

Acupuncture Treatment for Drug Addiction

Testimony presented by Michael O. Smith, MD, DAc, to the Select Committee on Narcotics of the US House of Representatives July 25, 1989

I am a physician and psychiatrist who has learned acupuncture on the job as Medical Director of the Substance Abuse Division, the Department of Psychiatry of Lincoln Hospital in the South Bronx. I completed residency at Lincoln and then worked for their outpatient methadone detoxification program beginning in 1972. I remember being initially skeptical that such an apparently delicate process such as acupuncture could have a real impact on drug addiction. However, 15 years of large scale clinical experience has persuaded many of us of the popularity and effectiveness of acupuncture treatment. Currently 250 detoxification patients receive acupuncture daily at Lincoln. Our program provides acupuncture treatment in a large community room where most patients seem to be relaxing or meditating. Each day 45-50 women bring infants and small children with them to our clinic. Typically, the young mother will sit with a baby in her lap while receiving acupuncture.

Acupuncture is a foundation for psycho-social rehabilitation so that counseling, drug-free contracts, educational and employment referrals, and Narcotics Anonymous are essential parts of the program. Acupuncture not only controls withdrawal symptoms and craving, but it also reduces fears and hostilities that usually disturb drug abuse treatment settings. Acupuncture has a balancing effect on the autonomic and neurotransmitter systems as well as an apparently rejuvenating effect. Drug abuse treatment is accomplished by inserting 3-5 acupuncture needles just under the skin or surface of the external ear. Needles are sterilized by autoclave. The location of ear points and the technique of insertion can be taught easily so that most acupuncture components can be staffed by a wide range of substance abuse clinicians. Chapter 663 of the laws of New York State was passed in 1988 to establish that acupuncture conducted in a state approved drug treatment program will be exempt from normal licensing provided that proper training and supervision take place.

ALLIANCE WITH CRIMINAL JUSTICE SYSTEM

In January, 1987, our clinic population was suddenly transformed by the avalanche of cocaine-based "crack" that continues to threaten our lives. We have all read about the bizarre, intractable nature of crack addiction. In professional meetings we have been told that there is no known treatment for the craving and fearful cycles of crack. From the beginning our experience at Lincoln has been strikingly different than these reports.

8,000 crack patients have been treated at Lincoln -many more patients than have been seen at any other program. Crack abusers seek treatment earlier in the course of their illness than other addicts. They often have a longer history of prior drug-free status than other abusers.

We have developed a protocol that is specifically intended to serve criminal justice clients rather than merely grafting probation and parole-referred clients onto a treatment structure designed for voluntary walk-in clients. I believe our program has had the highest success ever recorded in the treatment of an unscreened court mandate population seen on an outpatient drug-free basis. More than 50% of these clients have provided negative urine toxicologies for more than two months. We have received no adverse reports on these individuals. Certainly, the Lincoln hospital Acupuncture Program has the best record in New York City for the treatment of court referred crack abusers.

A computerized tracking system was set up with the assistance of Dr. Stan Altman of Stony Brook (SUNY) so that any client's urine testing record could be located at a moment's notice. Lincoln tests urines for cocaine and heroin on a daily basis with EMIT system located on the premises. Therefore a

probation officer, for instance, can receive a substantial, precise, and up-to-date report on any client with one phone call. This system is much more appropriate than written correspondence for the hectic and often chaotic work pattern in criminal justice service agencies. Staff members from probation, parole and family court frequently call for status reports. They also visit the Lincoln clinic and may have a joint session with the client and Lincoln counselor on such an occasion. Our clients exhibit considerable confidence in this system which allows their frequent toxicology reports to speak for them in court.

