

12th Edition

Acupuncture Detoxification Specialist

Training Manual

*A handbook for trainees in the National Acupuncture
Detoxification Association's five-needle Acudetox Protocol.*

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2010

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Key words: Acudetox, acupuncture, addictions, substance abuse, chemical dependency, treatment, adjunct treatment, NADA, National Acupuncture Detoxification Association, Community Health, Behavioral Health

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Table of Contents

Note: Each underlined heading below denotes a separate section within this manual. Page numbers restart at the number 1 in each section.

Introduction

Introduction to NADA and Acupuncture Detoxification Specialist Training	1
The National Acupuncture Detoxification Association	1
Mission Statement.....	1
Why the name NADA?.....	1
The NADA organization.....	1
Program development	2
Education	2
On the Terminology Used Throughout this Manual.....	2
The NADA Acudetox Treatment.....	3
Acupuncture Detoxification Specialist Training	3
The ADS concept.....	3
Purpose of training.....	4
Scope of practice.....	4
Eligibility for NADA ADS training.....	5
Obtaining a Training Completion Certificate	5
ADS standards of competency.....	6

Acudetox Protocol

National Acupuncture Detoxification Association’s Acudetox Five-Needle Protocol	1
Overview of Acudetox and NADA-Style Treatment.....	1
Historical Highlights of Using Acupuncture in the Behavioral Health Arena	1
Lincoln Hospital History and Protocol	3
Unique Benefits of Incorporating NADA-Style Treatment in Recovery Settings	4
Psychosocial Characteristics of the NADA Protocol.....	6
Auriculotherapy	7
Acudetox Point Locations and Functions	10
Sympathetic Point.....	12
Shen Men Point.....	13
Kidney Point	14
Liver Point	15
Lung Point.....	16
Clean Needle Technique and Exposure Control Procedures	17
Acudetox Rapport and Needling Techniques	17
Needle Removal.....	19
Ethics Pledge for NADA Acupuncture Detoxification Specialists (ADSes).....	19
ADS Relationships: The Spirit of NADA.....	21
Relationships with clients	21
Relationship with self	21
Relationship with program.....	22
Applications and Outcomes	22
Continuum of care/stages of recovery	22

Acudetox Protocol, continued

Harm reduction, pre-recovery	22
Acute detoxification settings.....	23
Early recovery settings.....	23
Maintenance/ongoing recovery programs.....	23
Specifically defined populations.....	24
Trauma	24
Research and Acudetox.....	24
Acudetox Risk Management.....	25
Background information	27
Universal precautions and bloodborne pathogens	27
ADS safety and exposure control	28
Client confidentiality	28
Informed consent	28
Treatment documentation	29
Medical history/physical exam/physician referral	30
Risk cascade.....	30
Risk minimization.....	31
Minimizing risks to clients.....	32
Minimizing risks to ADSes.....	34
Minimizing risks to programs and Acudetox supervisors	34
Acudetox and the Serenity Prayer.....	36
Ear Seeds.....	37
Magnetic Ear Beads	38
Sleepmix Tea	40

Chinese Thought and Medical Concepts

Numerology	1
#1 The Tao/Wholeness	1
#2 Yin and Yang/Relativity	1
#3 Qi/Movement	3
#4 The Four Directions/Limbs.....	3
#5 Transformations	4
Addictions, Behavioral Health and Empty Fire.....	4

Appendices

A. Addictions Treatment References.....	1
A1. Glossary	2
A2. Signs of drug use.....	4
A3. Addictions and recovery	5
A4. Brain disease model of addictions	7
A5. Jellinek chart of alcoholism and recovery	12
A6. Stages of change model	13
A7. The 12-steps.....	14
A8. Abused substances	15
A9 Groupings for drugs that affect CNS	17
A10. Cross tolerance and cross addictions	18

B. Excerpts from <i>Clean Needle Technique Manual Fifth Edition</i>	19
C. Excerpts from Treatment Improvement Protocol (TIP) 45.....	21
D. Clinical Supplies and Vendors.....	24
D1. General supplies list.....	25
D2. Vendors and supplies	26
E. Special populations: needs and strategies	28
F. Acudetox references.....	32
F1. Acudetox bibliography	33
F2. Selected essays from Guidepoints	39
F3. Selected manuscripts	45
G. Program Forms.....	69
G1. Client intake	70
G2. Client consent.....	72
G3. Confidentiality notice.....	73
G4. Notice of privacy practices	74
G5. Acudetox fact sheet.....	76
G6. Client self-questionnaire	77
H. Chinese Medicine References.....	78
H1. Effects of certain substances on the elements and the zang and fu.....	79
H2. Additional acupuncture points for addictive substances.....	81

Introduction to NADA and Acupuncture Detoxification Specialist Training

Welcome to the National Acupuncture Detoxification Association (NADA) and this Acupuncture Detoxification Specialist (ADS) Training Manual. Facilitating training in the Acudetox protocol was a key goal during the formation of NADA and it remains one of the primary objectives of the organization today.

The training follows a curriculum adopted by NADA for the use of acupuncture in the fields of addictions and behavioral health. The course involves 70 hours of both didactic and clinical experience and is open to acupuncturists, physicians, nurses, psychologists, counselors, social workers, and other appropriate individuals as allowed by local regulations. The training emphasizes a clinical apprenticeship because coping with individual distractions and group process is of great importance and more difficult than the technical skill of repetitive needle insertion. ADS training is delivered by NADA designated Registered Trainers and represents an interactive learning process. A *Certificate of Training Completion* is granted by NADA to those individuals who successfully complete all of the training requirements.

The National Acupuncture Detoxification Association

Mission statement

The National Acupuncture Detoxification Association is (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 practice which integrate NADA-style treatment with (other) Western behavioral health modalities.

Why the name NADA?

The name NADA is more than the acronym for the organization's formal name. The word nada means "nothing" in Spanish. Nothingness is also one of the key tenants of Taoist philosophy. For example, it is said in the *Tao Te Ching*, that while a vessel is made from a lump of clay, it is the emptiness inside that makes it useful. This concept correlates well with the 12-step fellowships' principle of keeping life simple.

The NADA organization

NADA is a membership organization of individuals who support the use of a five-point auricular acupuncture protocol – Acudetox - in addictions and behavioral health treatment settings to alleviate suffering and to support recovery.

NADA was founded and incorporated in 1985 as a membership and training organization. As such, it has overseen the rapid spread of Acudetox into an ever-expanding number of addictions and behavioral health treatment settings. Within these setting, Acudetox has been shown to increase client retention and improve client outcomes.

A diverse and dedicated Board of Directors guides NADA, with over 10,000 members and trained practitioners worldwide. More than 1500 clinical sites in the US, Africa, Europe, Asia, Canada, Australia and the Caribbean currently use this protocol.

NADA is committed to:

- Providing training to a broad range of health care professionals and other qualified persons. If ADS trainings and practice were restricted to licensed

acupuncturists and physicians, very few treatments would be done and a great resource would be lost.

- Assuring professional standards and ethical application in the use of this modality, while striving toward increased access by those needing treatment. Acupuncture detoxification MUST be combined with other addictions and behavioral health treatment modalities and meet the standards of the field.
- Assuring that the principles of Chinese medicine and behavioral health and addictions treatment are integrated together in training and treatment/application.
- Maintaining a public service approach in ameliorating the plague of addictions that constitutes one of the most serious threats to the physical and social well being of society.

Program Development

NADA provides access to materials and consultation regarding implementing an acupuncture based treatment program. Available topics of consultation also include treating diverse populations, acupuncture for addictions research, criminal justice diversion programs, etc.

Education

Besides publishing its own newsletter, *Guidepoints*, NADA maintains a literature clearinghouse that offers hundreds of articles, tapes and videos on a range of related topics such as program development, pregnant cocaine using women, trauma treatment, etc. Its National Office arranges local, regional or national workshops, demonstrations and Acudetox training courses and coordinates a speakers' bureau of experts in the addictions, behavioral health and acupuncture fields. Curriculum development for acupuncture schools, universities and addictions courses is also provided.

The Association hosts an annual national conference for professional education, updates and sharing that offers CEU's for acupuncturists and alcohol and drug addictions counselors. NADA participates in many national and international forums as well.

On the Terminology Used Throughout This Manual

Several different terms are used within the field for which the NADA Acudetox protocol is generally used and often these terms are used interchangeably. For this purposes of the manual, the word *addictions* is the overarching term used to characterize the behavioral, physiological and psycho-spiritual aspects of this disease. Specific addictions such as alcoholism, chemical dependency, obsessive behaviors, etc. are all included under this umbrella term. Detailed definitions of addiction and dependencies can be found in the Glossary of Appendix "A" of this manual.

Another overarching term, behavioral health, is also used throughout this manual and refers to mental health conditions and treatment including but not limited to addictions.

Throughout the evolution of NADA, the term for its five-needle auricular acupuncture treatment has gone through several iterations. Acu detox, acu-detox, acudetox and other spellings have all been used at one time or another and will most likely continue to be used. In this manual, the spelling Acudetox is used throughout to indicate this treatment modality.

The NADA Acudetox Treatment

- NADA-style treatment incorporates frequent Acudetox sessions, an herbal tea blend and the use of ear seeds and/or magnetic beads all within the context of addictions and behavioral health treatment and prevention programs and mutual support fellowships.
- Acudetox involves the gentle placement of five small, sterilized, disposable stainless steel needles in specific sites on each ear of a client undergoing treatment.
- The recipients sit quietly in a group setting for 30 - 45 minutes.
- The treatment is a non-verbal process with minimal interaction between client and provider.
- The treatment benefit is immediate, tangible and apparent even to the person who has entered the treatment center for the first time, and can be provided as an initial treatment intervention before this person has to establish a bonding relationship of confidence and trust with the counseling staff.
- Acudetox can be offered prior to an extended process of assessment and diagnosis.
- Acudetox has been shown to significantly decrease cravings for alcohol and drugs, withdrawal symptoms, relapse episodes, anxiety, insomnia and agitation.
- Acudetox often helps participants become relaxed and more comfortable with their own thoughts, enabling them to experience a sense of “letting go” of tensions and apprehensions, and supporting quiet participation in a group setting with others who are involved in the process of recovery.
- Acudetox facilitates relationships with self and others.
- Acudetox is effective regardless of the client’s level of motivation and tends to increase the client’s readiness and willingness to participate in treatment.
- Acudetox improves the effectiveness of other program components.
- Acupuncture needles don’t put anything into the client; rather they remind the client of what he or she already has.
- Acudetox opens up possibilities on the body, mind and spirit levels.

Acupuncture Detoxification Specialist (ADS) Training

The ADS concept

Budget constraints are a real and everyday reality of most addictions and behavioral health treatment settings. While these programs would benefit greatly by having full-time acupuncturists or other healthcare providers whose professional scope of practice allows them to perform acupuncture, few can afford this level of treatment. Fortunately, the NADA Acudetox protocol is a simple, non-diagnostic modality that is readily taught to front-line treatment providers and is often just the right treatment for their clientele. Many states in the US (including New York, Maryland, Virginia, Texas, Arizona and more than 20 others), Canadian provinces (e.g. Ontario), and countries in Europe, Asia, Africa, Australia and South America have provisions for allowing non-acupuncturist ADSes to apply the Acudetox protocol to addictions and/or behavioral health clients, generally under supervision of a licensed acupuncturist or physician who have also been NADA trained. This forward thinking concept allows a much greater number of addictions and behavioral health clients to benefit from the Acudetox modality

than would otherwise be possible if the treatment were restricted to only licensed acupuncturists or physicians. Allowing in-house addictions experts to offer Acudetox also greatly enhances treatment relationships.

While licensed acupuncturists and other healthcare providers whose professional scope of practice allows them to perform acupuncture can legally needle the five Acudetox points without NADA training, NADA strongly recommends these individuals still take the Acudetox training as the whole concept of NADA-style treatment is significantly more than just putting in the needles. Understanding philosophies such as communal treatment, how *empty fire* relates to addictions and behavioral health issues and the psycho-spiritual nature of recovery are all vital to successful outcomes with this modality. Additionally, in jurisdictions where supervision of non-acupuncturist ADSes is required, the supervising acupuncturist or physician is generally required to be NADA trained.

Purpose of training

It is NADA's privilege and responsibility to prepare well-qualified practitioners who can demonstrate the skills of 5-point auricular acupuncture for addictions and behavioral health treatment.

NADA developed and maintains a specialized training protocol to:

1. define the scope of practice of the Acupuncture Detoxification Specialist (ADS) for rendering services for addictions and behavioral health treatment through the provision of an adjunct auricular acupuncture intervention;
2. promote the NADA client centered treatment approach: always respecting the dignity of the individual and the importance of developing his or her Yin, the internal foundation for recovery;
3. address the public need for safe, accessible addictions and behavioral health treatment services by facilitating the appropriate training of ADSes and thereby expanding the availability of auricular acupuncture in those settings;
4. define basic competencies in order to assure minimum standards of acceptable preparation and practice;
5. establish a core curriculum that serves as criteria for fundamental and consistent training of ADSes.

Scope of practice

The title "Acupuncture Detoxification Specialist" (ADS) denotes one who is trained specifically in the five point NADA Acudetox auricular acupuncture protocol, exclusively for addictions and behavioral health treatment. This treatment may also be referred to as detox treatment, substance misuse treatment, chemical dependency treatment, dual-diagnosis, or substance abuse treatment.

Licensed acupuncturists or those healthcare practitioners permitted to perform acupuncture under the scope of practice of their professional licenses or certifications are generally permitted to administer Acudetox in any setting to any type of client.

The scope of conditions that non-acupuncturist ADSes may treat is limited to those that are related to addictions and behavioral health treatment, including detoxification, withdrawal, trauma, craving, stress syndromes, relapse prevention, rehabilitation and recovery maintenance. This may include persons with coexisting

chronic mental illness, HIV/AIDS, PTSD or persons at risk for substance abuse or misuse. Non-acupuncturist ADSes shall provide Acudetox only under the supervision of a licensed acupuncturist in settings consistent with accepted local or state guidelines unless these guidelines allow otherwise.

Eligibility for NADA ADS training

Individuals who work or intend to work within the addictions and behavioral health treatment fields are eligible for ADS training. One of the benefits of the NADA protocol lies in its simplicity and accessibility for a wide array of individuals, including but not limited to counselors, physicians, physician assistants, nurses, acupuncturists, social workers, detox technicians, psychologists, administrators, outreach workers, criminal justice workers, recovery readiness/harm reduction workers, case managers etc. The protocol can be safely and accurately integrated into a treatment milieu by a broad range of individuals with different roles and responsibilities within their respective organizations. Candidates with little or no prior experience with addictions or behavioral health treatment may require additional training hours.

The practice of Acudetox is generally regulated by state agencies and it is up to the individual to ascertain whether it is legal for non-acupuncturist ADSes to perform the Acudetox technique in his or her jurisdiction. Furthermore, it is up to the individual ADS or ADS trainee to assure he or she remains in compliance with local regulations.

Obtaining a Training Completion Certificate

Every trainee must complete seventy-hours (70) of training (30 didactic and 40 clinical) provided and/or overseen by a NADA Registered Trainer. In addition, he or she will demonstrate to the satisfaction of that Registered Trainer a mastery of the basic competencies listed below.

Upon successful completion of these requirements (hours and competencies), the Registered Trainer will sign and provide to the trainee an *Application for Certificate of Training as an Acupuncture Detoxification Specialist*. The trainee will then submit the completed application, a recent resume, copies of professional licenses and/or degrees, verification of student status (if applicable), a signed ethics pledge and required fee to NADA. After verification, the ADS will receive a *Certificate of Training as an Acupuncture Detoxification Specialist*.

Occasionally applicants are not able to demonstrate the required competencies upon completion of the 70 hours of training. Such applicants will not be eligible to receive a certificate until they do so. Individuals may work with a Registered Trainer to identify deficits and in partnership create a plan that will allow the individuals to achieve appropriate mastery of the materials and techniques.

PLEASE NOTE: The *Training Completion Certificate* indicates successful completion of NADA Acudetox training and demonstration of entry-level skills. NADA does not provide initial or ongoing certification of ADSes. ADSes are encouraged to maintain competencies and continue to expand their knowledge by pursuing continuing education, attending the NADA annual conferences and maintaining active annual membership in the organization.

ADSes each sign an Ethics Pledge verifying the understanding of and agreeing to abide by rules regarding limited scope of practice as appropriate, confidentiality, client

rapport and respectful treatment, financial interest, and sharing experiences with the NADA community.

ADS standards of competency

1. Able to perform at least 20 treatments during a 4-hour period with good point location and technique.
2. Able to explain the uses and limitations of the treatment.
3. Able to demonstrate sensitivity, compassion and respect for clients.
4. Able to understand the communal treatment effect and maintain an appropriate atmosphere.
5. Able to demonstrate clean needle technique.
6. Able to demonstrate familiarity with research and outcome results of NADA programs.
7. Able to demonstrate understanding of and to comply with, the limited scope of practice and other ethical principles.
8. Able to demonstrate understanding of the implications of role of auricular acupuncture for addictions and behavioral health in the larger treatment context.
9. Able to write chart notes re: status, treatment given and client response.
10. Able to demonstrate understanding of the adjunctive nature of Acudetox and the importance of collaboration and communication with the treatment team.
11. Able to demonstrate recognition of the psycho-spiritual nature of recovery and respect and support the client's internal process.
12. Ability to modify treatment appropriately (e.g., fewer needles, shorter retention) and to respond to adverse clinical situations if they occur.
13. Able to demonstrate understanding of addictions and the NADA protocol from the perspective of basic concepts of Chinese medicine (Qi, Yin/Yang, empty fire).

These competencies are considered the minimum skills that must be demonstrated to become an Acupuncture Detoxification Specialist. The trainee will further develop each of these skills as she or he begins to apply the training in a treatment setting. This is true whether the competency is the speed of inserting needles or achieving a greater level of sensitivity towards clients. NADA reserves the right to not grant a *Training Completion Certificate* to anyone who, in the opinion of his or her Registered Trainer(s), does not fully demonstrate these minimum skills.

National Acupuncture Detoxification Association's Acudetox Five-Needle Protocol

Overview of Acudetox and NADA-Style Treatment

Acudetox within NADA-style treatment centers on several overarching philosophies. The relationship, the way of being with clients, is paramount. The acupuncture technique itself represents only a small fraction of the overall treatment approach; the protocol is 80% heart and 20% technique.

The entire process is about the person receiving the treatment. It is a client-centered. The Acupuncture Detoxification Specialist (ADS) must cultivate the client's potential for growth by establishing and maintaining a healing relationship,

NADA-style treatment incorporates frequent Acudetox sessions within a nurturing environment, an herbal tea blend and the use of ear seeds and/or magnetic beads all within the context of addictions and behavioral health treatment and prevention programs and mutual support fellowships.

Acudetox is an adjunctive treatment that allows the other facets of a comprehensive treatment program to become more effective. Clients report that they are more relaxed, focused and able to think more clearly, have better appetites, more energy and less cravings and withdrawal symptoms. Clinicians report that clients are more attentive and willing to participate more deeply during counseling sessions and provide more truthful responses throughout the evaluation process. Over time, clients become more present to the needs of their families and communities and put in the effort to mend broken relationships. Crime recidivism rates also tend to decrease.

Programs note that successful completion rates improve while numbers of negative incidents decrease. In pharmacological-based programs, medication compliance improves while dose increase requests decrease. All of these phenomena lead to improvements in client and staff satisfaction, decreases in staff burnout and job turnover rates, fewer staff sick days and noticeable positive shifts in relationships throughout the programs. Many programs encourage their staff to receive Acudetox along with the clients thus creating a greater sense of wellness throughout.

All of this becomes possible because at its very essence, Acudetox is about allowing a person's qi (pronounced *chi*) – the intangible part of a person – to flow more smoothly and appropriately. When qi is able to flow as needed, healing can take place on all levels of the person's being. While the acupuncture needles affect the qi flow, the ADS's intention, acceptance and nurturing are just as important.

Historical Highlights of Utilizing Acupuncture in the Behavioral Health Arena

- 1971: *New York Times* senior editor James Reston published his account of his appendectomy in Beijing that utilized acupuncture for post-operative nausea.
- 1972: Dr. Wen Hsiang-Lai in Hong Kong discovered by chance that electrical stimulation of needles inserted in a lung point of the ear – intended to be used as a preoperative anesthetic – abated physical withdrawal symptoms from opium.
- 1973: Wen and Cheung publish their results of treating 40 heroin and opium addicts with electropotentiated ear acupuncture in the *Asian Journal of Medicine*. The *New York Times* also ran an article on these findings including this quote from Wen, "We don't claim it's a cure for drug addiction. If we can treat the withdrawal symptoms, make

- the patient more comfortable, and alleviate their suffering, then we have achieved something. Our treatment is not the complete answer to drug addiction.”
- 1974: Lincoln Hospital Detox Program, Bronx NY, an outpatient methadone clinic since 1970 began using the Wen protocol. Michael O. Smith, MD a psychiatrist and medical director of Lincoln Detox Program began working with the acupuncture clinic and replaced Richard Taft as Clinic Director after Richard was found dead.
 - 1982: Smith, et al, published an article in *The American Journal of Acupuncture* describing the five ear points used in their work as well as points in the hands and feet for particular symptoms.
 - 1985: The National Acupuncture Detoxification Association (NADA) is founded and incorporated by Michael Smith, MD and others to promote education and training of chemical dependency clinicians in the NADA ear acupuncture protocol. The term Acudetox is given to this treatment.
 - 1986: Fr. Thomas Edward Gafney, SJ established NADA-style program in Katmandu. As its first organizational activity, NADA conducted trainings at the Crow Agency and Pine Ridge Indian reservations.
 - 1987: Bulluck, Culliton and Olander published research indicating the effectiveness of acupuncture in treating chronic addiction (see Appendix). Portland Addictions Acupuncture Center established by David Eisen, LAc in Portland Oregon.
 - 1989: Acudetox program initiated for jailed drug-offenders in Miami. This was followed shortly after by the opening of the *Miami Drug Court* with the Hon. Stanley Goldstein sitting on the bench. New York state adopted the first statute to allow non-acupuncturist ADSes to perform the Acudetox technique.
 - 1991: NADA holds its first large-scale conference in Santa Barbara, CA. NADA-UK formed by John Tindell and Margaret Pinnington. First NADA Europe meeting held in Sweden with representatives attending from The United Kingdom, Germany, UK, Finland, Hungary, Russia and Sweden.
 - 1993: The charter issue of *Guidepoints* was published. An Acudetox program was inaugurated at the Bronx Psychiatric Hospital. The first National Drug Court Conference was held in Miami.
 - 1994: The Oregon Gambling Treatment Program initiated an Acudetox program. Alex Brumbaugh published *Transformation and Recovery. 8th Special Report to Congress on Alcohol and Health* mentioned acupuncture as a potential treatment modality. NADA issued its first training manual.
 - 1995: NADA issued its initial list of 34 Registered Trainers. Ellinor Mitchell published *Fighting Drug Abuse with Acupuncture* (now out of print). NADA-UK began training “substance misuse teams” in Her Majesties Prisons, which resulted almost immediately in an 80% reduction of violent acts. Michael Smith, MD received first National Leadership Award from the National Association of Drug Court Professionals.
 - 1996: *Treatment Improvement Protocol Series 19* (TIP 19) published by the Center for Substance Abuse Treatment (CSAT) of The National Institutes of Health gave modest

- support for the use of acupuncture in opiate detoxification. GMHC released *Points to Change* video, which became a staple of NADA trainings. The first Acudetox web page went online.
- 1997: The National Institutes of Health published *Acupuncture. NIH Consensus Statement* that includes the conclusion, “There are other situations such as addiction, stroke rehabilitation, . . . , in which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program.”
 - 1998: *Encyclopedia Britannica Medical and Health Annual* published an article on Acudetox authored by Michael O Smith, MD. The “Lessons Learned” series of essays by Claudia Voyles, LAc began appearing in *Guidepoints*.
 - 1999: *The Journal of Substance Abuse Treatment* published an article by Schwartz, et al, on the value of acupuncture in substance abuse treatment (see Appendix).
 - 2000: The New York State Office of Mental Health formally added Acudetox Standards to state regulations. Jim Byrne, a volunteer from Lincoln Recovery, began NADA Ireland.
 - 2001: Acudetox training capability established in India and Thailand for Burmese refugee camps. After the terrorist attacks on the World Trade Center, an Acudetox for terrorism survivors program began in Manhattan providing over 1,000 treatments in the first 10 days.
 - 2002: Pan-African Projects brought NADA treatments to Uganda and surrounding regions. *Transformation and Recovery* had its first printing. The first methodologically sound NADA treatment report on smoking cessation with positive results appeared in *American Journal of Public Health*. The US Government reported 736 certified addictions treatment programs in the US offered acupuncture. Members of NADA Italy completed a study of smoking cessation.
 - 2003: Substance Misuse Program in UK expanded to over 130 correctional facilities. NADA-style treatments in residential program for street children in Peru expanded. Similar programs in Mexico City and Philippines also expanded services
 - 2005: NADA members aided in Gulf Coast recovery efforts after hurricanes Katrina and Rita and in Kashmir following earthquake. In Israel, NADA-style treatments expanded into several clinical institutions.
 - 2006: US Army began research on acupuncture treatment of PTSD in military personnel. CSAT updated TIP 19 with TIP 45, which contains several sections discussing the use of acupuncture in detoxification and substance abuse treatment (excerpts of this TIP can be found in the Appendices of this manual).

