

GUIDEPOINTS:

News from NADA



September 2010

Spotlight on ADS Success: NEW MEXICO **Gov. Richardson's Vision for Rural** **Acu Care a Reality** *by Ryan Bemis, CADC-1*

In a region where drug wars, border walls and immigration busts dominate international headlines, US-Mexican border solutions sought by border residents continues. Sitting. Side by side. Still and silent with acupuncture needles in their ears. Among New Mexican border settlements, known as *colonias*, though no licensed acupuncturists operate, acu detox is available. Just a few miles from the border city Ciudad Juarez, ground zero of Mexico's drug war with one of the highest murder rates worldwide, local Acu Detox Specialists (ADSEs) have used the five point protocol to treat refugees who escaped drug-cartel violence and found rehabilitation at Amanecer Psychological Services. For two years, services--including dual diagnosis treatment and substance prevention--have been overseen by their Vice President, Rick Chafino. He affirms that hiring on-site acupuncturists would not be affordable to his 900 adults, adolescents and families. "Most of our clients are low income or Medicaid."

The expansion of ADSEs across rural New Mexico began after Governor Bill Richardson signed the pro-NADA bill in 2003, prior to which he envisioned "making oriental medicine more readily available to all residents of the state, including low-income and rural residents" (*Guidepoints*, 09/2003). Today, 19 NADA programs serve this population and non-acupuncturist ADSEs have left an impressive track record with Gov. Richardson's medical regulators. In fact, ADSEs stand out as the only grievance-free group certified by the New Mexico Board of Acupuncture and Oriental Medicine. The Board regulates

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LOCAL ADSEs BRING RELIEF AND **RESILIENCE TO THE GULF**



Photo courtesy of Wendy Henry

"They talk about their Katrina experiences, the health of so and so, and helping each other," says NADA registered trainer Colleen Curran. She has been busy giving treatments in back of a Catholic Charities relief site in Hopedale, LA as part of their oil spill relief services. "It's been a common place for people to come meet." Curran is one of 57 Acu Detox Specialists (ADSEs) trained since NADA teams arrived in the aftermath of Hurricane Katrina. Louisiana's near "gold standard" ADS law permits non-acupuncturist, non-addiction worker NADA trainees to provide services in disaster relief settings such as the site in Hopedale. To date, Curran has provided over 120 treatments to Catholic Charities caregivers, volunteers, people applying for services at the distribution center, and fishermen and their families.

Curran, also a massage therapy instructor and practitioner from Mandeville, LA, connected with Catholic Charities through an established network of other NADA trainers and community activists. The Catholic Charities Archdiocese of New Orleans, a nonprofit organization, was an obvious partner as they are the main relief organization

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providing services in Louisiana after the spill as well as during the aftermath of Katrina. They have 5 relief sites, including one at St. Bernard Catholic Church in Hopedale, LA. During the summer, Catholic Charities had a weekly distribution of \$100 food gift cards and other goods to people affected by the spill. At the distribution time the church provided outdoor space in the back for acu detox. Since the beginning of June, Colleen has made the 70-mile drive to St. Bernard's every Tuesday on her own dime, bringing her own acu detox supplies. She used to give treatments outside in over 100 degree weather. Now, she has been given an air-conditioned space for the groups.

In the initial 2 weeks of treatments Curran noticed that "people were very tense...they were almost squeezing their bodies before I put the needles in." After several weeks Curran's friend Shannon Noonan, a clinical social worker who came to assist, began to notice changes in people returning for treatments. "They were willing to speak to us because it seemed more informal. And Colleen was giving something hands-on. The condition lent itself for people to open up and share, even though they didn't feel like they wanted formal counseling." Acu detox alleviated pain and stress, Curran recounts patient reports, adding that the NADA-style group process helped build hope and resilience among the participants.



