

GUIDEPOINTS:

News from NADA

March 2012

23RD ANNUAL CONFERENCE *of the* NATIONAL ACUPUNCTURE DETOXIFICATION ASSOCIATION
at YALE UNIVERSITY in NEW HAVEN, CT: JUNE 14-16, 2012

ACU SERVICES RESTORED IN SACRAMENTO DRUG COURT

by Sara Bursac

After a 2-year funding hiatus, the Community Addiction Recovery Association (CARA), a Sacramento-based nonprofit founded by former board member and NADA trainer Carolyn Reuben, has successfully renewed a contract with the Sacramento County Drug Court. In late 2011, ear acupuncture detoxification and comprehensive nutrition services resumed for probationers in the first phase of their recovery.

These level 1 clients receive CARA's services for the first 4 weeks out of a 9-month program, explains Jeff Pogue, CARA's new executive director as of November 2011. "When level 1 ends, these services aren't gone. You can come down to Sacramento and keep receiving donation-based services," says Pogue who participated in the recent restructuring of the 17-year-old nonprofit.

"Before, CARA's activities had been limited to bringing services into treatment centers," says Pogue. Now CARA has opened a space in Sacramento, where a wide range of recovery-based activities, including NADA group acupuncture, biking and running groups, and therapeutic movement sessions, have started taking place, part of what Pogue refers to as the Peak Recovery Network which is "open to anyone."

For drug court clients, this availability of continued services in the community can be instrumental in helping create new connections and relationships that support recovery and sobriety and may even count as a "pro social activity," something which post-level 1 drug court clients

CARA continues on p. 2

Conference registration and accommodations forms on page 7 and 8. Early registration ends **5/11/2012**.



Volunteers at the Miyagi Volunteer Acupuncture Center prepare okonomi yaki for their guests - NADA founding chairperson, Michael Smith, and Seattle trainer Sachiko Nakano. The two visited Japan to share about the use of ear acupuncture for post-tsunami trauma survivors.

Full story starts on the back cover (p. 12)

GUIDEQUOTE

"Recovery is not about prohibition; it is about getting beyond blame, getting beyond scapegoating, getting past whose fault it is."

--from Alex G. Brumbaugh's book *Transformation and Recovery: A Guide for the Design and Development of Acupuncture-Based Chemical Dependency Treatment Programs* - a must read for anyone who is thinking about starting an acu detox program.



Jeff Pogue

are required to participate in at least 3 times a week.

Besides finite resources, the idea behind only offering 4 weeks of services in the drug court is that “after a client finishes phase 1, they’re off and back to work and they won’t have time, they’re onto other things,” explains recently retired supervising

probation officer and drug court program manager Burke Adrian, who worked at the drug court since 2001.

When CARA first earned a contract with the Sacramento County Drug Court in 1995, the program’s main service was daily ear acupuncture. But thanks to comprehensive drug court initiative grants, CARA expanded its services in 2002 to include nutritional counseling and education along with healthy meal preparation and amino acid supplements, explains Adrian.

“In 2002, the focus on prison bed days really came [into being], and we began measuring prison bed savings which is tied to a dedicated funding stream,” says Adrian. With stable funding backing its work, CARA provided a full array of services for 7 years, with acu detox offered 5 days a week for an hour per session, a treatment design modeled after the first drug court ear acupuncture program in Florida’s Miami-Dade County.

The Sacramento program outcomes were so compelling that the drug court funded a 3-year evaluation beginning in March of 2007. “All of the data was collected, but because of budget cuts it was never analyzed,” laments Burke. Not only was the important outcome data unavailable to drug court officials and the public, but due to California’s severe budget crisis, CARA lost its contract with the drug court in 2009.

That same year, the California Senate and Assembly unanimously passed SB 678, known as the Community Corrections Performance Incentives Act. According to an issue brief published in 2011 by the Pew Center on the States’ Public Safety Performance Project, “SB 678 awards counties that successfully reduce the rate at which they send probationers to state prison by sharing 40-45 percent of the savings the state accrues from not housing revoked offenders.”

