only enabled us to cover mounting clerical expenses related to initial educational outreach, but also gave us credibility which made subsequent fund raising activities much easier. Similar groups may exist in your community. Contact the Funding Exchange, New York City for information regarding similar resources.

Some of our initial funding came from these sources:

- \$900 – Start up funding from the Fund for Santa Barbara
- \$2000 – City Human Services Commission
- \$2000 – Equipment grant from the Santa Barbara Foundation
- \$2000 – Private donor/family foundation
- \$5000 – Individual donor/board member
- \$5000 – Exxon
- \$5000 – Individual donor/family foundation
- \$7500 – McKinney money/Federal Funds
- \$5000 – Individual contributions from \$5 to \$250.

We were ready to start our program as a new nonprofit when our request for a sponsoring agency bore fruit: the Community Action Commission of Santa Barbara offered some funding and provided a part time administrative assistance for our first year. It would be well worth checking on this potential resource if your community is in the United States. Community Action Commissions are located in most communities and are relics from the days of the War on Poverty. They are recipients of federal funding for programs directed at low income recipients such as senior lunch programs, Head Start, and McKinney Act which funds services for the homeless including some funds specifically designated for substance abusing homeless.

After less than one year we were permanently adopted by the Santa Barbara Council on Alcoholism and Drug Abuse. We retained our nonprofit status for another year to be sure that the relationship with the Santa Barbara Council would be satisfactory. At the end of that time we dissolved our organization and terminated our nonprofit status.

SUGGESTIONS FOR GRANT SEEKERS

We wish we would have had “7 Steps to Secure a Grant for Your Project” by Keith Melville. Here is the essence of his comments.

Seven Steps to Secure a Grant for Your Project

Obtaining grant funding for a project is a research intensive task. Careful and focused research will greatly increase chances for getting funded and reduce time spent pursuing inappropriate funding sources. Don't expect shortcuts. The following seven steps outline the process.

1. **Self/organizational assessment:** Determine if your organization is structured to receive grant funding. If you seek funding within an organization in the United States, it must have a 501(c)(3) nonprofit tax exempt status. Most private sector funding goes to nonprofit organizations.
2. **Define your project:** What do you want to do? Be concrete. You may have only a vague idea of your goals; to solidify them you may want to do some background research and find out about other organizations and individuals who are doing similar projects. Contact NADA for information about programs nearest you. Any attempt to secure funding for a vague (even if brilliant) idea will fail. Many funding sources have very specific criteria for their giving; you have to know whether your project will meet these criteria before you apply. Grant makers want to know that you have a clear plan and that you are qualified to carry it out. Before you even begin to research funding sources you should be able to describe:
 - What your project is
 - The geographic location of your project
 - What problem/need your project addresses
 - What concrete steps you need to take to implement your project
 - Time frame for completion of your project
 - Total costs
3. Consult the list of Foundation Center Library affiliates and locate the one nearest you, as well as a convenient university library and/or public library. You will need to research funding sources extensively. Foundation Library affiliates and university libraries have most comprehensive resources.
4. Research funding sources and develop a list of potential funders. Familiarize yourself with all resources available. Directories to foundations based

on geographic location and subject narrow your search quickly and can save time. Utilize periodicals for current information/spotlights on particular types of private giving.

5. Find out as much as possible about each of the funding sources on your list: request annual reports if available; find out about past giving through IRS records; request application guidelines if they have them; find out preferred approach of each fund source and grant cycle deadlines.
6. Prepare a proposal tailored to each funding source that shows how your project fulfills its stated objectives. Send the proposal and appropriate attachments as required to potential funders before their deadlines for accepting proposals.
7. A few weeks after submitting the proposal, call to make sure the foundation/funding source has received your materials, and find out if they require any additional materials to process your application. Grant review procedures may take anywhere from a few weeks to six months, so be patient.

Here are some additional “do’s and don’t’s”:

Do:

- Do your HOMEWORK. Carefully and exhaustively research potential funders.
- Find out if funding sources prefer a letter of introduction or a phone call as a first step before you waste time and money writing and mailing a full length proposal.
- Respect deadlines. Your application may be disqualified on these grounds alone.
- Always address your cover letter to a specific individual at a foundation; verify the spelling of the name, title, and address. Contacts at funding sources do help, but are not substitutes for a well written proposal.
- Make each proposal unique, demonstrate your knowledge of the foundation, their interests, and how these relate to your project.
- If a foundation has application guidelines, follow them to the letter.
- Be a shameless self promoter to establish the validity of your organization or project. Use testimonial quotes.

Don’t:

- Don't use the mass mailing approach; it doesn't work and can damage your reputation with potential funders. Grant makers will not be receptive to a

generic application that does not address the concerns of their foundation.

- Don't focus all of your efforts on one ideal funder.
- Don't expect contacts at a particular funding source to guarantee success. Especially at larger foundations, demonstrating that your project is well designed and that your organization has a committed and experienced staff (or you have extensive knowledge of the field) will impress grant makers more than a personal contact.
- Don't use jargon or acronyms in your proposal when avoidable. You should write your proposal in concise, clear prose, in the active voice. Don't include unnecessary graphs or charts. Keep your proposal to the point and avoid emotional appeals.
- Don't make your proposal beautiful but unreadable. A well written proposal is more important than a fancy binding.
- Don't give up if your proposal is rejected. Most funders receive more proposals than they can fund in a given year. If you are unsure why your proposal was rejected, ask. Find out if that funder would consider your proposal in upcoming grant cycles or if they have suggestions about other sources of funding.

POTENTIAL FUNDING SOURCES

There are many areas of potential funding for your work. Your local County Drug and Alcohol Services should be able to assist you in obtaining information in your own community. Call them, meet with their staff, let them educate you about funding process.

1. *Private Donors*

Soliciting funds from individual donors is both an art and a science. Raising money for start-up and long established projects can range from holding rummage and bake sales to individual donor solicitation of the take-a-prospect-to-lunch variety. Accessing established donor networks is difficult but not impossible. However, there are fewer charity dollars to go around and much more competition for them.

We constantly ask those interested in our project for names of prospective donors. We then invite the potential donor (and the person who referred us to them) to see a demonstration of the treatment. We contact them with a personal follow-up and ask for a donation. One donor often leads us to the next.

