

GUIDEPOINTS:

News from NADA

November/December 2014

Acupuncture Never Harms a Baby or a Mother. Never!

By Ralph Raben

“Respect is a healing agent.”

Ralph Raben, Ob/Gyn and NADA practitioner in Hamburg, Germany, first came to Lincoln Recovery Center at the suggestion of two of his patients. It was there in 1995 that he met NADA founder, Michael Smith, whom he still refers to as his mentor, friend and a midwife for his soul. As he said recently, “I am always glad to have my midwife next to me.” Ralph has also become a great teacher, and he told us that it is one of his life’s missions to get pregnant women to take acupuncture.

For more than 30 years, I have worked with other doctors, social workers, nurses and midwives in a program that serves drug-dependent pregnant women. And now for about 20 years, we have been using the NADA protocol. Prior to this, most of our patients were on methadone. Many smoked cigarettes, and more than 50 percent of them used two or more substances. It is difficult to detox from methadone during pregnancy, and the baby is born dependent on drugs and is then given opiates to help with withdrawal. On the advice of two of my patients, I went to Lincoln Recovery Center and spent a month observing Nancy Smalls’ maternal program. (See the September 2013 issue of *Guidepoints* to learn more about Nancy Smalls’ Maternal Substance Abuse Services program.)

I brought the protocol back to my practice in Hamburg and started using it with the patients. Before this, clients did not trust themselves, and the counselors and midwives did not trust the clients either. Pregnant women who smoke or use drugs or methadone feel ashamed. For a better clinical outcome, they need structure and a trustworthy relationship. They need effective, acceptable and friendly treatment. They need clever counseling – not PREGNANCY continues on p. 2

Letter From the NADA President

I believe that 2015 will be a great year for NADA. We are constantly striving to increase access to this simple tool that we know can be so helpful for many people. In support of these efforts the NADA board has voted to have an executive director leading the organization.



This person will be charged with supporting and expanding the mission of NADA by keeping existing members connected and informed of developments in the field of NADA, bringing in new members, supporting trainers to increase the quantity and quality of trainings as well as keeping the office running.

I am pleased to announce that Sara Bursac will be our new executive director. If you do not know Sara you will find that she is an excellent person to help lead this organization forward. Please welcome Sara to her new position.



Note From the New Executive Director



I would like to take a moment to appreciate all who have provided me support and encouragement in the transition process from being an office manager to an executive director. I am committed to serving the mission of NADA and all of its trainers, members, and the general public. Please

do not hesitate to contact me at (888) 765-NADA or nadaoffice@acudetox.com if you have any feedback or ideas.

criticism. Now with the NADA protocol, counseling is only started after they begin to trust.

Acupuncture is offered daily. The women sit in a group for 30 to 45 minutes in a friendly family-like atmosphere. The style of treatment is important – we must always remember that *respect is a healing agent*. The patients use detox tea, daily urine testing and counseling. Since we started using the NADA protocol, there has been more breast feeding and fewer complications.

After the pregnancy, specially educated midwives, called family midwives, visit the first-year mother and child at home. They take care of some basic needs, and they give acupuncture to the mother, maybe the father, sometimes the grandmother, and, of course, the baby.

Acupuncture for babies? Yes. They receive the gold magnetic beads to make them stronger. The beads do not sedate the symptoms, they tonify the organism. And then later, the midwives teach the mothers how to apply the beads.

I have always been in favor of this midwife/social worker combination. They are using NADA as part of personal and public solutions to the challenges of child-rearing. As Michael Smith has said, “Otherwise you’re just looking at medical issues, and you have to look at social issues, too. The baby will come out by herself, but she won’t be able to feed herself, find housing, or take care of herself.”

I was recently contacted asking for my help in showing that acupuncture is good for pregnant women. As noted above, I have often said that it is one of my life’s missions to get pregnant women to take acupuncture. And so, I elicited the help of two of my colleagues, Ob/Gyn’s Elke Franzki and Christiane Kutter, and here is our joint response:

“Acupuncture never harms a baby or a mother. Never! We prefer acupuncture treatments for a wide range of indications, because it is effective and sure and safe. In Germany, there are more than 1,000 gynecologists and obstetricians – and more than 1,500 midwives – using acupuncture with pregnant women.

