

# GUIDEPOINTS:

News from NADA

Spring 2018

## ☞ *Michael O. Smith's Memorial: March 24, 2018, New York City*



Michael Smith's memorial service was held on March 24, 2018 at the New York Society for Ethical Culture. Appropriately, the service occurred on the same day and at the same time as the anti-gun violence demonstration, March For Our Lives – Mike would have approved.

The service was also affected by a surprise snow storm that week. Some of the people who came to New York for the memorial got to see snow for the first time in their lives – *again*, Mike would have approved.

People from all over the world, Europe, India, the Philippines and parts of the United States, attended the service. They were moved by learning so much more about Mike's work, his travels, his life. They said it was great to meet with the NADA community that Mike had worked so tirelessly to bring together as a family.

There was a world map at the service of all the places that he has visited – the places he visited sharing his philosophy of tolerance and respect; his philosophy of the possibility for change; and his teaching that acupuncture can help enable this philosophy because it is a gateway to the spirit and the growing process – the living process within. *See an image of the world map on page 3.*

### *Reflection From Gelbert Booth, Flint, Michigan*

I am sorry to hear of Dr. Smith's passing. May the Creator hear our prayers for him and his family.

I was quoting him recently to a friend who is having a

hard time with addiction to alcohol. I was telling my friend how Dr. Smith came up with the NADA protocol, how Dr. Smith saw the need for this protocol in the community that he was in.

I was also describing how the protocol had changed my life, how it gave me a new way of thinking about the human body and how, in such a simple way, I could help the people around me – and also improve my own health.

And I learned how we are related to the people we use this protocol with by an exchange of energy that somehow the Creator sees that we both need. As they say, we are all connected – we just need to open the gates and let that exchange begin.

The inclusive manner that Dr. Smith had, the way that he made the people around him feel, was so contagious. It is an honor to be included in this great work.

At a health fair last year, I treated the head nurse/instructor from the largest hospital in our county. She was so amazed at how it worked on her that she returned this year with her mother and asked if this could be taught to her students.

Again I have to thank Dr. Smith and others for their help in spreading the news of this wonderful NADA protocol. I have been able to help my family and friends and the people in the community. What a great gift.

In the indigenous culture, we have a belief that the person never dies if we are always speaking of them. It has been an honor to meet Dr. Smith and to be a part of his dream. I plan on carrying it on for as long as I am able. ☞



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Guidepoints: News From NADA is published six times per year for members. Annual dues of \$70 (US funds) includes subscription and other benefits. Publication contents may be reproduced without permission (please give credit).

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ISSN-1070-8200.

### Article submission schedule:

Mar 1 for May publication	May 1 for July publication
July 1 for Sept publication	Sept 1 for Nov publication

### Member advertising for all 4 issues (discounted rates):

Business card size: \$120

1/4 page: \$200

1/2 page (horizontal and vertical): \$500

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## ☞ *Reflections on Michael O. Smith's Life and Legacy*

*Judge Robert Russell, Buffalo, NY*  
Thank you so much for sending me the tribute issue. I did not know that he had passed. I appreciate all that you and the NADA members do. God bless.

*Leslie Gise, Maui, HI*  
Before meeting Michael, I did not like addicts and did not know much about trauma – my focus was on women's mental health. When I moved to Maui, I became a community psychiatrist – and half of our patients had substance use disorders. In the 1980s, recovery staff and the legal system were in opposition. We did not have Drug Courts. Michael turned that around and promoted Drug Courts where recovery staff and the legal system could work together, not in opposition.

He nurtured my interest in women with substance use disorders and inspired me to get more educated and involved – a mentor! He would be happy to know that I have his inspiration inside of me and will carry on his work to the best of my ability. I have been doing advocacy regarding detentions, incarcerations and forced treatments of women with substance use disorders who get pregnant. Pregnant addicts need treatment, not jail.

Michael was very special and I will miss him. I cried when I read his tribute newsletter, but I know that his spirit lives on.