Nonprofit board members often assume responsibility for funding. While the board of the Alcohol and Drug

Treatment, Inc. never assumed that responsibility, the Santa Barbara Council certainly does!

2. *Foundations*

Funding is often available, even for innovative, non-traditional programming, through private foundations as well as individual private donors. The research librarian at your local public library will be a great resource in showing you the directories on private and public giving. There are many popular books on accessing foundation funding, including how to identify the foundation most appropriate for your project and how to write a proposal.

There are several categories of foundations:

National foundations are large foundations that do not limit their giving on the basis of geographic location. For example, the Ford Foundation.

Special Interest Foundations only support specific fields of interest.

Family Foundations/Funds, range from large to small, make up the largest category of foundations, often limit their giving to a particular locality.

Community Foundations/ Funds, also called Public Charities, collect money from corporations, private donors, and the public. These collective funds make grants only within the community for which they are named. Community leaders often administer funds, and tend to focus on community development and enhancement.

Corporate Giving: (Distinct from corporate foundations). Some corporations make charitable donations, give gifts, and supply in-kind donations such as equipment. These corporations generally do not have application guidelines or professional grant reviewers. Total corporate giving is about 5% of all philanthropic giving and goes mostly to education and health and human services. Usually corporations give to programs that will affect their employees or enhance their image. This type of giving usually has geographic limitations.

We were able to engage many foundation donors with the notion of a "private/public" partnership. This meant balancing private funding with public funding over time.

An important selling point to all donors was the potential this treatment model had for becoming self sustaining on the basis of fees collected, including insurance and Medi-Cal. Although the process

of obtaining Medi-Cal funding has taken much longer than we anticipated, we are still aiming at relative independence.

3. *Federal Government*

Applying for government funding is a complex process that may require more time and labor than the applications for private foundations. This should not be a deterrent. Keep in mind that federal agencies prefer projects that can serve as prototypes or models. Local government funders require strong evidence of community support.

Securing government funding requires perseverance. Government grants usually have stringent reporting requirements which require extremely careful record keeping; this means higher administrative costs.

The National Institutes of Health and the Department of Health and Human Services provide opportunities for funding. Check directly with National Institute of Drug Abuse [NIDA], National Institute of Alcoholism and Alcohol Abuse [NIAAA], Office of Treatment Improvement [OTI], Office of Substance Abuse Prevention [OSAP], and the office of Alternate Therapies. These are generally multi-year research-oriented grants. They usually require collaborative work with a primary investigator from a university with a track-record in working with federal grants.

4. *County Drug and Alcohol*

These include federal block grant monies allocated to the state and filtered on to county levels. Some of these funds are mandated for AIDS, HIV, intravenous drug users or perinatal substance abuse. The allocations are often retained by particular county's office of alcohol and drug services, particularly if it provides substance abuse treatment directly. Other counties such as ours do not provide direct service but contract-out to nonprofit providers. There is tremendous competition among established providers for these funds. Find out from your county drug and alcohol office if there is a funding cycle for new programs and when applications or Request for Proposals [RFP] are due (usually beginning in January or February). Also ask if there is a county Master Plan that you can review.

5. *County Mental Health Services*

In some locations this agency handles substance abuse treatment as well as mental health services. In California, it is almost an administrative impossibility to be both mentally ill and chemically dependent simultaneously.

6. *County/City Human Services Commissions*

Offer services aimed at the economically and socially disenfranchised. Limited funding may be available.

7. *AIDS*

By collaborating with existing AIDS programs you may have a natural home for acupuncture services. AIDS funding, including Ryan White funds, may be available specifically for chemical dependency prevention.

8. *Medi-Cal [California]*

Becoming a Medi-Cal provider allows you to collect "stickers" as an optional treatment provider. Although there are only two available per month, they may be also used for counseling and other alternate health treatments. Medi-Cal does fund traditional inpatient detoxification treatment and efforts are being made to expand coverage to include outpatient acupuncture. Becoming a licensed treatment site will allow you to access to more Medi-Cal funding. Contact your local Medi-Cal information officer at the Department of Health.

9. *Insurance*

Most companies are reducing their coverage of inpatient substance abuse treatment. Be a pioneer and arrange directly with the insurer to bill insurance for outpatient acupuncture detoxification services.

10. *Fee for Service*

Many clinics operate on a sliding fee scale. Our charges range from \$0 to \$35 per treatment. Regular collection of fees reduces the ill effects of co-dependency, and dignifies the client. Often "in kind" work can be part of recovery for the client with limited financial resources.

CRIMINAL JUSTICE SYSTEM

This source of funding has not traditionally included substance abuse treatment, but times are changing. Many jurisdictions have set aside money for jail over-crowding and these funds may be available for diversion funding based on just the kind of treatment you plan to offer. The appointment of Janet Reno as Attorney General is a good sign, as is President Clinton's recent decision to change the tactics of the war on drugs to emphasize treatment. Model programs exist in Dade County, Florida; Portland, Oregon; Santa Maria, California and throughout Minnesota.

Probation and Parole

Particularly with state parole, treatment can be purchased and program component requirements worked out with the referring agents. Some jurisdictions now mandate treatment during probation or parole and require payment as part of the suspended sentencing process. It may take a lot of political work and perseverance, but this treatment belongs in those programs.

Driving Under the Influence [DUI]

In many locations treatment is mandated for those arrested for a DUI. We have not yet been successful in becoming a mandated part of our local program, but other acupuncture-based programs have been able to do so.

Family Violence

Family violence treatment programs exist in most California counties and are often used by the courts as diversion sentencing in domestic violence cases. You can try to attach acupuncture to existing programs or develop a comprehensive program with acupuncture, counseling and education. Chemical dependency is highly associated with domestic violence.

Victim/Witness

Victim/witness funds may be available for victims of domestic and other violent crimes. This funding is available on the state level and is usually administered through the county District Attorney's office. Be creative and persistent.

LET US HELP YOU

If further information would be valuable to you, please let us know. You will find NADA members and others affiliated with clinics using the NADA protocol most generous with their time.

Please feel free to contact me directly, particularly regarding questions of program development and community organization.