Lincoln Hospital History & Protocol

Acupuncture treatment for drug and alcohol problems was primarily developed at Lincoln Hospital, a city owned facility in the impoverished South Bronx. The Substance Abuse Division at Lincoln is a State licensed treatment program that has provided more than 500,000 acupuncture treatments in the past 30 years. Dr. Yoshiaki Omura was the consultant who began the program (Omura 1975). Initially, in 1974, Lincoln used Dr. H.L. Wen's method. In the process of researching the effects of applying electrical stimulation to the lung point in the ear

for post surgical pain, Dr. Wen discovered serendipitously that the acupuncture relieved opiate withdrawal symptoms (Wen 1973).

When acupuncture was first introduced, Lincoln was a methadone detoxification program; therefore, electro acupuncture was initially used as an adjunctive treatment for prolonged withdrawal symptoms after a 10-day methadone detoxification cycle. Clients reported less malaise and better relaxation. Subsequently, twice daily acupuncture was added concurrently with tapering methadone doses. Reduction in opiate withdrawal symptoms and prolonged program retention were noted.

It was accidentally discovered that electrical stimulation was not necessary to produce symptomatic relief. In fact, simple manual needling produced a more prolonged effect. Clients were able to use acupuncture only once a day and still experience a suppression of their withdrawal symptoms. A reduction in craving for alcohol and heroin was described for the first time. This observation corresponds to the general rule in acupuncture that strong stimulation has primarily a symptom-suppression or "sedation" effect and that more gentle stimulation has more of a long term, preventative or "tonification" effect.

The acupuncture protocol was expanded by adding "Shen Men" (spirit gate), a point well known for promoting relaxation. Other ear points were tried on the basis of lower resistance, pain sensitivity, and clinical indication during a several year developmental process. Dr. Michael Smith of Lincoln added the "sympathetic", "kidney" and "liver" points to create a basic five-point formula. Numerous other point formulas using body acupuncture points were tried on an individual basis without any significant improvement. Dr. Smith also developed a companion herbal formula known as "sleep mix".

In 1978, the clinic relocated and stopped providing methadone. Over the ensuing years Lincoln further developed a client-centered acupuncture-assisted model of treatment. It became clear during the crack cocaine epidemic in the mid-1980's that the 5 point protocol was effective in assisting crack addicted persons to become and remain clean.

Lincoln also functions as the largest training institute for Acupuncture Detoxification Specialists. Some 2000 ADSes from around the world were trained in this protocol at Lincoln, about 10 trainees per week.

In 1997, Lincoln changed its name to Lincoln Recovery Center. Current services there include a comprehensive Maternal Substance Abuse Services (MSAS) program for women who are pregnant or referred by the local children's services administration and a Criminal Justice/General Detoxification Unit for both voluntary and adjudicated clients. A Drug Abuse Information System component operates the on-site urinalysis equipment linked to the clinic's computer system. Daily objective testing enhances treatment.

Unique Benefits of Incorporating NADA-Style Treatment in Recovery Settings

Many addictions treatments are designed to target a specific drug or behavior, particularly those that are based on pharmacologic support. Acudetox, on the other hand, has been shown to be an effective adjunct across a broad spectrum of addictions, including those to alcohol, heroin, cocaine, barbiturates, nicotine, amphetamines, poly-drug use and gambling. Acudetox can be easily and safely incorporated into pharmacologic-based treatment programs without fear of drug interactions.

The Acudetox treatment is a non-verbal process that requires minimal performance by and interaction with the client. Often this may be the only component of a treatment program that allows the fearful or doubting client the ability to receive a helpful intervention without the worry of exposing him or her self. The treatment works even if the client is in denial or lies

about his or her behaviors. In fact, experience has shown that Acudetox will often help these clients open up faster and be more truthfully thus allowing the other program components to be more effective.

Acudetox offers immediate and tangible effects but with minimal potential for adverse events. Because it works in the present moment instead of by a promise of future improvement, clients are more willing to believe their lives can be different than what they have been, that the work of recovery is worth the effort. Paradoxically, the most difficult clients often report the greatest change of outlook and behaviors.

Because addictions impair the whole person, NADA-style treatment stresses the importance of considering the person in his or her entirety: body, mind, emotions and spirit. It is comprehensive, not compartmentalizing. This philosophy incorporates well with 12-step mutual support fellowships in that the psycho-spiritual aspects of recovery are viewed to be just as, if not more, important than the physical discomforts of detoxification. Acudetox is equally effective with women, men and adolescents and is compatible cross-culturally.

While originally developed as an alternative to methadone detoxification, Acudetox has been shown to be supportive across all stages of recovery from pre-contemplation through relapse prevention and recovery maintenance. Many harm reduction services utilize this modality as a gateway to the larger conversation of drug-free living. Acudetox has also been shown to be effective in the behavioral health arena, especially with clients who have co-occurring mental health issues.

Programmatically, the incorporation of Acudetox has been shown to reduce staff stress and burnout. Clients are more focused and exhibit levels of serenity not often experienced in conventional treatment settings. Therapeutic relationships improve as clients begin to trust in and surrender to the process. In many NADA-style programs, the staff often receives Acudetox along with the clients, thus affording the front-line treatment providers the benefits of the treatment.

In summary, Acudetox is

- effective regardless of the nature or type of addiction;
- applicable throughout the treatment/recovery process;
- accessible to men, women and adolescents and is accessible cross-culturally;
- a modality that treats the whole person – body, mind, spirit, and emotions – just as addiction impairs the whole person. It has a comprehensive, not compartmentalizing effect;
- non-verbal and non-performance (most other treatment interventions are both);
- able to elicit immediate and long-term effects;
- a treatment that has few complications and adverse reactions. It is non-addictive;
- simple, flexible and inexpensive and can be easily integrated into treatment settings;
- an important step in improving the treatment environment and outcomes;
- paradoxically even more effective with the clients who are “hardest” to treat: due to co-existing disorders, criminal justice involvement, violence, etc.;
- consistent and relatively safe.

Psychosocial Characteristics of the Acudetox Protocol

Current research indicates that addiction is a treatable, brain-level disease and as such has significant influence upon a person's thoughts, behaviors and interactions with family, treatment staff and society in general. True recovery cannot occur if these psychosocial issues are not addressed so that new core values can be attained. To achieve these goals, most behavioral health and addictions treatment therapeutic modalities utilize individual and group counseling models (i.e. talk therapy). For individuals further along in their recovery and who have learned to trust the process, these sessions are vital for self-discovery, developing new behaviors and acquiring relapse prevention strategies.

Conversely, newly sober clients who are just beginning their recovery work are often fearful of the treatment process, lack trust in themselves and others, may be in denial about their need for treatment, might be ashamed of their pasts and doubt their self-worth. Thus they are often not ready to disclose much about themselves, are not able to hear the messages being taught, do not trust the treatment staff or do not think they are able or worthy of the effort recovery requires. To remain *safe* in the treatment environment, rather than open up they often choose to withdraw, not be completely frank about their lives, not actively participate in their process or leave the program.

Because it is a non-verbal process, Acudetox engages clients in helpful treatment without the need them to reveal themselves on a verbal level. Clients receive the benefits of the treatment whether they are lying, are ashamed or are in denial. They are able to learn about themselves and process troublesome issues more gradually and comfortably. Paranoid, antagonistic clients are able to accept help in spite of their lack of trust. Those with low self-esteem and lack of hope begin their treatment participation at more realistic levels. Clients who are also trauma victims are able to participate in treatment even though they are fearful of interpersonal relations. Hence, a broader array of clients can be introduced to addictions and behavioral health treatment.

Generally clients entering treatment programs must go through a lengthy assessment process during which time they are receiving little if any tangible help. This paradoxical problem (i.e. clients not getting help while the staff is determining if they need help) is easily solved with Acudetox. Clients receive a helpful intervention before assessments and diagnoses are completed and in fact Acudetox helps the client remain calm and cooperative during the assessment process. Clients are able to relax without losing control, which results in entire programs relaxing without losing control. Confrontation about the clients' drug use is unnecessary since they can be helped regardless of the type or amount used and even while in denial about their need for treatment. The treatment staff is able to provide kind, soothing attention gaining the clients' trust and improving rapport, without the risk of enabling the addictive process.

Acupuncture helps the development of a meditation-like state thus allowing the clients to become more comfortable with their thoughts and physical processes. Clients learn to let go of tensions and preoccupations while developing their own spatial comfort zone. Furthermore, they learn that their private, internal processes can be sources of strength and renewal and are able to remain comfortable while staying focused on the present. The calm, stable nature of NADA-style treatments creates a relatively timeless process that allows clients to grow at their own pace and not according to guilt-related standards.

The group setting in which Acudetox is offered creates an environment that is reassuring and validating. Therapists are invited to join in and become supportive witnesses of the clients'

development. Clients listen, learn and remember without being overwhelmed by distractions. Thus Acudetox helps clients participate in group and individual treatment sessions more effectively.

There are actually two components to the Acudetox treatment. First there is a balancing process that occurs almost immediately so that the client is more receptive to the messages of the program. Very anxious clients often fall asleep during the treatment while tired, apathetic clients often experience a sense of vitality during and after treatment. As clients receive more treatments they feel relatively harmonious most of the time and no longer fall asleep during the treatment. They also do not require the treatment as often. The outside observer might believe the treatment is less effective when clients no longer fall asleep during the session. Just the opposite is true as the treatment becomes more effective as time passes. The phenomenon of tolerance experienced in pharmaceutical medicine is not present with acupuncture.

The actual “message” of acupuncture often has a delayed onset of several hours. As clients become more balanced and receptive, this message becomes more effective over longer periods of time.

While clients often feel relaxed after acupuncture treatments, defining this outcome as “stress-relief” is a serious misunderstanding. Stress is actually an engineering term that simply means an adjustment made to an external force and is a necessary protective mechanism that keeps us all alive. When someone says he or she is stressed out, it generally involves blaming someone or something else, so treating this “stress” is only a temporary fix. Clients that are in recovery already know that alcohol, heroin, cocaine or other drugs are excellent *treatments* for stress. Acudetox is useful because it helps individuals prepare for the future, not just deal with the past. It is more appropriate to judge the value of the treatment not by the level of sedation of the clients, but rather how prepared they are for counseling, groups and facing other life challenges. Acudetox helps clients be more resilient and adaptive to “life on life’s terms”.

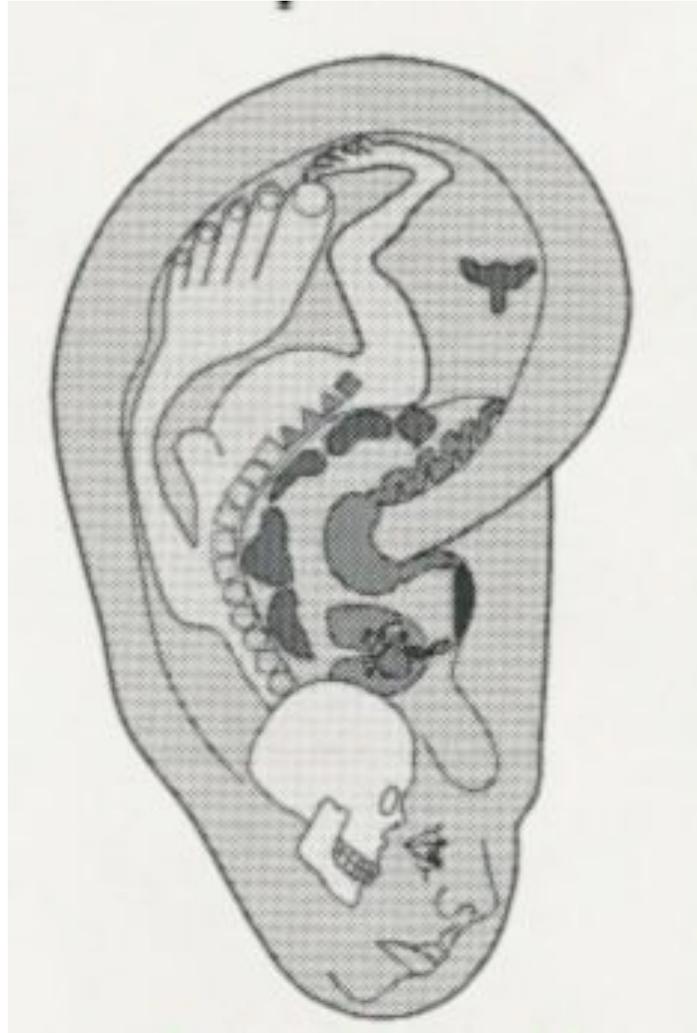
In conclusion, the psychosocial characteristics of Acudetox process can be summarized as:

- It is a non-verbal process that is just as helpful if the client is untrusting or ashamed;
- The clients can be engaged in helpful treatment even before they are able to tolerate intense or personalized one to one interactions comfortably;
- Acudetox provides a solution to some of the paradoxical problems in addictions and behavioral health treatment;
- Acudetox helps the development of a meditation-like state;
- Acudetox treatment in a group setting creates an environment that is reassuring and validating. As therapists, we are welcome to join this setting. We are able to be supportive witnesses for the client's development;
- There are two components to Acudetox treatment: an immediate balancing effect and a longer-term sense of harmony; and
- Defining the mechanism of Acudetox as "stress relief" is a serious misunderstanding.

Auriculotherapy

Auriculotherapy is a therapeutic modality in which stimulation of the external ear is utilized to alleviate health conditions in other parts of the body and is the basis for the type of acupuncture used in Acudetox. The ear is considered to be a micro-system, like the hands and feet, a reflection of the entire body. In ear acupuncture there is an orderly, anatomical

arrangement of points based on an inverted fetus or *homunculus* (little man) perspective in which the head is reflected on the lower part of the ear (lobe) the hands and feet towards the superior (top) aspect and the internal organs located within the central depressions (around and just above the ear canal).

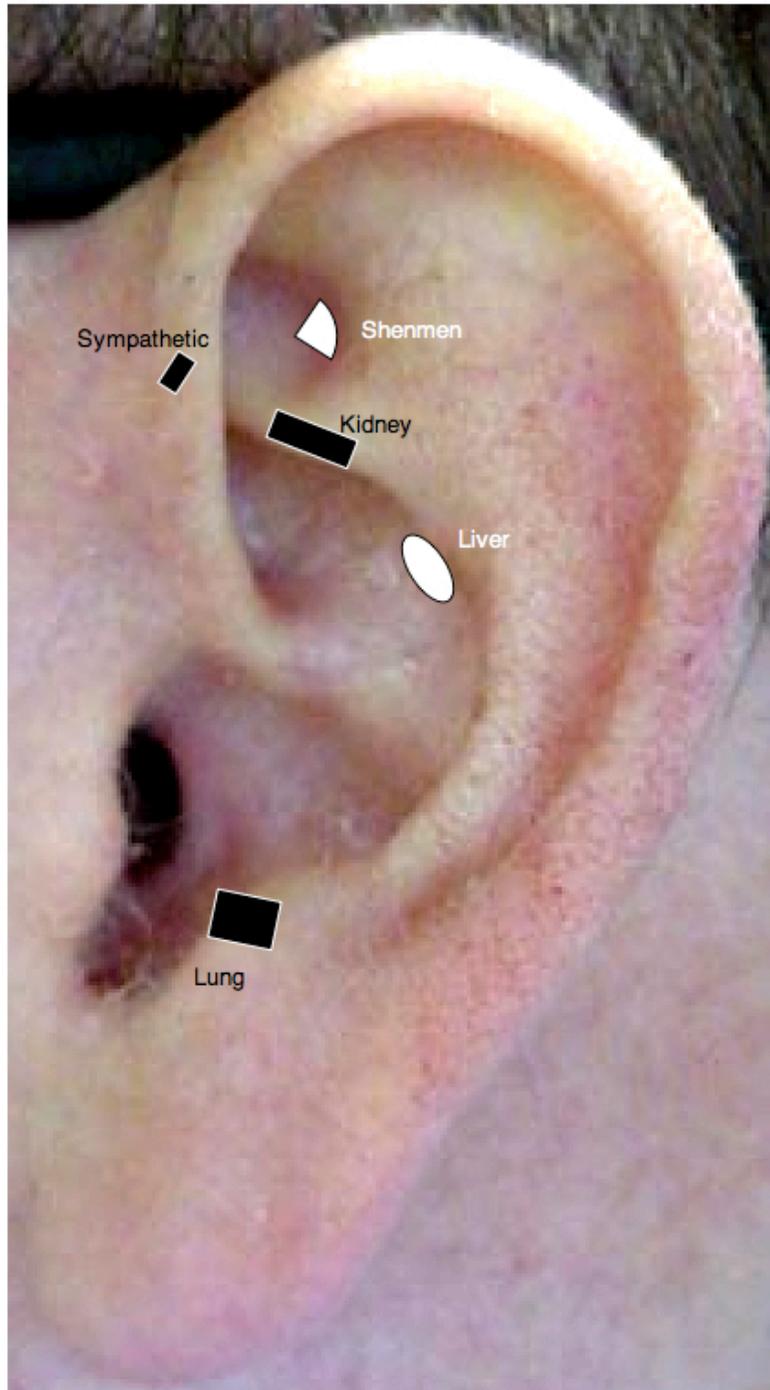


from the *Auriculotherapy Manual* by Terry Oleson



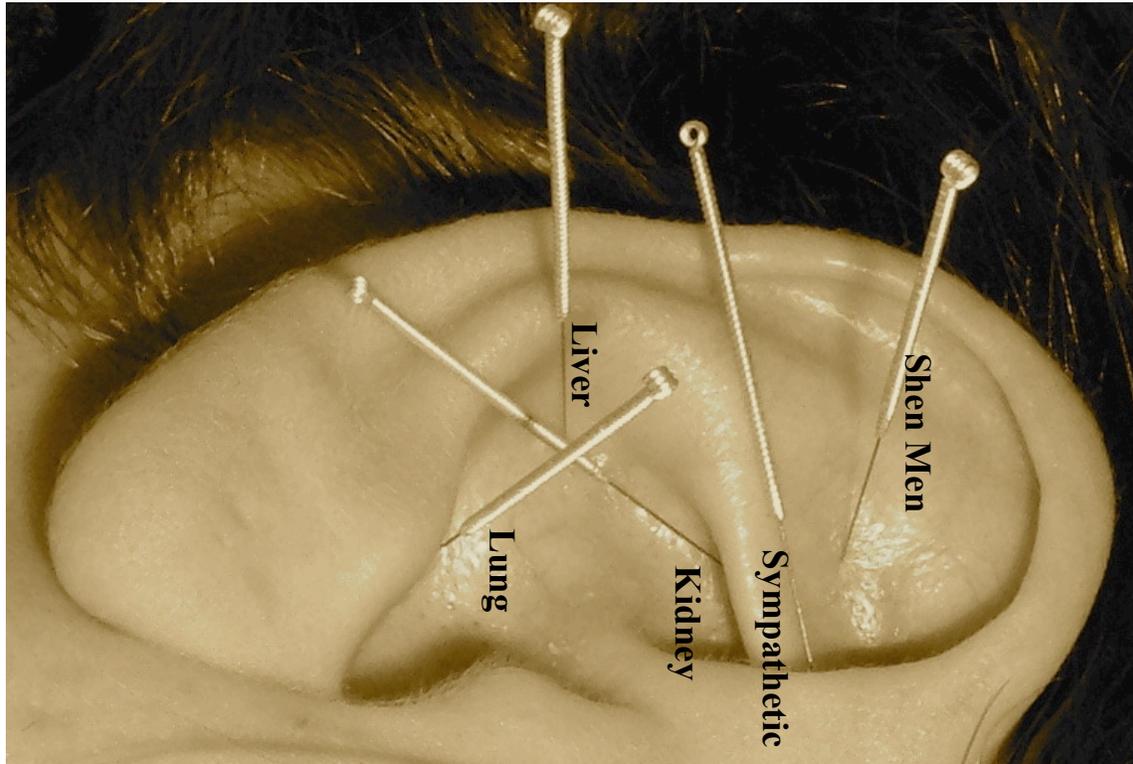
Auricular Topography and Landmarks

Acudetox Point Locations and Functions



**National Acupuncture Detoxification Association
Acudetox 5-Needle Protocol Points
(Note that all 5 points are in the recessed, relatively more Yin, areas of the ear)**

Acudetox Points with Needles Inserted



Sympathetic Point

Overview: The Sympathetic point balances the autonomic nervous system. It has a strong analgesic and relaxant effect upon internal organs and dilates blood vessels.



Point Location: The point lies at the intersection of the internal helix and the *superior* edge of the *inferior* crus. It is generally hidden from view.

Needle Technique: The needle is inserted parallel to and along the superior edge of the inferior crus

Indications:

- Body Level
 - Balances the autonomic nervous system, generally by reducing the stress (flight or fight response (sympathetic nervous system/Yang) via stimulating the parasympathetic nervous system (Yin)
- Mind Level
 - Reduces epinephrine/norepinephrine levels for relaxation
- Spirit Level
 - Calms the spirit, provides for serenity (Yin time); quenches excess kidney fire

Shen Men Point

Overview: Shen Men translates roughly as *spirit gate*. Needling this point generally helps to alleviate anxiety and nervousness and produces a calming, relaxing effect. It helps the process of going within, supporting the internal journey of recovery by regulating the quality and quantity of kidney fire reaching the heart and thus allowing for a more peaceful environment for the Shen (spirit) to settle.



Point Location: The point is in the superior-posterior sloping section of the triangular fossa in the corner diagonally opposite from the Sympathetic Point

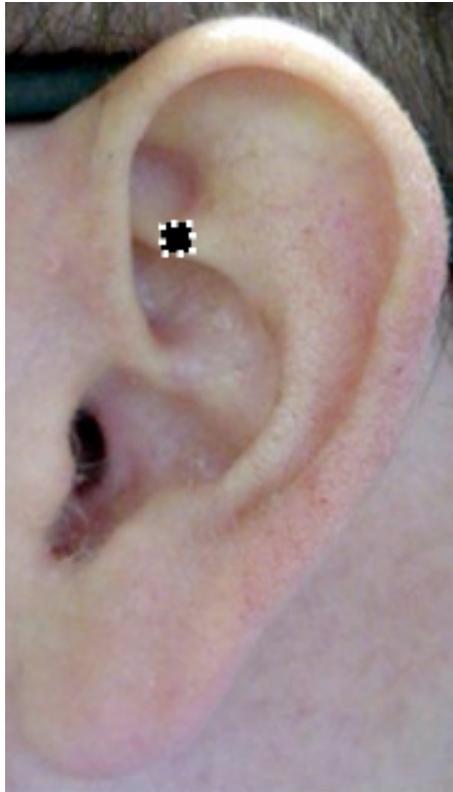
Needle Technique: The needle is inserted either perpendicularly into or at a slight angle to the point

Indications:

- Body Level
 - Alleviates pain, tension, excessive sensitivity; reduces hypertension
- Mind Level
 - Calms the mind and relieves anxiety, depression, insomnia and restlessness
- Spirit Level
 - Regulates the gate between Ming Men and Heart (Heart fire), opens connection to the Shen (opens the person's heart to possibilities and acceptance), provides for the ability to love self and others, to have compassion and engage in meaningful relationships

Kidney Point

Overview: The kidney in Chinese medicine is associated with growth, development, reproduction, courage, intelligence and the aging process. It is believed to store the source energy and the essence, or *Jing*. It is where the fire of life, the *Ming Men* resides. It is responsible for appropriate and inappropriate fear, resolve/will, power, intelligence and rebirth. This point helps balance kidney fire resulting in more appropriate heart fire, which, in conjunction with Sympathetic and Shen Men allows the Shen to settle.