*Beth Cole, St. Pete's Beach, FL*  
When I met Mike at Lincoln, my first impression was, "This man is all heart." Through the years that impression never wavered. **An advocate for all of humanity, Mike taught us to expand our hearts, embrace the NADA spirit and provide healing to all.** He was always so generous with his time and wisdom, encouraging us to go out and make a positive difference in the world.

Mike instilled hope in all of us through his actions and guidance. He shed light in the darkest of places and encouraged us to follow his lead. I will miss time spent with my mentor, guru and friend, but the memories and sage advice will live on. We will continue to honor him and shine light brightly throughout the world.



*Laura Petrillo and Aswad Foster, New York, NY*  
Thank you for sharing the beautiful teachings and stories from Dr. Smith's inspiring life – and the (also inspiring!) lives of those countless folks he touched directly and indirectly. It is a truly special being that can continue healing work even after he has passed. It's clear that his clarity of vision, integrity, dedication and

loving heart will continue to inspire and guide many long after his passing.

*Joyce Rivera, New York, NY*  
We were sorry to learn of Mike's passing. The tender stories in Guidepoints are a wonderful testament to a pioneer. His legacy lives on in all the thousands of individuals whose life he changed.

*Marilu de Gonzales Posada, Instituto Mundo Libre, Lima-Perú*  
It has been with deep sorrow that I received the news that Michael left us. I had the privilege of knowing the finest human being I have ever come across in my life. He is and always will be alive among us. We met a living saint – it's the only way I can describe my friend MICHAEL.

I am Peruvian and I have been working since 1984 on drug rehabilitation. In my search to find a way of non-expensive rehabilitation, I came across the name of Michael Smith in 1986 with such high regard that I flew to New York to meet him. On my first encounter, I spent a whole week at the Lincoln Recovery Center with him and that is how our friendship began. I invited him to Venezuela to give a lecture and we started training people there. Amongst many things we worked on together also in Perú.

Why was he so special to me? **His capacity of love for humanity and caring was overwhelming. I was moved how he treated every single human being, sick or poor, with such tenderness and love.** He will always say to me "if you need me call me" and so I did.

His remarkable and profound teachings of the NADA protocol have allowed thousands of people in the world to reach to others in pain.

God is with you Michael, till we meet again, my dear friend.



## ☞ Words From the Founder: Miami, Florida, 1993

*Excerpt from a presentation given by Michael Smith at a drug court conference. His contribution to the drug court treatment system led him to be selected as the first person in the Stanley M. Goldstein Drug Court Hall of Fame (Judge Goldstein is pictured standing 2nd from the left in the picture below.)*

The drug court model allows a very healthy system of authority. Drug users like authority, they respect it, they even like bad authority, so they are certainly going to like this authority. The drug court authority is based directly on the patient's own performance, their attendance, their urine tests, and their statements. It is clear and objective. The judge has an opportunity to use his or her personality in a much more extensive and creative manner because their relationship with the patient is not contaminated by an often pressured and awkward determination of the facts of current abuse. It is a very clean system. In a clean system people can learn more and grow to a higher standard. This kind of clean system cannot be established outside of drug court model in an independent conventional setting.

We visited a domestic violence program in Miami which had a substantial group of therapists. I said one of the most important things in therapy is that you have to like your patients. A therapist told me the other day, that "a lot of our patients are difficult, it is not easy to like them." We have to get beyond the surface. Using acupuncture treatment, it's very easily possible to get beyond the surface to a more likable, more sensitive, more gentle, and less stressed-out person. This process happens quite readily. In conventional settings there is a clinical atmosphere that is passive-aggressive and often hostile and paranoid. The tone in most treatment settings is unfortunately quite stressful. Even the providers often do not want to be there. We want to provide a higher level of quality for staff and patients alike.