“In our clinic, we are three Ob/Gyn’s and five nurses who give acupuncture day by day. Acupuncture never



Elke Franzki, Christiane Kutter and Ralph Raben share their support for pregnant women to receive NADA acupuncture

hurts and never has a bad influence in pregnancy. If mothers get anxious or weak, suffer back pain or sleeplessness, smoke or suffer depression, or have a baby in breech position, we give acupuncture for 20 to 30 minutes. And, in most cases, it makes mothers and babies stronger and meliorates pregnancy, delivery, fetal outcome and breast feeding.”

The NADA protocol is effective in any case of bio-psycho-social trouble – fear, pains, discomfort, anxiety, sleep disorder – and the weaker the patient, the more effective the treatment. And, remember, *there are no forbidden points!* So please do use acupuncture with pregnant women. It is one of the best therapies and has a positive effect on the mother and the child – it supports development without manipulation. The treatment helps the body and soul to help themselves.

Since we started to use the NADA protocol, the results have been better for the mothers and their children. There is less drugs, less methadone, less alcohol, less cigarettes reaching the unborns. The social behavior of the pregnant women and parents gets better. And the most important effect: less newborns suffer neonatal abstinence syndrome, less babies are treated with opiates – it’s a better way to start to live.

The NADA protocol is an intelligent, universal, simple and effective tool to make harmed women and children stronger. It is a therapy that can give them what many of them have missed: *a safe place*.

To contact: mail@ralphraben.de

Reflections on Training Midwives in the Philippines

by Janet Paredes

In early December, Michael Smith asked NADA Philippines director, Janet Paredes, to talk about her decision to include midwives in their recent training in the small and remote village of Sagada.

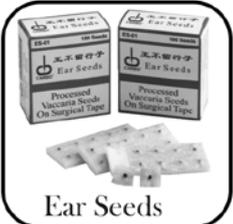
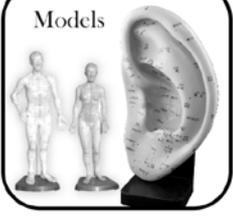
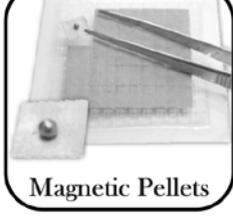
The midwives in a community perform a very important role. A barangay – or small village – in a far flung area such as Sagada, usually does not have a doctor or nurse on call on a regular basis. Thus the midwife serves as the medical professional people can rely on.

During our NADA training mission in Sagada last May, Dr. Vicky and I observed the midwives there. They were very engrossed in watching us as we gave the NADA protocol to their people. They were meticulously paying attention to how we were giving treatments.

They came up to us and asked, “Can we do that and learn the protocol? It would be an added medical skill for us as we go around the villages and interior areas of Sagada when we help pregnant women give birth!” That struck us. And so we talked to the local government of Sagada and the municipal health officer, Dr. Evelyn Capuyan. We informed her of the interest of the midwives and included them on our training list.

Five midwives attended and these five went back home to Sagada very excited and fulfilled for their new found love, the NADA protocol!

To contact: janetparedes56@gmail.com

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Notes From the Founder:

Talk given by Michael Smith at the Asian Women's Center (aywc.org) NADA training in New York, October 2014

The NADA protocol is a non-verbal treatment. If the patient is ashamed to speak, the treatment still works. If the patient lies to us, the treatment still works. People cannot easily describe what is wrong with them, but they will exhibit evidence of guilt and all kinds of things that have happened to them. They are not able to say what their problem is, and they resent your suggestions, your guessing, your contact with them. You have to help them gain strength before you can start verbal therapy.

Acupuncture helps you get settled, get comfortable with your own place, with your own life, with your own thoughts. It does nothing that would not happen to you in the best of worlds – it does not add anything to you. We have “feel better” in us, and, while acupuncture does not solve problems, it helps us be in a better place and to frame these problems differently. This is a cooperative treatment with somebody who is going to help you solve problems. Acupuncture helps a person listen, take things in, have space in their mind instead of having everything full and frightened.