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*N.A.D.A. Treatment Opens
Doors for Acupuncturists -
States With Laws See Faster
Growth, Wider Variety Of
Treatment*



Rachel Toomim

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**Acupuncture Alliance Forum
(Spring 2000)**

With various states across the country passing or considering “A.D.S. Laws,” it is important to review the impact that such laws have had on the practice of acupuncture. The term, “A.D.S. law” refers to any regulation or law that allows for allied professionals to the five-point National Acupuncture Detoxification Association (N.A.D.A.) protocol. Most states with such an allowance specify that the allied professionals be N.A.D.A. certified as Acupuncture Detoxification Specialists (A.D.S.). In some states, the law specifies that either an acupuncturist or a medical doctor supervise A.D.S. practitioners.

What is the purpose or need for an A.D.S. law? Recognized acupuncturist Patricia Culliton, once noted that more people are afflicted with the disease of addiction than all other maladies combined. This information puts the vastness of the problem into perspective. If all in the country devoted their entire practice to the treatment of addiction alone, it wouldn't scratch the surface of need.

The surprise for many acupuncturists is that their practice can be positively affected in jurisdictions where A.D.S. practitioners are allowed. Laurie Kash, L.Ac. has had her practice in Rochester, N.Y. transformed by her status as a N.A.D.A. practitioner. She has worked with Drug Court programs, presented to the Health Science classes at S.U.N.Y. University at Brockport and gives acupuncture treatment in the Student Health Services Clinic, often providing stress reduction treatments prior to mid-term or final exams. She supervises A.D.S. practitioners in four different alcohol and drug treatment programs and is supporting another hospital in creating an acupuncture program to serve mentally ill M.I.C.A. clients.

Dr. Michael Smith, M.D., L.Ac notes, “professionals are known by the people they supervise.” In The New York area there are 176 licensed treatment programs that use acupuncture. Another 40-50 programs using acupuncture are licensed through the health department. All 11 county hospitals use acupuncture. These are only a few of the organizations in the New York City area alone that have not only opened their doors to acupuncture, but are required by law to have a licensed acupuncturist supervising A.D.S. practitioners. These acupuncturists now have hospital privileges and the opportunity to create new openings for the use of oriental medicine in otherwise historically closed environments.

Jody Forman, L.Ac. has been instrumental in creating acu-detox programs in Virginia. In working with a variety of organizations, including alcohol and drug

treatment providers, probation departments and even the federal government “you become the expert on all things Chinese Medical.” This has given her access to multiple treatment venues and organizations, and has also increased her private practice. “We have a good law and that enables us to do things.”

Her colleague Mark Farrington, Acupuncture Program Manager and Outreach Addiction Counselor for the Region Ten Community Services Board, notes that in the four years since the Virginia Acupuncture Law and A.D.S. regulation was passed over seven programs in his area alone have integrated the use of acupuncture. “Organizationally, we are working to make the bureaucracy more acupuncture friendly.” In-take and discharge paperwork requirements impinge on the organizations' ability to offer acupuncture on a drop-in basis for a large segment of the client population. For clients who are on a waiting list to get into programs as well as those who have been discharged and are consequently out of the system, red tape is the only interference in offering additional acupuncture. His state mandated regional organization is willing to change paperwork requirements in order to offer acupuncture to clients at both the front and back doors.

Contrast this activity with that of California, a state heavily populated with acupuncturists. John Kolenda, L.Ac., N.A.D.A. president, says that there are only about 100 programs using the acu-detox protocol in California. These programs are predominantly located in the Bay Area, with several others scattered throughout the state. There are approximately 6,000 licensed acupuncturists in California. In an interview with the California acupuncture association, John was asked if there are jobs in California for acupuncturists to do acu-detox work. His response was, “yes, if you create them.” Committed practitioners who had doors closed in their faces for years developed the existing programs. Occasionally, a breakthrough happens, a grant comes through or some county funding appears. Unfortunately, those types of funding dry up faster than they replace themselves. In Los Angeles County N.A.D.A. practitioners helped develop several Drug Court Programs. There are only one or two programs still using acupuncture now. In 1986 the Medical Director of the Los Angeles County Jail wanted acupuncture to be the primary detox modality, ahead of any other medical modality. There were many nurses on staff who could have been trained to provide the treatment on demand twenty-four hours per day, seven days per week with one or more acupuncturists in supervision. The opportunity was lost because there was

no provision for A.D.S. practitioners and the jail budget could not support the addition of enough acupuncturist hours to make the program viable.

Judge Frank Hoover of Bakersfield California has stated for many years that he would like to have acupuncture for the clients in his Drug Court Program. There are no acupuncturists in his area. In a state with so many licensed practitioners, most are concentrated in urban and coastal areas. The rural and inland regions do without. The same issue shows up in West Texas; Bartow, Florida and Native American reservations.

Kenny Carter, M.D. has transformed the way that alcohol and drug treatment is provided in the South Carolina community of Rockhill by introducing acupuncture. He found it important for acupuncturists to get involved in the creating of A.D.S. regulations. Otherwise they may be cut out of the process and opportunities lost to the profession. In Waco, Texas, chronic severe schizophrenic patients had a dramatic reduction in referrals to the state hospital for psychiatric commitment. The single acupuncturist in town could not leave his busy practice to treat that population. When the acupuncture organizations opposed an A.D.S. provision, the A.D.S. law passed without the supervision requirement.

Acu-detox treatment has opened doors in Europe as well. In Germany some 200 acu-detox programs have developed in the last three years. The practice had been limited in that country to medical doctors. The law was changed to allow for *Heilpraktikers* (health practitioners), a category of non-physician practitioners to provide the

acupuncture. The government's commitment to the acu-detox treatment had the by-product of opening up the practice of acupuncture to acupuncturists in general. In England, 80 of the 130 prisons in the country use acupuncture. Training the often beleaguered guards in the N.A.D.A. protocol offers them a useful and positive means of interacting with their charges, legitimizes acupuncture in the eyes of bureaucrats in various systems, and opens the awareness of acupuncture to a broader spectrum of population.

Dr. Smith gives the example, "You can't make it that everyone in a treatment program must see a psychiatrist. It is unnecessary and impractical. It *is* practical to supervise non-licensed practitioners. Otherwise there is no entrance into the system." He speaks from experience. Lincoln Recovery Center in New York City's South Bronx area has been using acu-detox specialists in the acupuncture room and peer counselors in its groups and individual support groups for thirty years. All clients of this busy public hospital program receive the N.A.D.A. protocol treatment. For those with additional needs, Lincoln recovery provides full body acupuncture treatment and Chinese Herbal Medicine through its acupuncturist supervisors.