The brief opens with the statistic that “California prisons have operated at around 200 percent of capacity for more than 11 years,” and that the Department of Corrections uses approximately 11% of the states’ general fund, a 5% increase from 2001. One year after of implementation, the brief reports that there has been a 23% reduction in revocations, as documented by California Administrative Office of the Courts in their Year 1 report (available online at www.courts.ca.gov).

“Knowing that our best retention was when we had full services, I was able to convince our managers to bring [CARA] back. Administrators know that if you have the drug court model in place, success is fairly easy if you have fidelity to the elements,” says Adrian. (Editorial note: the elements, or the 10 key components of drug courts, as he referred to them later in the interview, is a reference to a foundational document for drug courts nationwide.) His advocacy in combination with SB 678 funding helped fully restore CARA’s services in late 2011. Ear acupuncture and comprehensive nutrition services are now back on the client’s daily schedule.

Fidelity to the Elements

In his interview with Guidepoints, Burke Adrian illustrated how well acupuncture meshes with the 10 key components of drug courts. For some that may not be familiar with these defining principles and how acupuncture is directly integrated, the following is a summary.

In 1996, one year after CARA stepped into the nonprofit world, a group of professionals under the leadership of the Hon. Jeff Tauber, founder and first president of the National Association of Drug Court Professionals (NADCP), began work on what the NADCP describes as a defining document of the Drug Court model, which was first published in 1997, reprinted in 2004, and still referenced today: *Defining Drug Courts: The Key Components*.

With a grant from the Bureau of Justice Assistance, the NADCP-dubbed “blue-ribbon panel,” which included judges, prosecutors, drug abuse treatment counselors, a statistician and an acupuncturist, came together and identified 10 key components that make drug courts successful so that offering treatment to drug-using offenders as an alternative to incarceration could be a sustainable effort nationwide.

“I was the wordsmith of the 10 Key Components, but it was a group affair,” says NADA trainer Jody Forman, the

CARA continues on p. 4

Intentions and Gwellheans of Cornwall, England

Will host a joint conference promoting NADA auricular acupuncture and holistic day programmes

August 16th & 17th, 2012



Potreath Beach



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Redruth Town

“There are a lot of people in the community that are struggling. However, because they are ‘coping,’ they get no help. We see a good variety of people with diverse reasons for coming: from grieving, work-related stress, depression, PTSD, emotional trauma, and addiction, to simply those who are looking for a way to help with relaxation.”

— **Nic Constable, founder of Intentions**

Day 1: Gwellheans,
Alma Place,
Redruth, Cornwall

Day 2: Penventon
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Cornwall

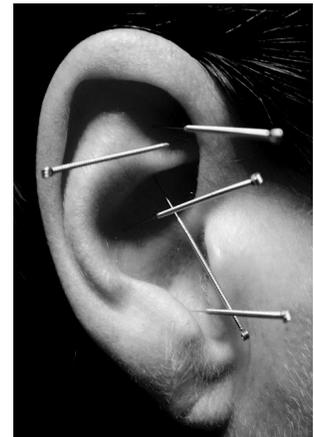
**There will be chances
to talk to clients and
hear their experiences.**

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— **Gwellheans staff**

Speakers will include:

Michael O. Smith
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Jo Ann Lenney
NADA Trainer, New York
Rachel Peckham
NADA UK Trustee/Trainer, London
Nic Constable
Trainer/Founder, Intentions, Cornwall
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acupuncturist in this group, who at the time had recently



Jody Forman

completed her acupuncture education at the Oregon College of Oriental Medicine in Portland, OR, after working for the federal government in the addictions treatment field for 15 years.

Once completed, the *Key Components* were distributed to every probation and parole agency and prosecutor's office in the country. According to the NADCP's website (www.nadcp.org), "since its release in 1997, every adult drug court in the nation has been built on these guiding principles."