Take for example a child who is meeting foster parent number 10. The parent hugs the boy, but he remains stiff as a board. We know why he is like that, but we do not know how long it will take for him to relax – an hour, a few days, a life time? We have to find a way to reach him, because he cannot reach out, he cannot trust. The Chinese call this *empty fire* – empty on the inside so there is all this tightness on the outside. We might call it reaction formation or defensiveness. Acupuncture allows us to reach that child – not solving the problem but setting up a situation to help him evolve a little bit so that he can work at things.

Trauma erodes a basic capability. The people will still have the intellectual capacity, that they had last week before the trauma occurred, but there is an erosion in the middle. We have a lot of work to do to help these people, and that work cannot begin with verbal therapy. Almost by definition, a person who has been traumatized cannot take one-to-one sessions. So we start with acupuncture which is a very simplistic treatment – like breathing and sleeping and hugging are simplistic things. These are the anchors for all of our life and our well-being and our sense of who we are. ☹

Spirit of NADA: Pam Rogers and the Drug and Alcohol Recovery Education (DARE) Network:

In September 2014, Michael Smith wrote an email describing his day-long visit with Pam Rogers during his fall trip to Ontario, Canada. The excerpt from his email (below) prompted Guidepoints to interview Rogers about her work in Burma and Thailand.

Michael Smith introduces us to Pam Rogers:

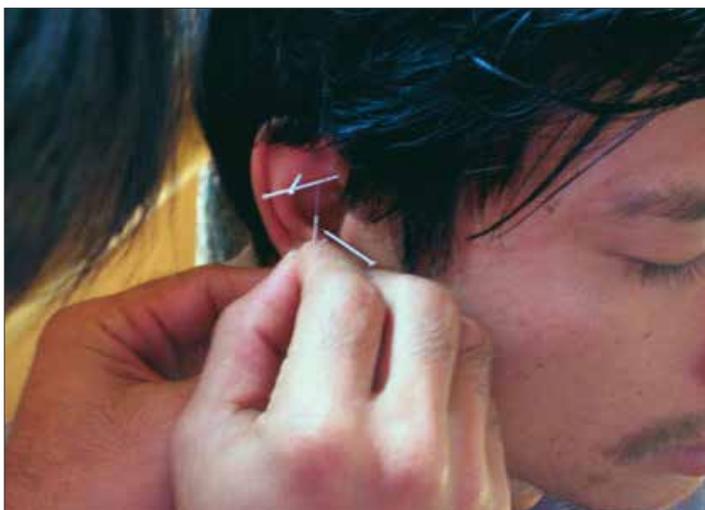
“I have just spent a day with Pam Rogers, NADA's representative on the Thai-Burmese border. Her successful experience is one of the most remarkable recovery stories I have heard. Pam grew up as an actor in the ‘Shakespearean’ country in Ontario. She entered treatment for alcoholism in her 30s. In her recovery she made an unusual plan: set up an alcohol treatment program for the tribal Burmese refugees trapped in a narrow area along the Thai border.

“Pam did not prepare in the normal way with sociology and language learning. She knew drinking and recovery behavior are rarely captured by school language. Pam went right to the people trapped near the border and demonstrated the struggle for abstinence and recovery directly, without any lectures. Her program was based on common experience and working together. Acupuncture was part of the basic plan, as it had been used locally in Toronto. She found a colleague who did the initial training in Thailand and the program has been continuous for 14 years with an excellent record of sobriety.”

To clarify Smith's timeframe, Rogers explained that after going through treatment, she went back to school and then started to work in the recovery business as an addictions counselor. She spent 15 years at the Donwood Institute, which became part of the Institute for Addiction and Mental Health in Toronto, before moving to Burma.

She has now been in Burma for 15 years, with the first 10 almost full time, punctuated by a month home to Canada each year for a visit. In the last five years, “I wanted to let go a little bit because people here are running the program very well, and I was micromanaging.” She decided to cut down on her time in Burma and so she bought a farm outside of Toronto. Working on the farm “uses my brain in a different way. It helps me.”

According to darenetwork.com, the program “is the first and remains the only organization that comprehensively addresses substance abuse within the refugee and migrant populations long the Thai/Burmese border.