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What is Acupuncture?



**Lincoln Medical and
Mental Health Center
Acupuncture Clinic**

WHAT IS ACUPUNCTURE?

Acupuncture is a therapy developed by the ancient Chinese that consists of stimulating designated points on the skin by the insertion of needles, application of heat (moxibustion), massage (finger pressure or shiatsu massage) or a combination of these. Acupuncture is part of the overall system of Chinese medicine, which also includes herbal medicine, Tai Ji, Qi Gong, and massage techniques. Members of the staff at Lincoln have training in all of these areas.

HOW DOES ACUPUNCTURE WORK?

The philosophy of the Chinese medical tradition is based on an awareness of the connected energy network of all things in the universe. In this system of thought, as in modern physics, the same principles of energy apply to any part of the universe, however large or small, whether the solar system, an atom or a living being.

The Chinese discovered that certain locations or “points” on the surface of the body are related to internal body function. According to their medical tradition there is a network of energy that flows through the body and connects these points by way of different channels, also called “meridians”. These channels are related to specific internal functions which are identified with anatomic units, such as heart, liver or lung, even though the Chinese “organs” represent complex functions rather than structure. There are also extra channels, such as the “governor,” which goes up the spine and over the head, and the “belt” channel, which circles the body just below the waist. These channels all form a network, which has circulating energy, called “Qi,” that moves like an electric current. As long as the energy circulation has the appropriate strength and balance, and the flow is not blocked, healthy functioning of the body continues. Just imagine that the body has a circulatory system with electro-magnetic properties so that smooth flow correlates with a healthy glow on the surface of the body. Using special Kirlian techniques we can actually photograph this surface energy.

Disease creates an imbalance in the system so that the “signals” are weak, too strong, blocked, crossed, or not moving in the proper pathway. For example, in a photograph of the system, a sprain might show up as a hot spot, and so would a migraine headache. Someone who had just had a heart attack would show a weak or blank spot.

In this context, acupuncture makes perfect sense. It is simply a way of making balancing adjustments in this type of electromagnetic circulatory system. Acupuncture is a suggestion to the human energy system. When the organism is prepared, the suggestion can be accepted easily with few treatments. At other times, the acupuncture suggestion must be repeated quite often to be effective. When the system is in balance, the electronic signals of the heart work properly, the intestines contract correctly, the immune system works optimally – in other words, the signaling system for all involuntary processes is stimulated to return to its natural balance. For example, if you ask “why does a point on the head affect the large intestine?” The answer is because it is “hooked up” there. Of course all of the complicated relationships of energetic flow between the channels often make the process of diagnosis and treatment anything but simple. Just as in Western medicine, acupuncture is an art as well as a science.

Diagnosis is directed toward discerning patterns of imbalance in the network that correspond to symptoms and signs in the body, and treatments as we have said, is directed toward correcting the imbalance.

WHAT CAN ACUPUNCTURE TREAT?

Acupuncture is best known for treating painful conditions such as migraine headaches, arthritis and back pain. However, it is effective for many other conditions — respiratory problems like sinusitis, bronchitis and asthma, gynecological problems such as painful or irregular menstruation or premenstrual syndrome, or digestive problems such as constipation, gastritis, or irritable bowel syndrome. It can be used to treat well known conditions such as high blood pressure, diabetes, and emphysema, both alone or in combination with Western medicine. In addition, Chinese medicine can often treat more complex disorders such as systemic lupus, inflammatory bowel disease and idiopathic edema.

Acupuncture can enhance immune status and has been used to help people with AIDS fight the diseases that they get as a result of their immune deficiency. Acupuncture is also useful in treating soft tissue injuries, such as cervical strain (“whiplash”) and sports injuries. Many sports “greats” have benefited by the effects of acupuncture. It is frequently used to treat psychological illnesses and addiction. It is by no means an exhaustive list.

We do not intend to suggest that acupuncture and the other techniques of traditional Chinese medicine are

a cure for all problems. Just as in any other medical system, people have a better chance of getting well if they are generally healthy and well nourished, and if their diseases are not too far advanced. For example, in China, acupuncture and herbal medicine are used to treat precancerous conditions of the stomach in which partial cell changes have already taken place. However, this is a much different prospect than treating a large established tumor in a person who is already ill and depleted.

Acupuncture is an inexpensive and safe, effective treatment for many chronic disorders, and it can be used preventively as well. Many people with so-called “functional” disorders without definite diagnosis have been helped by acupuncture. With all the excellence of American medical technology and pharmacology, there are still many important medical needs that are best met by the techniques of traditional Chinese medicine.

CAN WESTERN & CHINESE MEDICINE BE COMBINED?

Yes, in this clinic we combine what is useful from each source. Chinese medicine is often helpful to treat conditions generally unresponsive to Western drug-oriented treatments such as treatment of “nerves” with sedatives and “low back pain” with pain killers. In fact, these medications may interfere with the effectiveness of body function. Conversely, some conditions, most notably infections and conditions with structural changes, e.g., fractures or tumors, respond more rapidly to Western techniques. Frequently the two methods combine for the patient’s benefit. The treatment of high blood pressure is an example where the use of acupuncture depressing points, along with dietary–salt restriction can decrease the amount of medication required for blood pressure control.

DOES IT HURT?

Acupuncture is done with extremely thin flexible needles made of stainless steel and silver alloy. There is nothing “special” in the needle; it is a tool to balance body energy. There is often brief pain as the needle passes through the skin. As the needles begin to work and the energy effect occurs, you may feel numbness, heat, dull aching or tingling where the needle is located or along a nearby channel.

IS IT SAFE?

Acupuncture has been used for 5,000 years in China. It is still a frequent treatment of choice for 1/4 of the world’s population despite 30 years of comparison to Western medicine. Most side effects are minor and include: occasional dizziness, especially during the first treatment, slight bleeding after the needles are withdrawn. Infection at the needle site and any other side effects are very rare.

HOW DO MOST PEOPLE RESPOND TO ACUPUNCTURE?