Colleen Curran with a St. Bernard's client

She has been offered a number of possibilities to expand acu detox relief services. Potential locations include the Catholic Charities relief site in Point-a-la-Hache, 50 miles south of Hopedale, where the nonprofit serves 80 families, and an AARP group that meets at the Adam Street Cultural Development Center, a youth center in New Orleans. While eager to meet the growing need, as a volunteer and single parent, she reports she cannot keep paying her gas and needle costs without outside financial support. Curran has received some gas money from Catholic Charities, but they themselves have had to stop giving out the weekly gift card at St. Bernard's due to budget constraints.

Like most of NADA's communities of recovery, the lack of funding can be a barrier for sustaining local efforts. In response, an acupuncture needle supply company, Lhasa OMS, has set up an account for donors to order ear acupuncture needles to be sent to NADA workers in Loui-

siana. These needles will be used to assist in the outreach efforts in the Gulf and at health fairs that are regularly organized in New Orleans. To make a donation, see info at end of article.

Another acu detox relief site being developed is in Dulac, a long-time fishing community. Wendy Henry, one of the first acupuncturists to train local Louisiana health workers in the NADA protocol after Katrina, made contact with a pastor at the United Methodist Church in Dulac. She and a group of ADS trainees went to the church where they were warmly welcomed and receptive. Henry is now organizing a crew of ADSes who can go on a rotating basis. "There could even be weekly coverage." She highlights the power of acu detox to bring a community together. "It's so much more than just between the practitioner and the service at hand. There is something that trickles down, that ripples out...It's giving some aspect of hope."

While Colleen and Wendy's efforts have reached out to Gulf communities, the pace of activity closer to New Orleans has all but waned. At the Community Center of St. Bernard in St. Bernard Parish (just south of the ninth ward), acu detox has been a weekly presence since Katrina, says Sarah Peterson, a local musician and Acu Detox Specialist who has volunteered her services there on Tuesdays since 2008. Although given less media attention, this community was devastated after the hurricane, "with houses sitting under 14 feet of water," recalls Peterson. With its proximity to the Gulf, it has been "strongly affected" by the oil spill. Many seeking respite with acu detox include fishermen and oil rig workers now out of a job. Peterson would like to assist Colleen in her efforts when additional outreach days open up, but for now she is busy at the Community Center and an acu detox clinic (known as the musician's clinic) at St. Anna's Episcopal Church that serves musicians, fire fighters, police, and the general public.

Other ADSes in New Orleans are making due with what they have in spite of adversity. "I am chair surfing" says Sandra Dixon, who lost her first responder acu detox clinic due to a burglary. An EMT and volunteer coordinator for the musician's clinic at St. Anna's (not to be confused with the New Orleans Musician's Clinic, a clinic on the threshold of closing due to an end in federal financial support) and the New Orleans first responder's clinic, Dixon has had no permanent clinic location, but hasn't stopped providing acu detox. To do so, she must travel week to week to different places to provide treatments to the city's police and firefighters. Thanks to Facebook, she posts where the treatments are going to be and also gives the

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"I want to make it perfectly clear we're not doing research to establish efficacy, that has already been established. What we're researching is, is this a culturally viable and culturally sensitive intervention to do with the Vietnamese fishermen."

Statement from Acu Detox Specialist Janet Johnson, MD, a professor in the Psychiatry Department at Tulane University in New Orleans. See the News Brief section on p. 9 to learn more about this planned research project that involves 3 NADA acupuncturists.

information by phone. "Wherever it's at, they come," says Dixon who has noticed an increase in attendance since the oil spill.

Big money for behavioral health treatment in the Gulf Region is now available, but where will it go? On August 16th, nearly four months since the onset of the oil spill, British Petroleum (BP) announced on its website that it will provide \$52 million dollars "to federal and state health organizations to fund behavioral health support and outreach programs across the US Gulf Coast region." This leaves out grassroots nonprofit organizations who have been providing direct service over the past 4 months.

