

GUIDEPOINTS:

News from NADA



September/October 2014

2015 NADA CONFERENCE:
OCTOBER 1-3, 2015 CLEVELAND, OHIO

NADA France Persists Despite Legal Sanctions

by Emmanuelle Mouy

“With NADA, everything is personal – different but not invasive. ... The touching is not one of inquiry, not made just to establish a diagnostic. It is a full part of the caring process.” – Ai Anh Vo Tran

NADA France is going through difficulties right now due to legal issues. In 2006, we started providing the protocol in Paris suburbs. At the beginning, we had few volunteers and a small number of patients. In 2008, we traveled to New York City and attended a NADA training at Lincoln Recovery Center in the Bronx. Upon returning to Paris, on the 15th April 2008, we created the NADA France association. The objective of NADA France is to promote the protocol, train professionals and develop research studies and clinical evaluations.

In France, only doctors can use acupuncture, and it is impossible for other health professionals to do it alone. For example, I am a nurse and during the past six years, we have only used the NADA protocol under the supervision of a doctor. In October 2013, the Ministry of Health ordered NADA France to stop training nurses, because the law allowed only medical doctors to perform acupuncture. Prior to this date, 90 professionals, half nurses and half medical doctors had been trained. As a consequence, we immediately stopped all trainings in France, and now we have to wait for an authorization from the government to be able to train nurses again.

Of the 14 medical teams – nurses and GPs – trained by the association, some have continued to treat patients with addiction problems using the NADA protocol. Ai Anh

FRANCE continues on p. 4

The Atmosphere of Recovery with the 12 Steps at Lincoln

by Carlos Alvarez and Jo Ann Lenney

The purpose of Alcoholics Anonymous (AA) group meetings, according to the Preamble of AA, is for members to “share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.” There are two kinds of meetings: *closed* meetings are for members only, or for those who have a drinking problem and “have a desire to stop drinking.” *Open* meetings are available to anyone interested in AA’s program of recovery from alcoholism. Non-alcoholics may attend open meetings but only as observers.

At Lincoln Recovery Center, students were asked to attend an *open* AA or NA meeting as part of the training. Before the meeting, Carlos Alvarez – who according to training chair Claudia Voyles is “the world’s leading trainer of acupuncture detoxification specialists” – advised us not to identify ourselves other than by our name, no titles or credentials. Also, and only if asked, say either “I haven’t used today,” or “I didn’t pick up today.” Carlos emphasized that the focus should not be on us, but rather on the *atmosphere of recovery*.

He also stressed the point that we were not there to judge anyone. At one time, a trainee left a meeting and started talking about one of the clients – not only in the group but to other workers and clients. She was spreading negativity rather than being supportive of the patient –