Point Location: This hidden point lies on the superior concha under the anti-helix ridge, anterior to the anti-helix notch, inferior to Shen Men (relative to the axis of the ear)

Needle Technique: The needle is inserted at a 45° angle from vertical pointing towards the top of the head

Indications:

- Body Level
 - Stimulates physiologic and hormonal functions; relieves edema
- Mind Level
 - Influences mental state and happiness (regulates Ming Men/adrenals), aids in mental focus
- Spirit Level
 - Reminds client of his or her willpower (Zhi) to overcome the addiction; to have faith and courage in one's own abilities, allows client to hear the messages of recovery

Liver Point

Overview: Chinese medical theory associates the Liver with resolving anger and aggression and with keeping both the emotions and the body's systems moving smoothly. It is responsible for planning, vision and insight.



Point Location: The point lies superior to the concha ridge/helix root at the helix wall in the most Yin aspect of this area.

Needle Technique: The needle is inserted either perpendicular or at a slight angle to the ear. The practitioner must often visually extrapolate the region to where the concha root would extend.

Indications:

- Body Level
 - Simulates physiologic and hormonal functions; relieves muscle cramps
- Mind Level
 - Aids in clear thinking and decision making; relieves frustration, depression, anger
- Spirit Level
 - Helps client see into his or her self and find a direction for his or her life; gives the ability to see tomorrow (Hun); allows for benevolence, for the person to be who he or she is

Lung Point

Overview: In addition to respiration, the Lung is also involved in immunity and protecting the body from disease. The Lung is associated with the grieving process and with letting go. It is responsible for inspiration, respect and connection with the heavens.



Point Location: The point is found on the lower region of the cavum concha inferior (relative to the ear axis) to the Chinese Heart Point (the most central, deepest area of the cavum concha), on the Yin aspect of the cavum concha.

Alternative Location: Superior and slightly posterior to the Chinese Heart Point (relative to the ear axis)

Needle Technique: Visually locate the deepest, most central portion of the cavum concha (the Heart Point) and insert the needle just below in line with Shen Men and Kidney along the axis of the ear (or just above the Heart Point for the alternative location). Often there will be a bump on the tragus that can be used as a landmark.

Indications:

- Body Level
 - Lung is the most important organ for detoxification; regulates pores
- Mind Level
 - Aids in regulation of grief/sadness; improves sense of connection, self-respect and integrity
- Spirit Level
 - Reminds client of connection with heavens and surroundings (P'o); provides inspiration and acknowledgment of both past and present

Clean Needle Technique and Exposure Control Procedures

- Clients should be reminded verbally and/or via posted instructions of the program rules regarding client safety. New clients should be reminded before their first group needling session even if they received these instructions in an orientation session. Program rules should include:
 - not to play with any needles that fall out during treatment,
 - to secure his or her own fallen needles in whatever manner the program has established that protects others from contacting the contaminated needles. (e.g. in carpet, through pants, in a safe, visible location, etc.),
 - not to touch another client's fallen needles,
 - that there is no walking around while the needles are in,
 - they are not to lie on the floor in the general area of where the needling takes place. For clients with back problems, special arrangements can be made for the client to lie down away from where he or she may contact other clients' fallen needles,
 - Clients should be requested to use the restroom prior to treatment. If a client does need to use the restroom during treatment, an ADS should remove all needles and replace them with sterile, unused needles when the client returns.
- ADSes must wash hands thoroughly before and after the treatment session with both soap and water or with alcohol-based hand rubs. If these are not available, then the ADSes must use antibacterial gel, wipes or foam. If the ADS's hands become contaminated during needling, he or she must clean his or her hands prior to treating the next client.
- Clients must prepare the surface of their ears with an alcohol swab or alcohol-soaked cotton ball. Clients on disulfam/Antabuse can use a non-alcohol based preparation or use soap and water.
- Use only pre-sterilized, single-use needles from unopened packages. Discard any needles if the tips have touched any surface other than the intended ear point and any unused needles at the end of the treatment day.
- ADSes must always follow the guidelines in this manual for proper needling technique.
- While being needled sitting in chairs, clients must be sitting straight up with both feet on the floor (once needles are in clients can adopt a more comfortable sitting position).
- Used needles must go into a red sharps container.
- ADS's must follow the program's Exposure Control Plan for disposing cotton balls or swabs that have been used to absorb a patient's blood.
- The ADSes and/or Acudetox supervisor must check the room for stray needles after each session.

Acudetox Rapport and Needling Techniques

- Be sure you are prepared, calm and focused. Have the needles ready for use. Always be mindful of your body positioning so that you are stable and introducing into the client's space inappropriately. Approaching the client from the front and to the side tends to make him or her more comfortable than from straight-ahead or from behind.

- Be sure the client is prepared and present for the treatment, sitting upright comfortably with both feet on the floor. Both ears must have already been cleaned with alcohol.
- Speak calmly, directly, in low tones, explaining the procedure to the client if it is his or her first treatment (avoid using the organ names of the points and speak of them in their spirit level indications). Ask if the client is ready. If the answer is “no”, guide the client into taking several deep, long and relaxing breaths.
- Make sure that you position yourself so you can needle the ear from the front –side of the client. You may ask the client to turn his or her head or move forward in the chair. Move your body slightly if necessary being mindful of the other clients’ spaces. Do not use the client’s head like a video game joystick.
- Hold the needle handle with your thumb and index finger. Do not put a finger over the head of the needle. Hold as far down the handle as possible without touching the shaft.
- Visualize the location of each point remembering these points are all on relatively Yin surfaces of the ear (triangular fossa, cymba concha, cavum concha). These areas will generally look darker than the adjoining raised surfaces because of the increased blood flow in these non-cartilage areas.
- Using the needle as a pointer, visually follow the needle tip to the Acudetox point.
- Ask the client to take a deep breath and on the exhale insert the needle by touching the tip to the point and giving it a gentle twist clockwise. Insert the needle about 1-2 fen (approximately 1/8 inch). Some clients prefer you coach them with the breathing; others prefer you insert the needles quickly without too much fuss.
- Some clients are quite fearful. Take your time with those clients, encouraging them and you to breath deeply. While it is counterproductive to become confrontational with the client it is important to their healing that you remain calmly in charge.
- Some clients experience an initial pinch that will subside after a moment. If the client continues to feel discomfort you may adjust the needles slightly.
- Do not insert the needles while the client is holding his or her breath or when his or her shoulders are tense. This will increase the pain and discomfort.
- Insert the needles confidently, calmly and quickly. If a needle is hanging down loose you may return it to the original insertion angle and give an additional twist.
- Avoid words like, “OOPS”, “SORRY”, and “UH OH” or telling the clients they have good or bad ears.
- Always remember there is a person attached to the ear you are needling.
- After the needles are inserted, check to see if the person is all right – not woozy, flush or pale.
- Needles often fall out after insertion. If this occurs do not re-needle the point. It has already been stimulated. Do not disrupt the client’s treatment unduly looking for lost needles. If you see it, fine. If not wait until all the needles are removed at the end of treatment to search for it. If you recover a needle during treatment, follow the instructions for that site for fallen-out needles. Do not discard it during treatment in the hazardous waste container. A final count of needles is necessary.

- If a client attempts to hand you a needle, have him or her place it in the rug or in his or her clothes. Do not try to take it from him or her or allow the client to attempt to place it in the container.

Needle Removal

The practitioner or the clients can remove needles. There are risks and benefits of each model. (Programs will need to set policy/procedure that best suits their situation.)

- Clients remove needles: Under supervision, clients remove their own needles and staunch any bleeding that occurs (using either a cotton ball or a cotton-tipped swab). It may be helpful to provide a station with a mirror, a biohazard container, cotton balls/swabs and hand cleaner, and a system for counting needles. Clients must wash their hands with soap and water, alcohol-based hand rubs, antibacterial gel, wipes or foam after removing needles whether or not there was visible blood present.
- ADSes remove needles: ADSes remove needles one at a time and put each needle directly into the red sharps container watching it all the way into the container. Whether or not the ADSes are required to wear PPE must part of the program's Exposure Control Plan. Cotton balls or cotton-tipped swabs must be with the ADS. Give cotton balls to client to staunch bleeding or hold a swab on the site for several seconds with firm pressure. If the ADS is wearing gloves and any blood gets on them, the gloves must be disposed as outlined in the program's Exposure Control Plan and a fresh pair donned before going on to the next client (please note that while they prevent contact with blood, gloves *do not* protect against needle sticks). If the ADS gets blood on his or her hands, then the procedures outlined in the programs Exposure Control Plan must be implemented.

Ethics Pledge for NADA Acupuncture Detoxification Specialists (ADSes)

As an Acupuncture Detoxification Specialist, I pledge to

1. Believe in the dignity and worth of all human beings and to provide service for the welfare and betterment of all members of the National Acupuncture Detoxification Association (NADA);
2. Use Acudetox in a supportive and nurturing way in the recognition of the right to humane treatment of suffering directly or indirectly from alcohol and drug addiction and behavioral health issues in general;
3. Never withhold treatment as punishment or to use Acudetox in a programmatically punitive manner;
4. Maintain a professional relationship with all persons served and to refer them to the appropriate service or practitioner promptly when this is not possible;
5. Be committed to a drug-free, sober state for all patients whose primary reason for receiving Acudetox is to support their recovery from addictions;
6. Never to do anything that will weaken the physical or mental resistance of a human being, except for strictly therapeutic or prophylactic indications imposed in the interest of the patient;
7. Refrain from undertaking any activity where my personal conduct, including the abuse of alcohol or drugs, is likely to result in inferior professional services, denigrate the profession in general, or constitute a violation of law;

8. Adhere strictly to the established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government regulations including but not limited to HIPAA;
9. Not associate myself with commerce in such a way as to let it influence, or appear to influence, my attitude towards the treatment of my patients;
10. Not exploit Acudetox for personal gain;
11. Make an effort to keep fees within the reach of the general public and to offer sliding fee scales for those patients who require such consideration;
12. At all times to maintain the highest standards in all the services I provide, valuing competency and integrity over expediency or temporary success;
13. Support the concept that ADS training will be offered only by NADA Registered Trainers;
14. Provide accurate information regarding my education, training, experience, professional affiliations, certifications and licensure;
15. Not claim directly or by implication professional qualifications exceeding those that I have actually attained;
16. Recognize the limits of my ability, providing services only in those areas where my training and experience meet recognized professional standards;
17. Accept the fact that training in the Acudetox technique does not imply competency to use acupuncture in general unless so trained and licensed;
18. Limit my practice of acupuncture to the NADA protocol unless I am permitted to perform acupuncture in general under the scope of practice of my professional licensure;
19. Regularly evaluate my own professional strengths and limitations, biases and levels of effectiveness and to strive for self-improvement by seeking professional development through further education and training. When appropriate, I agree to have my technical competencies reviewed by a NADA designated consultant and/or Registered Trainer;
20. Practice Acudetox in accordance with State, Provincial and/or Local regulations where such exist;
21. Seek supervision as needed and as required by State, Provincial and/or Local regulations;
22. Respect the integrity of other forms of health care and to make efforts to build bridges and develop collaborative relationships to achieve the best possible care for individual patients;
23. Use Acudetox in conjunction with appropriate counseling and supportive services;
24. To contribute my ideas and findings to the general body of knowledge concerning Acudetox and acupuncture for behavioral health issues;
25. Make public statements regarding the effectiveness of Acudetox that are within the generally accepted experience of the profession as a whole or within the individual practitioner's experience;
26. Use great caution in publishing discoveries and methods of treatment whose value is not yet recognized by the profession at large; and
27. Always recognize that I have assumed a serious social and professional responsibility due to the intimate nature of my work that significantly touches upon the lives of other human beings.

ADS Relationships: The Spirit of NADA

Beyond the actual needling treatment, a key element of the NADA protocol specifies qualities of behavior and attitude on the part of the clinician, consistent with what is known as the Spirit of NADA.

Relationships with clients

The NADA Acudetox protocol is a way of being with clients in a much larger sense than just the application of the five ear needles. NADA-style treatment involves a partnership with the client towards supporting his or her transformation and recovery. Every aspect of an ADS's interaction with persons in need, is to help them help themselves.

Acudetox is a client-centered treatment that to be optimally successful requires practitioners to adopt the following principles:

- Opening access to treatment. Eliminating unnecessary bureaucratic, socio-economic and environmental barriers to starting a program of recovery.
- Understanding that the healing potential is within every client.
- Using respectful communication and "chair-side" manner Addressing client fear directly and minimizing discomfort.
- Empowering client choices regarding Acudetox
- Believing in the good and potential for change is within the clients, even when they themselves cannot.
- Minimizing the importance of the practitioner by not interfering, taking ownership, or controlling the clients' outcomes/processes.
- Supporting and endorsing other recovery processes, including psychosocial interventions and mutual support fellowships (such as AA, NA and others).
- Minimizing intrusiveness of requirements. Keeping the "fussiness" of the process to a minimum to emphasize that the benefits come from within. Keep it simple. Get out of the way.
- Minimize the verbal interaction to maximize the non-verbal experience.
- Allow the client to have their own experience as long as it does not interfere with others, for example, allowing them to sleep, read, fidget etc.
- Creating opportunity for a wide range of client experience by not creating overt expectations (e.g. of "relaxation") and by not doing other interventions during Acudetox time.
- Creating an environment conducive to Acudetox and appropriate for the client population. Supporting Yin nurturing treatment with a dimly lit, quiet room.
- Support the communal treatment effect--the "group Qi".
- Creating safety by maintaining appropriate boundaries.
- Providing safe touch. Confining contact to the ear or head near the ear.

Relationship with self

Working with addicted and recovering persons can be very challenging work. NADA recommends that ADSes develop their own forms of self-care to prevent burnout,

reduce stress and maintain wellness. From a practical sense, it is nearly impossible to facilitate others' healing beyond that which we ourselves are willing to do. Self-care techniques can include:

- Receiving Acudetox treatments.
- Attending Al-Anon or other 12-step fellowships. If you work with addicted clients you automatically qualify as an Al-Anon or Nar-anon member.
- Working through issues raised by delivering Acudetox. Doing this style of work may bring up the practitioners' own unresolved issues regarding trauma, codependence, etc.
- Addressing issues of discomfort such as difficulty inflicting pain or imposing program consequences.

Relationship with program

Acudetox is not a stand-alone treatment for addictions and behavioral health. Acudetox works best when delivered within the context of Western addictions and behavioral health treatment models, matched to the clients' particular medical and psychosocial needs.

- Cultivating relationships with the treatment team
- Communication regarding observations and clients needs
- Seeking supervision as needed especially regarding safety, accuracy and clinically relevant issues. Please note: ADSes who are not licensed acupuncturists or other healthcare practitioners whose scope of practice allows them practice acupuncture without supervision must practice under the supervision of a licensed acupuncturist or other healthcare provider as required by state or local regulations.

Applications and Outcomes

While originally discovered and developed as an adjunct intervention for acute opiate withdrawal, Acudetox has since proved an effective tool across types of addictions, both substance and behavioral “process” addictions, across types of clients, and across the continuum of care. Over the last thirty years, NADA practitioners have found Acudetox helpful in treating persons dependent upon opiates, alcohol, cocaine, poly-substances, marijuana, methamphetamine, prescription medication, as well as those addicted to acting out with food, sex, gambling, etc.

Acudetox is not a stand-alone treatment. NADA's experience over the last thirty years confirms that the integration of Acudetox into addictions and behavioral health treatment programs generally improves client retention, client (and staff) satisfaction, and program outcomes. Anecdotal evidence confirms that Acudetox generally facilitates the recovery process.

Continuum of care/stages of recovery

Harm reduction, pre-recovery

Programs typically offer Acudetox as a support within harm reduction settings that focus on health/safety, rather than on getting and staying sober. Examples of harm reduction programs include needle exchange, outreach programs, HIV education, drop-in centers, homeless shelters, etc. Acudetox added to these programs often yields increased engagement and retention and improved

likelihood that persons will enter into some form of treatment. Even in setting in which attendance and therefore intervention may be erratic, Acudetox serves to move the person towards a more proactive state.

Acute detoxification settings, including hospital based and other medically managed programs

Detoxification programs typically offer Acudetox frequently, at least daily or twice daily. Some programs offer one regularly scheduled group session and additional ear treatments delivered by the clinical or nursing/medical staff as needed. Clients report decreased withdrawal symptoms and craving, and use less PRN (as needed) medication. Clients are more likely to complete successfully and graduate to the next level of care. Hooper Foundation (Portland, OR) cited a decrease from 25% to 6 % in recidivism after adding Acudetox to their inpatient county detoxification program. Kent-Sussex (in Delaware) reported a decrease in recidivism from 87% to 18%. Sleep-mix tea helped to mitigate withdrawal symptoms and improve sleep.

Early recovery settings, outpatient and inpatient/residential

These types of programs typically offer Acudetox frequently, daily or almost daily (5x/week) especially if they offer intensive levels of psychosocial care. With Acudetox, fewer clients leave against advice. (AMA rates go down) and successful program completion rates go up. The Portland Alternative Health Center/Portland Addiction Acupuncture Clinic (OR) reported an overall program completion rate of 43.6%, as compared to 24% countywide in 1999. The completion rate climbed to 71% for clients who also were placed in alcohol/drug free housing.

Yonkers General Hospital (now Riverside Behavioral Health Center, Yonkers, NY) reported that 95% of clients found Acudetox “helpful or very helpful”. Clinical staff reported clients had less denial and were actively engaged in the treatment milieu. Clients who got Acudetox moved more quickly through stages.

Penn North Wellness Center (Baltimore, MD), an inner-city outpatient Acudetox based program, documented that for 206 clients with prior criminal records and a documented average of 4.3 arrests/person, 97% had no new arrests in the five months after intake (an estimated average of .37 arrests/person).

Maintenance/ongoing recovery programs

Acudetox may be offered frequently or less frequently, as other psychosocial interventions lessen. Crouse Hospital (Syracuse, NY) counted 2700 Acudetox treatments in 2000 for methadone maintained clients. Acudetox recipients had 22% positive urine samples as compared with 47% positive for the overall rate.

Acudetox can be offered as needed as part of relapse prevention plan. Many Acudetox programs offer the treatment as an ongoing support to graduate or “aftercare” clients and encourage those persons to come for ear treatments whenever they may need additional support or to get back on course if they do relapse.

Specifically defined populations

Programs find Acudetox particularly helpful in meeting the special needs of groups such as adolescents, women (see appendix), culturally defined populations, gay/lesbian/bisexual and transgender clients, criminal justice involved clients (see appendix), homeless and/or job-less clients, clients with co-existing disorders including HIV/AIDS, hepatitis, mental health concerns, chronic pain, and domestic or other violence and trauma survivors. Generally, programs that target special populations offer clinical and/or medical interventions specifically designed to address the unique needs of that group.

Adolescents in California reported that Acudetox not only supported their recovery from alcohol and drug addictions, but also made it easier to study and focus in school.

Generally, clients with co-occurring mental health issues find Acudetox decreases anxiety and depression. Programs document fewer incident reports such as episodes of violence and better compliance with medication protocols.

Patients in an inpatient, state hospital-based program in Pueblo, CO who chose to receive NADA-style Acudetox as part of their treatment were twice as likely to complete the 90 day program successfully as compared to patients who did not use Acudetox, as reported in 2006.

In Waco, TX, adding Acudetox to a dual diagnosis “half way house” yielded remarkable changes in the behavior and attitude of its residents. Hospital admissions and violent incident rates dropped to zero during the period Acudetox was provided. Furthermore, these results gradually reverted back to the pre-treatment levels once Acudetox ended at the program.

Clients with co-occurring HIV/AIDS and/or Hepatitis report better overall general health with Acudetox. Programs often encourage full body acupuncture and herbal medicine interventions to address viral induced symptoms as well as medication induced symptoms.

Trauma

Since 2001, experience is growing to support the effectiveness of Acudetox for trauma survivors. St. Vincent’s Hospital started an Acudetox program in Lower Manhattan that continues to serve people who worked or lived near the twin towers as well as firefighters and other who were directly or indirectly affected. NADA-trained ADSes have gone to Honduras, Burma, Thailand, and more recently New Orleans to offer Acudetox treatment after natural and man-made disasters for relief of symptoms and as prevention of addictive responses. Its nonverbal nature makes Acudetox an especially appropriate tool for such situations.

The US Army’s has begun to study the effectiveness of acupuncture as a treatment for PTSD among military personnel.

Research and Acudetox

Research, (a term often used broadly and inaccurately), specifically refers to a Western scientific method of demonstrating the effectiveness of an intervention. Developed and more relevant for testing medications, the “gold standard” of research is the randomized, double blind,

controlled trial. Carefully matched participants are randomly assigned to the study's comparison groups. A "control" group receives a placebo or "sham" treatment.

Good research requires considerable expertise and expense. The best designed studies involve many subjects, many measurements preferably with biomedical markers not just subject responses, follow-up over a long period of time and elaborate statistical analysis and have little resemblance to real-world, clinical practice.

Although there is a small but growing body of studies on Acudetox the results are mixed and difficult to decipher. The existing studies differ widely in the treatment delivered and the outcomes measured.

Bullock (1989) studied 80 chronic alcohol abusers in an inpatient, AA-based setting that were randomly assigned to either Acudetox treatment or needling at nearby ear points (the "sham" group). Twenty-one (21) of the 40 patients in the Acudetox group completed the 8 week treatment program as compared to 1 of the 40 sham in the sham group. Sham receivers self reported twice the number of drinking episodes and were twice as likely to be readmitted for detoxification within 6 months.

Shwartz, Saitz, Mulvey and Brannigan (1999) published a multi-variant, retrospective cohort study of 8,011 clients discharged from publicly funded detoxification programs in Boston. Comparison of outpatient (Acudetox plus traditional detoxification/counseling) programs with residential (short-term detoxification without Acudetox), showed Acudetox recipients less likely to relapse. Only 18% of the Acudetox clients readmitted to treatment within six months as opposed to 36% of the residential clients.

A pilot study in Klamath Falls, Oregon by Russell, Sharp and Gilbertson (2000) of 86 addicted clients with chronic histories of arrest found a statistically significant increase in program retention for Acudetox outpatient treatment as opposed to a historical no-acupuncture control group. Researchers noted positive trends towards fewer new arrests, fewer positive urinalysis results, and a shorter time needed to move through treatment phases/levels.

A Yale University study (Avants, 2000) of 82 cocaine-dependent methadone-maintained subjects, randomly assigned to three groups, found statistically significant results for cocaine-free urines: fifty-eight (58 %) of the Acudetox group as compared to 24% of the sham control group and 9% of the relaxation video control group.

The Yale study was a pilot for a larger, six-site nationwide study that yielded less favorable findings (Margolin, et al 2002). This trial published in Journal of the American Medical Association (JAMA) found no statistically significant difference between the Acudetox group and the control groups concluding, "Our study therefore does not support the use of acupuncture as a stand-alone treatment for cocaine addiction." (Of note, between the first Yale study and the larger study, the protocol was modified slightly with less clinical support offered and with reimbursement for study participation regardless of cocaine use. Also NADA's stance is that Acudetox is an adjunctive treatment and is generally not be used as a stand-alone treatment)

Researchers in Arizona (Bier et al, 2002) studied Acudetox for nicotine dependent subjects (141). At one month, 10% of subjects receiving Acudetox alone were not smoking as compared to those receiving sham acupuncture along with education/counseling (22%) or those receiving real Acudetox along with the clinical intervention (40%).

Acudetox Risk Management

From its original inception as an alternative to medication-assisted detoxification at Lincoln Hospital, the Acudetox protocol is finding its way into a broad spectrum of clinical

scenarios. As the use of Acudetox grows, it is important that all parties associated with the treatment – the clients as well as those delivering, supervising, cleaning up after the treatment and the programs in which the procedure is performed – remain safe and their risk of adverse events minimized.

While Acudetox is generally considered a relatively safe procedure, as is acupuncture in general, there are none-the-less certain inherent risks to which clients, Acupuncture Detoxification Specialists (ADSEs), Acudetox supervisors, cleaning personnel and programs may be exposed. These risks include accidental needle sticks, exposure to bloodborne pathogens, adverse reactions to the treatment (rare), improper staff responses to adverse clinical events, failure to obtain proper informed consent and maintain patient confidentiality, improper disposal of used needles and failure to abide by federal, state and local laws and regulations. Fortunately there are established risk management strategies that can minimize if not completely eliminate the chance of adverse events occurring in a NADA-style treatment program. In the event that an adverse event does occur, having written procedures in place and maintaining rapport and open communications will lessen the potential for negative outcomes from the occurrence.