There is currently a grant proposal awaiting response from Catholic Charities, who were given \$1M from BP to award to nonprofit organizations providing relief services. It is for a 3-month scope services that primarily target training. The goal is to "provide enough ADSes to cover all of the relief centers, from Grand Isle and Plaquemines to St. Bernard, New Orleans East and Upper Jefferson Parish", says Iray Nabatoff, volunteer executive director of the Community Center of St. Bernard in New Orleans, and vice chairman of the Greater New Orleans Volunteer Agencies Active in Disaster community organization. Nabatoff explains that although the 8/16 BP funding announcement will be an "invaluable resource" to the region, the funds will be disbursed only to state agencies, not non-for profits. "This has taken some fire away from the kettle we're cooking."

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Spirit of NADA **ACU DETOX IS NEEDED IN ALL COMMUNITIES**

by Jason Fitzgerald



I have been a CADS in the state of NM for the last 4 years. This summer

I moved to Seattle, WA and was very disappointed when I learned that my license would not transfer to this state, since I currently work at the Recovery Cafe as the operations manager. In New Mexico I worked at the Taos Adult Drug Court and provided acu detox treatments 3 times a week for adult and juvenile clients. I was overseen by Selah Chamberlain, DOM once a month who would offer additional acu services on his visit. I also served as a recovery mentor and peer counselor and volunteered as a senior mentor at Shadow Mountain Academy, a drug and alcohol treatment program for teens.

Before working at the Taos Drug Court I was their client suffering from a lifelong battle with addiction and alcoholism. I received acu detox and gained much relief from the treatment. After graduating from the program I became a CADS and Tai Chi instructor. The majority of people I treated returned after their mandated time was over, brought friends and family in for treatment and praised the results. They became “believers” and expressed the change they felt after treatment and how they could notice when they missed an appointment.

New Mexico law pertaining to acu detox allows a world of quality treatment for people who could never experience it otherwise. It is a service that is needed in all communities and gives people the space to take a deep breath and feel like there is a possibility that they will stay clean and sober and maybe life can change. I praise the Taos Adult Drug Court and its executive director Walter Vigil for providing, maintaining and supporting acu detox as a mandatory part of the program.

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two categories of acu practitioners: Doctors of Oriental Medicine (DOM--New Mexico's title for licensed acupuncturists) and Certified Auricular Detoxification Specialists. The state has “14” complaints filed against DOM's since 2008, compared to “0” (zero) complaints against any ADS, says Diane Vigil-Hayes, the board's Complaint Officer (Diane explains that she does not recall any archived ADS complaints at all, but can only verify no

complaints since 2006). She suggests the clean ADS record indicates NADA workers stay within their scope of practice. “They know what they can and can't do.”

What ADSes do was spurred by Gov. Richardson's 2008 Prison Reform Task Force: “Acu detox is cheap and a very effective on-the-ground treatment modality when coupled with other psychosocial interventions.” NADA programs also receive support from the New Mexico Department of Health, an agency that has “no monies to hire a licensed acupuncturist” to perform acu detox for the thousands of clients who access this service, reports epidemiologist Carole Kirby. These programs make acu detox cost-effective by utilizing their own NADA-trained workers. Acupuncturists are paid to offer their expertise as general supervisors.

Another state Department of Health official, Mary Murphy, has worked in several NADA programs, and observes that ADSes and acupuncturists work well together. An example of collaboration was seen at the Taos Drug Court. Having built a relationship with drug court officials, off-site supervising acupuncturist Selah Chamberlain gave full body acupuncture as the ADS stuck to the five-point protocol. He comments: “This means that quite a few clients, with no other effective access to medical services, have been treated, and may now consider



acupuncture as a possible treatment modality, whereas previously they had seen it as something for rich hippies only.” Unfortunately the acu detox component closed in August, after the ADS who worked for the drug court moved out of state. (See this page for the *Spirit of NADA* report by this Taos Court ADS.)

“Quite a few of our ADSes are volunteers,” explains Mary, who doubts that DOM's alone could fill the need for acu detox in New Mexico. “Unfortunately, this is a very large state with an enormous drug abuse problem.”