Component #4 of the *Key Components* explains the importance of providing a continuum of services to drug court participants, and it specifically identifies "acupuncture for detoxification, for control of craving, and to make people more amenable to treatment" (p. 8 of the *Key Components*, available online at www.ojp.usdoj.gov/BJA) so they can accomplish a variety of performance benchmarks identified by the drug court.

The inclusion of ear acupuncture in Component #4 as an adjunct to treatment was a direct result of the success shown by the first ear acupuncture program at the Miami-Dade County drug court that started in 1989, after Judge Herbert Klein and Judge Gerry Weatherington visited Lincoln Recovery Center in the Bronx, NY, where the NADA protocol was developed.

NADA founding chairperson Michael Smith recalled that after the visit of the two judges, "our clinical coordinator, Carlos Alvarez, and I visited Miami later that month. Finally, Mae Bryant and Raymond White led a group of observers from Dade County to study our procedures at Lincoln. Remarkably, only 5 months elapsed between Judge Klein's first visit and the opening of the Metro-Dade outpatient unit in Liberty City in July of 1989." (Editorial note: this quote was excerpted from a presentation Smith gave at the 1993 drug court conference in Miami. The full presentation and other articles on the topic of drug courts are part of the Criminal Justice and Drug Courts NADA paper, available to members as a download from acudetox.com.)

Forman herself observed the treatment setting at

Lincoln Recovery Center: "I had seen what Michael Smith was doing at Lincoln. He was among my main inspirations to become an acupuncturist."

Yet even after *Key Components* was disseminated nationwide, not all drug courts incorporated ear acupuncture into their services. For those that have, closure of acupuncture services due to budget cuts has been common. "It takes a dedicated person at the treatment program - that is what helps keep [ear acupuncture] happening. You have to keep training people because there is turnover and attrition," explains Forman.

On March 31, 2012, a 15-year acupuncture program at the Salt Lake City drug court will end due to a shift in perception of clinical priorities. Utah is a state that does not allow non-acupuncturists to treat, so this program has been maintained by contracted acupuncturist Brent Ottley. (See full story on the SLC drug court in the May 2011 issue of *Guidepoints*).

"There is a great deal of support for the acupuncture program among much of the community, and it could conceivably come back at some point," says Ottley. "It's great that the Sacramento folks are hanging in there. That's proof that it can come back even after disaster."

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EDITORIAL: DOCS POKE HOLES IN THE TIRADES OF TURFWAR ACUPUNCTURISTS

by Ryan Bemis

“The United States is at war, and, because of the war, there have been casualties. These casualties have been treated by medical acupuncturists and licensed acupuncturists, and these treatments have been successful...it is very meaningful, what is being done through acupuncture for our wounded warriors.”

Col. Richard Niemtow, medical acupuncturist (Feb 2011, East Meets West in Acupuncture, Journal of Alternative and Complementary Therapies)

In the US, more and more front line military personnel are trained in acu protocols for pain and trauma, a practice which has been common in China for decades. When officers, particularly those who are medical doctors (MDs), receive hands on education, they easily grasp the pragmatic value of acupuncture techniques. They see how they themselves can provide relief from suffering with an intervention that is not a drug.

Though they have limited protocol-based acu training, these doctors have generated impressive headlines in recent months, both on National Public Radio (NPR) and in Wired magazine. In addition, these same physicians have been instrumental in securing funding for acupuncture research and expanded services within the military. As NPR notes, their work influences MDs and authorities that hold doubts or cynics who seek to debunk acupuncture.

Far from being a threat to the public, MDs trained in ear acupuncture protocols like Battlefield Acupuncture, the Auricular Trauma Protocol and the NADA protocol are helping to transcend paradigms in major US health institutions. These include Yale Medical School (where the NADA conference will be held June 14-16, 2012), the US Department of Defense, and the Colorado State Mental Hospital.

These initiatives, mostly led by medical doctors who have not attended a 3-4 year Traditional Chinese Medicine acupuncture school, and licensed acupuncturists (LAc) who work within the military, do well to promote the entire US acupuncture profession.