We cannot afford to have any kind of a system which discriminates against publicly diagnosed clients. We spend tremendous amount of time and effort to determine whether a person is a drug user or a danger to society. Many times we cannot diagnose or describe a person accurately. For instance, we do not know how to manage the "dual diagnosed" MICA clients. Many of the most troubled people are essentially ignored by medical and judicial

*Guideposts News from NADA*



*Michael Smith with first drug court judges and personnel, Miami-Dade County.*

systems. It can be tempting to ignore people that you don't know how to help. Well, these programs may provide a path to begin to seek change on a practical outpatient basis. When a person comes into Lincoln with pages of the Bible pasted on their chest, and a great big knife in their pocket, they ASK for acupuncture. And when they finish the session, they still have the Bible pasted on their chest but now they are able to say "I must have not explained myself very well, I need to explain myself better." That is, even such a patient is able to be self-critical and relatively compliant. We would like to share this opportunity for improved service and human growth with our colleagues in the public sector.

I would like to conclude by saying that I have a medical license in New York, I work in a city clinic, and I work in a public setting. Drug courts, courts in general, have to see every person. They cannot screen and select clients. They see everybody. At Lincoln Hospital, we see everybody. It may not be easy to see everybody, but that is why we have taxes, that is why we have a government, that is why we have society. **Somebody or another has to see even the most difficult clients. Or those difficult people will see you on the street at another time and place.** ☞

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# A Criminal Justice Problem and a Public Health Crisis

by Chuck Pyle

*This report has been condensed due to space constraints. The full report is available upon request from the NADA office.*

From October 30, 2017 to March 30, 2018, I served as the U.S. Magistrate Judge in Flagstaff, Arizona. I arrived in Flagstaff as an experienced judge with no prior understanding of criminal justice, cultural or even geographic issues impacting Native American tribes in Northern Arizona.

What confronted me raised extraordinary concerns, particularly related to the impact of substance use disorders on these tribal communities.

The criminal docket in the US District Court in Flagstaff is very busy and more than 75% of defendants are Native American. The vast majority of these cases involve acute alcohol abuse at the root of the criminal activity. The physical, emotional, family and community harm caused by such extensive alcohol abuse is devastating and intergenerational. The response of the criminal justice system focuses on incarceration, punishment and shaming. None of these tactics will make any noticeable improvement to the underlying problems of this community crisis, and frequently exacerbates those problems.

What follows is my impression of the problems we face and ideas for new responses to those problems. I recognize that I am an outsider culturally, geographically, and in terms of mission. As such, some of my conclusions or suggestions may be wrong or impractical. Worse, some of my comments may be unintentionally offensive to one group of people or another. For that I apologize.

## Impact of Substance Use Disorders on Tribal Nations in Northern Arizona

The primary substance being abused in Indian sovereign nations in Northern Arizona is alcohol. The devastating physical outcomes have obvious negative implications for the mental health of those ill or injured, as well as those close to them.

*Guideposts News from NADA*

**“Given the lack of success it is time to focus less on blaming and shaming, and more on developing alternative therapies to provide more paths to successful recovery.”**

The adverse mental health outcomes from alcohol abuse are severe and can be persistent. But it is more important to understand that mental health conditions, most frequently untreated, can be the underlying cause of the alcohol use disorder. Many Native Americans have experienced traumatic events and have undiagnosed and untreated mental health conditions. My guess is that less than 20% of the Native American defendants that

came before me have a previously diagnosed mental health condition, and far less than 10% are in treatment at the time they came to court. This means this community's mental health needs are being grossly underserved.

Of particular concern to me is the criminal justice system's lack of awareness of the impact of trauma on behavior. Because of breath, blood and urine testing, the criminal justice system is good at identifying substance use disorders. And we frequently respond with treatment, although our treatment

options tend to be focused on traditional twelve-step treatment models. Breath, blood and urine tells us nothing about mental health conditions, so judges and probation officers are frequently unaware of underlying mental health conditions. This lack of awareness of underlying, untreated mental health concerns seems particularly acute with Native American defendants. However, we are slowly becoming more aware of mental health conditions as a co-occurring disorder with substance abuse, and now more frequently provide treatment alternatives.

The third leg of the stool is response to trauma, and this is where the criminal justice system is most unresponsive. Traumatic occurrences are regrettably commonplace in Native American communities, and this is compounded by the impact of intergenerational and historical trauma. Yet our understanding of and response to trauma remains nascent.