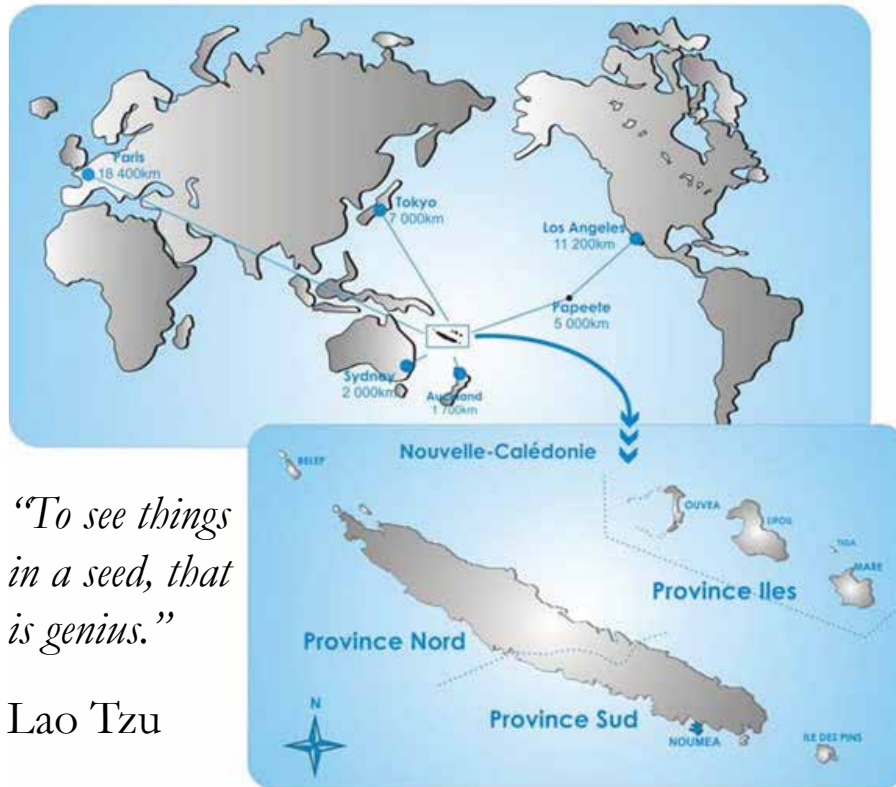
RECOVERY continues on p. 10

OUR SERIES ON AA AND NADA,
LISTEN TO LEARN AND LEARN TO LISTEN
CONTINUES ON PP. 6 AND 7

NADA Experience in Nouvelle Calédonie

by Vanessa Top

Like Mike Smith says, “The needle mobilizes the Qi, the person’s own resources.” It helps people find their own force, to be kind, to feel empathy and benevolence toward themselves.



*“To see things
in a seed, that
is genius.”*

Lao Tzu

In 2012, Vanessa Top brought the practice of NADA to New Caledonia, a small southwest Pacific country. Vanessa was born in the north of France and first moved to New Caledonia when she was eight years old. Six years later, she returned to France where she lived for the next 24 years. She completed her nursing instruction with a specialty in addiction and studied to become a full-body acupuncturist. Also she took the acudetox training with the NADA France team in 2011 (see story that starts on p.1). Vanessa shares with us her personal experience of bringing NADA to Nouméa, the capital of New Caledonia.

I could not develop the NADA activity without nourishing myself

I gave myself the opportunity to attend the NADA UK conference in London in 2012 and, in the following year, the NADA International conference in Graz, Austria, where I met: Mike Smith (NADA Founder), Janet Parades (NADA Philippines), Sara Bursac (NADA U.S. office manager), Jo Ann Lenney (NADA U.S./NADA Éireann), Eléanore Hickey (NADA Switzerland) and Lars Wiinblad (NADA Denmark), to mention but a few.

Because of these meetings, I learned that NADA is not only used to help with patients’ withdrawal symptoms, but that it is being increasingly used for mental-health issues.

I work at a public agency in Nouméa, New Caledonia, that has a prevention health role. It is an outpatient program only. When we need hospitalization for alcohol withdrawal, we use the public hospital. Because NADA is inexpensive, and because the team sees the positive effect on the patients, the medical director has given me support to continue providing treatments, even though there is no official regulation of the protocol.

I work as an addictions nurse, and I am one of the first staff that a patient sees when they come in to our center. My role is to co-monitor the patient with the doctors and the rest of the team. I also go to different units where caregivers have identified patients with addiction problems.

In January 2012, I started giving NADA treatments to patients. At first, I was the only provider, but, by the end of 2013, I organized a NADA training for my whole team. They had initially been skeptical, but after seeing all the positive results and hearing client reports, they decided to take the training themselves. This class included 14 persons: doctors, psychiatrists, nurses, social workers, psychologists and other administrative staff. Now it is part of the addiction team protocol to refer patients for NADA treatments.

Since August 2014, after some renovation and office redesign in our addiction center, we finally have a large room that can host NADA group sessions.

Using questionnaires and our own observations, we can see that patients at the end of the session seem more relaxed and serene. We also see that they feel stronger to face their cravings. They are better at managing their emotions. And they sleep better. NADA not only helps them stay clean and manage their addictive behavior, but also leads them to become kind to themselves.

I have learned that in addition to becoming sober, people want to deal with their emotions, such as anxiety, sadness, anger and ruminations. As our lives can be so fast and stressful, this moment is a gift people can offer themselves. It is a time for them to listen to their body and their inside voice while also minding their internal rhythm.

Life is full of decisive encounters

I must say that I thank my lucky stars for all the people I have met throughout the course of my life. And for all the encouragement they have given me. There is still much to develop – I have plenty of ideas!

What patients say after NADA

"I deal better with my emotions."