Some patients feel progressively better after each treatment. In other patients, the illness may have blunted the senses so that the full severity of the symptoms is no longer clearly felt. Therefore, as the life force increases a sensitivity may develop so that a patient may feel worse temporarily. This “healing crisis” passes in a short time. Other illnesses are of a complicated nature. It is possible for symptoms to return that were present years ago, as treatment progresses. The time-related course of the illness may seem to be reversed in these cases. Oriental medicine describes this process symbolically as having several conditions, one on top of the other, like sheets of paper. The top condition is taken off, exposing the one beneath. They must all be taken off one at a time and this will often recreate the symptoms temporarily while healing is taking place. When the last sheet is removed the healing is complete.

Of course, the process of balancing and healing is a life-long activity which all of us accomplish imperfectly. Our well being can be maintained only if we are well nourished physically and spiritually and we continue to respond to challenge with flexible adjustments in our circulating network of Qi.

*Acupuncture Helps
Programs More
Than Patients*



Michael O. Smith

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**NADA Conference
(May 1993)**

Acupuncture is becoming to be accepted as a treatment that relieves stress, craving, and withdrawal symptoms in substance abuse patients. The same ear acupuncture point formula has been shown to be effective with many drugs including heroin, cocaine, alcohol, and stimulants. This formula has also been used to provide stress relief in general patients, treat MICA patients, and reduce hospitalization rates in chronic psychiatric patients. Since acupuncture is not dependent on a specific drug diagnosis, we can avoid the pressurized encounters about recent drug use.

First of all, we should emphasize that substance abuse acupuncture is provided in group setting. The new acupuncture patient is immediately introduced to a calm and supportive group process. Patients describe acupuncture as a unique kind of balancing experience. "I was relaxed but alert." "I was able to relax without losing control." Patients who are depressed or tired say that they feel more energetic. This encouraging and balancing group experience becomes a critically important basis for the entire substance abuse treatment process. The perception that a person can be relaxed and alert is rather unusual in western culture. We are used to associating relaxation with somewhat lazy or spacey behavior. We are used to associating alertness with a certain degree of anxiety. The combination of relaxation and alertness seems contradictory. In contrast, the relaxed and alert state is basic to the concept of health in all Asian culture.

We describe acupuncture as a foundation for psycho-social recovery. In the beginning of treatment, building a proper foundation is very important. If we are building on a weak "sandy" personality, work on the foundation may take many months or years before it is strong enough to support any significant psycho-social treatment efforts. However, once a foundation is established, then the focus of treatment should shift away from acupuncture toward building a "house" of psycho-social recovery on that foundation. When one of our patients testified at city council hearings, she described how important it was to attend daily NA meetings and barely mentioned acupuncture. For a patient with three months sobriety this emphasis was appropriate. Of course, during her first 2 weeks in our program, she was quite angry, ambivalent and was only able to relate to the acupuncture component of the program.

Acupuncture sets the stage for conventional substance abuse treatment. In fact, acupuncture is such an effective treatment process that primary aspects of treatment and

recovery can be transformed by including acupuncture in a program. We will refer to some of the most basic issues in the substance abuse field in order to describe this potentially transforming effect of acupuncture.

ACUPUNCTURE IS A NON-VERBAL TREATMENT

Acupuncture is a non-verbal type of therapy. Words and verbal relationships are not necessary components of this treatment. We do not mean that the therapist should not talk with the patient. However, verbal interactions can be quite flexible so that a patient who does not feel like talking can be accommodated easily and naturally. Alternatively, acupuncture will be just as effective even when the patient lies to us.

The most difficult paradox in the substance abuse field is the common reality that addicted persons usually deny their need for help. Such patients do not say anything helpful to the treatment process. Nevertheless resistant patients often find themselves in a treatment setting due to referral or other pressures. Using acupuncture can bypass much of the verbal denial and resistance that otherwise limit retention of new and relapsed patients. Substance abusers are frequently ambivalent. Acupuncture helps us reach the needy part of their psyche that wants help. Acupuncture can reduce stress and craving so that patients gradually become more ready to participate in the treatment process.

Substance abuse patients often cannot tolerate intense interpersonal relationships. Using the conventional one-to-one approach often creates a brittle therapeutic connection. It is easily broken by events and stress. Patients have difficulty trusting a counselor's words when they can hardly trust themselves. Even after confiding to a counselor during an intake session, a patient may feel frightened and confused about expanding that relationship. Many of their concerns are so complex and troublesome that talking honestly about their lives could be difficult in the best of circumstances. The ambivalence typical of substance abusers makes it easy to develop misunderstandings and miscommunications. All of these factors support the usefulness of a non-verbal technique during early and critical relapse phases of treatment.

A woman six months pregnant entered our clinic several years ago. She said, "I can't tell you much about myself because my husband is out in the street with a baseball bat... he'll hit me in my knees if I say too much." We provided an emergency acupuncture treatment and conducted a simplified intake interview. Two weeks

later this patient told us, “This is my husband, Herman; he doesn’t have a drug problem, but he is nervous, can you help him?” Both of them received acupuncture that day. The woman needed non-verbal access to treatment because of real physical danger. Overprotective spouses often forcefully oppose all social contacts outside the marriage. This patient was protected because there was no premature verbal bonding that would have threatened the husband. In fact, the whole process was so supportive that the husband was able to trust his wife and seek help himself. Like many fearful people, he was literally unable to make any verbal approach on his own.

One mistake in treatment interaction should be highlighted. We should avoid “re-verbalizing” the acupuncture interaction. Anxiety and depression are common indications for acupuncture. However, it is a mistake to require that the patient admit to anxiety or depression in order to qualify for acupuncture. Substance abusers who have significant anxiety or depression will usually not admit these feelings. In fact, they will avoid anyone who asks such questions. At a later stage of sobriety and recovery, talking about these feelings will be important, but at an early stage of treatment verbalizing these feelings can lead to drop out. Likewise, it is not productive to ask patients why they have missed a previous acupuncture session. Use the advantage that acupuncture will be effective even if we don’t know the issues involved.

Many substance abuse clients are obsessed with guilt and self deprecation. They must try to learn not to link every withdrawal symptom and craving with psychological issues. Even though substance abuse is an overall psycho-social matter, it is not helpful to psychologize every step of the detoxification process. When a detoxing client starts to cry, teach them not to ask or worry out the “cause” of the tears. Clients should expect to face the psycho-social problems gradually as they gain strength and after the basic cleansing and balancing process.