Risk management is the process of assessing situations for potential risks and developing and implementing strategies to manage and mitigate their occurrences. These strategies include avoiding the risk, reducing the negative outcomes of the risk and accepting the consequences of the risk. For Acudetox Programs this means:

- following Universal Precautions and Clean Needle Technique procedures,
- utilizing recognized engineering controls (e.g. sharps containers) and personal protective equipment (where required or desired),
- obtaining explicit informed consent, documenting treatment and assuring confidentiality of client records,
- establishing and maintaining proper rapport between the program staff and the clients,
- having written supervision agreements in place (when supervision of ADSEs is required), and
- assuring ADSEs and Acudetox supervisors are able to identify and respond to adverse clinical events.

Programs along with their Acudetox Supervisors and non-managerial ADSEs must develop and implement an appropriate Exposure Control Plan as required by OSHA. Programs must also provide annual bloodborne pathogens training to all personnel who have a reasonable risk of exposure to contaminated acupuncture needles and other materials that may have become contaminated by a patient's blood or other body fluids. Programs, ADSEs and Acudetox supervisors must also be familiar with and abide by federal, state and local laws as they pertain to the acupuncture in general and Acudetox in particular.

Before discussing how to establish risk management strategies within an Acudetox program, some background information will be presented. Acupuncturists, nurses, doctors and certain other healthcare professionals will likely be familiar with *Universal Precautions*, *Bloodborne Pathogens and Exposure Control*, and the *Needlestick Safety and Prevention Act* and can use this material as a review of these concepts. For those not familiar with these topics, it is suggested that the reader consult the references for more detailed presentations of this material or seek the advice of experts in these areas. While not intended to be an exhaustive treatise on these subjects, the topics of needle removal, client confidentiality, Informed Consent, medical histories, and ADS supervision are also presented. The concept of a Risk Cascade is reviewed followed by strategies to reduce risks to the clients, ADSEs, supervisors and programs.

This information is provided as guidance and it is up to each program, ADS and supervisor to adapt these concepts to the specific clinical scenario.

Background information

Universal precautions and bloodborne pathogens

The Centers for Disease Control and Prevention (CDC) define *Universal Precautions* as “a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens” (Centers for Disease Control and Prevention, 2005). In other words, all human blood and certain other human body fluids are treated as if known to be infectious for bloodborne pathogens. While Universal Precautions cover many types of body fluids, in Acudetox settings blood is the fluid of concern as on occasion clients’ ears may bleed after the removal of the needles (Universal Precautions do not apply to sweat, tears, nasal secretions or saliva unless they contain visible blood). Universal Precautions include the use of *Personal Protective Equipment* such as gloves when there is a reasonable chance of the healthcare provider coming in contact with clients’ body fluids or contaminated items (defined as “the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface”) as well as measures to prevent inadvertent needle sticks.

The *Clean Needle Technique for Acupuncturists* (CNT) is the recognized standard of care for the acupuncture profession in regards to bloodborne pathogens and needle stick prevention (National Acupuncture Foundation, 1997). The 5th edition includes special provisions for performing acupuncture in public health settings that outlines specific modifications of the standard techniques. While this manual is the *de facto* standard for the acupuncture profession, as will be noted shortly, programs are required by federal law to abide by the regulations prescribed by OSHA and other federal entities.

There are several factors that influence the overall risk of exposure to bloodborne pathogens including the number of infected individuals in the client population, the pathogen involved, the type of exposure (e.g. needle stick versus skin contact), the amount of blood involved and number of blood contacts (Centers for Disease Control and Prevention, 2003). Several larger metropolitan areas report at least 90% of IV drug users are positive for HBV, hepatitis C (HCV) and/or HIV. Even so, very few exposures result in infection. Because acupuncture needles are solid (as opposed to hollow-bore hypodermic needles), they carry very little risk of carrying infected blood. With proper diligence inadvertent needle sticks with contaminated needles should never occur. Proper disposal of blood-contaminated items such as used cotton balls further decrease the chances of bloodborne pathogens exposure.

Because of the high occurrence of HBV infection among IV drug users (IDUs), the Centers for Disease Control and Prevention recommend universal HBV vaccination for individuals who work in facilities in which these clients are treated (Center for Disease Control and Prevention, Healthcare settings serving

IDUs). Because the vaccinations are given via injection and therefore considered invasive, programs cannot mandate that their employees receive the vaccination series. ADSes are advised to consider the vaccination series if they have not already done so.

ADS safety and exposure control

The Occupational Safety and Health Administration (OSHA) exists to assure the safety and health of workers in the US. Because most ADSes are either employees, consultants or volunteers of a program they fall under the auspices of OSHA regulations (whereas self-employed, unincorporated, private practice acupuncturists and other unincorporated healthcare providers with no employees or other persons practicing in their offices do not). The bloodborne pathogens standards are Federal regulations (29 CFR 1910.1030) established by the Needlestick Safety and Prevention Act (Congressional Record, 2000) and enforced by OSHA. These regulations apply to all employers that have workers with reasonable expectations of occupational exposure to blood or other potentially infectious materials (OPIM) (Office of the Federal Register, 2006). Included in this standard is the requirement for a written Exposure Control Plan that must include a system for reporting exposure, information on testing for infection, treatment options available and monitoring for side effects of treatment (certain smaller clinics may be exempt from keeping injury and illness records, including sharps injuries logs, but are still required to otherwise be in compliance with the bloodborne pathogens standard). The full text of 29 CFR 1910.1030 including the components of an Exposure Control plan can be downloaded from the Office of the Federal Register's website listed in the Reference Section.

As part of their Exposure Control Plan, programs along with their Acudetox supervisor and ADSes must evaluate the need for *Personal Protective Equipment (PPE)*, which for NADA style programs is generally limited to the use of gloves by ADSes during needle removal. Factors to consider in whether to require gloves while removing needles include the type and number of clients served and the experience of the ADSes. Whether or not a program requires the use of gloves when removing needles, OSHA requires that PPE be available for workers if they desire to use them. While not legally considered PPE, closed-toe shoes should be worn by ADSes to prevent inadvertent needle sticks from dropped needles.

Tuberculosis (TB) exposure is another concern in several metropolitan areas. The Centers for Disease Control and Prevention suggest that programs develop a TB exposure control plan designed to reduce the risk of TB transmission between clients and patients. Staff should be encouraged and can be required to undergo regular *purified protein derivative (PPD)* testing. Even very low risk programs should have a written procedure for how to proceed if a client with known or suspected active TB is encountered.

Client confidentiality

The implementation of the *Health Insurance Portability and Accountability Act of 1996 (HIPPA)* is provided for in The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule). The types of

programs (“covered entities”) addressed in the Privacy Rule are, “any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA” (Office for Civil Rights, 2003). The type of “individually identifiable health information” protected under the Rule (“protected health information”) includes any information that identifies or can be used to identify the individual and relates to the person’s past, present or future mental or physical condition or health and to the provision of or payment for treatment to the individual. Even for programs that do not transmit data electronically, HIPPA and the Privacy Rule have become the *de facto* standards for assuring confidentiality of patient records. There are additional Federal Laws and Regulations that address the confidentiality of addictions treatment records including 42 USC 290dd-3, 42 CFR Part 2 and 42 USC 290ee-4. These statutes prevent programs from confirming a person is a client of a program unless the client gives written permission, the program is ordered by a court or in the case of a medical emergency.

Informed Consent

Because Acudetox is considered an invasive procedure (i.e. the needles break the skin barrier), clients must sign an explicit (written) informed consent prior to receiving treatment. This informed consent must be made part of the clients’ files and may be rescinded at any time. Failure to obtain informed consent prior to providing Acudetox treatment can be legally prosecuted as a form of battery (Wagner RA, 2006). Client must voluntarily give their consents without duress or coercion.

For a patient to provide explicit informed consent he or she must exhibit the competency (have the capacity) to do so. Legally this means the client must be able to understand all of the options, the consequences of accepting each option and the personal cost and benefit of accepting or declining each option. The Acudetox program must describe the treatment including the expected benefits and risks and the client must be able to comprehend the information.

In many Acudetox programs, treatment is delivered not only by acupuncturists and ADSes, but also by individuals accumulating the required clinical hours to receive their ADS Certificate of Completion. In these situations, the Informed Consent must clearly state that the treatment may be provided by trainees/students in addition to licensed acupuncturists or ADSes.

Treatment Documentation

Acudetox treatments must be properly documented in the client records in a manner consistent with other program components as well as federal, state and local laws. Minimum documentation of each Acudetox needling treatment includes the date, treatment delivered (including notation if any of the 5 needles are left out or removed), client’s response to treatment (including any adverse events) and the ADS’s signature. ADSes must document any unusual occurrences or adverse events. Some programs developed forms to simplify the documentation process. Some programs use a SOAP notes format (Subjective, Objective, Assessment, Plan).

Many programs gather information from clients in the form of evaluations, survey, symptoms checklists etc. These can provide valuable process and outcome information for program evaluation. Be careful about overburdening clients or staff with extra paperwork or gathering unnecessary information that never gets used. Also be sure that there is no way to identify an individual client from the information presented in reports or summaries. Because filling out these forms will distract clients from going inwards, it is best to not have them do any paperwork while the needles are in.

Many programs also maintain needle logs to assure accountability of needles and document any lost needles. Incident reports are also an important way to track missing needles and adverse events and are required as part of an Exposure Control Plan.

Medical History/Physical Exam/Physician Referral

Some states require that prior to receiving acupuncture treatments, clients must give a medical history, have a physical exam, and/or have a referral from a physician. Because Acudetox is considered an acupuncture treatment, Acudetox clients may fall under these regulations. State laws must always be checked prior to initiating an Acudetox program including the need for medical history, exam and or referral.

Supervision

Most states that allow non-acupuncturist ADSes require supervision of the Acudetox treatment by either licensed acupuncturists or other healthcare providers whose scope of practice allows them to practice acupuncture without supervision. In several states the statutes places the burden of assuring that paperwork is maintained according to established standards on the supervisor. Even in states where this requirement is not specifically stated the supervisor may very well be considered the “expert” and it is his or her responsibility to assure that proper risk management measures are in place. In states where supervision is not required or where the ADSes are acupuncturists or other healthcare providers whose scope of practice allows them to practice acupuncture without supervision the impetus to assure safe and ethical use of Acudetox falls on them as well as the programs in which the procedure is being performed.

Risk Cascade

As already indicated, risk management involves identifying potential risks and minimizing, if not completely eliminating, their potential for occurrence. In other words, do no harm while doing some good (which coincidentally is an underlying theme within NADA-style treatment). There are certain dimensions of risk that need to be examined and planned for accordingly and these dimensions often fall into the following cascade of events (Kailin DC, 1997 pgs. 13 - 16):

- Material harm: the actual physical damage to the person.
- Perceived harm: the impression of the harm perceived by the individual.
- Relational failure: the failure to establish and maintain rapport. Rapport or the lack thereof will generally affect the level of harm perceived by a person relative to the actual material harm sustained.

- Consumer legal action: failure to establish and maintain rapport will often lead to the individual perceiving much greater harm than actually materially occurred and may lead to the consumer (client) seeking legal remedy against the ADS, Acudetox supervisor and/or program. Conversely establishing and maintaining rapport will often have the client perceiving a lesser degree of harm.
- Regulatory action: failure to establish and maintain rapport can also result in complaints to licensing bodies (e.g. state boards) by consumers that can lead to investigations and sanctions against ADSes, Acudetox supervisors and/or programs. Programs can also institute sanctions against its ADSes and/or Acudetox supervisors based on internal complaints or observations.
- Repercussions: the negative outcomes to the ADSes, Acudetox supervisors and/or programs from legal and regulatory actions. These may include monetary costs and fines, loss or restrictions of licensure, embarrassment to the individuals and the programs, termination of Acudetox treatment within programs and cancellation of malpractice insurance.

The primary material harm risk involved with Acudetox centers around the use of acupuncture needles. Possible but rare risks to the client involve infection, inadvertently being stuck with a contaminated needle, exposure to another client's blood and injuries secondary to an adverse reaction to the treatment (which are very, very rare). ADSes face risks from inadvertent needle sticks and coming in contact with clients' blood. In addition, cleaning personnel can also be inadvertently stuck by a stray needle as can other staff or clients if the Acudetox room is used for other purposes. Fortunately the material harm aspect of risk can be significantly reduced if not completely eliminated by following Universal Precautions, Clean Needle Technique and the guidelines set forth in this manual as part of NADA ADS training. Establishing and maintaining rapport with the clients will generally reduce the perception of any material harm and therefore mitigate the chances of legal actions and regulatory complaints.

Risk minimization

Minimizing risks within an Acudetox program can also be viewed as a cascade. Reducing the risk of material and perceived harm to clients is the most important aspect of a Risk Management Protocol, followed by risk to the ADSes. Minimizing risks to these groups will result in safe and effective NADA-style programs thereby mitigating risks to programs themselves, program administrators and Acudetox supervisors.

Minimizing risk to clients

- Clients should be reminded verbally and/or via posted instructions of the program rules regarding client safety.
- ADSes must follow the clean needle procedures as outlined in this manual.
- Clients must prepare the surface of their ears with an alcohol swab or alcohol-soaked cotton ball.
- Use only pre-sterilized, single-use needles from unopened packages.
- ADSes must always follow the guidelines in this manual for proper needling technique and needle removal and disposal.
- ADSes must follow the program's Exposure Control Plan for disposing cotton balls or swabs that have been used to absorb a patient's blood.
- The ADSes and/or Acudetox supervisor must check the room for stray needles after each session.
- ADSes must be able to address adverse clinical situations such as:
 - Deficiency/weakness: Clients who are extremely "deficient" or weak may need a lighter treatment using seeds or fewer needles. For example, clients who are HIV positive or pregnant or just off a long, hard run of drug use may be weak and more sensitive to the needles.
 - Fatigue/hunger: Encourage clients who are excessively fatigued to rest and clients who are excessively hungry to eat. Some program supply food. Others explicitly instruct clients to eat a light meal prior to acupuncture treatment.
 - Broken skin or bruising: When clients have pimples, cuts, sores, rashes, irritation, infection, bruises or hematomas (swelling containing blood), etc. at the point location, do not needle that point until the site has fully healed. If a client has a wart or scar tissue at a point location, likewise do not needle it.
 - Hemophilia: Clients who are hemophiliacs "bleeders" may still be treated even though there is some bleeding possible when needles are removed. Bleeding is minimal because of the minuscule size of the needle hole. It is appropriate to ask such clients about their medication compliance and monitor them more carefully. The same applies to clients on anti-coagulation medications. However, these conditions are not contraindications Acudetox.
 - High/intoxicated: Clients who have just used or are still very intoxicated may not get as much benefit from the treatment.
 - Fear of needles (Belanephorbia): Clients with fear of needles may need additional support in order to feel safe with the needling process. Allow them to observe or speak with other clients. Breathing exercises and options such as just trying one needle, sitting without needles or using press seeds/balls can be helpful.
 - Hering's Law of Cure: a theory out of homeopathy in that as the body, mind and spirit clear past trauma, a flare-up might very likely occur. If so, it will happen in the first 24 – 48 hours after treatment, will not last for more than 24 hours and will not be a

- new symptom. Rather than viewing a symptom as a negative, the client should be instructed to view it as part of his or her healing, that he or she is getting better. If the symptom is new, or one that the client does not remember having before, he or she should be instructed to contact a physician.
- Needle shock, postural hypotension, vagal reaction, needle sickness or fainting:
 - Although this rarely occurs ADSes must always look for signs immediately after needle insertion.
 - Symptoms include loss of color, sweating, dizziness, lightheaded sensation, nausea and fainting.
 - If a client feels faint or faints while sitting up, calmly remove the needles, raise legs to a horizontal position and lower the head. It is recommended that clients be placed safely on the floor if possible (be sure there are no contaminated needles in the area on which the client will be lying), making sure that the airways are not obstructed.
 - If client feels chilled, help him or her to stay warm.
 - Symptoms resolve quickly and client will exhibit relaxed behavior as if a full treatment occurred.
 - Eating prior to treatment decreases the possibility of needle shock even further.
 - Do not attempt to needle again in the same day.
 - Hematoma (swelling due to bleeding under the skin):
 - May occur when a needle is removed.
 - Have the client apply pressure with a dry cotton ball.
 - Needle through ear:
 - May occur on insertion, particular in the liver point.
 - Does not cause problems but may be disconcerting for the client.
 - Adjust depth of needle insertion/review needling technique.
 - Infection:
 - Rare with proper infection control procedure.
 - Do not needle the infected site until it has healed.
 - Encourage client to clean and apply first aid or refer to medical personnel.
 - Headache:
 - During treatment (headache that comes on shortly after insertion of needles), remove or loosen sympathetic point.
 - For post treatment headaches, first determine if this was a one-time occurrence or if it has happened several times. If it occurs after several treatments, do not insert the sympathetic point next time. If this does not help then try reducing the length of the treatment session.

Minimizing risk to ADSes

- Use Universal Precautions and prevent contact with blood and therefore any blood borne pathogens. Wear gloves to cover any open sores/wounds on your hands while needling.
- Consider gloving hands while removing needles even if the program's Exposure Control Plan does not require it.
- Wear closed-toe shoes at all times when needling or are in areas where needles are being or have been inserted.
- Be mindful. Prepare the room ahead of time. Keep the work areas clean.
- Put all used needles into a red sharps container. Do not overfill containers.
- Follow the program's Exposure Control Plan for disposing cotton balls or swabs that have been used to absorb a patient's blood.
- Use extreme care when retrieving fallen needles from surfaces to prevent a needle stick. A magnet, hemostats or tweezers must be used to pick up stray needles. Needles must be removed from a magnet with hemostats or tweezers to prevent needle sticks.
- Carefully check the room for stray needles after each session.
- Consider being vaccinated against HBV infection.
- Be familiar with the program's Exposure Control Plan and know what to do if there is an inadvertent needles stick or other exposure to blood.
- Be sure to follow all state and local laws concerning supervision, the types of clients that can be treated, the types of programs in which Acudetox can be performed by non-acupuncturist ADSes, treatment documentation, etc.
- Abide by the ADS Ethics Pledge.
- Limit acupuncture treatment to the five Acudetox points unless otherwise permitted by state or local statutes.
- Establish and maintain rapport with clients at all times.

Minimizing risk to programs and Acudetox supervisors

- Even if not required by state statute, have written agreements in place between the program and supervisor and between the supervisor and ADSes and ADS trainees outlining the responsibilities and duties for which each party is responsible.
- Assure each client signs an informed consent and any other federal, state and local forms required prior to receiving an Acudetox treatment. For clients under the legal age of consent (generally 18 years old), a parent or legal guardian must give consent. In programs where ADS trainees are attaining clinical hours by treating the program's clients, the informed consent must clearly state that the treatment may be provided by students/trainees.
- Establish and maintain security and confidentiality of client records, personally identifiable health information and protected health information per federal and state statutes.

- Make sure each Acudetox treatment is recorded in the patients' records including the date of treatment, who performed the treatment and any observations including adverse events.
- Assure that clients and ADSes follow the established guidelines as outlined above, particularly those regarding Universal Precautions, ADS-client rapport, and ethics.
- Develop and implement an Exposure Control Plan per 29 CFR 1910.1030(c). By law input must be solicited from, "non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps" ([Office of the Federal Register, 2006: 21 CFR 1910.1030\(c\)\(1\)\(v\)](#)) In Acudetox programs this most likely means the ADSes and cleaning personnel.
- Use only pre-packaged, pre-sterilized, single use needles for Acudetox.
- Have gloves available for use when removing needles even if the program does not mandate their use.
- Be sure all personnel who may come in contact with blood or be inadvertently stuck with a contaminated needle receive proper training in Universal Precautions and Bloodborne Pathogens, are familiar with the Exposure Control Plan and attend annual refresher courses.
- Have liability insurance protection in place specifically for Acudetox.

Acudetox and the Serenity Prayer

A mainstay at most 12-step meetings is the saying of the *Serenity Prayer*:

*God, grant me the serenity
To accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.*

As already indicated, each acupuncture point affects the client on the body, mind and spirit levels; these aspects of each Acudetox point correlate with particular phrases of the Serenity Prayer as follows:

God

The **Lung** point is noted on its spirit level as opening the person's connection with the heavens, or the person's knowledge of his or her Higher Power.

Grant me the serenity

The **Sympathetic** point is mostly responsible for turning off adrenaline release by stimulating the parasympathetic nervous system. No longer being in a "fight or flight" mode is serenity at its deepest physical and emotional levels.

To accept the things I cannot change

The **Shen Men** point is about opening one's heart to be able to give unconditional love to one's self and others. Being able to do so means the person is truly able to accept life however it appears.

The courage to change the things I can

In Chinese medicine, the **Kidneys** are the seat of the person's power and wisdom. When an individual has unfettered access to these aspects of his or her self, then he or she is able to be truly courageous.

And the wisdom to know the difference

While wisdom is generally associated with the kidneys, what is really being spoken in this phrase is the person's ability to discern the difference. An aspect of the **Liver** in Chinese philosophy is that it gives the person the ability to see his or her life and to make plans accordingly; to be able to differentiate among many possible choices.

Ear Seeds

Needling the five needle protocol points provides the most effective stimulation. However, seeds applied to those sites in the ears may also stimulate the points and provide additional support to clients. Seeds (or BB pellets, magnets, press balls) are placed on points and secured with a small piece of tape. The seeds traditionally used are roasted vaccaria (black radish) seeds.

The seeds have a milder effect and may be left for up to a week and self-stimulated by the clients. They may allow a client who might otherwise refuse acupuncture treatment to access benefits of acupressure. They also may provide additional support to clients between their needle treatments and serve to extend the effect of the treatment. Programs that do not provide Acudetox treatment on the weekends will often apply seeds, particularly to the Shen Men point, on Fridays. Clients sometimes refer to seeds as “take-homes”, a slang term among methadone users to refer to a dosage given to the client to be taken at home and not in the clinic.

Seeds may be used on infants and children. Not all programs use seeds. Because ear seeds are considered non-invasive, they can often be applied by persons who otherwise are not permitted by their state’s laws to perform the Acudetox treatment (please check with the appropriate state agencies).

Place the seeds on the points with instructions to clients regarding stimulation, removal and disposal. It is difficult to place a seed on the sympathetic point, but all other points are accessible and often Shen Men is the only one used. Clients must be cautioned against over stimulating the seed to the point of irritating the skin.

Instructions to clients about ear seeds:

- The seeds provide stimulation to the same sites used for Acudetox treatment but with a milder effect.
- The seeds may help to reduce cravings, anxiety and other withdrawal symptoms.
- When feeling overwhelmed with life, or if you are having cravings, take a moment, sit down, close your eyes, gently massage the seed(s) with your finger(s) and take a few deep breaths.
- You can shower and wash but try not to get the tape too wet. If the seed falls out it is OK.
- If the seed is annoying to you or if the area is irritated you can remove it.
- Please remove it yourself before coming in for your next treatment.

Magnetic Ear Beads

Another non-invasive technique that stimulates certain auricular points involves the use of low-strength gold covered magnetic ear beads. While these can be applied to any ear point, a particularly useful area has been found to help with a variety of conditions including those described in Western medicine as Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), generalized anxiety, lack of focus and bipolar disorder. This point has been given the name “Reverse Shen Men” as it is found on the backside of the ear in the region behind the Shen Men point.

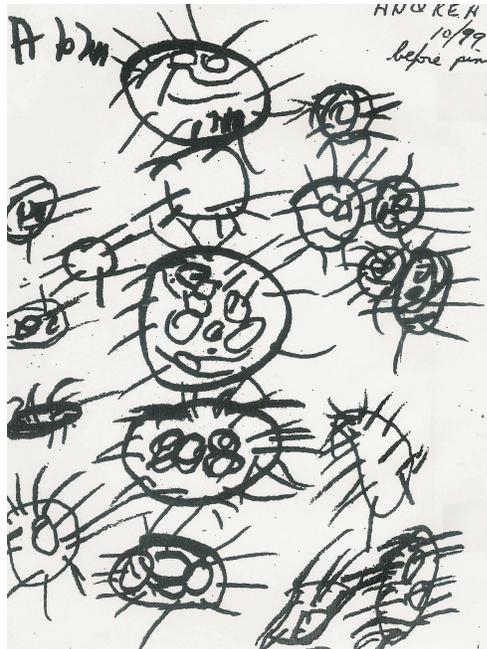
In Chinese Medicine, the person’s spirit, the Shen, is said to reside in the energetic heart. The Acudetox point, Shen Men, translated as Spirit Gate, is said to be what allows the person’s heart to be open and for his or her spirit to shine through. Most behavioral health issues are said in Chinese medicine terms to be as a result of Shen disturbances and these disturbances are often caused by the empty fire phenomenon (particularly of the kidneys).