"My anxiety has nearly disappeared, I am sober, and I sleep better."

"I feel better with a joy of life returned."

"It is a moment I'm quiet."

"It diminishes my craving, my ruminations."

"NADA sessions encourage me in my efforts."

"NADA relaxes me."

"I am surprised that it works like that."

"Acupuncture helps the body help itself"

Michael Smith



Vanessa Top and Michael Smith in Graz, Austria at the 2013 NADA International Conference

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FRANCE continued from p. 1

Vo Tran is a physician in one of these teams. According to her, the protocol works because of the therapeutic relationship between the patient and the practitioner:

“The NADA protocol fits perfectly within a global approach to treatment. Acupuncture treats the whole patient, and the NADA protocol is more intimate. Usually, the relationship between the patient and the doctor is linear. There is the patient, the desk and the doctor. This is not the case with NADA where the treatment is ‘rounded.’ As opposed to an ordinary treatment, the NADA protocol is more ‘nurturing.’ It allows treating the patient and seeing the patient from different points of view. The only doctors who look so closely at patients’ ears are ENT specialists!

“To illustrate this, I’d say that a ‘bubble’ is formed when practicing the NADA protocol: with the bodies’ positions, the movement around the patient, the entrance within the others’ sphere. When the patients have needles, it seems that they are in a bubble without being completely shut off from their environment. Indeed, it has already been shown that thanks to the treatment effect, the NADA protocol works even when it’s performed in a cramped room or with people passing through.

“With NADA, everything is personal – different but not invasive. You discover the individualities, the skin texture, the person’s smell. The touching is not one of inquiry, not made just to establish a diagnostic. It is a full part of the caring process.

“Switching from the medical approach to the NADA approach is interesting to me. Things change. The two persons involved are constantly choosing to be there. All the elements that disturb the care process, like the prescription, the drugs, disappear. There’s much more honesty between the patient and the doctor. The space and time perception changes too. It makes me feel happy to switch from one approach to the other one.

“The place of the nurse also changes within the team. The nurse can have a real role regarding the patient treatment and not be simply a subordinate. NADA allows rethinking the treatment approach. You’re not trying to cure the patient. This is a very big step in medicine. You are not bound to the symptom/treatment rule anymore. You realize that there are other elements that are beyond us that you must accept as a physician. This makes the physician more human – no longer the one with all the knowledge.

“It might explain why nurses are more interested than doctors in the NADA protocol: they are more into the

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relationship with the patient whereas GPs tend to be more into medicine as a science. However, NADA also allows GPs to change their way of seeing the treatment in addictionology. In the end, the NADA protocol is as therapeutic for the medical staff as it is for the patients!!!”

The NADA France team would like to thank doctors Vo Tran and Avril from the Gaia Center who have been very supportive ever since the French government stopped nurses from practicing NADA.

We submitted an appeal to remove this restriction and are now waiting for a meeting with the Ministry of Health. In the meantime, we are working on a translation project to support French-speaking teams working in other countries. We often get asked for information about NADA, as well as documentation paperwork in French. We participated in the translation of documents for NADA trainings in Haiti, and sent some instruction materials to Algeria. We then decided to translate the *Guidepoints* newsletter into French with the assistance of two colleagues, one in Québec, Charlotte Astier, and the other, Vanessa Top, in New Caledonia (see story on pp. 2-3). To contact: nadafrance@ymail.com

We hope to see you all at the next NADA conference in Oslo! We need your energy!



Here History Began ...

The historical synopsis of the development of NADA in France was presented to Michael Smith at the 25th anniversary celebration of NADA, held that year in New Orleans.

If not for Michael Smith, NADA France would not exist today. Meeting him has been very significant for us. Our approach to addiction treatment has changed thanks to his knowledge of ear acupuncture and above all his amazing personality. Our project, even if it is small, is a success and we owe it to him. And meeting Dr. Smith each year at the international NADA conferences gives us the strength to keep our project going. ♪

SPIRIT OF NADA: Letter from Norway

This letter was shared by Rita Nilsen, founder of NADA Norway and organizer of the 2015 World Conference.

Hello Rita,

As I told you, my father had cancer and I wanted to try the NADA with him to see if he could get by with less analgesic medicine and get some better quality of life. From when I was on the course with you until Christmas, I put needles in him 1-3 times a week. Sometimes he had a week of rest, so he would see if he experienced the change in the weeks he got NADA. He experienced at first that he got better sleep, but had trouble saying if it had an analgesic effect.