55 clients referred by the NYC Probation Department are listed in our 1987-88 records. Most of these clients have received probation with a requirement for drug abuse treatment. Some of our most successful clients have been referred to Lincoln during the pre-sentencing probation investigation. The statistical data can be summarized in the following manner: 11 of the 55 clients (20%) attended Lincoln only once. 30 of the remaining 44 clients (68%) have responded quite well to treatment and have provided consistently negative urine toxicologies. This group of 30 successful clients has attended Lincoln for an average of 9 consecutive weeks over a span of more than 4 months. The pre-sentencing clients were assigned to probation instead of receiving prison time. One man who was facing 30 years of federal time for drug-related charges has been sentenced to probation because of his 6-month record of clean urines. This man still attends NA meetings here every Saturday with his 8-year old son. The judges involved have been clearly impressed by our clients' long record of clean urines on an outpatient basis. The successful clients have been re-established. After completing the Lincoln Hospital program, clients often continue long-term drug-free recovery programs, including AA and NA.

A joint project to provide long term evaluation of Lincoln clients is being conducted by the NYC Probation Department, the Police Foundation of Washington, DC and ourselves. Our plans include a properly matched controlled study with 2-year follow-up of a substantial number of clients.

In a preliminary study we have traced the outcomes of 34 clients referred to Lincoln by NYC Probation in 1978-88. Six (6) of the 34 clients (17%) attended Lincoln only once. Eighteen (18) of the remaining 28 clients (64%) have attended more than 10 visits over a range of 2-15 months. Only one of these 18 clients has had his probation revoked and has been sent to prison. Five (5) of the 18 clients have functioned so well on probation that they were given "early discharges" from the probation system. Five of the clients who attended less than 10 visits were re-arrested and none were given early discharge. Hence frequent attendance at Lincoln correlates with a 5:1 improvement in outcome for this series of clients.

The possibility of diverting people from incarceration is a very high priority in our field because of overcrowding and the lack of revenue. The National Association of Criminal Justice Planners has placed a high priority of acupuncture detoxification in many jurisdictions where crack is rampant.

NATIONWIDE IMPLEMENTATION OF THIS CRIMINAL JUSTICE PROGRAM

In April, 1987, I was invited to Portland, Oregon by Judge Nely Johnson and a criminal justice advisor to the mayor. A pilot program was established in the public detox unit. In June the county voted to allow \$60,000 of their Federal Bureau of Justice Administration funds to create several acupuncture components. Presently six new programs have been established by David Eisen of the Hooper Foundation, the county's contract agency for drug and alcohol treatment. The detoxification program now reports that 85% of its patients complete their program. Before acupuncture was used, only 34% completed the program. The 6-month recidivism rate has dropped from 25% to 6%. The Oregon State Department of Correction has helped establish a Criminal Bed Reduction Program using acupuncture to treat men charged with drug and alcohol-related offenses up to the level of class C felony. A clinic for runaway youth and a community-based program have also been started.

State funding is earmarked for AIDS intervention IV drug treatment programs in Portland, Salem and Eugene. AIDS outreach workers will be giving out acupuncture coupons in addition to condoms and bleach. The State has suggested a Medicaid reimbursement rate of \$28 per treatment with an allotment

of daily treatment for 3 months and weekly treatment for a year. All clinicians will be required to be NADA-certified.

Let me quote from an independent evaluation report prepared by Carolyn Lane for Multnomah County:

"The successful post-detox enrollment rate is somewhat higher for all acupuncture participants and much higher-nearly double, or 43% versus 25% -- for participants who had 7 or more treatments. The size of the follow-up group, which is about one-third of all clients, discharged from Hooper Center in a year, and the lengthy follow-up period of more than one-third of a year, make this finding very impressive.

Our patients were asked, as part of their Acupuncture Progress Reports, to note their attendance at self-help recovery groups or their enrollment in other post-detox or recovery programs. Of those that did, about two-thirds attended Alcoholics Anonymous or Narcotics Anonymous meetings, most once or twice a week but some every day.

Without exception, the clients interviewed were enthusiastic about acupuncture. One "needed less medicine to relax, to sleep," another felt the desire to use substances "just fade away," and several remarked they were less tense, less fearful, and "able to cope with things a lot better." Another commented that "with acupuncture, you're moving toward something."