DARE Network participants at a refugee camp on the Thai/Burmese border receive NADA treatments. *Photos courtesy of the DARE Network.*

“The military government of Burma is one of the largest producers of opium, heroin and methamphetamines in the world. The production of these substances not only fuels the economy but also enables the government to work systematically to eliminate ethnic peoples of Burma.

“The military government of Burma, also, aggressively promotes an agenda that inflicts murder, violence, forced labor, and rape on its people while limiting opportunities for education and employment. To cope with the daily traumas, poverty and extreme losses, many people have become substance dependent.”

Guidepoints: What prompted you to make the decision to work with Burmese refugees?

Rogers: I had a friend who had been a child in Burma during the Second World War where her father had been a missionary. She wanted to take a trip back there and because I knew the situation, I was able to look at it in a special way, in a non-tourist way. People were so open and of course they had been through so much. They were friendly and offered everything they had to you. They crept into my heart.

After we came back to Canada, I knew I wanted to help. I went back to work but also, with other like-minded people, started the Toronto Friends of Burma. We went out on the streets [to raise awareness]. I met a lot of people from all that shouting in the streets. One of them had left for Burma, and I wrote to her: I bet you there is a lot of addiction on the border, because of all the loss that has accumulated. It's like a prison, no one can go anywhere. And I bet you, no one is doing anything. I bet nothing is happening. She responded: You are right. Come now! So, I did.

She got me hooked in. She received a small grant and we went around with a local group and did sort of information workshops about alcohol and drugs. I was essentially doing an assessment. I wanted to see what they knew about addiction. I was able to gather all kinds of information.

Guidepoints: How did the refugee community deal with addiction?

Rogers: Everyone blamed and judged the addicts. Abused them, beat them up, left them in the street, the mud. In extreme cases, they would send them back to Burma where the addict would likely be killed by the authorities.

I used myself as an example of someone in recovery and they listened to me. Through that process I was able to get enough information to some people who funded a 3-year initiative to start a program. I worked with local organizations, local leaders, leaders of the camps, Thai addiction people. And I was able to bring three Canadians who were addiction counselors to the border for a month at a time.

One of the people I brought was Kimberly Murdoch who I had worked with at the institute. She had been to New York and learned the acupuncture [at Lincoln Recovery Center in the Bronx]. I was already an ADS (Acu Detox Specialist) in Canada, and we did [the NADA protocol] in the program in Toronto.

I wanted to avoid bringing a medical approach to the border. People here don't have very many medical resources. I wanted to do something that would have meaning for the people that was embedded in their own culture, that they could internalize, use themselves, and sustain – without a Western model imposed on them.

DARE Network *continues on p. 7*

Nov/Dec 2014

TOOLS FOR HOPE

International Conference in Oslo, Norway May 29-30, 2015

By Rita Nilsen

NADA acupuncture is a tool for hope. Maybe a little strange of a statement, but it can be true for people struggling in many parts of their life.

The NADA protocol was based on the work of Hong Kong neurosurgeon, Dr. H. L. Wen, who discovered that the electro-acupuncture he used on a surgical patient for analgesic purposes also diminished the patient's opium withdrawal and cravings.

Dr. Michael O. Smith and his colleagues at Lincoln Recovery Center developed the protocol further using five needles in each ear to achieve the same effect but without electrical stimuli. They started off with opiate addicts in the Bronx, and then they saw that people who used amphetamines, cocaine, crack, alcohol and other drugs, and who got acupuncture, had the same effect as opiate addicts when they used acupuncture. Since then there have been studies in the United States and many other countries which show that use of this particular ear acupuncture program is beneficial for recovery from all types of addictions, mental or somatic sickness, or just for well-being for anyone.

People working at Retretten know that clients seeking help have done so many times without getting better. This is also true for others working with persons struggling with addiction. Some addicts have been forced to go into treatment by their families or their employers, or they themselves have pleaded to get treatment.

Addicts have been in and out of various treatment programs, like inpatient institutions, or outpatient clinics, or have gone to the pharmacy regularly to get their medication. As a result of this, many have given up hope for a possible change in their life. This is long before the people around them have done so. We have heard some say: "My destiny is to live a life of abuse, with the suffering this brings to me and others. I will be going in and out of institutions and prison as long as I live, as I am not able to quit drugs or drink." What we see, however, is that the ones who receive the NADA protocol are experiencing calmness, and they know that something new is happening.