Throughout the northern part of the state, several harm reduction programs have their disease prevention specialists deliver acu detox. In 2009, a total of 4,361 acu detox treatments were counted for 1,547 harm reduction clients, reports acupuncturist Nityamo Lian, director of Public Health Acupuncture for New Mexico, a non-profit which supports and trains NADA programs. She has treated refugees with acu detox for almost a decade,



Nityamo Lian

and led research funded by the National Institutes of Health which found acupuncture to be as effective for Post Traumatic Stress Disorder as Cognitive Behavioral Therapy.

The New Mexico non-profit, Acupuncturists Without Borders (AWB), has also employed acu detox for trauma since 2005. AWB is

promoted by the American Association of Acupuncture and Oriental Medicine (AAOM), and recently began training non-acupuncturist health workers in the NADA protocol. Prior to AWB's NADA trainings in Mongolia and Haiti, AWB's Executive Director Diana Fried stated: "AWB believes in the tremendous value that ADS trained practitioners offer to communities in the US...We welcome ADSes to join AWB in the field wherever that is legally possible." A new state law must be passed in order for AWB to use ADSes at their free veteran's clinic in Albuquerque, currently staffed by DOM's.

Near the border, the recent initiation of NADA outreach to adolescents and students in schools for both treatment and prevention of addiction has gained notice up north in the state capitol. One state legislator was so impressed by NADA's presence at Desert Pride High School that he expressed interest in passing a law to lower the age of eligible ADSes so that youth peer educators can be NADA trained. Located in the colonia of Anthony, scarce funding forces ADSes to pay for their own needle supplies, says Desert High social worker Jennifer Zapata. Therefore, hiring on-site DOM's is out of the question.

"If ADSes could not practice in New Mexico, there would be no acu detox in the Mental Health programs," reports Susan Frost, a program director of a rural mental health program serving low income and minority adults and children. "This would be very disappointing since acu detox has proven to be so successful."

NADA Advocacy in New Mexico: Diplomacy Wins Over Protectionism

Acupuncturist support for NADA policies in the western United States has never come easily; protectionism has taken its toll. Acupuncture organizations in California have long opposed nurses and ADSes from providing acu detox. A good chunk of the entire acupuncture profession calls California home, and NADA members report that some existing anti-NADA attitudes among acupuncturists

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in the very blue state may influence acupuncturists who oppose ADS laws in other states. In nearby Nevada, the

New Mexico NADA Facts

2003 = Year NADA-friendly Law Passed
 CADS = Abbreviation for Acu Detox Specialist
 DOM = Abbreviation for licensed acupuncturists
 0 = # of complaints filed against CADSes since 2006*
 14 = # of complaints filed against DOMs since 2008*
 71 = # of CADSes currently registered with the state
 6 = # of DOMs paid to work as CADS supervisors
 19 = # NADA programs paying DOMs to supervise
 19 = # of NADA programs that depend on non-DOM CADSes

Source: Nityamo Lian nityamollian@gmail.com

* No verified information available prior to these dates; Source: New Mexico State Board of Acupuncture and Oriental Medicine

state acupuncture association turned their back on ADS/ acupuncturist collaboration in 2002 and in so doing put an end to drug court acu services in spite of NADA's attempt to compromise. Therefore, winning over acupuncturists in New Mexico, one of the most exclusionary acupuncture communities in the country, wasn't easy, but proved not impossible. In 2003 NADA advocates triumphed and won

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BHUTAN WORKS TOWARDS “GROSS NATIONAL HAPPINESS” BY ADDRESSING ADDICTION

by Emily A. Lewis, LCSW

On February 26th of this year, I began a rewarding three month volunteer experience at the Jigme Dorje Wangchuk National Referral Hospital in Thimphu, Bhutan. Bhutan is a small country located in the majestic Eastern Himalayan mountains sandwiched between China and India where English is the official language in education and business. Dr. Chenchu Dorji, founder of the hospital's psychiatry department and the first psychiatrist in Bhutan, developed a program with Health Volunteers Overseas through which mental health professionals are invited to share their perspectives and skills with staff of his developing mental health and addiction programs. I had the good fortune of being invited to participate in this program.