The US acupuncture profession recognizes this. In fact, the number of acupuncturist groups that have re-posted the web link of the February 16th morning edition

NPR story, “Military pokes holes in acupuncture skeptics’ theory” is striking. Scores of previous articles about military medics have also been re-posted on acupuncturist groups’ Facebook pages and blogs.

Other licensed acupuncturists allege that medical acupuncturists are not safe or effective. Still others, such as blogger Marilyn Walkey, go as far as to state that they pose a “serious problem” for the public. This rhetoric has yet to be backed by data, as was most recently pointed out in December 2011 by the National College of Naturopathic Medicine's classical acupuncture professor Edward Neal.

Neal exposed a fallacy in Walkey’s argument, posted originally in 2010 on medicalacupuncturefacts.com. She argued that only 3-4 year trained Oriental Medicine practitioners could provide optimal care. With both a degree as an MD and LAc, Neal illustrated how an MD with abbreviated acupuncture training can do a great deal to provide high quality care (and drew a few laughs in doing so).

“I don’t think Dr. Walkey has her facts straight here,” quipped Neal. “I think she should do more research before publishing things like this.”

(Link to Walkey's blog posted in 2010. Scroll down to see Neal's rebuttal (#24) dated Dec 28, 2011: <http://www.medicalacupuncturefacts.com/2010/03/24/abbreviated-courses-in-acupuncture-for-physicians-pose-a-serious-problem/>).

Alongside Neal's comment, Walkey's non-factual blog is an embarrassment to the acupuncture profession, a group already on the fringe of US medical culture.

Rhetoric such as Walkey’s will not improve acupuncture training programs for physicians, nor will it convince experienced physicians running busy hospitals and clinics to abandon their jobs and return to attend a 3-4 year acupuncture/Oriental medicine school. On the other hand, the work of MDs featured in the NPR article do a great deal for NADA, for LAc, for soldiers, for the general public and for the transformation of the US medical industrial complex.

Nevertheless, depending on high paid MDs to provide acu care within the US military can be limiting. The cost of hiring NADA trained health professionals, many who may be spending more time with and have a stronger rapport with patients, is much cheaper than paying a physician.

Expansion of both LAc and NADA-trained psychologists, nurses, and peer veteran workers, all who are

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protocol treated psychological trauma. People have treated disaster victims with acupuncture in the past, and many acupuncturists have established their own treatment style. Introducing auricular acupuncture for this type of setting is a totally new concept for them.

At the symposium, we showed NADA trainer Laura Cooley's documentary film "Unimagined Bridges: Ear Acupuncture Treatment for Disaster Trauma," which, according to Cooley's website (malula.net), chronicles how acu detox was used at New York's ground zero and in storm-ravaged Louisiana to provide first responders and community members relief from anxiety, depression and insomnia.

In the 60 minutes of speaking time allotted for Dr. Smith, I gave the pre-translated versions of Dr. Smith's papers before going straight to a Q & A session. The questions covered a wide range of topics, illustrating great interest among the group about how the use of NADA protocol might affect the people touched by the disaster. People asked why the specific five points were used, how effective they were for treating PTSD, and how they could do group treatments in small spaces, among others.

Other speakers discussed updates on the medical support system at evacuation sites, volunteer acupuncture activities, the role of acupuncturists and massage therapists, activities of the Association of Medical Doctors of Asia (AMDA), medical practice laws written to support disaster relief efforts, and lessons from previous disasters and acupuncture/moxibustion treatment.

Acupuncture volunteer efforts in Ishinomaki, Miyagi prefecture

One of the speakers at the symposium, a licensed acupuncturist by the name of Hideyoshi Higuchi, started the Miyagi Volunteer Acupuncture Center in Miyagi prefecture. Miyagi, one of the areas most affected by the tsunami, is about two hours by bullet train ride from Tokyo.

After the Tokyo symposium, Dr. Smith and I were able to visit Mr. Higuchi's clinic in Miyagi, which is run out of his private residence. When we visited, we were greeted as guests and some of the volunteers at the clinic cooked a traditional Japanese dish for all of us called *okonomi yaki*, which some people might say resembles a flavorful meat, flour and onion pancake.