A major advantage of acupuncture is that treatment can begin immediately, while treatment programs require a client assessment, with its associated costs. The first of these is simply the fixed cost of performing a client evaluation. If the client drops out at this point, as frequently occurs with unstable individuals, the cost of evaluation plus any potential billing for treatment is lost. In addition, the loss is a source of endemic low morale among caseworkers and counselors. Acupuncture treatment does not require such an evaluation and can begin at first contact, in many cases thus retaining clients who would not return otherwise."

In conclusion, acupuncture appears to be a very cost-effective modality in supplementing and supporting a comprehensive detoxification treatment program. Also it provides an adjunct treatment that can be applied during the entire cycle of detoxification."

Judge Herbert Klein of Miami-Dade County has spearheaded the development of an acupuncture-based program in the prison stockade and an outpatient facility in Overton. The program which focuses on criminal justice clients began in May, 1989, and sees 100 people daily.

SUGGESTED REASONS FOR THE SUCCESS OF THIS CRIMINAL JUSTICE PROGRAM

(1) Acupuncture is a popular and effective treatment. Patients learn to have confidence in daily acupuncture visits and the relief that consistently occurs. Acupuncture is a treatment for craving and fear as well as withdrawal symptoms. This modality facilitates constructive, non-antagonistic counseling and breaks down the barriers that usually inhibit group process. The consistently calm atmosphere in the treatment area is a marked contrast to the tense mood of streets and of even the best conventional drug program. Acupuncture acts physiologically by enhancing the patient's own balancing mechanisms. There is a renewed development of vitality and integrity from within before external challenges need to be taken up. In this clinical setting passive aggressive dependency and adolescent acting-out are greatly reduced. Staff and patients alike can focus on stability and growth without the interpersonal static that usually limits communication.

(2) We have applied many of the basic principles of chemical dependency which are often neglected in criminal justice related situations. The struggle for sobriety is "one day at a time."

By testing urines on a daily basis, providing daily acupuncture, and encouraging brief daily counseling sessions -- we are functioning in the same rhythm as the patient's struggle for recovery. Testing urines every two weeks, in contrast, functions as an external judgmental process those clashes with the potential rhythm of recovery. A common principle of AA is "keep is simple."

(3) Our clinical staff makes a primary alliance with the criminal justice referral agency as well as with the clients. This process of dual alliance with the client and the disciplinary agency is the basis for successful work in Employee Assistance Programs. The process is not at all contradictory as long as the primary focus is on sobriety and increasing the client's integrity which is the common goal of all parties. Unfortunately many treatment agencies see themselves as adversaries to the courts and end up by disguising the results of sobriety testing and making excuses for continued abuse. This pattern is called "enabling" in our field. The Lincoln clients are very accepting of this "dual alliance" strategy. There is a lack of contradictory messages, a lack of excuses, and an abundance of interest in their daily struggle to be drug-free.

(4) The counseling process at Lincoln emphasizes a non-judgmental, non-invasive supportive approach. The firm challenge of sobriety is established, but the treatment relationship is quite flexible and open-ended. On some days patients may want to "ventilate their feelings each day; at other times they may want to just say, "Hello" and take the acupuncture treatment. Patients often experience fear and resentment toward intrusive questions and advice. This phenomenon is particularly true with court-mandated clients. These fears often prevent frequent attendance at otherwise helpful programs. The therapy program cannot "hold a grudge" and put increasing pressure on the patient for previous failures to respond to treatment. Pressure and concern must be appropriate to the quality of today's struggle and not reflect the residue of the past. The use of acupuncture makes this non-judgmental process much easier.

(5) Frequent urine testing provides an objective non-personalized measure of success that can be accepted equally by all parties. In this system, the counselor is the "good cop" and the urine machine is the "bad cop." The counseling process can be totally separated from the process of judgment and evaluation. According to this approach, clients will not feel a need to be friendly to their counselor in order to gain a positive evaluation. The computer print-out showing a series of drug-free urines is the only documentation they will need to gain a favorable report for the court.

(6) Clinical supervisors at Lincoln have developed an approach that encourages self-sufficiency in their colleagues. A counselor who perceives that his or her autonomy is respected will be much more able to develop autonomy in individual clients. The treatment field frequently neglects the principle that autonomy is a major component of health and sobriety. So much effort is focused on referrals to 24-hour facilities that this basic and practical reality often fades out of view. No matter how effective 24-hour rehabilitation is, the patient will spend 99% of the time in an independent state. The pressing reality of criminal justice is comparable. To help people, we need to help them function well independently of our agencies.