Now, he was of the old school who believed that he had to endure a bit, so to get him to tell if he was in pain was not easy. But what we registered was that he could stand a little more the weeks he got NADA, he had a better disposition and talked more.

He died quietly and peacefully at home in his own bed. For me it was good to do something concrete to help him lately. So thank you to those who gave me the knowledge of NADA, so that I could help someone I loved when he needed it most. ♡



TOOLS FOR HOPE

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LEARN TO LISTEN AND LISTEN TO LEARN:

The Role of Alcoholics Anonymous and other 12-Step Programs Within the NADA Approach to Recovery

Drunks by Jack McCarthy

We died of pneumonia in furnished rooms where they found us three days later when somebody complained about the smell.

We died against bridge abutments and nobody knew if it was suicide and we probably didn't know either except in the sense that it was always suicide.

We died in hospitals, our stomachs huge, distended and there was nothing they could do.

We died in cells, never knowing whether we were guilty or not.

We went to priests, they gave us pledges, they told us to pray, they told us to go and sin no more, but go. We tried and we died.

We died of overdoses, we died in bed (but usually not the Big Bed)

We died in straitjackets, in the DT's seeing God knows what, creeping skittering slithering shuffling things.

And you know what the worst thing was? The worst thing was that nobody ever believed how hard we tried.

We went to doctors and they gave us stuff to take that would make us sick when we drank on the principle of so crazy, it just might work, I guess, or maybe they just shook their heads and sent us to places like Dropkick Murphy's.

And when we got out we were hooked on paraldehyde or maybe we lied to the doctors and they told us not to drink so much, just drink like me. And we tried, and we died.

We drowned in our own vomit or choked on it, our broken jaws wired shut. We died playing Russian roulette and people thought we'd lost, but we knew better.

We died under the hoofs of horses, under the wheels of vehicles, under the knives and boot heels of our brother drunks.

We died in shame.

And you know what was even worse, was that we couldn't believe it ourselves, that we had tried.

We figured we just thought we tried and we died believing that we hadn't tried, believing that we didn't know what it meant to try.

When we were desperate enough or hopeful or deluded or embattled enough to go for help we went to people with letters after their names and prayed that they might have read the right books that had the right words in them, never suspecting the terrifying truth, that the right words, as simple as they were, had not been written yet.

We died falling off girders on high buildings, because of course ironworkers drink, of course they do.

We died with a shotgun in our mouth, or jumping off a bridge, and everybody knew it was suicide.

We died under the Southeast Expressway, with our hands tied behind us and a bullet in the back of our head, because this time the people that we disappointed were the wrong people.

We died in convulsions, or of "insult to the brain," we died incontinent, and in disgrace, abandoned .

If we were women, we died degraded, because women have so much more to live up to.

We tried and we died and nobody cried. And the very worst thing was that for every one of us that died, there were another hundred of us, or another thousand, who wished that we could die, who went to sleep praying we would not have to wake up because what we were enduring was intolerable and we knew in our hearts it wasn't ever gonna change.

One day in a hospital room in New York City, one of us had what the books call a transforming spiritual experience, and he said to himself "I've got it." (no, you haven't you've only got part of it) "and I have to share it." (now you've ALMOST got it) and he kept trying to give it away, but we couldn't hear it. We tried and we died.

We died of one last cigarette, the comfort of its glowing in the dark. We passed out and the bed caught fire. They said we suffocated before our body burned, they said we never felt a thing, that was the best way maybe that we died, except sometimes we took our family with us.

And the man in New York was so sure he had it, he tried to love us into sobriety, but that didn't work either, love confuses drunks and he tried and we still died.

LEARN TO LISTEN AND LISTEN TO LEARN:

The Role of Alcoholics Anonymous and other 12-Step Programs Within the NADA Approach to Recovery

One after another we got his hopes up and we broke his heart,
Because that's what we do.

And the worst thing was that every time we thought we knew what the worst thing was something happened
that was worse.