The Reverse Shen Men point is found on the reverse side of the external auricle, at the superior end of the depression groove. This groove is the reverse side of the anti-helix found on the front of the ear. From an energetic point of view, this groove can be seen as the connection between the kidney fire (the Kidney point being in the cymba concha below the Shen Men point) and the heart fire (the Heart point being found in the cavum concha). There is a fossa at the superior (top) end of the groove that aligns with the area of the anti-helix where it splits into the superior crus and the inferior crus. It is in this fossa that the Reverse Shen Men point is found. This area will often exhibit raised capillaries and/or erythema (redness). These visual signs are an indication that there is an empty fire phenomenon disturbing the person’s Shen.

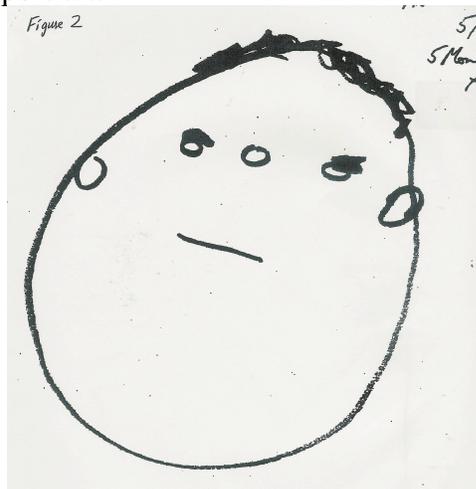
The magnetic beads come with adhesive tape to attach them to the point. The beads will often stay in place for about a week, at which time they can be replaced. The client, or if more appropriate the client’s caregiver (parent, nurse, teacher etc.), can easily be taught the proper placement of the beads.

Clients who get Reverse Shen Men magnets report feeling calmer and more focused. Observers typically report noticing improved mood, impulse control, compliance and social engagement in recipients.

An example of the efficacy of these beads can be seen if the following two figures. A 16-year old girl with Down’s Syndrome and nystagmus who had great trouble sitting still and focusing because of the her rapid eye movement was asked to draw a self portrait (see following page):



Prior to receiving the beads she was reported to be “mopey, not focusing and keeping her head down on the desk”. After five days of wearing the beads she was asked once again to draw a self-portrait:



The contrast of the two drawings is quite striking and may be an indication of treatment-related effect on her nystagmus.

The beads can be ordered as Seed, Auricular (Gold Plated) Part #160112 from:

Acu-Market
3547 High Ridge Road
Boynton Beach, FL 33426
(866) 440-7703
www.Acu-Market.com

Sleepmix Tea

Developed by Michael Smith, this tea is a natural blend of Western herbs formulated to help in detoxification, aid in digestion, prevent insomnia, promote relaxation and reduce stress. The mixture – 3 parts chamomile and 1 part each peppermint, yarrow, hops, skullcap and catnip – is reported to calm and soothe the nervous system, stimulates circulation and eliminates waste product. Because the ingredients are considered food compounds, there are no legal restrictions on the tea's use.

The formula can be used for the treatment of conventional stress and insomnia as well as providing an adjunctive support in addictions and behavioral health treatment settings. It has been shown to be particularly effective in the management of alcohol withdrawal symptoms (one facility discovered its seizure rate increased when the program ran out of tea). Some practitioners give it to menopausal women or clients with colds, flu, etc.

The tea bags are steeped in a cup of hot water for one to three minutes. One tea bag can be used up to three times. The blend is not as effective if honey, sugar, cream, etc. are added, but if it is the only way to make the tea palatable to the client then these items can be added in moderation. Several cups a day – reusing one teabag - can be consumed and it is especially helpful to sip one before bedtime (it is best to limit intake to one teabag per day).

The constituents of Sleep Mix have been reported to:

- Hops: Calm the nervous system, stimulate appetite, dispel gas and relieve intestinal cramps. Recommended for nervous diarrhea, insomnia and restlessness.
- Yarrow: Stimulate appetite; relieve stomach cramps, flatulence, gastritis, gall bladder and liver problems by stimulating bile flow.
- Catnip: Used for upset stomach, colic, spasms, flatulence and stomach acidity.
- Peppermint: Be useful for nervousness, insomnia, cramps, coughs, migraines, poor digestion, heartburn, nausea, abdominal pains, headaches and vomiting due to nervousness.
- Skullcap: Good for spasms, convulsions and nervous conditions such as excitability, insomnia and general restlessness. Also recommended for neuralgias and delirium tremens.
- Chamomile: Has been used for flatulence, colic, dyspepsia and restlessness

Sleep Mix can be ordered from:

Nutra-Control
PO Box 1199
Old Chelsea Station
New York, NY 10011
212-929-3780

Chinese Thought and Medical Concepts

Numerology

The Chinese viewed numbers as more than just a system for counting things and in fact believed certain numbers represented aspects of the living world. Numerology describes the relationships between and in common with the patterns of life movements. To aid in the understanding of the NADA points from a psychospiritual view, the numbers one through five will be examined in detail.

#1 – The Tao/Wholeness

The Tao – the *Way* – is said to be the unspeakable Tao. It is the whole that encompasses all. Once the Tao is spoken there is no longer the one, but rather the Tao and not the Tao, which gives the number 2 and all things relative to one another.

#2 – Yin and Yang/Relativity

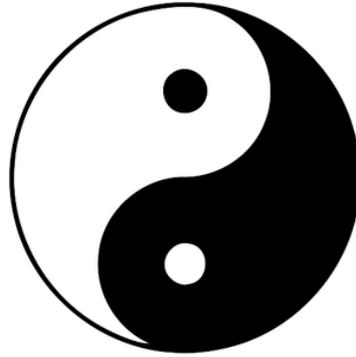
In Chinese numerology, the number 2 is not 1+1 or 2x1, but rather Yin and Yang, the two poles of the universe, *Matter* and *Spirit*, between which all things migrate. These inhibiting and activating forces translate literally as the dark and light sides of a mountain. Yin and Yang are considered opposite yet mutually interacting relative realities and one cannot exist without the other. We only know that the side of the mountain on which the sun shines is light because we have experienced darkness on the other side. We understand these things in relationship with and relative to each other. Cold/hot, female/male, inner/outer, substantive/ethereal, and stillness/movement only have meaning because we know of the other opposite interrelated manifestation. If we live in total darkness with no knowledge of light then we do not know we are in darkness; it is just be how life is.

Yin can be thought of as the form of an entity while Yang relates to its function. When viewing the world in a holistic manner one cannot *see* an object separate from what it does; both are necessary to fully comprehend its Tao.

Grounded in this understanding of Yin-Yang theory, Chinese medicine looks at the person's Tao, rather than reducing him or her to symptoms or parts.

Everything in the universe has Yin and Yang components because everything in the universe exists in relationship to everything else. There are no absolutes. Things can be relatively more or less Yin or more or less Yang relative to something else. For example, compared to noon, dusk is considered less Yang (less light) while at the same time being relatively less Yin than midnight (not as dark). On the other hand, dusk is also relatively more Yang than midnight.

It is also said that Yin and Yang transform into each other. As we go past midnight and continue into dawn, we see Yin slowly transforming into relatively more Yang. Likewise as noon becomes dusk and dusk is followed by evening we see Yang transforming into a relatively more Yin state. The same holds true with the seasons – winter to spring to summer to fall and back to winter – ever transforming into relative levels of Yin and Yang.



The Yin-Yang or tai chi symbol embellishes all of these concepts in that we see the relatively lighter side, the relatively darker side as well as the mutual interdependence upon and transformation into each other. There are equal areas of light and dark indicating life is about balance, that nature is about equal amounts of Yin and Yang. Note also the light and dark “eyes” within the maximal Yin and Yang components representing the fact that there is always a bit of Yin in every Yang and vice versa.

Because the manifestation of qi in the body can be described in terms of Yin and Yang, it follows that wellness is dependent upon an appropriate balance of Yin and Yang and Yin-like and Yang-like functions. In general, Yang has to do with movement and doing while Yin is concerned with stillness and being (think back to the light and dark sides and the activities in nature these two states induce). Constantly being on the go or under “stress” (Yang) without proper rest and nourishment (Yin) undoubtedly will lead to disease due to imbalance. On the flip side, being a couch potato (Yin) without getting out into the world (Yang) can be just as detrimental to health because of the imbalance in the other direction.

While all things exist in relation to each other, activities and states of being can generally be assigned as relatively more Yang or relatively more Yin. Following are examples of each state:

<u>Yang</u>	<u>Yin</u>
Function	Form
Light	Dark
Spirit	Matter
Male	Female
More	Less
Active	Passive
Hot	Cold
Uncontrolled	Contained
Scattered	Dense
Fire	Fuel
Heaven	Earth
Sympathetic NS	Parasympathetic NS
Forceful	Calm
The Mind	The Brain
The High	The Drub

External	Internal
Outwards	Inwards
Lateral	Medial
Faster	Slower
Acute Disease	Chronic Disease
Insomnia	Somnolence
Rational Thought	Intuition

Anatomical directions also have Yin and Yang correspondences. Humans are considered the vessels between heaven and earth. Therefore, towards the head (superior anatomical direction) is considered Yang relative to the feet (inferior direction) that are considered more Yin. Towards the periphery of the body (lateral direction) is considered Yang relative to the medial inner core of the body (relatively Yin). Regarding the ear, the depressions (the fossa and concha areas) are considered Yin relative to the raised surfaces since the depressions are closer towards the body's core.

The migration between the two universal poles requires a motive force, which leads to the number 3.

#3 – Qi/Movement

Most ancient healing arts understood that all living things were greater than the sum of their parts and one of the key components that allows this to be is known as ki, prana or elan vital. In Chinese medicine this intangible substance is known as qi or chi (pronounced “chee”) and can be viewed as the intangible part of the person that empowers his or her being and is what makes each individual unique in his or herself. If all of your body's cells were placed into a bucket they would be indistinguishable from anyone else's bucket. It is the qi that makes your collection of cells act and behave differently than anyone else's. Chinese thought also does not separate the person into the relatively artificial divisions known in the Western world as body, mind and spirit but rather considers the person in his or her entirety or wholeness, thus the term holistic medicine.

The ancient texts describe many types of qi and state that the different forms travel within or along pathways known as meridians. Health and disease are manifestations of qi, or more accurately how the qi is traveling within and along the meridians. When a person's qi is flowing smoothly and appropriately the person is said to be in a state of wellness. When the qi is obstructed or not what the person's wholeness needs, dis-ease occurs. Chinese medicine uses interventions – acupuncture, herbal medicine, tai chi, qi gong, nutritional and lifestyle recommendations, tui na (medical massage), etc. –to restore harmonious qi flow so that healing on all levels of the person's being becomes possible.

One manifestation of Qi external to the body is the weather and climactic conditions (hot, cold, dry, damp, wind and summer heat) and, in fact, these conditions are seen in Chinese medicine as the external causes of disease (when they invade the body) and are then referred to as *the six external evils*. Just as when any of the six can create devastating effects when in excess relative to a particular area of the earth, each can lead to imbalances in the body by blocking the normal Qi flow within the meridians and to the organs.

Similarly, one manifestation of Qi within the body is the emotions (joy/sadness, fear, fright, worry, sorrow, anger). Just as the external evils do, emotions, when out of balance in the person, become internal causes of disease that block appropriate Qi flow and result in a variety of ailments. These will be discussed in greater detail shortly.

The number 3 is unique and not 2+1 or 3x1, it is movement and the ability to have movement; qi is inseparable from either. With this ability to have movement and the movement itself, one must have directions in which to move.

#4 – The Four Directions/Limbs

The number 4 represents the form taken from movement and occurs in the four directions, East, West, North and South. Legend says that Huang-Di, the Yellow Emperor (the first of the five legendary Chinese emperors), had four faces that allowed him to see in all directions. Huang-Di is credited with the creation of modern civilization, Taoism and coin money. In *The Yellow Emperor's Classic of Medicine (Neijing Suwen)* Huang-Di is quoted as saying, “the root of all life is yin and yang; this includes everything in the universe, with heaven above and earth below, within the four directions and the nine continents.” In the human body the four limbs represent the four directions

Having the ability to move through the entire universe leads to the number 5.

#5 Transformation

There are numerous examples of the number 5 in nature and many manifests as transformation from one to another. Examples of the number 5 are:

- Five fingers and toes
- Five senses
- Five Chinese Medicine physiologic substances
- Five yin physiologic organs (Zang)
- Five emotions
- Five spirits
- Five elements
- Five NADA points

Addictions, Behavioral Health and Empty Fire

Western culture is one that tends to be external and aggressive: Yin fueled, Yang-like activities such as intense stimulation, competition, caffeine consumption, etc. More importantly, little time is spent replenishing this lost Yin leading to a condition known as *Yin xu* (Yin deficiency) that often results in mental restlessness, agitation, troubled sleep, and the like. While these manifestations appear to be due to excess Yang, they are actually symptoms of the underlying phenomenon, the deficient Yin in a condition NADA refers to as *empty fire*. In other words, while the person's symptoms and behaviors appear to be from too much Yang, the person is most likely deficient in both Yin and Yang. It is because the Yin is much more depleted that the Yang appears to be in excess. Without the solid, firm grounding the Yin provides the Yang-like symptoms flare up, thus the term *empty fire*.

Substance use, by its very nature, also consumes vast amounts of Yin. In addition to that which is consumed by the substance itself (for example, crack and other adrenaline stimulating exhilarants), individuals challenged by their relationships with addictive substances generally live lives filled with violence and abuse and are in states of fear and denial. Without the Yin to

balance the Yang, symptoms that appear to be from an excess of Yang arise (aggression, anger, increased violence). Yang behavior is not the true problem, however but merely a symptom of the underlying deficiency. Not liking the effects, the individual then continually repeats his or her behaviors in an attempt to feel better (e.g. drink more, rationalize, obsess, etc.) which further depletes Yin and a dangerous spiral ensues (in essence using to feel better keeps the person from feeling better). More substance or behaviors are required to provide the same level of comfort, a phenomenon known as tolerance in Western medical terms.

Often society tends to respond to these individuals with force and or control by ordering them into treatment or jail. When the person is forced, he or she fights back, a Yang-like activity, which further increases the disparity between Yin and Yang.

Therefore the key to successful treatment for addictions and behavioral health issues lies in being able to nourish Yin – to put a firm foundation back under the individual – both in the personal and social realms. Optimal treatment provides means for the client to gain knowledge of his or her needs by allowing internal experiences. This internal experience will, in turn, build the internal structure many of these individuals lack so that their healing can take place on a firm foundation.

There are many ways in which individuals can nourish their own Yin but few people have the self-discipline to do so on their own, at least initially. Persons in early recovery generally lack the necessary ego-strength to practice meditation, yoga, tai chi or self-healing practices effectively. In essence they lack the initial inner strength to attain inner strength and often become frustrated at the lack of progress.

It is imperative, therefore, that aspects of addictions and behavioral health treatment be Yin nourishing. This is true of the environment, the interactions during treatment and the treatment itself. The NADA Acudetox protocol provides a simple, minimally interactive modality that allows for internal experiences beyond those that clients can experience on their own.

As the Yin develops, so will the client's ability to go deeper inside. It is important not to minimize or distract the client from his or her right and need to experience painful feelings, an essential part of healing. Yin nurturing treatment includes holding the space for the client, providing structure and a safe environment while helping to foster a spirit of discovery and curiosity about feelings, thoughts and beliefs. Successful healing must begin at this deep, inner level.

Note: for licensed acupuncturists and healthcare providers whose professional scope of practice allows them to provide acupuncture and those with deeper interest in Chinese Medicine, Appendix "H" of this manual further explores the effects of various substances on the five elements and the Yin and Yang of specific organ systems.

Appendices

	Appendices Page
A. Addictions Treatment References	1
A1. Glossary	2
A2. Signs of drug use	4
A3. Addictions and recovery	5
A4. Brain disease model of addictions	7
A5. Jellinek chart of alcoholism and recovery	12
A6. Stages of change model	13
A7. The 12-steps	14
A8. Abused substances	15
A9. Groupings for drugs that affect CNS	17
A10. Cross tolerance and cross addictions	18
B. Excerpts from <i>Clean Needle Technique Manual Fifth Edition</i>	19
C. Excerpts from <i>Treatment Improvement Protocol (TIP) 45</i>	21
D. Clinical Supplies and Vendors	24
D1. General supplies list	25
D2. Vendors and supplies	26
E. Special Populations: Needs and Strategies	28
F. Acudetox References	32
F1. Acudetox bibliography	33
F2. Selected essays from <i>Guidepoints</i>	39
F3. Selected manuscripts	45
G. Program Forms	69
G1. Client intake	70
G2. Client consent	72
G3. Confidentiality notice	73
G4. Notice of privacy practices	74
G5. Acudetox fact sheet	76
G6. Client self-questionnaire	77
H. Chinese Medicine References	78
H1. Effects of certain substances on the elements and the zang and fu	79
H2. Additional acupuncture points for addictive substances	79

"If we could sniff or swallow something that would, for five or six hours each day, abolish our solitude as individuals, atone us with our fellows in a glowing exaltation of affection and make life in all its aspects seem not only worth living, but divinely beautiful and significant, and if this heavenly, world-transfiguring drug were of such a kind that we could wake up next morning with a clear head and an undamaged constitution-then, it seems to me, all our problems (and not merely the one small problem of discovering a novel pleasure) would be wholly solved and earth would become paradise."

ALDOUS HUXLEY
1894 - 1963

Appendix “A”
Addictions Treatment References

Appendix “A1”
Glossary of Western medical behavioral health terms

- **Addiction** – behaviors related to chemical dependency characterized by:
 - loss of control,
 - overwhelming involvement,
 - continued, compulsive use/involvement in spite of negative health and social consequences
 - high tendency to relapse.
- **Chemical Dependency** – out of control drug or alcohol use relating to psychological or physical dependence or both on an exogenous substance.
- **Drug Abuse** – any deliberate non-therapeutic use of a drug that varies from socially or medically accepted use, which may be detrimental to the individual economically, legally, socially, physically and/or psychologically.
- **Psychological Dependence** – the emotional state of craving that required periodic or chronic use either for its positive effect or to avoid negative effects associated with its absence.
- **Physical Dependence** – a physiological state of adaptation to a drug, usually characterized by development of tolerance to the drug and the emergence of withdrawal when with drug is discontinued. As an adaptation mechanism, the body decreases or ceases its production of certain neurotransmitters during active drug and/or alcohol use and uses the metabolites of the drug or alcohol in their place. Once intake of the drug or alcohol ceases, after a period of time withdrawal syndrome ensues.

Note: it is possible to be dependent on a substance without being addicted to it (e.g. someone taking a medication for chronic pain), but not vice versa.
- **Withdrawal Syndrome** – physical and psychological signs and symptoms, involving altered activity of the central nervous system after abrupt discontinuation of the drug. Generally this consists of symptoms that are opposite of the drug’s usual effects and produces a “rebound” effect.
- **Abstinence Syndrome** – a predictable set of events that occur when a drug is taken chronically then stopped.
- **Tolerance** – a gradual resistance to the effects of a drug so as to experience diminished effects with chronic dosing or to maintain the intensity and duration of effects through increased dosing.

There are different kinds of tolerance:
- **Pharmacologic/Cellular Tolerance** – physical adaptation by cells due to chronic presence of the drug (mitochondria in particular).
- **Metabolic Tolerance** – enzyme systems in the liver are stimulated by the chronic presence of a drug to break down the drug at a faster rate.

Appendix “A1”
Glossary, continued

- **Behavioral Tolerance** – development of tolerance in the central nervous system to the behavioral effects of the drug.
- **Cross Tolerance** – tolerance, originally produced by long-term administration of one drug, which is manifested towards a second drug not previously administered.
- **Potentiation/Synergism** – when two different drugs from the same pharmacological class are taken together the combined effect is greater than that of either drug taken alone.
- **Teratogenicity** – birth defects cause when pregnant women consume substances (usually dose-related).
- **Detoxification** – process of **withdrawing** a person from a chemical in a safe and effective manner.
- **Half-Life** – the amount of time it takes for 50% of the drug to be excreted from the body.
 - **ED 50** – the amount of drug it takes to produce the effect in 50% of the population
 - **LD 50** – the amount of a drug it takes to produce death in 50% of the population using the drug
 - **ED 50/LD 50** – dose response chart
- **Therapeutic Index** – the margin between the therapeutic dose and the toxic does of drug (usually this is based on a scale of 1 – 10).
- **Pharmacology** – the study of the composition, uses and effects of drugs (a substance that even in a small amount produces significant changes in a person’s body, mind or both)
- **Pharmacodynamics** – what drugs do to the body, including the effects of drugs and mechanisms of their actions
- **Pharmacokinetics** – what the body does to drugs, including he processes of absorption, distribution, biotransformation, metabolism and excretion
- **Pharmacotherapeutics** – the use of drugs in the treatment of diseases.
- **Toxicology** – the study of poisons.

**Appendix “A2”
Signs of drug use**

- Depressants
 - Slurred speech
 - Unsteady Gate
 - Relaxed inhibitions
 - Slowed reflexes
 - Lethargy
 - Drowsiness

- Stimulants
 - Euphoria
 - Accelerated pulse
 - Anxiety
 - Appetite loss
 - Increased respiration rate
 - Acute psychosis

- Hallucinogens
 - Altered perceptions
 - Pupil dilation
 - Dry mouth
 - Reduced concentrations and coordination
 - Hunger
 - Delusions or hallucinations

- Inhalants
 - Nausea and dizziness
 - Appearance of drunkenness
 - Slow breathing
 - Lack of coordination
 - Odor of substance on clothing
 - Nose bleeds

Appendix “A3”
Addiction and recovery
Michael O. Smith, MD, DAc

A. The nature of drug abuse

1. It all starts with the adolescent inside of us
 - a. Need for privacy, identity, and self-esteem
 - b. There are mood swings, over-reactions, and a loss of focus
 - c. Some have never had a stable comfortable identity
 - d. Others have been robbed of their self-esteem by trauma, job loss, personal crisis, etc.
 - e. Isolation, shame and “encapsulation” ensue
 - f. The person is fearful and wants to avoid their own consciousness
 - g. The person abandons any faith that interpersonal communication can help resolve problems
 - h. The person becomes self-centered and unresponsive because of failure and desperation, not out of hedonistic choice
 - i. The person often talks about seeking pleasure and avoiding pain because this simplistic frame of references avoids any risk of painful disappointment
 - j. The person often chooses negative and degrading relationships which match and reinforce shame when failure occurs
2. All these developments usually occur before regular drug use has begun
 - a. Drugs offer peace at any price
 - b. They provide a reliable escape from personal consciousness and the risk of unpredictable pain
 - c. Addiction is the disease of “more”
3. When abusive chemicals take control of a person’s life, these changes become overwhelming and seemingly irreversible.
 - a. Mere availability of drugs during adolescence and during adult personal crisis is dangerous
 - b. Co-dependency involves the family and adjacent society in the addiction

B. The nature of drug abuse treatment and the recovery process.

1. Adolescence is a natural process. It is the transitional passage from the dependency of childhood to the autonomy of adulthood. Even though noise and sexuality are displayed on the surface, adolescence is primarily a spiritual quest for inner self-development. It is driven by a biological clock and hence it is intrusive and painful. Nevertheless most of our adult personality was first developed and tested during adolescence.
2. Drug treatment and recovery is essentially an effort to resolve an adolescent crisis.
 - a. Initially treatment involves the management of chemical symptoms of withdrawal and craving.
 - b. It involves safety, social support and education about addiction and basic issues of interpersonal growth

- c. But most of all, recovery means “self-help”, a rather lonely path through and adolescent terrain
 - d. Support groups and counselors can be helpful. They teach a person to “let go” of issues that can’t be changes and to focus efforts “one day at a time.”
 - e. Even so, we can only do re-defining and re-discovering our self.
 - f. It is what we call an “inside job”.
 - g. For many of us, adolescence is a fearful, alienating word
 - h. Look around you, everywhere you see people who have met the challenge of adolescence—both as teenagers and later because of trauma, personal crisis or addiction.
 - i. As they say, “treatment works”, recovery is a realistic goal.
3. The saying “tough love” is the best description of treatment strategy.
 - a. It represents a seemingly impossible combination of strong discipline and unquestioning support.
 - b. Yet “tough love” is a part of any parenting or teaching effort. There is a never-ending challenge to discipline and to love appropriately.
 - c. Tough love applies to the old addicted self, but also it applies to the newly developing self. We must apply tough love to our loved ones and ourselves.
 - d. Terms like “family values” and “just say no” trivialize this experience.
 3. Persons facing an adolescent crisis are delicate but they also seek out discipline.
 - a. Those who are easily hurt often are found with sadistic companions.
 - b. Addicted persons do not respect “enablers”. They may beg and manipulate; there is no possibility of appreciation or respect.
 - c. It is almost impossible to give an addict anything, because everything will be bartered for more self-destruction
 - d. Both discipline and self-appreciation have to be re-discovered and relearned.
 4. Unique difficulties that separate drug abuse treatment from other forms of health care.
 - a. Denial and resistance. On the day we write everything down, the patient is least likely to tell the truth.
 - b. We can’t prepare a person for a relapse and retain them in treatment.
 - c. “My counselor said” is one of the most dangerous sentences.
 - d. There is an immediate loss of comfort and love objects when a person enters treatment.
 - e. It is very difficult to be soothing and supportive without enabling the addiction.
 - f. A person must admit weakness to be helped.
 - g. Our patients remain on the wrong side of the Serenity Prayer, which is to say they accepted their own failure as unchanged.