I am a clinical social worker with years of experience as a psychotherapist, currently employed in the inpatient psychiatric unit of the Augusta Health Center in Fishersville, Virginia. My traditional social work training has been enormously enhanced

by my training in acu detox, which was one of the skills I hoped would be helpful in Bhutan.

It was a remarkably wonderful experience to be in the midst of the inspiring culture of Bhutan, with its government's goal of working for “Gross National Happiness”. Ordinary citizens also hold this goal, and I met a large number of Bhutanese who are working to elevate the lives of all Bhutanese through improved health, education and economic opportunity. The psychiatry department of the JDW National Referral Hospital is one of the organizations moving forward in health care with its outpatient and inpatient programs in mental health and addiction treatment.

The need for addiction treatment is significant in Bhutan, because of a long history of widespread daily use of alcohol. In the article, *The Myth Behind Alcohol Happiness*, published by the GPI Atlantic in 2005, Dr. Dorji writes: “in Bhutan...alcohol is not just a drink to elevate your mood or relax your body; rather it is an important food item and a social drink. No social stigma is attached to drinking in Bhutan; it is a part of everyday life in rural

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communities. The usual barriers and deterrents to using alcohol inherent in other societies are not as apparent in Bhutan. Little wonder that alcohol has become an essential ingredient in all aspects of Bhutanese culture”. A recent article in a Thimphu newspaper reported the following statistics: family farmers convert approximately 40% of their grain to alcohol for their own consumption and, in Thimphu, a city of approximately 100,000 people, there are 700 bars - one for every 14 males under the age of twenty-five. Government efforts over recent years to bring economic modernization and development to Bhutan is accompanied by the familiar problems associated with the migration of populations, shift to consumerism and changing family relationships. This, in turn, had caused increased alcohol consumption, and the beginning of recreational drug use, especially among adolescent males.

To address these issues, the hospital addiction treatment program offers inpatient medical detoxification and the beginning of recovery work through exercises that help develop self-honesty and an understanding of addiction. Patients also attend Alcoholics Anonymous, a fairly new group which follows the standard AA model and which meets next to the detox unit. Outpatient medication checks follow detoxification. People interested in intensive treatment after detoxification, are referred to a community residential program, followed by continuing support through AA and a community drop-in center. As an acu detox specialist, I wanted to contribute the benefits of ear acupuncture to this treatment mix but no one in Bhutan had experienced it and only one or two had ever heard of acu detox.

In order to familiarize people with acu detox, I offered a two-session demonstration to staff, which was attended by the two psychiatrists, an addiction counselor, several



Dr. Dorji receives treatment from a hospital trainee

nurses, a physician's assistant and two intake staff of the residential treatment program. Next, patients in the inpatient treatment program participated in a series of five treatments. This was followed by three treatments at the community residential treatment program. Treatments were presented as demonstrations and were followed by a brief interview of the participants about their experiences. The common reports were of relaxation, focused mind, “giddiness” and sleepiness.

The most exciting benefit of the demonstrations was that five hospital staff wanted to be trained in acu detox

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and, at the end of May, they all completed their training. So excited was one of the trainees that, in the next three weeks, she did 27 treatment sessions with seven to ten people in each session.

The health system in Bhutan is government run and health care is free to all. However, the government is committed to an allopathic (Western) medical model, so will not provide acupuncture needles for the hospital staff. I arranged a donation of 3000 needles, thinking they would last for several months until a system for replacing the needles from community funding sources could be worked out. Given the enthusiasm of the new acu detox specialists, all the needles were used in the first three weeks. An appeal was made to NADA India for a donation of additional needles and an immediate reply came from Suneel Vatsysayan, the chair of NADA India Foundation, saying he would gladly send another 3000 needles.

As I prepared for the training, I contacted both Suneel Vatsyayan of NADA India and Malabika Das, a social worker and ADS living in Hong Kong (see March *Guidepoints* about her work in Nepali prisons) for advice about some details and was amazed and immensely touched by their cheerful offers of assistance and support; and I found the same warmth and responsiveness from Sara Bursac in the NADA office, Dr. Susana Mendez, chair of the NADA training committee and Doris Paige, my acu detox trainer. I felt that I was a part of an available community of peers and cheered on by all sides, which gave me great confidence as I offered the first acu detox training in Bhutan. I continue to be warmed by the realization that the spirit of generosity which is fundamental to acu detox transcends the treatment room and ties those of us who practice acu detox together.