The impact of alcohol abuse on Native American communities is devastating. Our responses tend to be residential rehabilitation in remote locations followed up by “old school” AA model therapy. The relapse rate is

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extraordinarily high. Several defendants told me in court that they did not have a single friend who had successfully recovered from alcohol abuse. Despite this lack of success we have done little to try new therapies or to incorporate Native American cultural healing practices. Given the lack of success it is time to focus less on blaming and shaming, and more on developing alternative therapies to provide more paths to successful recovery.

### Increased Collaboration and New Therapies

The federal criminal justice system serves a critical public safety mission in tribal communities. While ongoing law enforcement protection is usually provided by tribal police, the federal criminal justice system is the most serious consequence for unlawful conduct in Indian Country. Necessarily, the consequences of involvement in the federal criminal justice system have significant negative impacts on the family and community of the person who is incarcerated. However, in pretrial and post-conviction supervision, the federal criminal justice system has the opportunity to effectively encourage positive behavior change.

Because the criminal justice system has such a potentially positive and negative impact on the safety, health and well-being of tribal communities, and because related functions are performed separately within the tribe and the court, increased engagement and collaboration between tribes and the court is vital to improving outcomes for individuals, families and communities. Efforts to improve those relationships do occur, but they need to be more persistent and quickly lead to specific collaborative projects with measurable outcomes. Native American communities and families should be seen as a critical ally in criminal justice supervision. Native American community leaders should recognize the significant impact the federal criminal justice system has on their communities, and reach out to the courts to assure that positive impacts are enhanced and negative impacts are lessened.

As discussed earlier the overwhelming majority of the criminal cases before the court involve substance use disorder, with alcohol being the predominant substance abused. The court has contracted with many residential and outpatient treatment providers for both residential and outpatient services. Most of the residential services are remote, in Phoenix, Gila River or even out of state. The services provided appear to be a traditional combination of the AA Model with newer behavior modification strategies such as moral reconnection therapy. It is unclear to me if the providers incorporate traditional healing practices. I also have concerns about treatment providers not recognizing, responding to, or being qualified to respond to underlying mental health or traumatic

experience concerns. I suggest exploring adding medically assisted treatment, acudetox and traditional healing practices to our present treatment regimes.

### MEDICALLY ASSISTED TREATMENT

Medically assisted treatment (MAT) is proven effective in responding to opioid and alcohol abuse, but is grossly underutilized in the general public and almost never utilized in the criminal justice system. In five months as the federal judge in Flagstaff, I only had one case where MAT was used for alcohol use disorder. That one example was thanks to the persistent efforts of the defendant's wife, who hounded the private insurance carrier until it finally agreed to cover Naloxone. MAT was life-changing for that defendant and his family.

While "most Americans" know someone with a substance use disorder, almost all Native Americans do, and most have experienced the tragic outcomes of substance abuse. The level of under treatment of substance use disorders and co-existing mental health conditions in Native American communities in Northern Arizona is no doubt even worse than the national statistics.

Judges, probation officers, medical care professionals and even substance abuse rehabilitation counselors have little to no knowledge about MAT, and what they do know may be largely based on the misinformation that MAT is just "replacing one drug with another." Given the dramatic impact of alcohol and substance abuse on our Native American communities and our criminal justice system, that lack of knowledge about MAT needs to be corrected.

### ACUDETTOX

Another underutilized treatment option is acudetox, an acupuncture protocol for dealing with addiction and stress that has been used in parts of this country for more than 40 years.

Dr. Michael Smith began using auricular acupuncture in 1974 to treat drug and alcohol addiction at Lincoln Hospital in the Bronx. Like MAT, ear acupuncture is a complimentary therapy to be used with other behavioral modification strategies. There are many advantages to acudetox. It is inexpensive. For people uncomfortable with needles, particularly children, magnetic beads can be used instead of needles, also at low cost. There are no logistical requirements. Ideally, this therapy is facilitated by comfortable chairs in a quiet room. However, folding chairs along the outside of a room, a park bench or even rocks by the side of the road can be the environment for delivery of this therapy. Recipients are asked to sit quietly for 30-40 minutes.