Appendix “A4” Brain disease model of addictions

Among the many difficulties faced in addictions and behavioral health treatment of any kind is the oft-held prejudice that the addict is just a morally weak individual who chooses not to control his or her compulsive behavior. Compelling research, performed in this country primarily by or under the auspices of the National Institute on Drug Abuse indicates that addictions is actually a *brain disease* in that many individuals have a genetic propensity to become addicted to one or several substances and/or behaviors. Other studies clearly show that even if an individual does not have the genetic predisposition for addictions, substance use and abuse can permanently alter brain chemistry and function.

So if addiction is a disease, then why have treatment? The answer is simply, because it is a treatable disease just like diabetes and heart disease. It is fairly well known that both of these common maladies carry genetic components and through lifestyle changes (and when appropriate pharmacologic interventions) both are manageable. Interestingly enough, the percentage of insulin dependent diabetics and cardiac patients who choose not to maintain the recommended lifestyle modifications and therefore are often re-hospitalized for various morbidities is relatively equal to the percentage of addicted individuals who relapse after treatment.

But is addiction really a disease even if research shows there may be a genetic predisposition or even brain chemistry changes? Allopathic medicine generally considers that to be a primary disease, a syndrome must exhibit these characteristics:

- a genetic component,
- it is chronic,
- its course is progressive, and
- if left untreated it can become fatal.

In terms of addictions, as already mentioned, there is overwhelming evidence that shows there is a genetic component. Because of the long-term nature of this syndrome and the high tendency for relapse it is fairly obvious that, similar to diabetes and cardiac disease, addictions is chronic in its nature. In regards to the addicted individual, this chronic component often shows up as, “I used to get high to feel good, now getting high keeps me from feeling good.”

Addiction also displays the progressive characteristic in that the individual begins to exhibit tolerance (manifesting as needing more of the substance to get the same high or that the same amount yields a diminished effect). In the life of the addict, this can be seen as initially the drug use interfered with his or her life, which then progresses to life interfering with the need to have the substance.

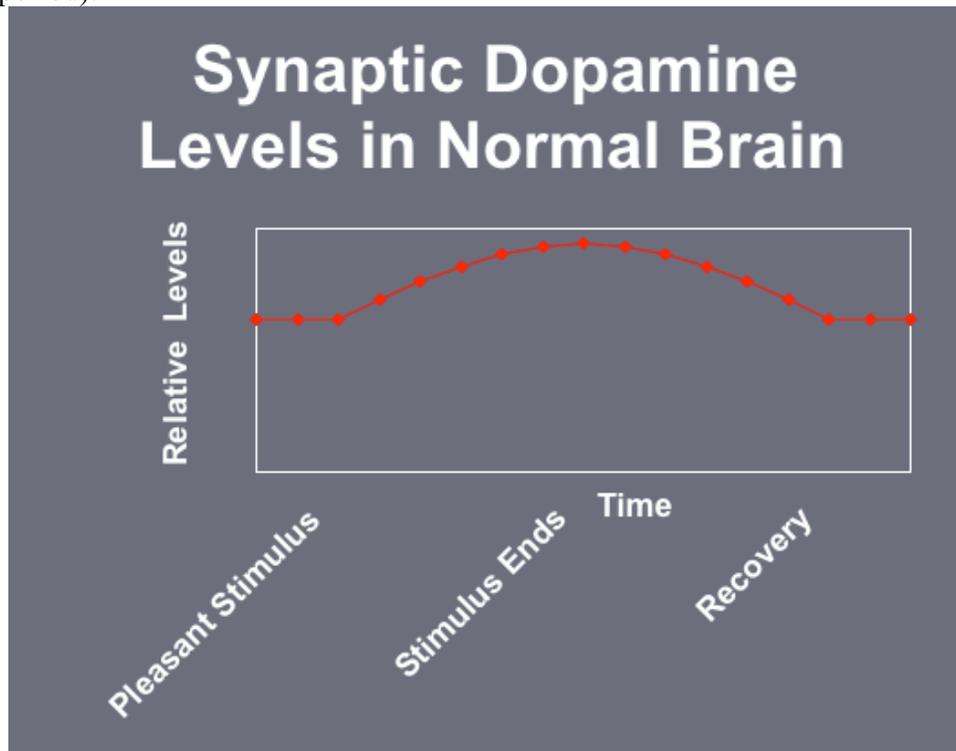
Lastly, just like diabetes and heart disease, there is little doubt that the individual who does not receive treatment and remains abstinent does indeed face the risk of death, either directly from an overdose or indirectly from HIV/AIDS, hepatitis C, drunk driving, liver or cardiac disease, cancer, etc.

So given that addiction exhibits the four characteristics of a primary disease, it can now be concluded that it is indeed a disease, a disease that is treatable albeit one that requires lifestyle changes in order for it not to progress and become fatal. But from where does the brain part come in? Interestingly enough, it is through the neurobiological study of addiction that much of the brain mapping has taken place.

While substances affect many parts of the brain, the primary area where addictions *occur* is the limbic system, the seat of basic emotions and learning. Located on the medial surface of the temporal lobe, this system is comprised of the olfactory lobe (the terminal end of the olfactory tract making smell the only special sense that does not pass through the thalamus), the amygdala (the nucleus that enables the H-P-A axis as well as the “fight or flight response”; also responsible for mood and conscious emotional response to an event) and the hippocampus (critical nucleus for storing long-term or declarative memory).

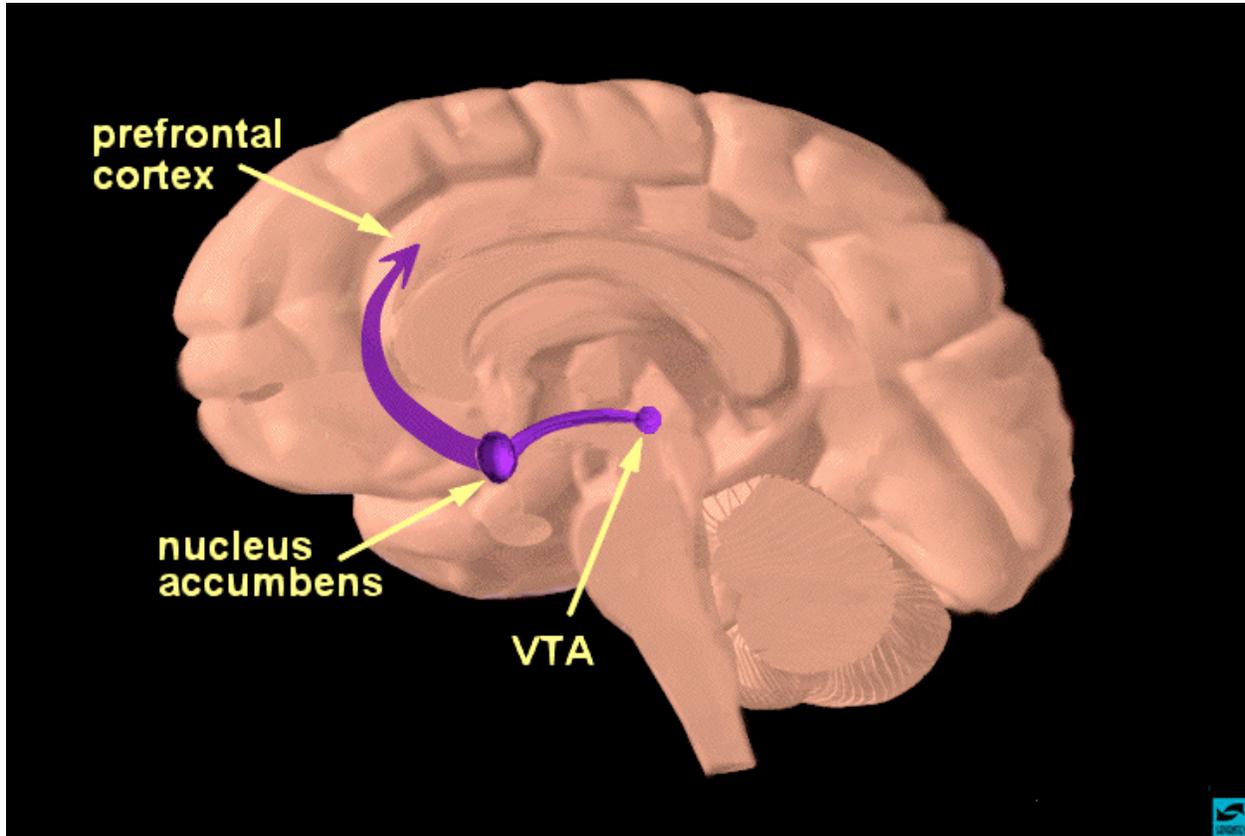
There are four primary neurotransmitters¹ found in the limbic system: dopamine, serotonin (5-hydroxytryptamine or 5-HT), GABA (4-aminobutyrate) and endorphins (endogenous opioids that bind with receptor sites associated with blocking pain sensations and providing euphoric feelings). Each of these neurotransmitters is removed from the synapse after stimulating the post synaptic neuron by the pre-synaptic neuron via a process known as re-uptake in which the neurotransmitter is pumped back into the transmitting nerve cell. This serves two purposes: 1) assures the post-synaptic neuron is fired only once for each time the pre-synaptic neuron releases its neurotransmitter and, 2) maintains the supply of neurotransmitter so the neuron does not have to continually produce more.

Using dopamine as an example in the following diagram, for a *normal* brain there is a basal level of dopamine being release and undergoing re-uptake. Upon perceiving an event as pleasant or pleasurable there is a smooth increase in dopamine release in the synapses. Once the stimulus ends, there is a relatively smooth return of the dopamine level to the basal level (recovery period).

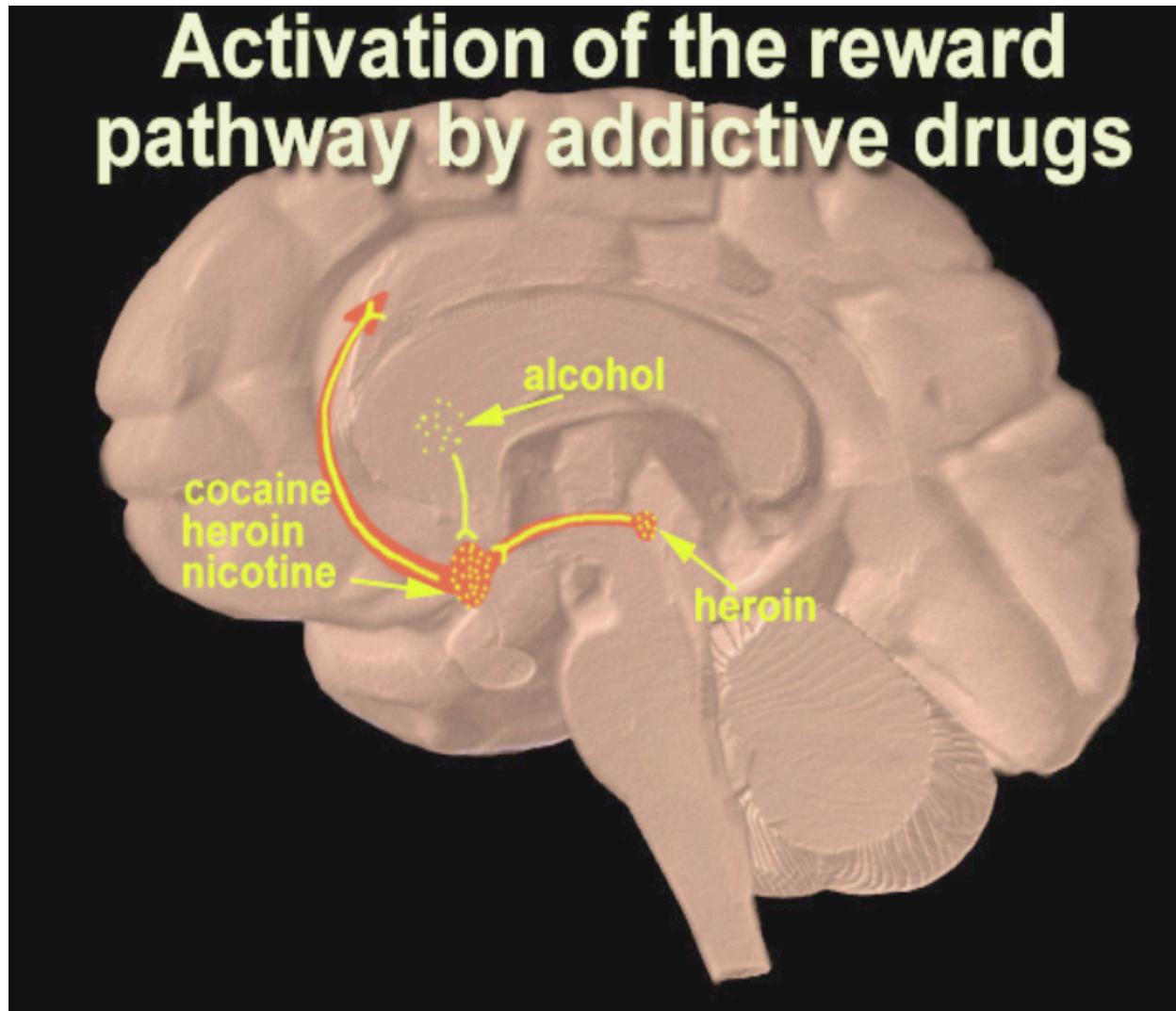


¹ Neurotransmitters are chemical messengers that are released by one nerve cell (neuron) into the synapse (area between two neurons) and received by the post-synaptic neuron. The post-synaptic neuron's surface contains binding sites that are specific for different neurotransmitters.

Located within the limbic system is the reward pathway (also called the pleasure pathway), the area of the brain that initiates the basic drives for survival of the species: food, water, nurturing and reproduction. The reward pathway begins at the **ventral tegmental area (VTA)**, which releases dopamine that modulates the activity of the **nucleus accumbens**. The nucleus accumbens is where pleasure is perceived (recall that pleasure reinforces an action is good for the survival of the species). The reward pathway terminates at the **prefrontal cortex**, the *most human* part of the brain. This is where flexible thinking and mental control take place. The prefrontal cortex is where past integrates with the present and the future is anticipated. It is also where empathy exists.



While receptors are located throughout the brain for substances generally considered *drugs of abuse* (heroin, cocaine, alcohol, tobacco, etc.), they are especially dense in the reward pathway (see figure next page). Numerous receptor sites for endorphins are also found in this area of the brain. In terms of the relative chances for success of remaining abstinent from a particular substance (and/or the amount of personal effort, growth and healing required), the further along the pathway its receptors are found, the more difficult it is to not relapse. Note in the following figure (next page) that the majority of receptor sites for cocaine and nicotine are located nearly at the prefrontal cortex area. Research indicates that this may be one of the reasons why remaining abstinent from these two drugs is so difficult.



Regardless of whether someone has a genetic predisposition to addictions or not, the metabolites of the various potentially addictive drugs² still have receptors in the reward pathway. So why do some people become addicted the first time they use a particular substance while others can use the same substance and not become hooked? The answer lies in the relative dopamine levels in the brains of the individuals with the genetic propensity towards addictions. Neurobiological research has shown that for the person with a predisposition for addictions, the relative basal synaptic dopamine levels are well below those seen in the brains for individuals without the propensity to become addicted (what was previously referred to herein as the *normal* brain). When pleasurable events occur for individuals with reduced basal dopamine levels, the normal gain in dopamine release is seen; only now the synaptic dopamine levels may only rise to the basal level of the *normal* brain. The implication of this is, that at a very primitive subconscious level, these individuals are not receiving acknowledgment that their actions are

² Behaviors such as gambling and other compulsive behaviors also stimulate the reward pathway and affect neurotransmitter levels in a similar way. The exact mechanisms are somewhat different and are not discussed here.

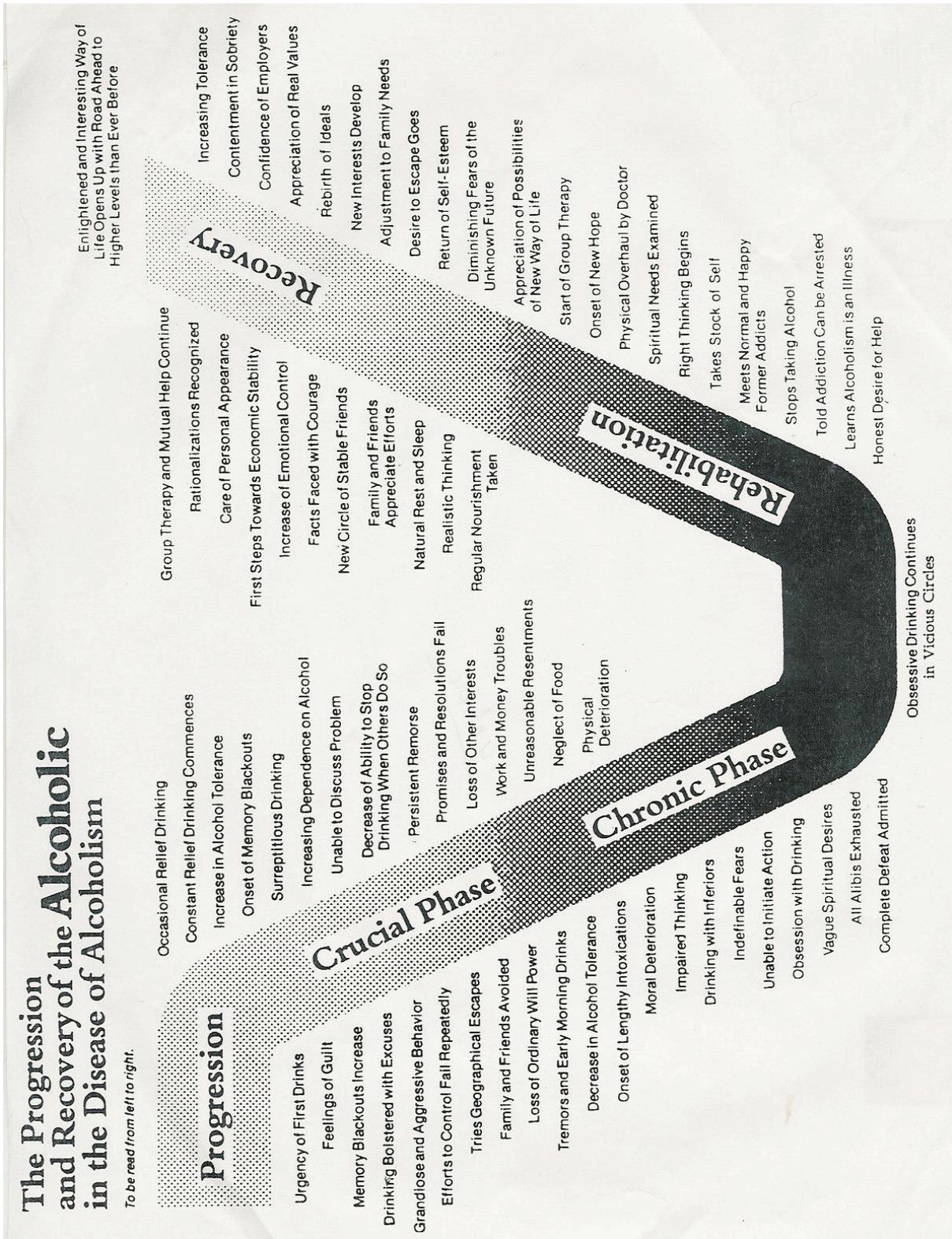
good for the survival of the species. In other words, nothing they do *tells* the limbic system they are doing their part to keep humans alive on this planet.

All substances that have the potential to become addictive work by increasing synaptic dopamine levels in the pleasure pathway. In essence this reinforces the behavior by having the person believe, again at the most primitive subconscious level, that using this substance is necessary for the survival of the species. For those individuals with a genetic predisposition for addictions (those with reduced basal synaptic dopamine levels), this may be the first time their brains have received this feedback and acknowledgment. Because these are the basic drives in all humans, having someone receive this feedback for the first time is a powerful reinforcement for that behavior. Seen in this light, the person displaying signs of addictions is not necessarily weak willed or morally defective, but rather, because of his or her genetic make-up, is driven to use by the same part of the brain that has kept life alive on this planet.

What has just been described is the **brain disease model** of addictions and shows, at a neurobiological level, why remaining abstinent is so difficult for many people. And while not all individuals have the genetic predisposition component, there is a growing body of evidence that indicates there are permanent morphologic changes in the brains of all individuals who use and abuse certain substances (again, primarily in the reward pathway).

Different substances affect dopamine levels in different ways. The opioids (morphine, heroin and pharmacologically derived analogs) fit into and stimulate do the same receptors as the endorphins and acts by stimulating increased dopamine release. Cocaine in its various forms acts by blocking the re-uptake pumps and thus the dopamine remains in the synapses much longer. This acts to continually re-stimulate the post-synaptic neurons. This, in turn, provides increased reinforcement of the activity. A long-term consequence of this action is that the receptor sites of the post-synaptic neurons eventually burn out and thus no stimulation can provide a sense of pleasure or reward leading to severe states of anhedonia.

Appendix "A5"
Jellinek chart of alcoholism and recovery



Appendix “A6”

Stages of change model

Originally developed in the late 1970's and early 1980's by James Prochaska, et al, the Stages of Change Model (SCM) utilizes specific stages to indicate where a person is along a continuum of readiness to change a behavior. The idea behind the SCM is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Also, each of us progresses through the stages at our own rate.

Prochaska's group developed the SCM when they were studying how smokers were able to give up their habits or addiction. Since then, the model has been applied to a broad range of behaviors including weight loss, injury prevention, overcoming alcohol, and drug problems among others.

The stages of the SCM are:

- Stage 1: Pre-contemplation – Client is not aware of present behavior, which may be due to a lack of awareness or an unwillingness to explore the consequences.
- Stage 2: Contemplation – Client starts to accept there may be potential risk continuing the present behaviors
- Stage 3: Preparation – Client accepts there is a problem and begins the process of discovery and responsibility
- Stage 4: Action – Client is motivated to take action
- Stage 5: Maintenance and relapse prevention – Client is active in treatment and learning about relapse prevention
- Stage 6: Relapse – Client resumes old behaviors if motivational keys are not continued.