Treatment programs without acupuncture are compelled to screen for patients who are able to talk readily with authority figures. Many verbally needy patients become quite dependent on the program and quite involved with numerous staff members. Such patients can be the focus of many conferences, but they are often too needy to remain drug-free outside the hospital. In contrast, acupuncture assisted intake can retain patients who are relatively more independent, assertive, and hostile. Noisy, troublesome patients who are frustrated with the

world and with themselves may be persons who have the energy to sustain a drug-free lifestyle.

ACUPUNCTURE SUPPORTS SELF-RESPONSIBILITY

One of the striking characteristics of the acupuncture treatment setting is that each patient seems comfortable in their own space. It is quite unusual to see so many people apparently comfortable with their own thoughts. One patient explained, “I sat and thought about things in a slow way like I did when I was ten years old.” Acupuncture treatment causes the perception of various relaxing bodily processes. Patients gradually gain confidence that their mind and body can function in a more balanced, autonomous manner. A hopeful process is developed on a private, personal basis. We are laying a foundation for the development of increasing self-awareness and self-responsibility.

Self-responsibility is one of the most overlooked aspects of substance abuse recovery. In treatment we emphasize the patient’s need for structure and a support system. Patients often become dependent on the therapeutic setting. In most conventional programs a lack of structure and authority will lead to negative behavior and chaos. Nevertheless the reality is that patients must rely on themselves to a considerable degree at all stages of treatment and recovery.

We are confronted with a paradox that is similar to that of parenting adolescents. Adolescence is nature’s version of the passage from dependency to relatively mature independence. How can the parenting authority encourage healthy independence from that same authority? How can therapeutic authorities encourage the development of a healthy self-reliance?

The use of acupuncture sets a foundation so that patients can have more autonomy in developing their own plan of treatment. A calmer, less resentful atmosphere is created. The tolerant, self-validating process helps patients find their level and type of involvement in a productive manner. Patients must choose to talk sincerely with their counselor just as they must choose to avoid temptation and return to the program each day. These choices may fluctuate widely and be mistaken at times, but such independence is the only path toward growing up. When a program properly encourages structure but ignores the patient’s own independent efforts, these actions undermine future success. Acupuncture creates a better atmosphere so that treatment staff can spend their energies helping patients make choices rather

than being fatigued by trying to impose authority on a resistant clientele.

VALIDATING THE PRESENT

Substance abuse is about trading present experience for past and future realities. Patients hang onto the present, because the past and future seem to offer nothing but pain. Unfortunately our treatment efforts focus on assessment of past activities and planning for the future. Patients are obsessed by present sensations and problems. They often feel alienated and resentful that we cannot focus on their immediate needs. Acupuncture is one of the only ways that treatment staff can respond to a patient's immediate needs. We can meet the patient in the present time reality - validating their needs and providing substantial relief. Once a comfortable day-to-day reality support is established, we can approach past and future issues with a better alliance with the patient.

The nature of recovery from addiction is that patients often have quickly changing needs for crisis relief and wellness treatment. Many persons in recovery have relatively high levels of "wellness" functioning. However, a crisis of craving or past associations may re-appear in a moment's notice. Conventional treatment settings have trouble coping with such intense and confusing behavioral swings. Often merely the fear of a possible crisis can sabotage clinical progress.

Acupuncture provides either crisis or wellness treatment using the same ear point formula. The non-verbal, present time aspects of the treatment make it easy to respond to a patient in whatever stage of crisis or denial that might exist. Time-related contradictions are much easier to resolve using acupuncture.

THE PARADOX OF TOUGH LOVE

Substance abusers have trouble with discipline. They need order in their lives but cannot develop internal structure. The end result is chaos or submission to a sadistic process. Substance abusers have trouble liking themselves. They are depressed and depersonalized, and cannot accept good things. The end result is self-destruction and adherence to a masochistic life style. AA refers to this paradox as the need for "tough love." The ability to like oneself lays the foundation for internal discipline. Most substance abusers have been victims as well as victimizers. There is usually a long brutal history before today's apparent self-centered chaos.

Acupuncture provides significant advantage in meeting the paradoxical requirement of tough love. Verbal interpersonal intensity is reduced. Patients feel that their

immediate needs and their urges toward independence have been satisfied. A tolerant, flexible atmosphere exists. Acupuncture delivered in a consistent and caring manner provides the basis for the "love" side of the equation. The foundation for discipline has been set.

At Lincoln we use a system of daily toxicology as the basis for discipline. One can also use a point system that credits attendance and other items relating to compliance. The most effective systems used clear and simple data which are generated by the patient's own behavior. Following the principles of behavior modification, this data should be frequently measured and success oriented.

Frequent urine testing provides an objective non-personalized measure of success that can be accepted equally by all parties. In this system, the counselor is the "good cop" and urine machine is the "bad cop." The counseling process can be totally separated from the process of judgment and evaluation. According to this approach, clients will not feel a need to be friendly to their counselor in order to gain a positive evaluation. The computer print-out showing a series of drug-free urines is the only documentation they will need to gain a favorable report for the court.

The counseling process at Lincoln emphasizes non-judgmental, non-invasive, supportive approach. The firm challenge of sobriety is established, but the treatment relationship is quite flexible and open-ended. The therapy program cannot "hold a grudge" and put increasing pressure on the patients for previous failures to respond to treatment. Pressure and concern must be appropriate to the quality of today's struggle and not reflect the residue of the past. The use of acupuncture makes this non-judgmental process much easier.

Our clinical staff makes a primary alliance with the criminal justice referral agency as well as with the client. This process of dual alliance with the client and the disciplinary agency is the basis for successful work in Employee Assistance Programs. The process is not at all contradictory as long as the primary focus is on sobriety and increasing the client's integrity which can be the common goal of all parties. The Lincoln clients are very accepting of this "dual alliance" strategy. There is a lack of contradictory messages, a lack of excuses, and an abundance of interest in their daily struggle to be drug-free.

Substance abusers are the kind of people who respect the prosecuting attorney more than their own defense attorney. There is a brittle need for authority and an inability to accept kindness. Our patients are particularly intolerant to

the ambivalence often created by the adversary courtroom system. Their own ambivalence is amplified by their perception of governmental ambivalence.

In our program we try to use every part of the treatment system to support the healthy internalization of discipline and authority. Discipline is based on the patient's diary of toxicology results. Discipline is separated from the difficulties of interpersonal relationships. Within this context of discipline, leniency by the judicial authority becomes more acceptable and leads to constructive not escapist behavior. This cooperative relationship between leniency and discipline is essential to the survival of our patients and indeed for the financial survival of the judicial system itself.