Public awareness in Bhutan of the availability of treatment for addiction is still limited, but growing, and to meet the increased demand for detoxification and treatment, the hospital is now doubling the capacity of its inpatient detoxification unit from five to ten beds. The addition of acu detox at this level and in the rehabilitation program and the community walk-in program has given the staff a powerful tool to add to their work in relieving immense suffering.

Note: if you are interested in making needle donations to the Jigme Dorje Wangchuk National Referral Hospital in Thimphu, Bhutan, please contact Emily Lewis at ealewis18@yahoo.com.

THE NADA BOARD GETS A FRESH PERSPECTIVE

At the July board meeting NADA welcomed two new board members: Arthur Anderson from Miami Springs, FL and Don Himmelman of Nova Scotia, Canada.

Arthur Anderson is an acupuncturist and 19 years in recovery. He has been a NADA trainer for 5 years, ADS for almost 10, and an addiction counselor for 25 years at G & G Holistic Treatment Center in N. Miami Beach. “There is not



Arthur Anderson

a person that doesn't get on my table that doesn't get the NADA protocol,” says Arthur. He calls his work “pain work” and reports that 70-80% of his clients are getting off of painkillers such as oxycontin, xanax, alcohol, and heroin, “which has made a big comeback.” With his extensive experience in the addiction field, Arthur looks forward to contributing his practical experience as well as scientific information gained from working at for-profit treatment center. He summarizes his approach best: “NADA is about putting 5 points in the ear and helping the addict get through the rough part.”

To contact Arthur: alanderson52@gmail.com



Don Himmelman

Don Himmelman is a natural health practitioner who was trained as an ADS in 1991 and became a trainer in 1998. In 2005, along with several other trainers, Don was voted Most Valuable Trainer of the year. He has worked for Addiction Prevention Treatment Services in Nova Scotia for the past 20 years providing trainings to their staff and nurturing the steady growth and stability of acu detox in Canada. Having served on the Board of Natural Health Practitioners in Canada for 6 years, Don brings the experience of working on a national level, “to bring the strategic perspective” as well as as “an international perspective beyond the dynamics of the U.S. and how acupuncture is legislated.”

“Collaboration is the way to go,” says Don when speaking to his vision for NADA. He hopes that NADA can serve as a catalyst and create bridges that “bring in the different perspectives.” *To contact Don: don@donhimmelman.com*

LEGISLATORS DEFEND DELAWARE ADSes

Delaware legislators have held on to an ADS future in their state with the passing of SB 323 just after the stroke of midnight July 1, 2010. Efforts were led by Tita



Tita Gontang

bill's co-sponsor was her representative, Daniel B. Short.

Gontang, a social worker at Sussex Community Mental Health Center. The new bill was sponsored by Senator Margaret Rose Henry who had also sponsored the original acupuncture bill (HB 377). "It's being respectful to her in having a bill that is more inclusive and responsive to the needs of Delawareans," explains Tita. The

On July 27, 2010, Delaware Governor Jack Markell signed SB 323 into law which puts ADSes under the authority of a brand new branch of the medical board. Named the Acupuncture Advisory Council, the nascent group will write the administrative rules which will determine if licensing fees or stringent regulations should pose a barrier to Delaware ADSes. For example, were fees be imposed on ADSes, NADA programs would have little incentive to pay for ADS licensure of their staff, operating as they are with scrimping budgets and not receiving compensation for acu detox as a line item. Without fees or licensing, Delaware was home to dozens of NADA-trained state public health workers since 1993 whom had the premier acu visibility in Delaware public health settings.