**Appendix “A7”
The 12-Steps**

While the concept of the twelve-steps began with Alcoholics Anonymous, most fellowship groups for addicted populations have adapted these tenants for the specific addictions. The following are the steps for addictions in general:

1. We admitted that we were powerless over addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

Appendix “A8”: Abused substances

COMMONLY ABUSED DRUGS Visit NIDA at www.drugabuse.gov			NIDA NATIONAL INSTITUTE ON DRUG ABUSE	
Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Intoxication Effects/Potential Health Consequences	
Cannabinoids				
hashish	boom, chronic, gangster, hash, hash oil, hemp	I/ swallowed, smoked	euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination/cough, frequent respiratory infections, impaired memory and learning, increased heart rate, anxiety, panic attacks, tolerance, addiction	
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/ swallowed, smoked	reduced pain and anxiety, feeling of well-being, lowered inhibitions, slowed pulse and breathing, lowered blood pressure, poor concentration/confusion, fatigue, impaired coordination, memory, judgment, respiratory depression and arrest, death, addiction	
Depressants				
barbiturates	Amytal, Nembutal, Seconal, Phenobarbital: barbs, reds, red birds, phememies, tooties, yellows, yellow jackets	II, III, V/injected, swallowed	Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness, life-threatening withdrawal	
benzodiazepines (other than flunitrazepam)	Ahivan, Halcion, Librium, Valium, Xanax: candy, downers, sleeping pills, tranks	IV/ swallowed, injected	for benzodiazepines—sedation, drowsiness/dizziness	
flunitrazepam***	Rohypnol: forget-me pill, Mexican Valium, R2, Rochie, roofies, roofinol, rope, rophies	IV/ swallowed, snorted	for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects	
GHB***	gamma-hydroxybutyrate: G, Georgia home boy, grievous bodily harm, liquid ecstasy	I/ swallowed	for GHB—drowsiness, nausea/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death	
methaqualone	Quaalude, Sopor, Parast: ludes, mandrax, quad, quay	I/ injected, swallowed	for methaqualone—euphoria/depression, poor reflexes, slurred speech, coma	
Dissociative Anesthetics				
ketamine	Ketalar SV: cat Valiums, K, Special K, vitamin K	II/injected, snorted, smoked	increased heart rate and blood pressure, impaired motor function/memory loss, numbness, nausea/vomiting	
PCP and analogs	phencyclidine: angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest	
Hallucinogens				
LSD	lysergic acid diethylamide: acid, blotter, boomers, cubes, microdot, yellow sunshines	I/ swallowed, absorbed through mouth tissues	altered states of perception and feeling; nausea/chronic mental disorders, persisting perception disorder (flashbacks)	
mescaline	buttons, cactus, mesc, peyote	I/ swallowed, smoked	Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors	
psilocybin	magic mushroom, purple passion, shrooms	I/ swallowed	for psilocybin—nervousness, paranoia	
Opioids and Morphine Derivatives				
codeine	Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine: Captain Cody, Coby, schoolboy, (with glutethimide) Jords & Jours, loads, pancakes and syrup	II, III, IV, V/injected, swallowed	pain relief, euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, death, tolerance, addiction	
fentanyl and fentanyl analogs	Actiq, Duragesic, Sublimaze: Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder & TNT, Tango and Cash	II/injected, smoked, snorted	Also, for codeine—less analgesia, sedation, and respiratory depression than morphine	
heroin	diacetylmorphine: brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	for heroin—staggering gait	
morphine	Roxanol, Duramorph: M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked		
opium	laudanum, paragonic: big O, black stuff, block, gum, hop	II, III, V/ swallowed, smoked		
Stimulants				
amphetamine	Biphetamine, Dexedrine: bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, heart failure	
cocaine	Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	Also, for amphetamine—rapid breathing, hallucinations/tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction, psychosis	
MDMA (methyl-enedioxy-meth-amphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/ swallowed	for cocaine—increased temperature/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition	
methamphetamine	Desoxy: chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	for MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings, hyperthermia/impaired memory and learning	
			for methamphetamine—aggression, violence, psychotic behavior/memory loss, cardiac and neurological damage, impaired memory and learning, tolerance, addiction	

*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use. Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.
 ***Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.
 ***Associated with sexual assaults.

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Intoxication Effects/Potential Health Consequences
Stimulants (continued) methylphenidate nicotine	Ritalin; Jif, MPH, R-ball, Skippy, the smart drug, vitamin R cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bids, chew	II/injected, swallowed, snorted not scheduled/smoked, snorted, taken in snuff and spit tobacco	for methylphenidate— <i>increase or decrease in blood pressure, psychotic episodes/digestive problems, loss of appetite, weight loss</i> for nicotine— <i>additional effects attributable to tobacco exposure: adverse pregnancy outcomes; chronic lung disease, cardiovascular disease, stroke, cancer; tolerance, addiction</i>
Other Compounds anabolic steroids inhalants	Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise; roids, juice Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl); laughing gas, poppers, snappers, whippets	III/injected, swallowed, applied to skin not scheduled/inhaled through nose or mouth	no intoxication effects/hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; adolescents, premature stoppage of growth; in males: prostate cancer; reduced sperm production, shrunken testicles, breast enlargement; in females: menstrual irregularities, development of beard and other masculine characteristics stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing/unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death

Appendix “A9”
Groupings for drugs that affect the CNS

Depressants/Sedative Hypnotics	Stimulants	Psychedelics
<ul style="list-style-type: none"> • Alcohol • Barbiturates <ul style="list-style-type: none"> ○ Short Acting <ul style="list-style-type: none"> • Thiopental ○ Intermediate Acting <ul style="list-style-type: none"> • Seconol • Nebutol • Tuinal • Amytal ○ Long Acting <ul style="list-style-type: none"> • Phenobarbital • Barbital • Non-barbiturates <ul style="list-style-type: none"> ○ Methaqualone ○ Doridan ○ Chloral Hydrate ○ Placidyl ○ Meprobamate • Minor Tranquilizers <ul style="list-style-type: none"> ○ Valium ○ Librium ○ Serax ○ Dalmane • Narcotics <ul style="list-style-type: none"> ○ Natural <ul style="list-style-type: none"> • Morphine • Codeine ○ Synthetic <ul style="list-style-type: none"> • Methadone • Propoxyphane • (Darvon) • Dilaudid • Demerol • Percodan ○ Semi-synthetic <ul style="list-style-type: none"> • Heroin • Major Tranquilizers <ul style="list-style-type: none"> ○ Thorazine ○ Mellaril ○ Phenothiazines ○ Haldol ○ Proloxin • Anesthetics – PCP • Aerosols • Volatile solvents 	<ul style="list-style-type: none"> • Amphetamine <ul style="list-style-type: none"> ○ Dexadrine • Methamphetamine • Non-amphetamine <ul style="list-style-type: none"> ○ Ritalin ○ Preludin ○ Tonamin • Caffeine • Nicotine • Cocaine 	<ul style="list-style-type: none"> • Minor <ul style="list-style-type: none"> ○ Marijuana ○ Hashish • Major <ul style="list-style-type: none"> ○ LSD ○ Mescaline ○ Psilocybin ○ DOM/STP (Dimethoxymethyl-amphetamine) ○ DMT (Dimethyltryptamine) ○ THC ○ Hash oil

Appendix “A10”
Cross-tolerance and cross-addictions

Cross-tolerance is defined as “tolerance, originally produced by long-term administration of one drug, which is manifested towards a second drug that has not been previously administered.” In terms of the substances listed in Appendix I, this implies if someone has experienced long-term use of a sedative hypnotic he or she will exhibit tolerance to all sedative hypnotics. The same holds true for the stimulants and psychedelics. In other words, cross-tolerance takes place within each major category of substances that affect the central nervous system.

For example, an alcoholic may require a higher level of anesthetic to achieve the same effect as compared to a non-drinker.

Cross-addiction exhibits within a particular family within each major category and implies that if someone is addicted to one substance within a family then he or she is addicted to all the substances in that family. For example someone addicted to heroin (within the narcotic family) he or she will also be considered addicted to codeine and Percodan.

These concepts are utilized in medical detoxification units to prevent someone from experiencing withdrawal symptoms. A person going through alcohol detox may be given high levels of valium or Librium (necessary because of the cross-tolerance) but because he or she will not exhibit cross-addiction to these minor tranquilizers they are considered “safe” as far as the detox goes.

Appendix “B”
Working in Public Health Settings
(from Clean Needle Technique Manual Fifth Edition, 1995)

There is a growing use of acupuncture in public health settings such as detox, AIDS, and TB clinics as well as in institutions such as jails, public hospitals, community centers, and other social agencies that have group treatment rooms where several clients sit and receive ear or body acupuncture. Clients may arrive together or separately, but usually do not have individual appointments. Many of these rooms do not have a sink in them. Some may have access to one nearby, but it is not always guaranteed.

Many of these settings aim to treat persons who are drug- and/or alcohol-addicted and who present with related and frequently multiple health and social problems such as TB, HIV infection, mental illness, homelessness, hunger or malnutrition, poverty, etc. These individuals frequently present with a long history of illness and a debilitated immune system.

The staff performing the acupuncture treatments is appropriately trained acupuncturists and/or acupuncture chemical dependency specialists, depending on state regulations. There are often other practitioners from different disciplines involved closely with the setting and the clients such as physicians, social workers, nurses, counselors, community workers, physician assistants, etc.

The characteristics of these clinics mandate some special discussion.

Handwashing

Handwashing is one of the most problematic topics within a public health or group treatment setting. It is not realistic to expect that the practitioner will wash his or her hands in a sink after each treatment due to the volume of clients to be treated, the time and logistics that would be required, and frequently, the lack of facilities for handwashing. *It is, however, strongly recommended that practitioners:*

- Wash hands with soap and water before and after work shifts.
- Wash hands with soap and water, or if handwashing facilities are not in the immediate area, an alcohol-based or germicidal hand rub, immediately prior to performing any acupuncture.
- If no glove or finger cots are used, wash hands with soap and water between treatments as often as possible. An alcohol-based hand rub, prepackaged, disposable antiseptic towelette such as benzalkonium chloride (1:250) or a germicidal hand scrub should be used between treatments provided that only the needles, sterile packages and other materials needed for the treatment were touched. Practitioners may wish to carry a bottle of antiseptic handwash solution, readily available in most drug or grocery stores.
- Gloves should be available in the treatment area and should be worn when there is a biohazardous spill such as significant bleeding from an auricular acupuncture point.
- Practitioners should wash their hands immediately with soap and water after critical instances such as contact with blood or a break in the clean field between or during treatments.

Choice of Instruments

State laws must be checked to determine if there are specific regulations regarding type of acupuncture needles to be used in public health settings. Disposable needles are

recommended. Some states mandate that only disposable needles be used in chemical dependency treatments.

Guide tubes are not recommended for auricular acupuncture.

As always, care should be taken to monitor press needles for potential infections. This is particularly important in immuno-compromised patients.

Positioning the patient

When the patient is sitting up, it is important to make sure that, where possible, the patient has his or her head and neck supported, that the legs and arms are not crossed and that the person is comfortably seated.

Clients should be requested to use the bathroom prior to treatment. If a client does need to use the restroom during treatment, all needles should be removed and then replaced when he or she returns.

Removing needles

When a practitioner is removing needles, it is critical to carry an impervious container so that the needles can be disposed of immediately. In many public health settings it is important that needles be accounted for by counting by counting the needles used. In settings such as jails the clients often may not leave until all needles are accounted for.

In some detox clinics clients remove their needles. In these instances the practitioner must always check for needles that may have dropped and for bleeding that may have occurred.

In all cases, practitioners should check chairs and surrounding areas for fallen needles before, during, and after each session and after each client's needles are removed.

If needles fall out of the ear onto clothing of the client, they must be removed with a minimum of disturbance.

Practitioners should instruct clients not to handle needles if the needles fall out or after removing them.

Delayed bleeding is common. Practitioners must be aware of this possibility. Patients should be monitored after needle removal and before leaving the premises.

Appendix “C”

Excerpts from *Treatment Improvement Protocol (TIP) 45*

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Administration (SAMHSA) of the US Department of Health and Human Services regularly publishes *Treatment Improvement Protocol (TIP)* manuals for service providers. TIPs are “best practice guidelines for substance abuse disorders” (Center for Substance Abuse Treatment 2006). TIP 45, *Detoxification and Substance Abuse Treatment*, published in 2006, includes references to the use of acupuncture in programs that provide such services. Following are pertinent excerpts from the TIP (Copies of the entire TIP may be obtained free of charge from SAMHSA’s National Clearinghouse for Alcohol and Drug Information (NCADI), (800) 729-6686 or (301) 468-2600; TDD (for hearing impaired), (800) 487-4889, or electronically through the following Internet World Wide Web site: www.ncadi.samhsa.gov.)

Chapter 3—An Overview of Psychosocial and Biomedical Issues During Detoxification Strategies for Engaging and Retaining Patients in Detoxification

Consider Alternative Approaches

Alternative approaches such as acupuncture are safe, inexpensive, and increasingly popular in both detoxification and substance abuse treatment. Although the effectiveness of alternative treatments in detoxification and treatment has not been validated in well-controlled clinical trials, if an alternative therapy brings patients into detoxification and keeps them there, it may have utility beyond whatever specific therapeutic value it may have (Trachtenberg 2000). Other treatments that reside outside the Western biomedical system, typically grouped together under the heading of Complementary or Alternative Medicine, also may be useful for retaining patients. Indeed, given the great cultural diversity in the United States, other culturally appropriate practices should be considered. (pg. 34)

Chapter 4—Physical Detoxification Services for Withdrawal From Specific Substances

Alternative Approaches

Alternative methods that have been studied scientifically do not claim to be stand-alone withdrawal methods, nor stand-alone treatment modalities. Alternative approaches are designed to be used in a comprehensive, integrated substance abuse treatment system that promotes health and well-being, provides palliative symptom relief, and improves treatment retention. Therefore, because isolation of any of these approaches as an independent variable in rigorous controlled studies is difficult, if not impossible, there are no conclusive data on the effectiveness of alternative methods (Trachtenberg 2000).

Auricular (ear) acupuncture has been used throughout the world, beginning in Hong Kong, as an adjunctive treatment during opioid detoxification for about 30 years. Its use in the United States originated in California (Seymour and Smith 1987) and New York (Mitchell 1995) but has not been subjected to rigorous controlled research. One report (Washburn et al. 1993) noted that patients dependent on heroin with mild habits appeared to benefit more than those with severe withdrawal symptoms, which acupuncture did not

alleviate. The 1997 National Institute of Health Consensus Statement on acupuncture stated that acupuncture treatment for addictions could be part of a comprehensive management program. The National Acupuncture Detoxification Association has developed acupuncture protocols involving ear acupuncture in group settings that originated at Lincoln Hospital in the Bronx and are used by over 400 drug treatment programs and 40 percent of drug courts. SAMHSA's National Survey of Substance Abuse Treatment Services (NSSATS) found that 5.4 percent of the 13,720 facilities polled in 2001 offered acupuncture as a service (Office of Applied Studies 2002 b).

Acupuncture is one of the more widely used alternative therapies within the context of addictions and behavioral health treatment. It has been used as an adjunct to conventional treatment because it seems to reduce the craving for a variety of substances of abuse and appears to contribute to improved treatment retention rates. In particular, acupuncture has been viewed as an effective adjunct to treatment for alcohol and cocaine disorders, and it also has played an important role in opioid treatment (i.e., methadone maintenance). It is used as an adjunct during maintenance, such as when tapering methadone doses. The ritualistic aspect of the practice of acupuncture as part of a comprehensive treatment program provides a stable, comfortable, and consistent environment in which the client can actively participate. As a result, acupuncture enhances the client's sense of engagement in the treatment process. This may, in part, account for reported improvements in treatment retention (Boucher et al. 2003). A 1999 CSAT-funded study showed that patients choosing outpatient programs with acupuncture were less likely to relapse in the 6 months following discharge than were patients who had chosen residential programs (Shwartz et al. 1999).

Ear acupuncture detoxification, which was originally developed as an alternative treatment for opioid agonist pharmacotherapy, is now augmenting pharmacotherapy treatment for patients with coexisting cocaine problems (Avants et al. 2000). The advocates of acupuncture have joined with the advocates of opioid agonist pharmacotherapy to create a holistic synthesis. Each has contributed to the success of the other, both clinically and in public perception.

Care must be taken to ensure sterile acupuncture needles in the heroin-dependent population, given the high incidence of HIV infection, viral hepatitis, and other infections. Acupuncture is not recommended as a standalone treatment for opioid withdrawal.

Other alternative management approaches that are not supported by controlled studies include neuroelectric therapy (the administration of electric current through the skin) and herbal therapy. In fact, the former has been shown to be no better than placebo in a controlled study (Gariti et al. 1992). The use of herbs for healing purposes dates back to the dawn of civilization, while the use of herbs in the treatment of substance abuse has been documented since 1981 in methadone programs, free clinics, therapeutic communities, outpatient programs, and hospitals (Nebelkopf 1981). Herbal remedies are used in substance abuse detoxification and treatment in a number of cultures around the world. However, in no scientific studies have herbs been isolated as a discrete variable to

test their efficacy. Much research is currently being conducted on the effectiveness of herbal medicine on a wide variety of physical conditions. (pgs. 103-104)

Considerations for Specific Populations

People With Disabilities or Co-Occurring Conditions

There are a number of alternative treatments for chronic pain. Acupuncture is already in use in some treatment programs for detoxification to help relieve symptoms of withdrawal. Physical therapy and exercise, chiropractic care, biofeedback, hypnotism, and therapeutic heat or cold are some other approaches to caring for persons with physical problems. Most of these alternative treatments have limited or no research support of their efficacy; yet some clinicians believe they work. Thus, consultation with experts on their use is necessary before starting a person with chronic pain on these remedies.

Appendix “D”
Clinical Supplies and Vendors

Appendix “D1”
General supplies list

The following are considered the minimum supplies necessary to begin a NADA-style Acudetox program. Quantities will be dependent upon the number of clients treated, number of days per week treatment occurs, etc.

Supplies cabinet/cart (either needs to be locking or stored in a secure area)

Lined trash can

Hazardous waste container with red biohazard bag (and state approved disposal service) or equivalent

Sharps container(s) for needle disposal – this can be done several ways:

- pint size sharps containers that can be carried to the client and placed under his or her ear as the needles are removed (see vendor list).
- one large stationary container (use puncture-proof cups such as urine specimen containers that the practitioners carry to the clients to collect the needles and then dump the needles into the large container. Containers must be sanitized between sessions.)

Anti-microbial gel, hand wipes, foam or solution if there is not a hand-wash sink in the room.

Non-latex gloves in small, medium, large for needle removal

Alcohol pads – 2/client/treatment

Cotton balls (bulk/non-sterile) or cotton swabs

Acupuncture needles (see vendor list)

Plastic ear models (good to have around to show clients)

Sleepmix tea

Ear Seeds

Relaxation music (no vocals or percussion rhythms) and CD/cassette player - optional

Documentation and consent forms, client information handouts

**Appendix “D2”
Vendors and supplies**

While the National Acupuncture Detoxification Association does not endorse any particular vendors, the following have continually shown and provided support to NADA’s mission:

Needles, seeds, small sharps containers:

Helio Medical

606 Charcot Avenue

San Jose, CA 95131

800-YinYang (946-9264)

www.heliomed.com

- Needles: 1/2 inch, 36 – 38 gauge
 - Vinco Cluster Pack 38g (5 needles/pack): NT5-3805 (100 packs/box)
 - Vinco Cluster Pack 36g (5 needles/pack): NT5-3605 (100 packs/box)
- Ear Seeds: Helio Ear Seeds (100/box): ES-01
- One Pint Needle Disposal Container: GS-215

Lhasa OMS

539 Accord Station

Accord, MA 02018

800-722-8775

www.lhasaOMS.com

ACP Medical Supplies, Inc.

118 Baywood Avenue

Longwood, FL 32750

877-248-4539

www.acpmedical.com

- Needles: 1/2 inch, 36 – 38 gauge
 - Carbo Cluster Pack 38g (5 needles/pack): CT5-3805 (100 packs/box)
 - Carbo Cluster Pack 36g (5 needles/pack): CT5-3605 (100 packs/box)
- Ear Seeds: Carbo Ear Seeds (100/box): ES-01

Small gold ear magnets

Health Point Products, Inc.

1804 Plaza Avenue, Suite 21

New Hyde Park, NY 11040

888-684-5575 - Fax 516-328-6926

www.lhpi.com

- Chinese auricular acupoints plasters (100/pack): Magnet pellet 100

Insurance

American Acupuncture Council

185 East First Street

Suite 1160

Santa Ana, CA 92705

800-838-0383

Van Wagner & Associates
PO Box 5710
Bay Shore, NY 11706
800-735-1588

Herbal Sleepmix Tea

Nutracontrol
Box 1199 Old Chelsea Station
New York, NY 10011
212-929-3780

Literature, reprints, general information

NADA Clearinghouse
PO Box 1927
Vancouver, WA 98668
888-765-NADA (6232)

Brumbaugh, A (1993). *Transformation and Recovery: A Guide for the Design and Development of Acupuncture-Based Chemical Dependency Treatment Programs*. Still Point Press, 133 East De La Guerra Street, Ste 362, Santa Barbara, CA, 93101.
805-681-0070
alex@silcom.com

Appendix “E”

Special Populations: Needs and Strategies

Acudetox and Women

The number of women, including child-rearing and/ or pregnant clients, in addictions and behavioral health treatment programs has steadily increased. Women need treatment that addresses their particular needs as women, and can be arranged around their child-care responsibilities. Lack of safe childcare, as well as cultural barriers such as greater societal stigma around addictions, creates barriers to entering treatment.

The stigma is really intensified for women who are pregnant. Some states have even gone so far as to prosecute or mandate treatment for women who use drugs while pregnant. Acupuncture for addictions has proven to be a very effective intervention with this population, which is particularly significant because other, medication-based forms of treatment are not appropriate and/ or available to pregnant women. The use of acupuncture has led to a considerable expansion of treatment services for cocaine and crack using women.

Perinatal programs ideally provide combined prenatal care, parenting skills education and support, and chemical dependency treatment. Lincoln Recovery Center has offered a specialized maternal program since 1987, and has been treating more than 100 pregnant cocaine users per year. Women bring their infants and small children to the clinic. Typically, the young mother will sit with a baby in her lap during acupuncture treatment. The acupuncture detoxification provides relaxation and reduction of stress. Frequent supportive counseling sessions replace the confrontations that are typical of many other drug-free programs. Mothers who must bring children or make child care arrangements often need flexible scheduling for counseling and other appointments.

Lincoln clients have regular visits with a nurse-midwife and receive specific education and counseling relative to pregnancy and child-care. The Lincoln program was cited as a model innovative program for prenatal care in a monograph, "Hospital and Community Partnership" issued by the American Hospital Association in 1991.

The average birth weight for babies at Lincoln with more than 10 maternal visits is 6 pounds 10 ounces. The average birth weight for less than 10 visits is 4lbs 8oz, which is typical of high-risk cocaine mothers. There is a high correlation between clean toxicologies, retention in the clinic program, and higher birth weights. 76% of pregnant women are retained in long-term treatment and give birth to non-toxic infants.

Premature birth is a serious health risk. The Hospital of St. Raphael in New Haven has been using the Lincoln acupuncture model for many years. The director of obstetrics, Dr. Wilfredo Reguero, reports a drop in perinatal death rate from 18.5 to 7.1 from 1990 to 1992, following the use of acupuncture and other innovative outreach techniques. Special acupuncture based components have also been developed for women with children in long term foster care in the Drug Strategies Institute program in Baltimore.

There are a variety of other treatment settings around the country utilizing acupuncture in maternal programs across the full continuum of care approach. These include inpatient facilities and halfway houses that take women with their children, out patient and day treatment programs. Particularly innovative is the BASICS program in Minneapolis/St. Paul, Minnesota that utilizes an ADS as a member of multi-service treatment team providing home based services.

Vital to the success of any maternal substance abuse program is helping the woman to become drug-free for herself, not just "for the sake of the baby". A person who appreciates her own value will be a better parent and is better able to refuse drugs and drug filled relationships. It

is also important for the program to understand the woman as more than a "fetal container" and therefore not abruptly terminate services after delivery.

Most addicted women also bring to treatment their experiences of trauma including violence, sexual abuse, rape, etc. Female clients are often trapped in destructive and exploitative relationships and therefore may have special difficulty with any therapeutic relationship. A consistently tolerant and non-confrontational approach prepares the way to establish a trauma survivor support service for patients at an early sobriety stage of recovery. The supportive atmosphere makes it relatively easy for clients to keep children with them during treatment activities. The acupuncture point formula used for substance abuse is also specific for the kind of emotional and muscular guarding associated with early sexual trauma. These clients will suffer intermittent crises and experience profound challenges to their physical and spiritual identity. All of their relationships will be strained and transformed. Acupuncture is very appropriate adjunct to trauma survivor's support work.

There is some indication that women are most vulnerable to relapse in the luteal phase (the last 14 days) of their menstrual cycle. Some programs especially encourage women to return for relapse prevention acupuncture treatment around day 18 of their cycles.

The NADA Literature Clearinghouse provides several papers on Women's issues. For convenience and savings the Clearinghouse offers a Women's Issues package with all the written items below.