The buildings were in very good shape despite being very close to the ocean shore line. The tsunami had

miraculously swept past Mr. Higuchi's home, inflicting minor damage, but still most of the facilities and supplies, as well as the vegetable garden and the back yard, were left intact. Mr. Higuchi and the clinic's assistants and volunteers remain committed to aiding trauma sufferers in spite of the damage.

Later, we were taken to visit one of the evacuation centers in Ishinomaki city, which was essentially a large camp inside a junior high school gym. At one point following the earthquake and tsunami, the gym housed over 250 evacuees, but at the time of our visit, only 25 people were staying there. The rest had left to stay with relatives, to live in temporarily housing, or to be treated in hospitals. One evacuee told me that it was nice to have some quiet since many people had left, but at the same time, she felt lonely because of their absence.

Upon arriving at the gym, we took off the shoes we had been wearing outside and put on indoor slippers, as is customary when entering a Japanese home. The evacuees welcomed us with a cup of tea, and the assistants from the Volunteer Acupuncture Center helped us ask people, most of whom were conventional acupuncture patients before, if they would like to try auricular acupuncture. When people said they were open to it, volunteers set up chairs on the stage in a circle on the gym stage to prepare for a group treatment.

As soon as Dr. Smith finished inserting the needles, people became peacefully quiet, closing their eyes as if the treatment was guiding them on its own. When we asked how they felt after the treatment, people told us they "felt relaxed," that "neck and back tension eased up," as well as asking "did I snore?" and being unsure as to what they were "supposed to feel." We also asked them if they would try again, if given the opportunity, and they said "yes." The evacuees received no detailed explanation about the treatment before it was given.

We left the Miyagi Volunteer Acupuncture Center with a large supply of ear needles and magnetic beads and taught clinic volunteers how to use them. Due to the Center's strict confidentiality policy, follow-up has not been possible.

Sachiko Nakano is a Master's Acupuncturist and an East Asian Medicine Practitioner in Seattle. To contact: onebeartho@earthlink.net



**June 14-16,
2012**

**23RD ANNUAL CONFERENCE in New Haven, CT:
Registration Form**

Early registration closes: 5/11/2012

Pre-registration (before 5pm May 11, 2012)	2-day Conference June 15-16, 2012	NADA Full ADS Training + 2-day Conference June 10-16, 2012	Directors and Administrators Workshop June 14, 2012
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If you know your plans for accommodations, place a check mark next to your selection. If you are not sure, do not fill out this form. For the Yale dorms, complete the reservation checklist and a NADA staff member will be in contact with you to complete your reservation. You can also call the NADA office at (888) 765-6232 no later than 5/14/2012 to make your reservation for the Yale dorms by phone.

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Yale University Dorms

NADA is managing the registration for rooms at the Yale dorms. Please use the space below to indicate your reservation preference. All rooms come with a pillow and blankets. Additional bedding (sheets, pillow case and towel) is available for a one-time \$10 fee; you are welcome to bring your own bedding. You may not mix double and single rooms in your reservation.

Note: There is a \$50 fee to make adjustments to the reservation (adding or removing room nights) after confirming your reservation with the NADA office.

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\$60/night for a single room									
\$40/night for a bed in a double (2 single beds)									

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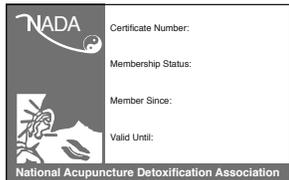
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Parking for all registrants is available on the Yale campus: \$8/day or \$28/week - online registration required and will be enabled on the Yale website in the spring. We will notify conference registrants when this feature is available.