There is no magic drug on the end of the needles, so no concern for negative drug interaction. Any side-effects

## TRADITIONAL HEALING PRACTICES

There is no silver bullet for treatment of addiction or PTS. Success requires a flexible and holistic combination of therapies that is subject to adjustment over time and circumstance. Our current treatment protocols greatly underutilize traditional healing practices when treating Native Americans for substance use disorder. Since our relapse rates are so high, those of us from the Western world should be slow to reject traditional healing methods.

## INTERMEDIATE SANCTIONS AND MENTORS

Another important area of collaboration between probation officers and tribal communities is assistance in developing intermediate sanctions for non-compliance with supervision conditions. The prevailing practice in the face of non-compliance is no action except threats of action in the future until finally months of incarceration are imposed. To be effective we need to be able to promptly impose a proportionate sanction. When the court thinks of sanctions, it thinks of incarceration, home detention, halfway house or imposing deadlines for task accomplishment. Probation officers need a wider range of less draconian options.

In coordination with tribal communities there could be education, service, and even arts and crafts sanctions. Have a positive urinalysis – you need to attend a two-hour lecture on traditional practices. Miss a UA and you need

other than the brief pricking sensation when the needle is inserted are virtually unheard of.

In addition to being low cost and low risk, acudetox is highly supportive. In particular, it is completely non-judgmental, a sharp contrast with how society and the criminal justice system deal with substance use disorders. The protocol ignores the past and the future and focuses on the present – “are you ready for me to insert the first needle?” The immediate impact can be minutes of quiet, perhaps reflection or even sleep, for someone who is frequently in a stressful and chaotic state.

Because of its calming effect, the NADA protocol has also been found to be effective as an ancillary treatment for Post-Traumatic Stress (PTS). The acudetox therapists from Lincoln Recovery Center used it extensively to treat people in the immediate aftermath of 9/11. People were so traumatized they were not initially interested in talk therapy, but did find relief from the auricular acupuncture. There is extensive evidence of undiagnosed and untreated trauma and PTS in Indian communities. Some Native Americans may be initially reluctant with talk therapy. Acudetox could help provide relief and build trust.

In disaster sites, acudetox is used to treat victims and first responders. In a correctional setting, I envision acudetox being available to treat both prisoners with substance use disorders or stress, as well as correctional officers dealing with the stress of their job. In Indian community settings,

I envision group treatments for both people dealing with substance use disorders as well as others dealing with trauma, grief and loss.

One big advantage to acudetox over MAT

is that physician supervision is not required. Many states license acudetox providers to use the NADA protocol for treating addiction and PTS. As sovereign nations, each tribe could establish its own regulations for people to be authorized practitioners in their nation. When making these regulations, government and private insurance reimbursement is a consideration. NADA can help with the development of specific regulations.

An acudetox practitioner could provide hundreds of treatments each year, if not more, at low cost and in conjunction with other therapies. Not only does this avoid the bottleneck of physician availability, it means members of the community are putting healing hands on other members of the community.

**“In a correctional setting, I envision acudetox being available to treat both prisoners with substance use disorders or stress, as well as correctional officers dealing with the stress of their job.” - Hon. Judge Pyle**

to stack wood at the community center for three hours. Or write an essay on how your relapse impacts those closest to you. Or carve artwork with your children. Or spend the weekend in the tribal detention center. These may seem like mild sanctions, but it is more than a threat of something in the future, plus the experience could be positive.

## Cultural Influences On and Off the Reservation

Culture has a powerful, persistent influence, sometimes positive and sometimes negative. It is important to understand these positive and negative influences, retaining what is positive and changing what is negative.