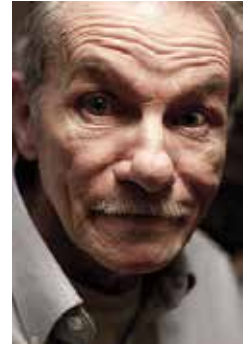
Until a day came in a hotel lobby and it wasn't in Rome, or Jerusalem, or Mecca or even Dublin, or South
Boston, it was in Akron, Ohio, for Christ's sake.

A day came when the man said I have to find a drunk because I need him as much as he needs me (NOW
you've got it).

And the transmission line, after all those years, was open, the transmission line was open. And now we don't go
to priests, and we don't go to doctors and people with letters after their names.

We come to people who have been there, we come to each other. We come to try and we don't have to die.....

Thank You Bill and Bob for all you did to get the ball rolling. ♡



Jack McCarthy

Michael Smith on AA

The following series of articles, including the front page story on The Atmosphere of Recovery with the 12 Steps at Lincoln, started with a conversation between NADA trainer Jo Ann Lenney and Michael Smith, NADA founder and retired medical director of Lincoln Recovery Center. The conversation then extended to include Carlos Alvarez' ideas about AA. Lenney noted Smith's following response to the question of what he thought about AA.

"AA is important for a lot of people but preachy and foolish to others. AA is like a screwdriver, it fits some places not others. It gives the same advice over and over again, and the same broken record can be annoying.

"But it is a way to get away from professional experiences – it takes away from judgmental professionalism. The thing about AA that's important is there is no cross-talk. But if it's not good for you that's fine – like a food is not always good for you.

"AA is based on Hinduism – GOD is a Group Of Drunks. The person who always listens is yourself. AA is full of double-think. The founders of AA studied Hinduism and so AA is full of coded things.

"AA is full of different versions of the truth – will you go into the meeting and help or be helped? The valuable one is the one who can do both – not just talk the talk.

Fake it till you make it.

Let go and let God.

"It's like listening to commercials – which one reaches you and which one won't. People catch on to certain phrases but don't always see the whole picture. It allows you to fake it so it cuts down on a desire to be professional.

"In a program, 'you never know' doesn't work but, in Hinduism, it does. Get away from Christianity and Islamism and you can understand. You don't want competing sources of wisdom. It is hard to find the answer. Part of the answer is to ask questions. This is a life long issue."

Mike told me at another time never to think I had the answer. When we say we have the answer, we are no longer curious and, if we are not curious, we will miss out on the truth. ♡

Claudia Voyles, NADA's training co-chair, wrote the following article in a 2001 issue of *GUIDEPOINTS: Acupuncture in Recovery*. You can read this and other writings by Voyles in the collection of essays, *Some Lessons Learned*, available through the NADA office.

WHY GO TO 12 STEP MEETINGS?

So-called "12 Step" support programs are those patterned after the 12 steps of Alcoholics Anonymous (AA), founded in 1935. There are now many such "fellowships" besides AA, including Narcotics, Cocaine, Sex Addicts, Overeaters, Debtors, and Gamblers Anonymous. In addition, there are a number of others such as Al-Anon and Nar-Anon intended to help the family, friends, colleagues and caregivers of those afflicted by addictions. (This caregiver category, of course, includes anyone working in the addictions field.)

The National Acupuncture Detoxification Association (NADA) and other addiction treatment educators strongly urge those who work in the field to attend 12 Step meetings. Here's why it helps you:

To grow professionally. 12 step programs form the base of the current treatment system in the Western world. Ruth Ackerman, PhD, past president of NADA, points out that acu detox goes hand in hand with the social and psychological aspects of treatment and "in this country most treatment is 12 Step based". Even those programs that espouse other philosophical basis often represent an evolution, derivative of, or reaction to, 12 Step thinking. Ackerman notes that at the most basic level, to work collaboratively with treatment providers and with clients, it is important from a professional point of view to have sophistication about how "the program" (as 12 Step systems are often referred to) works – its language, ideas, values and practices.

While you do not need to be a recovering person to be an effective clinician and/or acupuncture detoxification specialist (ADS), you do need to have done your homework – to understand the disease and the "recovery process". Misperceptions abound. Variance abounds. Go and see for yourself. It will prove enlightening and extremely useful to you as an addiction professional. What does it mean to "be in recovery", "to work the steps", "to make amends", "to have a sponsor", "to do 90 in 90"? What are "the traditions", "the promises", "the Big Book"? Go so you stay humble. Listen to

the challenges and realities of staying clean and sober "24/7". Listen to the profound spiritual transformation "in the rooms".