REVIEW OF BENEFICIAL CHARACTERISTICS OF INTEGRATED PROGRAM

Let us review the beneficial characteristics of an acupuncture-based treatment program which integrates group and individual counseling, frequent toxicology, and Narcotic Anonymous in an outpatient setting.

Barrier-free access — A wide range of patients can be accepted for the initial stage of treatment because there is no verbal motivational requirement. Also, acupuncture is effective for most drugs and wide range of psychological states. A low threshold, easily staffed program can be established for new patients. Ambivalent, street-wise patients find the acupuncture setting almost impossible to manipulate. The setting is so soothing and self-protective that even extremely anti-social people are able to fit in. Frequent attendance by relatively relaxed intake patients permits the gradual completion of assessment in a more accurate basis. Patients can be evaluated and triaged according to their daily response to treatment and testing rather than merely on the basis of an interview.

Retention — The tolerant, non-verbal aspect of acupuncture facilitates retention during periods when the patient would otherwise be ambivalent, fearful, or resentful within a more intense verbal interpersonal setting. Patients are often willing to give a positive toxicology and thereby show respect for the standards of the overall treatment process. Nevertheless those same patients may be unable or unwilling to share their crisis and failures verbally until they have time to reach more solid ground. In the acupuncture setting, time is on our side.

Outpatient continuum — Easy access and better retention encourage the outpatient management of difficult patients

without the need for additional drugs or services. Any chronic relapsing condition should be managed primarily on an outpatient basis. In-patient, high intensity interventions only have value if they are followed by stable outpatient performance. The relatively high retention of difficult patients in an outpatient acupuncture setting lets us select the time for hospitalization more precisely and appropriately. Encouraging autonomy and self-responsibility should be essential aspects of any outpatient continuum. Such a program also facilitates primary health care management for AIDS, tuberculosis, and STD's. Issues such as parenting, responses to social crisis, education, and job training can be approached almost only through an outpatient continuum.

Court-related agency referrals — These patients often come to us in a total denial or with a basic conflict with the referring agency. The non-verbal aspect of acupuncture allows the intake staff to get beyond these protests and offer acupuncture for "stress relief," instead of forcing the issue. Otherwise we are in the unfortunate position of having to value a piece of paper from the referring agency more than the patient's own statements. This is not a good way to begin an assessment or treatment relationship. Using acupuncture we are able to wait until the patient feels more comfortable and less threatened so they can admit their addiction and ask for help.

We are often asked how to persuade resistant patients to try acupuncture. Remember that addicts are intellectually conservative and behaviorally radical. Therefore you should avoid one-to-one "thoughtful" discussions. Our counselors show new patients the acupuncture treatment room and give only a basic suggestion that the treatment will reduce stress and craving. Stressed, needy patients are attracted by the calm atmosphere there and are welcomed by the more experienced patients. In new situations, acupuncture should be introduced to a group of patients so that a few patients might volunteer for treatment and other more skeptical patients can watch the procedure and learn to accept it.

Linkage with 12 step programs — Acupuncture has many characteristics in common with 12 step programs such as AA and NA. It uses group process in a tolerant, supportive, present-time oriented manner. Participation is independent of diagnosis and level of recovery. Each interaction can be either a crisis or wellness treatment depending on the immediate needs of the participant. Both approaches are simple, repetitive, nurturing and conveniently available. The emphasis on self-responsibility is common to both systems.

In practice acupuncture provides an excellent foundation

for 12 step recovery. Patients seem less fearful and more receptive when they first enter the meetings. The traditional advice: “listen to learn and learn to listen” fits our model well. There is a deeper, more sensitive quality to the NA or AA meetings. Acupuncture reduces “white knuckle sobriety” considerably. There is less guarding and a greater ability to support each other warmly.

MICA patients— Acupuncture has an obvious advantage in the treatment of MICA patients, because it can be used for a wide variety of substance abuse and psychiatric problems. MICA patients have particular difficulty with bonding and verbal relationships. Acupuncture facilitates the required lenient supportive process; but, at the same time, it provides an acute anti-craving treatment which is also necessary. The use of acupuncture can resolve the contradictory needs of MICA patients.

Retention of women patients — These patients are often trapped in destructive and exploitative relationships. Frequently they have become the victimizer as well as a victim. Female substance abusers therefore will have special difficulty with any therapeutic relationship and the maintenance of a consistent self-esteem. Acupuncture has been a frequent component of successful programs serving women patients.

Trauma survivor support — A consistently tolerant and non-confrontational approach prepares the way to establish a trauma survivor support service for patients at an early sobriety stage of recovery. The acupuncture point formula used for substance abuse is also specific for the kind of emotional and muscular guarding associated with early sexual trauma. These patients will suffer intermittent crises and experience profound challenges to their physical and spiritual identity. All of their relationships will be strained and transformed. Acupuncture is a very appropriate adjunct to trauma survivors support work.

ACUPUNCTURE PROTECTS THE COUNSELOR’S ROLE

Virtually all of the advantages of an acupuncture-based treatment system can be described as enhancing and protecting the counseling therapeutic relationship. As one colleague put it, “the patients remember what I tell them now.”

Ordinarily counselors have provided discipline as well as peer support. They must judge a patient’s progress as well as being a sympathetic listener. Using acupuncture we can develop treatment protocols which can reduce contradictory pressures on clinical staff. The reduction in verbal intensity and confrontation allow each staff member to take a consistently caring and supportive position. He or she is able to earn the patient’s trust.

THE TREATMENT OF EMPTY FIRE

In Chinese medicine the lack of calm inner tone in a person is described as a condition of empty fire (xu huo), because the heat of aggressiveness burns out of control when the calm inner tone is lost.

It is easy to be confused by the false fire that many addicts present and to conclude that the main goal should be sedation of excess fire or escape from its consuming attachment. The hostile, paranoid, hustling climate of our inner city communities exemplifies an energy-depleted condition with false fire burning out of control. Our patients seek greater power and control over their lives. The empty fire condition represents the illusion of power; an illusion that leads to more desperate chemical abuse and senseless violence.