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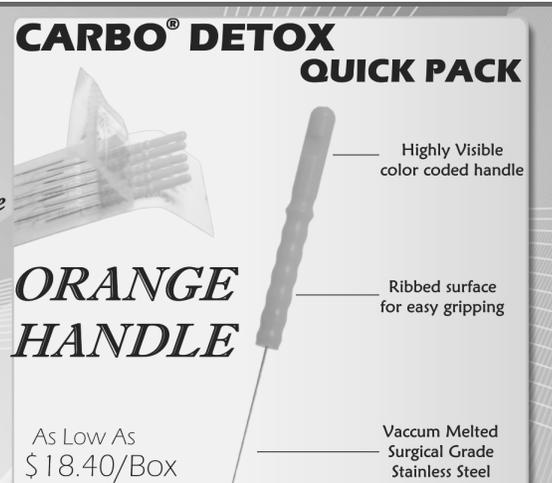
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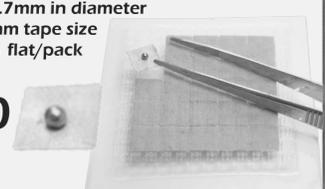
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paid less than an MD, could provide a greater cost-benefit for the military and the VA. The cost savings makes a stronger case for hiring more acupuncturists in the military, rather than accusing MDs of not being competent to provide safe and effective care.

There is no shortage of discouraged patients seeking better health care options, particularly wounded soldiers returning from Afghanistan and Iraq. They need all of us: ADSes, LAcS as well as medical acupuncturists in order to help them recover.

Ryan Bemis is a counselor and licensed acupuncturist as well as a contributing writer and editor for *Guidepoints*. To contact, email: ryanbemis@gmail.com.



THE NADA BOARD GROWS BY 3 MEMBERS

After the end-of-year board meeting in December 2011, the board voted on 3 new members, filling the gaps left by Sheila Murphy, Nancy Smalls, and Carolyn Reuben, who retired from the board this past summer.

The new board members are Esly Caldwell of Florida, David Eisen of Oregon and Nityamo Lian of New Mexico. Caldwell will officially join in the spring when he returns from international travels and studies.

NADA co-founder David Eisen rejoins the board after a 2-year intermission. He is the executive director of Project Quest, a Portland-based integrative health center and faculty member at the Oregon College of Oriental Medicine. He has developed and directed integrative multidisciplinary nonprofit health care clinics for over 20 years. He is board certified in Chinese medicine and acupuncture and has been in practice for nearly 30 years.

Nityamo Lian graduated as Doctor of Oriental Medicine in 1999 and received her Masters of Public Health in 2007. She helped design and participate in a study of acupuncture and PTSD which was published in 2007 in the *Journal of Nervous and Mental Disease*. Promoted to trainer status in 2010, Lian helps set up acu detox services in addiction treatment programs through her nonprofit, Public Health Acupuncture New Mexico. Her goal is to make acupuncture accessible to all New Mexicans.

To contact Eisen: david@quest-center.org / To contact Lian: nityamollian@gmail.com

NADA's Mission

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

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TSUNAMI SURVIVORS IN JAPAN WELCOME NADA

TREATMENTS *by Sachiko Nakano*

A massive earthquake and tsunami hit the northern part of Japan on March 11, 2011, causing colossal damage to human and natural life in the affected regions. Japan has been hit by natural disasters numerous times, and volunteer acupuncturists have been present with victims in the past. But this is the first time that the Japanese acupuncture association voiced the need for trauma treatments to be done on a national level.

The Japan Society of Acupuncture and Moxibustion (www.jsam.com), the Acupuncture Research Society, and the Japan Society of Traditional Acupuncture co-sponsored the first ever Disaster and Acupuncture Symposium on August 20, 2011, in Tokyo. NADA founding chairperson Michael O. Smith was one of many respected speakers invited to present at the symposium because the effectiveness of auricular



Tsunami evacuees receive a NADA treatment in their temporary housing at a local school gym

acupuncture treatments performed for trauma victims in North America was a topic of great interest.

In Japan, auricular acupuncture is more commonly used for weight loss and other health concerns rather than as a means of therapy or recovery, so many Japanese acupuncturists were curious to find out how the NADA

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