This is a seed of hope for a better future.

The acupuncture on its own does not heal anyone, but it helps people who need therapy to better benefit from the help they receive. This year's international NADA conference will focus on various preventive measures. There will be speakers from Norway, as well as from other countries around the world, who will talk about everything from prevention of relapse, to the reduction of withdrawal symptoms in newborns, ADHD, secondary school dropouts, and how the protocol can be used as an alternative for drinking or using drugs at festivals.

We are also going to hear about the work being done regarding relapse of mental illness; the reduction of the use of Benzodiazepines and other prescription medications; how to return faster to work after cancer; and how to use the NADA protocol with pastoral care. Furthermore we are going hear about the use of the NADA protocol in suicide prevention, and correctional work in and outside of prison.

Our own organization, National Association Against Drug Abuse (LMS), an organization for relatives of addicts, and another peer organization for medical rehabilitation (the LAR network), will share their experience in using the NADA protocol. Last, but not least, we will hear clients themselves share their experiences about their reconstruction work in which acupuncture has played a central role.

If anyone would like to speak at the conference, please submit an abstract to Rita Nilsen at rita@retretten.no. Visit the NADA website's conference page for a link to register.

Welcome!

Honorable Mention

In December of 2014, Rita Nilsen received a nationally acclaimed and prestigious award from Norway's largest insurance company, Gjensidige. Receiving this prize, which translates as the Norwegian Hero's Prize for the Most Dedicated Enthusiast, is "a big honor," said Nilsen, whose acceptance of the award was on national television. Gjensidige is one of Nilsen's biggest funders for her program, Retretten. "They believe in what we do." Congratulations, Rita and Retretten!



Pam Rogers (middle) with Program Coordinator Law La Say (left) and Master Trainer, Kiri (right). *Photo courtesy of Pam Rogers.*

That being said, I knew more about addiction than they did. I brought a whole lot of knowledge. I spent three months learning from them and really got to know them. I didn't come with a curriculum but I came with what I knew. And I chose people from the camps who were very adaptable. They adapted Western knowledge, used Eastern medicine, and based everything in their culture.

Guidepoints: Who does the program work with?

Rogers: We work with youth, we work with violent men, and we work with the camp justice system and camp management system. We have two treatment programs, one that is three months long and a behavioral program that is six weeks long. We are finally seeing some women. And children can come too. There is a 10-day detox, and the rest of the time is educational components, therapy and family work. Detox includes Burmese herbal medicine, herbal saunas, massage and acudetox.

Guidepoints: How did acudetox get integrated?

Rogers: Kimberly came for a month at a time, for two years. She managed to mentor three RTs (NADA registered trainers) and a lot of ADSes. We are now constantly training people. Our core staff, including our program coordinator, Law La Say, who is one of our RTs, and every addiction worker we have, they are all ADSes. Plus we have master trainers for the whole program – four of them, and they are ADSes. So we have a total of three RTs and 62 ADSes.

Guidepoints: What is the population of the refugee camps like? Are there new people still coming?

Rogers: Up until 2005-06, we were able to follow our graduates very closely, and clearly and cleanly track our

success [because the camp population was very stable]. Then, about 90,000 refugees left and 80,000 went to the United States for resettlement. Between then and now, for every person that left another one has come. Altogether, right now, there are about 150,000 people in the refugee camps on the border.

Our success rate is 61 percent. That's huge! Our indigenous approach, our work in the community, our resources – I think that is why we are so successful.

To contact: pakokku@yahoo.ca, drugfree@darenetwork.com

Contribute to the DARE Network: go to globalgiving.org and enter “DARE Network” in the search bar. They have two projects: The Amazing Project which will fund prevention education workshops to 20 villages and a Teens for Kids project that will provide ultimate frisbee, art and music at five refugee camps as an alternative to addiction and violence.

In May of 2010, Pam Rogers wrote a letter to Michael Smith in honor of the 25th anniversary of NADA.

“I would personally like to take this fine occasion to express what an enormous impact NADA has had on DARE Network's program on the Thai/Burma Border. The Burmese Refugees and staff of DARE trained in the protocol are very proud of their skills and the results of their work with addicted fellow refugees.