To assist your clients in going. Go so you know, experientially, just how hard it can be to go to a strange place to join a bunch of strangers in ritualistic behaviors that you suspect might challenge all that makes you feel safe. Add to that challenge the additional barriers of transportation and child care and additional risks such as going out at night in bad neighborhoods, especially for women. Finding a meeting may be remarkably easy or remarkably difficult. Go so you will not be cavalier and so you know which barriers and complaints are real, which are contrived and what solutions exist.

To protect your health. In Al-Anon, the only criteria for membership is that your life is affected by someone's alcoholism (or drug addiction for Nar-Anon). By having chosen to do addiction work, we "totally qualify" as Al-Anon or Nar-Anon members, says Ackerman. "I happen to think" she adds, "that people should work the program, especially get a sponsor, because they will have a broken heart – clients relapse, die, commit suicide. The helplessness factor is severe." Furthermore, Ackerman likens it to professionals working with trauma victims. These professionals have to be debriefed by counselors, even though the trauma is not their own. Few members of society live lives untouched by addiction. Those drawn to work in the field of addiction treatment tend to have even more ties.

To see how "It Works". Help yourself to the joy of recovery. Practice what you preach. "Beware of personal spiritual transformation when you least expect it" cautions a laughing Ackerman. The 12 Step program gives a connection, an entry point to learning about spirituality that people don't expect, she says. Ackerman asserts 12 Step programs lead to "wisdom teachings and how to listen for them" and the development of compassionate listening. Go because, in her words, "it makes the world a better place."

• *GUIDEPOINTS: Acupuncture in Recovery* 2001

**Everybody
qualifies**

**Protect your
health**



RECOVERY continues on p. 10 and of the atmosphere of recovery. And so she “was escorted out of the building.” This did not happen often, but, when it did, it was usually because of some disrespect of the clients.

After the meeting, we would have a debriefing – we had a choice of speaking alone with Carlos or with the group. The debriefing was about what was going on with us, not about what was said in the meeting. Everyone has friends or relatives in their community who are affected by these issues, and the meeting can bring up unresolved feelings. Many people have strong reactions after their first meeting, and Carlos wanted to be sure that they had the support that they needed.

He did not want us writing anything down, because that could be threatening to the people in the meeting. And writing a report means you’re looking for certain things to put into that report rather than being in the experience. He noted that the experience of attending a meeting is valuable, because it can give the trainee a little more insight into what our clients are going through.

A lot of our trainees are counselors and social workers and so they are interested in talking. Carlos told us that we should put aside the talking for a while – instead “you should to listen to learn and learn to listen.” ☺

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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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Give the *NEW* NADA Website a Try! ***Submit an Entry in the Program Directory***

We have an incredible new resource on our redesigned NADA website - a program directory that not only tracks the demographic and contact information of a program, but gathers information about the services provided as they relate to NADA treatments.

Please take 10 minutes to fill out the program directory survey. At this time this is an internal resource for members, trainers, and the NADA office. We may consider making it a public resource when we have a critical mass of entries, but we are far from that now.

When you submit information on a program where you know NADA services are provided, the NADA office gets an email notification that a program profile has been completed. We will review it, and contact you if we have any questions. We will then publish the information to the website and it can be viewed by anyone logged in as a NADA member.

The program directory serves a number of functions. Firstly, it is what its name says, a directory. It can assist

the office in making referrals for requests from members of the public who are looking for a program that includes NADA acupuncture.

It can also be an excellent way to passively collect data on where NADA treatments are being provided. This can provide important documentation for legislative advocacy efforts, and for general outreach and education by those who present NADA to potential new programs and sites.

If you did not receive an email from the NADA office in October with your username and password for the site, please send an email to nadaoffice@acudetox.com or call (888) 765-6232.

Did you know?

Starting with the Nov/Dec 2014 issue we will provide *Guidepoints* in an electronic format as well. You can receive an electronic copy *and* a paper copy, or just electronic, or just paper. Simply log in and in the Member Center, under *Newsletter Preferences*, make your selection. ☺