Imagine a foster child that has just been adopted into a new family. When the new parent gives a hug, the child is as stiff as a board. We all know what the problem is - the child is frightened and empty inside. This is another example of “empty fire.” How long will it take for the situation to change? Maybe a week, maybe a month, maybe a year, maybe this child will always be consumed by fear and emptiness. No one can know how much nurturing that this small child will require before the affection can be accepted. Treatment of empty fire involves a step-by-step feeding of the inner person. Acupuncture helps create this soup kitchen for the spirit.

*Informed Consent
for Acupuncture
(English and Spanish)*



**National Acupuncture
Detoxification Association**

ACUPUNCTURE AND NADA

Acupuncture is a therapy developed by the ancient Chinese that uses needles, application of heat or finger pressure, or a combination, to stimulate various points on the skin. The stimulation of these points encourages the flow of energy in the body along meridians (or channels) which in turn can affect us physically, mentally and spiritually. To the Chinese, the mind and body are one; the mind representing the less material aspect of our beings, and the body, the more material aspect.

The energy circulating in the Channels is called “Qi” (pronounced “chee”) The Chinese likened Qi circulation to the movement of water flowing in a network of rivers. So long as the Qi in the channels is flowing smoothly, we are healthy and function well in our environment. If the Qi becomes blocked, we experience pain or disease (mental and/or physical.) Acupuncture balances the Channel system and helps the body/mind to remember proper functioning.

Because acupuncture has a balancing effect on the body, it is useful for drug, alcohol and even nicotine detoxification. It helps calm the emotions and reduces cravings for drugs. It is also helpful against the symptoms of withdrawal.

Acupuncture is done with extremely thin flexible needles made of stainless steel. There is a brief prick as the needle pierces the skin. Some people feel a numbness, tingling, warmth, or a dull ache where the needle is located or along the nearby Channel.

Acupuncture has been used for over 5,000 years in China. It is still a treatment of choice for Asians, which make up a quarter of the world’s population. Most side effects are minor and could include slight dizziness with treatment, or a light bleeding after the needle is withdrawn. Infections at the needle site or any other side effects are rare. This clinic uses pre-sterilized one time use needles.

Most people have a heightened sense of well being after acupuncture treatment. It is known that acupuncture releases endorphins (the body’s own opiates) which in turn have wide ranging effects on our health, specifically, the immune system and our emotions.

ACUPUNCTURA Y NADA

La acupuntura es una terapia desarrollada por los antiguos Chinos que usaban agujas, aplicaban calor, o presionaban el dedo (o combinacion de todo esto) para estimular varios puntos de la piel. El estimulo de estos puntos anima el fluir de la energia en el cuerpo a lo largo de meridianos (o canales) que a su vez pueden afectarnos fisicamente, mental y espiritualmente. Para los chinos la mente y el cuerpo son uno; la mente representada por el aspecto menos material de nuestro ser, y el cuerpo, el aspecto mas material.

La energia que circula por los canales se llama “Qi” (se pronuncia “chi”). Los Chinos comparaban la circulacion del “Qi” con el movimiento del agua que flota en una red de rios. Siempre que el “Qi” flote en los canales en forma suave, tenemos salud y funcionamos bien en nuestro ambiente. Si el “Qi” esta obstruida, experimentamos dolor o enfermedad (mental *o/y* fisica.) La acupuntura balancea el sistema de canales y ayuda al cuerpo y la mente a recordar el funcionamiento adecuado.

Debido a que la acupuntura tiene un efecto balanceador en el cuerpo, es util para la desintoxicacion del alcohol, las drogas, y la nicotina. Ayuda a calmar las emociones y reducir el deseo intenso de drogas. Ayuda tambien a combatir los sintomas de retirada de las drogas y el alcohol.

La acupuntura es hecha con agujas flexibles extremadamente delgadas hechas de acero inoxidable. Se siente una corta punzacion a medida que la aguja atravieza la piel. Algunas personas sienten adormecimiento, picazon, calor, o un dolor apagado donde se ha colocado la aguja, o cerca del canal mas cercano.

La acupuntura ha sido usada durante mas de 5,000 anos en la China. Aun es un tratamiento electivo para los Asiaticos, que comprenden una cuarta parte de la poblacion mundial. Por lo tanto, la mayoría de los efectos laterales son menores, los cuales podrian incluir un mareo ligero con el tratamiento, o derramamiento de sangre despues que se ha sacado la aguja. La infeccion en el lugar de la aguja o cualquier otro efecto lateral es raro. La clinica usa agujas esterilizadas previamente y usadas por primera y unica vez.

La mayoría de la gente tiene un alto sentido de bienestar despues del tratamiento de acupuntura. Se sabe que la acupuntura hace que se desprendan las endorfinas (o los opiates del cuerpo) que a su vez tienen un amplio efecto en la salud, especificamente en el system immune y nuestras emociones.

SUBSTANCE ABUSE SERVICES CONSENT FORM
FOR ACUPUNCTURE

I understand that acupuncture is a form of therapy based on the regulation of human energy. This involves inserting thin flexible needles into the skin of the outer ear or other specific indicated points on the surface of the body. The treatment lasts about forty minutes.

Potential risks: Discomfort where the needles are inserted, infection, bruising, dizziness, nausea.

Potential benefits: Allowance for improved balance of bodily energies which may lead to a feeling of well-being, a decrease in craving for drugs, and a decrease in withdrawal symptoms. With this knowledge, I consent to the appropriate medical staff to administer treatment to me. I realize that no guarantees have been made to me as to the results of this treatment.

Patient

Witness

Date

SERVICIOS RELACIONADOS CON EL ABUSO DE
DROGAS FORMATO DE CONSENTIMIENTO PARA
RECIBIR ACUPUNTURA

Tengo entendido que la acupuntura es una forma de terapia basada en la regulación de la energía humana. Esto tiene que ver con la inserción de agujas flexibles en la parte exterior de la piel de la oreja o cualquier parte específica de la superficie del cuerpo. El tratamiento dura 40 minutos.

Posibles Riesgos: Dolor al ser insertadas las agujas, infección, magulladuras, mareos, náusea.

Posibles Beneficios: Permite el mejoramiento del balance de la energía corporal que puede conducir a un sentimiento de bienestar, una disminución en su intenso deseo de drogas, y una disminución de los síntomas de retirada. Con este conocimiento, yo consiento que el personal médico me administre este tratamiento. Me doy cuenta que no se me garantizan los resultados de este tratamiento.

Firma del Paciente

Testigo

Fecha

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