The culture of the criminal justice system needs significant change in my view. We rely too much on only



two tools: threats of incarceration and incarceration. Supervision of offenders should focus on behavior change necessary for successful, law-abiding reintegration with family and community. An essential behavior modification concept is the prompt, predictable and proportionate imposition of rewards and sanctions. Our system almost never provides rewards of any kind. Sanctions take months to impose. Non-compliant conduct is met with either no action or several months' confinement. This is neither predictable nor proportionate in any instance of non-compliance.

A better approach would be to celebrate success and be more reluctant to accept failure. We need to understand that mental health and alcohol disorders are not volitional and not improved by shaming and imprisonment. Zero tolerance policies are not appropriate for this population, but just as importantly, failure to respond to non-compliant behavior encourages continued non-compliance. Finally, the judges, attorneys and officers in the criminal justice system need to develop strategies to encourage offenders to not only succeed and remain law-abiding, but to “pay-it-forward” with service to family, community and people troubled with substance use and mental health issues.

The criminal justice system can incorporate cultural awareness and cultural practices into programming and supervision. Cultural awareness, talking circles, intergenerational discussions, crafts, art, writing, and native language learning can all be important to helping a person find the stability, connection and self-awareness needed for long-term recovery.

#### A Call to Action

This memorandum is a little intimidating in the breadth of the suggestions for change. For the most part, the suggested changes can be considered and implemented piecemeal. Any successful change will create an environment for further successes.

The problem of alcohol abuse in Indian Country in Northern Arizona is one that must be encountered by many entities collaboratively. Ten tribes are involved, requiring representatives from tribal councils, law enforcement, behavioral health, community leaders and healers. State and federal judicial and probation officers should be involved. Representatives of relevant federal agencies, particularly BIA and IHS should be involved. Different projects will identify additional necessary participants.

This memo provides a lot to chew on. The point is not to find fault with past practices, but to focus on providing more treatment options going forward. It is easy to feel defeated before you get started when facing this problem.



Judge Charles R. Pyle

But with enough communication, collaboration, and commitment, substantial improvements are possible. ☞

*Anyone who wants to share thoughts and ideas with me can get in touch at (520) 444-7854 and [pyle.charles@gmail.com](mailto:pyle.charles@gmail.com). I look forward to hearing from you and I appreciate your interest in this important service need.*

*Trish Cathcart, who helped bring NADA to prisons in Northern Ireland, gives a brief report:*

In relation to our acupuncture, I was doing a NADA training recently and one of the trainees is an ex-prisoner who is now released and volunteering with our organisation as a mentor in the community. We have more who have administered the seeds in custody wanting to sign up for the full training when they leave. This is definitely the way ahead – to encourage people to receive and give the treatment in the community when they leave custody.

*Reflection From Trish Cathcart, Ballymena, Northern Ireland*  
Dr. Mike was a truly wonderful man and gave so much to so many over his lifetime. I admired him for his knowledge and attitude, his kindness and caring, and also his “give it a go and see what happens” attitude – and his ability to see through B.S. and call it out. NADA will never be the same without him but his spirit will live on every day in our hearts and in the work which we do.

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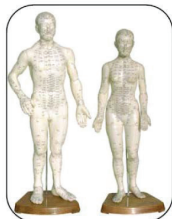
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## Nada Danmark

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### *Simplicity and Diversity*

The next international European NADA conference will take place at Roskilde Congress Center in the medieval town of Roskilde close to Copenhagen. The conference will focus on the many possibilities of the NADA protocol to inspire and create new programs.

Please check our website  
([www.nada-danmark.dk](http://www.nada-danmark.dk))  
for more information on the program, registration,  
hotel booking and more.

*~ Hope to see you in Roskilde ~*



### *The Old Man, a Boy and a Truck: The EDA System*

by Thomas Atwood, MSW

Join Tom and his nephew, Zach, as they manage social and emotional dilemmas typical in the life of a practitioner of the healing arts. The author escapes the dry academics of textbooks by weaving theory into "marvelous and often hysterically funny stories" of real patients.

Chapter 17, "Smokers," describes how Acudetox was first used with the mentally ill in the state of Texas.

It can be purchased on Amazon.com, in paperback, and on Kindle Books.