Due to the passage of an acupuncture law in 2009, Delaware ADSes initially requested exemption to practice under the Professional Counselors of Mental Health. Over the past year, NADA activists sought every possible avenue to request an ADS exemption to no avail. Upon learning this last spring, legislators stepped in and speedily (within a few months) passed a new public health initiative permitting Delaware's cross-trained health professionals to keep helping clients with acu detox. Tita reports that NADA founder Michael O. Smith was instrumental in educating the Acupuncture Advisory Council about ADS. She adds that Lorna Lee, the Acupuncture Advisory Council chair, was a facilitator of the legislative process.

Lee says all information about the administrative rules hearings will be posted on the Delaware Professional Regulation website. <http://regulations.delaware.gov/services/register.shtml> Contact: In state: (800) 464-4357; Out of state call (800) 273-9500; customerservice.dpr@state.de.us

News Briefs

NADA-trained Vets Vetted as Best Practice by OCOM Researchers

Training veterans in the NADA protocol is listed as an empowerment tool and "best practice" for providing acu care among military veterans, concludes a recent pilot-feasibility study conducted through the Oregon College of Oriental Medicine (OCOM) Research Department. The study, entitled "How do you build it so they will come?," is co-authored by Richard Hammerschlag, an authoritative researcher in the field of acupuncture, alongside OCOM graduates who presented their findings at the 2009 NADA Conference. (*Editorial Note:* OCOM has for decades remained an unfailing NADA-supporter among acupuncture colleges in the U.S.). The project coordinator, Massachusetts acupuncturist Jennifer Nery, says she plans to submit the study to NADA for review as potential board-approved literature available through the NADA Literature Clearinghouse. Upcoming Guidepoints will include a summary of this paper, as well as reports from experienced NADA workers and programs treating veterans.

Feds Fund Acu Study on Gulf War Illness

The US Department of Defense has awarded \$1.2 million to the New England School of Acupuncture (NESA) to research the effectiveness of acupuncture to treat Gulf War Illness. A cluster of symptoms with few western remedies, Harvard researcher Lisa Conboy--the Principal Investigator of the study--describes Gulf War Illness (GWI) as distinct from other psychiatric problems from veterans, like posttraumatic stress disorder (PTSD).

Trials commenced in August at satellite clinics of the NESA, reported to be a "military and veteran friendly school that is approved to offer veteran benefits under the GI Bill." Subjects include 120 Gulf War veterans who will be treated in an individual setting by licensed acupuncturists, with treatments tailored to the most distressing symptoms according to a diagnostic system of Traditional Chinese Medicine. The study proposal abstract states GWI--which can include respiratory, digestive and neuro-psychological symptoms--affects 25-32% of 700,000 veterans of Desert Storm.

"Many veterans have received treatment directed at their symptoms, but reports from five- and 10-year follow-ups show that symptoms remain, including some which are severe and disabling," reports Conboy, a co-investigator of three prior National Institutes of Health funded grants at the Harvard Osher Research Center, and NESA research

director. "Clearly, an effective treatment for these conditions could be of great benefit to sufferers of Gulf War Illness." Symptoms are described by researchers: "persistent fatigue, widespread joint and muscle pain, headache, memory and concentration problems, digestive and respiratory disorders, and skin rashes."

3 NADA Acupuncturists Join Tulane Research Team

A Tulane University psychiatry research team which includes an Acu Detox Specialist, invited 3 NADA acupuncturists: Laura Cooley, Wendy Henry, and Valerie Viosca to participate in implementing a research study (currently in the design phase) that will examine the cultural sensitivity and viability of the NADA protocol with Vietnamese fishermen. "We are trying to get it going and the primary goal is to provide services," reports Dr. Johnson. The study will include pre and post tests for measures of anxiety and depression in the population. Although the study has not yet been funded, the research team has already engaged with NADA as a collaborator.