Literature:

- #2001 Raising Healthy Babies for the 90's-Lincoln Hospital's response to maternal crack use (1991, Lincoln Hospital Staff)
- #2002 American Hospital Assoc. Case Study No. 10-Lincoln Hospital Perinatal Program (1991, AHA Staff)
- #2003 Relation of Maternal Involvement in Drug Treatment and Prenatal Care to Infant Birth Weight-Results of Lincoln program (1993, Lincoln Hospital Staff)
- #2004 Acupuncture as a Treatment for Drug Dependent Mothers-Testimony to the New York City Council (1988, Smith, M)
- #2005 Violence, Trauma, and Post Traumatic Stress Disorder Among Women Drug Users- Documents high frequency of trauma and PTSD (1992, Fullilove, M. et al.)
- #2007 Acupuncture Treatment for Chemical Dependency During Pregnancy- Reviews all relevant literature to date (1995, Ackerman, R)

Video-tapes:

- #6005 Maternal Program at Lincoln Hospital--S. Lundine TV tape. (1990)
- #6006 Acupuncture for Chemical Dependency in Pre and Post Natal Periods--Detailed review of sites in California, Minnesota and New York. (1992)

Audio-tape:

- #9314 Pregnant Women--Easing access to perinatal care; midwives; peer counselors and recovered staff. (1993, Rizak, Slater, Yearde)

Acudetox and the Criminal Justice System

Addictions and crime go hand in hand. Historically the addicted population has been a challenge to the criminal justice system, adding to cost, overcrowding, drug use within the jails/prisons, and recidivism related to relapse. Likewise the criminal justice mandated clients have traditionally challenged addictions and behavioral health treatment provision because they enter treatment begrudgingly, in total denial or with a basic conflict with the referring agency. Auricular acupuncture for addictions has become a frequently added element in successful partnerships between the criminal justice system and addictions and behavioral health treatment providers.

The non-verbal aspect of acupuncture allows intake staff to get beyond the court-referred client's protests and "resistance" and offer acupuncture for "stress relief", instead of forcing the issue. Acupuncture creates space until the clients feel more comfortable and less threatened so they can admit their addictions and ask for help. Many providers report that acupuncture actually helps the individual to let go of denial and "get honest".

Acupuncture and frequent urine testing combine well with criminal justice supervision to provide the paradoxical "tough love" appropriate for treating the disease of chemical dependency. Acupuncture delivered in a consistent and caring manner provides the basis for the "love" side of the equation that creates a foundation for the development of more effective discipline.

Frequent urine testing provides an objective non-personalized measure of success that can be accepted equally by all parties. The counseling process can be totally separated from the process of judgment and evaluation. Discipline is separated from the difficulties of interpersonal relationships. Within this context, discipline or leniency by the judicial authority leads to constructive not escapist behavior. Positive toxicology results are primarily used to require a more prolonged or intense commitment to treatment.

Drug Courts: The well-known "Drug Court" program in Miami uses the acupuncture-based model described above. This program diverts 2,000 felony drug possession arrestees into treatment each year. More than 50 % of these clients eventually graduate the program on the basis of providing 90 consecutive negative toxicologies over the period of a year or more.

Drug Court diversion and treatment programs have been established in more than one hundred settings nationwide despite minimal access to outside funding. This expansion represents an increased commitment to addictions and behavioral health treatment throughout the U.S. The majority of the Drug Court programs use acupuncture as a primary component of their protocol. Acupuncture is also being used in more than two hundred jails and prisons in the U.S. and abroad.

Drug courts that do have acupuncture components have positive reports. A follow-up study in Santa Barbara, CA, for example, showed that women who received acupuncture were 50% less likely to be rearrested after being released from the county jail. A recent independent program evaluation for the drug court treatment program in Portland, OR found 76% fewer total subsequent arrests (80% fewer serious felony arrests) for program graduates than the comparison group. The researchers estimate a state cost savings of over \$10 million for a two-year period.

Family court: In South Carolina, where illegal drug using pregnant women can be prosecuted for child abuse, a proposal is underway to bring the drug court model to Family

Court, routing addicted women into compulsory acupuncture based treatment and vocational training with additional services for children.

Jail-based treatment: In addition to drug court type diversion programs, many correctional institutions have incorporated auricular acupuncture for addictions with promising outcomes. Treatment in jails and prisons is used in a number of different models in the U.S. and Europe, examples include pre and post release programs; programs for violent offenders and women in prison, etc. (The numbers of prisons in Europe using the NADA protocol is higher.)

Sex offenders in a maximum-security prison in Oak Park Heights, MN received acupuncture on a regular basis. There was a significant reduction in anger and violent intrusive sexual fantasies as compared to a control population (Culliton 1996). Early anecdotal reports for a San Francisco jail-based program for violent offenders of all sorts reveal dramatic changes in the environment. Fights on the unit, which used to occur several times per week, have desisted all together.

The NADA Literature Clearinghouse provides the following materials on criminal justice related programs. For convenience and savings, the Clearinghouse also offers a Criminal Justice Package of literature, video and audiotapes.

Literature:

- #1005 Portland Drug Court Program Outcomes-Charts and graphs on drug court clients. (1992, PAAC)
- #1006 Miami Drug Court Outcomes-Statistical update after two years. (1992, Smith, M.)
- #1026 The Advantages of the Drug Court Treatment System-How it can obtain better results than orthodox treatment. (1993, Smith, M.)
- #1027 Acupuncture: An Important Tool for Treating Drug Dependent Offenders. Article from probation/parole viewpoint. (1993, Forman, J.)

Video-tapes:

- #6001 Miami Court Diversion and Treatment Program--Good tool for community education on drug courts. (1991)

Audio-tapes:

- #94212 Criminal Justice-Leaders of model drug courts discuss role of judge; urine testing; client tracking; coordination. (1994, Beck, et al.)
- #9521 Jail Treatment--Hands-on experts from Illinois and California tell how to work well with inmates, staff and the overall jail culture. (1995, Allen, et al)

Appendix “F”
Acudetox References

**Appendix “F1”
Acudetox bibliography**

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Appendix "F2" Selected essays from *Guidepoints*

SCOPE OF PRACTICE: KEY TO A.D.S. SUCCESS

The acu detox technique can easily be learned by addictions counselors and related health professionals. In states where the law allows, such persons gain certification as acu detox specialists (ADSEs) through a 70-hour training program. They learn to provide the five-needle, auricular needling protocol developed by the National Acupuncture Detoxification Association (NADA). ADSEs are the very heart of the NADA model, addressing the goal of expanding the availability of acu detox and meeting the public need for safe, accessible addiction treatment.

As stated in the NADA brochure, "If ADS training and practice were restricted to licensed acupuncturists and physicians, very few treatments would be done and a great resource would be lost".

The model hinges on the fact that ADSEs do not do differential diagnoses or treatment. Their role is somewhat analogous to a technician, although the word specialist more accurately captures the clinical reality of providing addiction treatment.

There are some/several predictable mind-sets and behaviors that can undermine the work of the acu detox specialist (ADS). (For the sake of clarity these items refer to ADSEs who are not also trained or licensed acupuncturists.)

Expansionism: Doing body points or more points on the ear. The ADS training only covers the five designated ear zones of the NADA protocol, but it becomes tempting to just throw in a few more needles especially if you have seen it on a chart or read about it in a book. Clients may beg for expanded treatment. In most states this is illegal and in all states it is a violation of the NADA ethical principles, unless the ADS is also a properly-credentialed acupuncturist.

Impersonating an acupuncturist: A related problem arises when the ADS uses sloppy, imprecise terminology, for example, referring to the NADA style treatment as acupuncture or using the title acupuncturist. However cumbersome, it is important to distinguish acu detox, from auricular acupuncture and acupuncture. Some ADSEs swing too far the other way, refer to acupuncturists

as "real acupuncturists" which implies that ADSEs and their work is not real.

Control. Make those clients get better, or else. Acu detox works in part by supporting the client's inner healing processes. It is a fragile process that does not correspond well to external rigidity or controlling behavior. Forcing or withholding participation are overt types of controlling behavior that quench the effectiveness of the treatment. Attendance began to drop in one program when the ADS took on the role of acu patrol, enforcing no talking, no leg or arm crossing, and no reading. To her relief, attendance rebounded when she relaxed and let go of some of her rigidity.

Grandiosity. Acu detox is a remarkable intervention. It is not, however, a panacea. Be careful about making or implying false claims. Untempered enthusiasm can lead to unrealistic claims. Sometimes it is tempting to adopt a superior attitude, acu judgment, towards clients or peers who are not sufficiently excited about acu detox. Acu detox is not the only way nor even the best way for all persons, programs, or problems.

A related foible is the hubristic belief that the ADS is responsible for the clients improvement or well-being. Such thinking sets up a codependent dynamic and is simply not real.

Acu detox by itself will not get or keep someone clean. It is an adjunctive therapy not intended as a stand alone intervention. Nor is the ADS a solo act. Acu detox needs to be integrated within a comprehensive addiction treatment framework.

While 70 hours provides adequate training, ongoing supervision by an acupuncturist provides accountability, insures accuracy and safety and offers access to a deeper understanding of Chinese medicine as it relates to addiction treatment. Supervision is too often ignored or under appreciated.

In general, honesty, humility and right-sized-ness are core recovery concepts to bear in mind when doing this work. The NADA ethical principles of acupuncture detoxification specialists serves as a guide.

• *GUIDEPOINTS: Acupuncture in Recovery* 2001

A fragile
process

"hubristic
belief"



NEEDLES: NOT THE WHOLE DEAL

Safety signals

Inserting needles is arguably the least important function of the ADS as a treatment practitioner. Certainly the ADS bears the responsibility for ensuring physical safety, easily accomplished by following clean needle technique and universal precautions, and by staying present and available in the room. However, the ADS needs to foster emotional safety as well.

A key part of the therapeutic relationship involves creating safe space for the client, which can happen in many ways. Whenever possible, allow the client to be in control. Allow him or her to make choices regarding whether or not to be needled, with how many needles, and to be able to select which particular ADS then on duty inserts the needles. Having choices is a powerful safety message. Making choices is a powerful recovery skill. Acu detox also feels safe to the client if it is not delivered, or withheld, as punishment, nor is it contingent upon treatment performance in any way.

The ADS also creates emotional safety with a respectful chairside manner. Politeness and undivided attention, while simple have a big impact. So does safe touch. Most addicts believe they are "untouchable" and that touch is loaded with pain, power, or sexual implications. Many clients have histories involving trauma, physical or sexual abuse. The simple, respectful, confident touch of an ADS hand on their ear or shoulder, without any other agenda, can be very supportive/calming and healing.

By being relaxed and centered and speaking in low tones, the ADS communicates a calming energy and models a safe atmosphere for the group, thus minimizing client anxiety. Sensitivity, patience and some breathing techniques ease the way for most clients. Others respond more to information and explanation. All respond to the absence of pressure. Acu detox involves a partnership with client. The belief in the intrinsic goodness of the client allows the ADS to understand that acu detox is an internal process and to support that process. The client is the primary member of the treatment team not simply a recipient.

The ADS role calls for setting aside the self-our own desire to "fix" the client, the expect-

tations of the effect of acu detox, the expectations of the client's behavioral changes, and the expectations of gratitude. We all want to be liked and to be helpful. There is sometimes an attachment to feeling responsible for the good feelings and benefits that clients get when needled. The needles may access it, but the Qi comes from the client. Being an ADS requires a lot of letting go. "Do your work, then step back. The only path to serenity." *Tao Te Ching#9.*

Naturally the ADS relationship with the addiction treatment program matters as well. The ADS often serves as advocate for acu detox within the treatment system. Remembering that acu detox is adjunctive, the ADS has a responsibility to communicate and act as part of the treatment team, and providing appropriate documentation. From an agency perspective there may be logistics that fall to the ADS, such as monitoring supplies and compliance with agency or regulatory compliance.

As mentioned above, creating a safe space for clients is predicated upon the ADS being calm, centered, and mentally and emotionally present. If your attention and energy is scattered or focused on your myriad other personal and professional responsibilities, the acu detox will still work but the overall treatment experience will be compromised.

The ADS role therefore requires practicing good self care. Get acu detox treatments yourself. Do whatever practices work for you in terms of spiritual, mental, emotional and physical health and well-being. Go to 12 step meetings. Some say that working in the field of addiction treatment automatically qualifies practitioners for Al-Anon or Nar-Anon membership. It is hard to facilitate growth beyond what you have been willing to do. It is harder still to work in a difficult field without taking measures to maintain wellness and prevent burnout. Supervision also can afford opportunities for the ADS to process subjective experiences and continue to grow as a practitioner. Seeking clinical supervision and supervision from an acupuncturist as well as sharing with other ADS practitioners can be a valuable part of self care.

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"I HATE NEEDLES" - What do you do when the client says no?

Why do clients avoid acu detox needling? Be careful of the label, "Resistance" that can indicate your reactive annoyance to the client not wanting to cooperate with your plan. At it's best, treatment is a partnership in which the program assists the client to get onto the path of recovery.

Think about the dynamics. Addiction is an isolating, bull-headed disease characterized by unique patterns of illogical thinking, that the "big book" of Alcoholics Anonymous calls insanity". Defensiveness, fear, suspicion, control and rebellion are old automatic character defects/habits that can flare up.

Despite (or perhaps because of) the hard life of addiction, addicts do not like pain and are used to avoiding it with powerful medicators. Many clients are hypersensitive to pain/other sensation in the detoxification/withdrawal phases.

Is it any wonder that sitting down in a room full of strangers and being "stuck" with needles may not seem too appealing at first pass? Then there is shame and hopelessness. Treatment is never the first resort so why believe that being stuck with needles would do any good?

To some practitioners' surprise, the intravenous drug users are often the most adamant in their initial refusals. Needle users have a complicated love-hate relationship with the "works" themselves. They are trying to get off the needle.

Then too, sometimes clients say no because they can.

Little of the treatment provided is optional. Sometimes they just need to exercise their right to say no, set some boundaries for themselves and their bodies, and test out whether or not you will really respect them without consequences. This can be a powerful positive experience.

So, what do you do when the clients balk at the needles?.

With his usual knack for coining a phrase, Mike Smith says that addicts are "intellectually conservative and behaviorally

radical", so don't get caught up in trying to convince them. Let them see for themselves.

Bring clients into the treatment space and allow them to observe and to feel the chi. It is the same approach used by the 12 step programs, attraction not promotion. Just being in the room even without needling will produce some benefit and chances are they will want what they see others having. The peer influence can be strong.

Other clients may offer persuasion in the form of testimonial or lighthearted teasing. Often even seeing the smallness of the needles and getting some information about acu detox alleviates fears.

Don't fight against the "resistance". Offer a way out. Suggest trying just one needle. Client reluctance and anxiety often melt away with the first insertion, especially into Shen Men. Seeds or pellets/BB's can also serve as a first step.

Check your own beliefs and perceptions regarding the acu treatments and the client. For example, a women's/maternal program that had been using acu detox for some time had a marked drop in the number and frequency of women receiving acu treatments. As it turned out, the case worker primarily responsible for giving treatment was feeling stressed and overburdened by her workload. Her implicit message was that it was a hassle for her to have to mess with the needles and the paperwork.

Clients know better than to rock the boat and are experts at reading and responding to people with power in their lives. If you are ambivalent it will show.

Be clear in your belief and intent regarding acupuncture as core to the treatment process, not just an adjunct. Acupuncturists and ADSes can swing from being overly solicitous and practically encouraging the client not to get needled to overly zealous and practically bullying the client into compliance. Find the middle ground.

The clients who make the biggest fuss up front may become the biggest lovers of acupuncture and the biggest advocates for the needles.

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**Not
appealing at
first**

**Their right to
say no**



NADA MUCH TO SAY OR DO

The 12 step program adage "Keep It Simple" makes sense. It is a wise guidance for programs as well as recovering persons. Acu detox, as advocated by the National Acupuncture Detoxification Association (NADA), is quiet and simple. Yet somehow, in the evolution of addiction treatment, we forgot some basic realities and set up programs that ask people to do too many things they are not ready to do.

Living the active drug life is hard, demanding, work -"24-7". The life is dangerous, unpredictable and predicated on lying and rule-breaking. A client shows up at the treatment site prepared to play the treatment game, and ready to beat the system. An addict's life requires constant acting and constant scheming. Try not to require these same activities in treatment if you want to help the recovery process.

Talking is hard. When feeling paranoid, scared, tired, sick and hopeless, the prospect of walking into a room and spilling your guts, especially about feelings or events riddled with shame, is understandably daunting. None-the-less, that is what we routinely ask clients to do. We insist on intimate histories. We demand engagement in intense, verbal, one-on-one or group processes.

For the person in active addiction, thinking may be nearly impossible. Still, much of treatment programming (i.e., classes, group and individual counseling) is cognitively and educationally oriented. This is despite the fact that untold numbers of our clients suffer from some cognitive impairment. Besides the thinking problems caused by acute or post-acute withdrawal, they may also have fetal alcohol effects (FAE), attention deficit hyperactivity disorder (ADHD), post traumatic stress disorder (PTSD), etc.

One of the unsung benefits of acu detox is precisely that it is the opposite of verbal. The client does not have to intellectually understand, to express feelings, or to participate in a discussion or interaction with peers.

Other than sitting in a chair for a time, the client does not have to do or say anything, not even stay awake. Granted, sitting is no small feat for someone only recently removed from active addiction. Clients are often hugely surprised that acu detox allows them to sit and be still and feel OK about it.

With needles in, the client has no need to lie or play games or try to figure out what the program wants and expects. It does not matter whether or not the client admits to a problem or remains firmly lodged in denial. Clear thinking, indeed thinking at all, is not required. Nor does the client need to believe in acupuncture. Even trust is optional.

Like the recovery fellowships in which the only requirement for membership is the desire to stop using, the only requirement for acu detox benefit is the willingness to accept the needles. According to writings by field pioneers Mike Smith and Pat Culliton, acu detox allows programs to engage and retain clients who are "relatively more paranoid, independent, assertive and hostile". These authorities conclude that, "Noisy, troublesome patients who are frustrated with the world and with themselves actually may be more likely to sustain a drug-free lifestyle than patients with verbal dependency needs". They caution against "re-verbalizing" acu detox by requiring the client to admit to anxiety or depression or quizzing them about missed sessions.

With the needles in, the client feels better, and that better feeling comes from inside and is real. And it happens predictably and consistently. Acu detox feels good. The needles don't have anything in them. Therefore, the goodness must come from inside and, as the NA fellowship repeatedly emphasizes, "recovery is an inside job".

The concept that goodness and healing lie within is counterintuitive for a person in early recovery whose belief system assumes internal badness. Those negative beliefs can drown out all external messages of hope or worth. It is as if acu detox re-lights the pilot

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Forgot basic realities

Thinking nearly impossible



TREATING THE STAFF INFECTION

Walls of resistance

Many an enthusiastic acu detox advocate has felt the disappointment of crashing into walls of resistance and seeing programs wither in response. Opposition to acupuncture within an agency takes many forms, both open and unacknowledged, and it almost always undermines the client treatment experience, usually translating into low or decreasing utilization.

Top management resistance: Without top level support, acu detox rarely occurs. Permission to do treatment is flatly denied, or deferred to committees for endless review, or those policies just never get written. Sometimes permission is granted but staff cannot get money or time off for training, or rooms or other resources like needles are unavailable.

Middle management resistance: Scheduling conflicts prevent the ADS from having time to do treatment. Scheduling issues are classic underminers of acu detox. Participation will be low if ear treatments are scheduled at same time as social, or worse yet cigarette breaks, or if treatment time conflicts with childcare or work or requires clients to return to the program more than once on a particular day or to arrive at 6:00 am. Likewise, if lots of extra requirements and hoops are attached to acu care, fewer clients or ADSes will bother.

Treatment, medical and support staff resistance: Counselors schedule counseling sessions during needling times. Intake workers, nurses, clinicians, receptionists, detox techs, etc. communicate negative attitudes to clients by their comments, gestures, facial expressions or more subtle means. Clients can be masterful at reading nuance and gauging beliefs. Clients are even better at detecting fear.

Sometimes the issues are obvious, but at other times difficult to determine. In the addiction field, it is always wise to analyze our systems for barriers and for ways to improve the services provided to clients. Thankfully it is not difficult to win staff over to acu detox, because it is real and it works. From the collected experience of NADA practitioners, the best way to

relieve staff resistance is with acu detox treatments. Like addressing clients who balk, this process requires patience, sensitivity, flexibility, respect and love. Approaches that have worked elsewhere include offering NADA protocol treatments or press seeds at staff meetings; making acu detox one of the benefits available to staff for stress reduction and relaxation, nicotine, caffeine, sugar addiction/withdrawal, etc.; having a acupuncturist provide a demonstration in which staff can get treated for other problems; offering visits to active acu detox based programs in order to feel the difference in the environment; getting people to local or national conferences. Educational materials may also help, particularly for those who want to see the research or published information as proof. Get a subscription to *Guidepoints* and make it available to staff. Whenever possible, engage team members in a pro-active way, asking for their input/participation in improving the program.

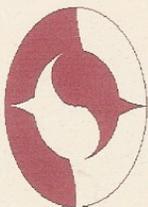
Some people are won over by the numbers. Some by the chi they themselves experience. Others by the change they see in the clients. Sometimes there are hard personal and personnel decisions to be made as well. A counselor married to a confrontational treatment approach may ultimately not be a good match for NADA-style treatment.

It is worth the time to diligently seek the support of all levels of staff. Acu detox can really thrive in an environment of support and it can do its part to keep the environment healthy as well. Repeatedly programs, and especially corrections facilities, have noted that adding the NADA protocol to the services provided to clients brought about significant change in atmosphere and treatment outcomes, but giving treatments to staff members brought about even more pronounced changes.

Sometimes it is difficult for ADSes or other acu detox believers to not respond with anger, judgment, or hopelessness. Maintaining contact with other acu detox providers for support and ideas can really help. The national NADA office can be a well spring of suggestions as well.

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Needle the staff



DOES WHAT'S OUTSIDE AFFECT WHAT'S INSIDE?

The CATS researchers spent considerable methodological energy creating a control group that experienced the same environment as the clients that got acupuncture of one type or another. What is the role of the clinic setting, and acu detox environment itself, apart from the clinical interactions that occur there? In a research trial like CATS, it may be necessary to eliminate bias and isolate modalities. In a clinical setting, the goal is to boost the benefit of the treatment provided and promote recovery. There are few environmental requirements to add cost or cumbersomeness to the process of acu detox treatment. Like the needling protocol itself, the logistics of the acu detox clinic environment are simple and effective.

Space: Anyone who has sat in a group receiving acu detox treatments can attest to the reality of "group chi". The space provided for acu detox needs to comfortably accommodate clients sitting together. Some clients will appreciate a circular arrangement, while others find that intimidating and prefer to sit apart from the group. Whenever possible allow seating that allows clients to choose.

Furniture and acu detox trappings: The clinic needs to feel safe and nurturing. Ideally the setting is casual and not intimidating. Clients may appreciate décor touches that reflect comfort, beauty, and cultural relevancy. Comfortable chairs or couches with high backs and arms and foot stools are lovely, but it is not necessary to have fancy furniture, just chairs that support the lower back. One program found that molded plastic outdoor chairs served well because they were inexpensive, washable and stackable.

Atmosphere: An acupuncture detoxification specialist (ADS) can become quite attached to issues of ambiance: lighting and sound and whether or not clients engage in conversation or other activities. In his newest definitive writings on acu detox, Mike Smith suggests that the clinic atmosphere can be adjusted depending upon the clients and the setting. A well-lit room with opportunities for social interaction may work well for programs with many new "socially isolated patients" "to minimize alienation

and encourage social bonding ... On the other hand, programs with relatively fixed clientele who relate to each other frequently in other group settings should dim the lights and not allow any conversation in order to minimize distracting cross talk. Background music is often used in the latter circumstance." Sometimes, the dimming of the lights acts as a signal to clients that the treatment has begun and there is an immediate shift in the energy within the room.

On the other hand, one ADS who began imposing/enforcing absolute silence and forbidding reading or any other non meditative activity soon found client attendance dropping. When she shifted from her rigidity and control, participation resurged.

Since the treatment engenders a calming, inward turning effect, it makes sense not to interrupt that message by playing music with lyrics or "guided relaxation" tapes or by using the needling time for other group activities. To be fair, some programs have found that clients really respond to such blended events or that the only way to get clients to stay and engage in either the acu detox session or the clinical encounter is to offer them concurrently. Treatment providers can monitor themselves regarding the line between creative solutions and workaholic tendencies. Trying to cram too much into one time period can lead to decreased benefit. For a client in recovery, learning to sit still and just be is a novel and powerful lesson that acu detox allows them to discover. Activities that require participation and performance may negate much of the power of the non-verbal, internal message of the acupuncture.

According to acu detox folklore, there was a time at Lincoln Recovery Center, when a jackhammer crew began doing construction on site. Clients continued to relax and enjoy the benefits of needling despite the chaos and noise. Several conclusions emerge. The first is that clients are used to functioning within extreme chaos and the second is that the acu detox benefit in and of itself is real and not dependent upon environmental cues/supports.

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**To dim or
not to dim?**

**"To sit still
and just be"**