With your continued personal support, all of our workers have been trained as ADSs and many as RTs treating hundreds and hundreds of people. You have provided us with your wisdom, your humour, and your expertise. You have referred some great volunteer RTs to our program. You have certified our workers providing not only certificates but more importantly self-esteem and a sense of accomplishment in a hopeless place.

Personally, I would like to thank you for all the support you have given to me over the last nine years as I struggled with our work, lack of funding and the incredible difficulties we face every day. You have always believed in us and me and shared that openly and wholeheartedly. It has meant so much to me. Thank you.

So enjoy Michael. You are with us every day on the Thai/Burma border. Your spirit is around the world. 🌀

Colorado Hosts Its First Gathering of NADA Members

NADA members of Colorado had their first statewide gathering on Friday, November 21 hosted by Arapahoe House in Thornton, Colorado. Organized by Libby Stuyt, NADA's president and one of two Colorado registered trainers, the meeting is intended to begin a tradition of two to three annual gatherings that would help provide support and connection among NADA members in the state, and potentially lead to new initiatives, project or training opportunities.

Stuyt was inspired to organize this event after reading in the July/August 2014 issue of *Guidepoints* about the successful growth of NADA in Denmark within the social service workers' union. "It is very impressive, how widespread NADA has become in Denmark. They offer a great model to follow." Without wasting any time, Stuyt began to organize the first NADA member get-together in Colorado.

Approximately 18 members showed up for this 3-hour event that included a potluck lunch, a talking circle and a NADA treatment. In the circle, each person (going clockwise) took turns sharing about their experience with NADA and how they use it in their work. It even created an opportunity for one member to finally connect with another whom he had been suggested to contact. The ease of networking was a clear bonus of this gathering.

Among those present was Flavia Lewis, a social worker, licensed addictions counselor and former executive director of the Mile High Council on Alcoholism and Drug Abuse for 20 years. As a part of the Denver Drug Court, Lewis helped found the Denver Jail acupuncture program, based on the NADA protocol. The acupuncture program ran for eight years until 2001, when it lost funding.

The most recent effort that she shared at the gathering includes outreach to the Denver Police Department. "I'm happy to let you know that I had positive interest to an email I sent to the officer in charge of developing a new 'Resilience Program' targeted at reducing stress for police officers. The major stumbling block is finding funding for a pilot program."

Another attendee, Janis Hahn, works as a counselor at Urban Peak in Colorado Springs, a 28-day shelter for youth ages 15-21. Hahn told the group that after her NADA training, she put beads on the reverse Shen Men point of almost everyone at Urban Peak, clients and staff. Hahn observed that "the beads work to soothe and calm them down." As new clients come into the shelter, "within 24 hours they find me and ask me, 'are you the lady with the beads? Would you put some on my ears?'"

Contact Libby Stuyt (libbystuyt@msn.com) or Sara Bursac at the NADA office (nadaoffice@acudetox.com) if you are interested in organizing a statewide gathering for NADA members in your state.

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Flavia Lewis on her work in the jail program:

"It took me three years to get the Denver Jail acupuncture program started, and we never had a problem with the inmates during the eight years the program operated (1993-2011). This was in the old jail which was 73 percent overcrowded so the only room we could use was rather small and in the male cell area.

After about a year, the ladies complained so much that they didn't have access to acupuncture, and the sheriff finally gave in to me and we were able to escort the ladies over to the male cell area and they all had acupuncture at the same time.

This was unheard of and deputies would watch through the windows constantly for any unacceptable behavior. Our policy with the inmates was to tell them that they had control over the program continuing. The Sheriff's Department did NOT have to provide acupuncture if the inmates did not follow the rules. They got it and we ran co-ed acupuncture for the remaining seven years of the program."

To contact: flavia1313@aol.com



Pictures from Suneel and Pallavi Vatsyayan (NADA India) taken at their community school during Michael Smith's annual visit. The older students placed acupressure beads on a dozen of the younger students. From a report on this visit, Smith writes, "I spent an hour telling about my children and

answering questions. I told them there were really lots of zombies in New York; they pointed to their classmates and said there were zombies in Delhi, too." ☺

NADA's Mission

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

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