Planting seeds with Louisiana Addictions Professionals

The Louisiana Association of Substance Abuse Counselors and Trainers (LASACT) hosted their

annual conference in New Orleans, LA from July 25-28, 2010. The mission of LASACT is to promote and enhance addiction professionals and providers in areas of treatment, education, prevention and advocacy. 3 NADA members introduced the NADA protocol at the conference by providing treatments in a room designated for acu detox. Michelle Gaiennie, clinical social worker and executive director of the Grace House treatment center, licensed addiction counselor Belinda Edwards, and family nurse practitioner Jeanne Dumestre gave about 40 treatments to addiction treatment providers who work throughout the state of Louisiana. The ADS legislation is so new in Louisiana that many treatment providers are not aware of the NADA protocol and ADS licensure. NADA continues to spread in Louisiana and many conference participants expressed interest in future trainings to work toward licensure as an Acu Detox Specialist.

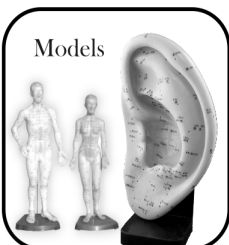
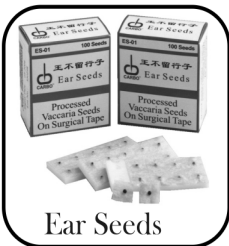
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NEW MEXICO *continued from p. 5*

16 new paid jobs for DOM's to work as ADS supervisors.

Prior to the ADS policy, several DOM's used NADA methods in public health programs. But because most DOM's are based out of cities, the demand for ADS was obvious. Citing the disparity, NADA veterans Marijke DeVries and Dawn Wingard prompted the Oriental Medicine Association of New Mexico (OMANM) to form a detox committee in late 2001. Months later, formidable opposition from OMANM members stalled the plan, but Native Americans went ahead on their own. Acting under the legal autonomy of the Mescalero Tribal Council, NADA trainer and policy activist Laura Cooley put NADA in the hands of reservation addictions workers. By late 2002, state representative Ray Begaye stepped up as co-sponsor of the pro-NADA law. Even so, some DOM's continued to resist the public health initiative. Help came from a survey which showed the shortage of DOM's willing to work in rural New Mexico. Conducted by Nityamo Lian, the survey confirmed the need for ADS and convinced other legislators and most DOM's to support NADA.

Only a few NADA-opposing DOM's remained, but they had sway in how the bill was written. Detox committee

NADA's Mission

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

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members alleged that a rogue "legislative committee" threw out the NADA advocates' bill and slipped Rep. Begaye an anti-NADA bill including restrictive supervision requirements, which would have made NADA-style treatment impossible in rural areas. (Editorial Note: restrictive supervisory requirements of ADS, in particular the notorious "direct supervision" promoted by past leaders of the AAAOM, has kept recovering communities from receiving acu detox in Maryland and South Carolina.)


Led by Marijke and Selah Chamberlain, the detox committee was able to stave off most anti-NADA bill language. They attended countless meetings over two long years before the ADS law passed and the administrative rules were drawn up, recalls Nityamo. She adds that today the task of ADS literacy among new DOM's on the scene is ongoing. The moral of New Mexico's advocacy story speaks directly to ADS activists currently allaying alarmed acupuncturists in other states. She advises: "Assess your opposition and the positions of power that they are in. Don't go to sleep in the process. Talk to them and find out what their concerns are."

This 2-part article referenced the following Guidepoints issues: 7/97, 4/99, 10/01, 1/02, 3/02, 6/02, 3/03, 5/03, 9/03, 1/09, 7/09.

"Spotlight on ADS Success" features state-by-state reports on NADA best policies and practices.



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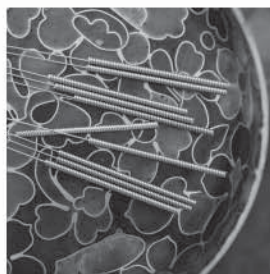
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Abstract Submission Guidelines and Procedures

Submit an abstract for an oral or poster presentation by email to: abstracts@acudetox.com no later than **12/31/2010**. Abstracts are to be 250 words or less. Topics include: creation, implementation, and research and outcomes of acu detox in communities of recovery and psychological first aid. A notification letter will be sent by **3/1/2010**.

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Aligned with conference objectives, follows required format, clearly presents the subject matter and is submitted by the deadline.

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