(7) The fear and shame associated with impending incarceration or removal of a child is certainly beneficial for a prospective patient to face a fearful concrete reality. The myth of the well-motivated walk-in patient is just that: a myth. Similarly, court-related referrals should always be made with definite requirements. Referrals of the type "why don't you see if this treatment can help you" lead to an unusually low rate of success. According to recent trends of budget deficit and court congestion, the threat of incarceration is often more symbolic than real. The response of probation and SSC clients indicate that a temporary, more-or-less symbolic threat may often be quite effective in persuading a client to begin treatment and these clients continue in treatment long after the circumstances suggesting the threat of punishment abated. This type of situation is actually quite typical of interventions and contracting in chemical dependency treatment.

(8) "There is no such thing as a hopeless case" is another basic principle. The Lincoln program does not screen out prospective patients as "poorly motivated" or "unsuitable" as is frequently done in regard to

criminal justice referrals. All referrals are accepted: a fact that makes these statistics all the more promising.

SUGGESTIONS FOR THE FUTURE

In cooperation with the primary referral sources, Lincoln is developing a selection of treatment contracts that can be mandated for criminal justice clients. For example, a parole client might be required

- (1) To attend acupuncture 5 days a week for a minimum of three weeks,
- (2) provide drug-free urines on at least 10 of the first 20 days of treatment,
- (3) drug-free urine once a week for a subsequent 6 months,
- (4) Attendance at Narcotics Anonymous or equivalent programs for 6 months. Note that these requirements allow some leeway in the early period of treatment and continue to require sobriety during the early recovery period. Another client might be mandated to give 6 weeks of daily urines and up to a 2-year follow-up period. Such contracts could easily become the basis of revenue saving court diversion and early release program. Unsuccessful clients would face incarceration, but a sizable number would be spared by their commitment to a drug-free life.

At a recent NYC Bar Association retreat, I suggested that drug abusers who are identified by the police sometimes be given summons instead of being arrested. The summons might require that the abuser provide a number of negative urine toxicologies during a specified period of time in order to avoid actual arrest. The availability of effective and inexpensive acupuncture treatment for crack abuse makes this type of non-institutional management a legitimate possibility to cope with the huge dimensions of our drug abuse epidemic.

MILLIONS OF DOLLARS HAVE BEEN SAVED EACH YEAR BY TREATMENT OF CRACK MOTHERS

One of the bittersweet realities of public service is the opportunity to confront major problems of the day as they develop, much as an explorer discovers new territory and learns to cope with new dangers. Often we are overwhelmed or simply lack methods to handle a given situation. One of the worst symptoms of the crack epidemic has been the massive increase in maternal substance abuse and consequent retention of cocaine-positive infants in hospitals as boarder babies. Many of these infants are deprived of love and nurturing until their mothers are able to receive successful drug abuse treatment. As virtually the only available outpatient program for crack abuse in the city, Lincoln Hospital has received more than three thousand referrals of drug-abusing mothers in the past 30 months. We are pleased to report that the Lincoln Hospital Acupuncture Program appears to have saved the city more than three million dollars in 1987 by reducing costs of boarder babies and subsequent foster care for infants born of crack-abusing mothers. The hospital and Special Services for Children (SSC) refer nearly all maternal patients to the acupuncture program. Their attendance and urine results are satisfactory enough so that the agency and the courts release custody of the infants in most cases. Most city hospitals are severely overcrowded and drained of resources due to the boarder baby crisis. Millions of dollars are lost unnecessarily; hospital nurseries are prevented from helping infants with medical needs; and numerous children remain separated from potentially caring parents. The Lincoln acupuncture program is a reliable alternative to much of the suffering and deprivation of maternal substance abuse.

We sent Dr. Wendy Chavkin, then Director of Maternal Health for the City Health Department, the following reports describing 290 post-partum women whose babies were held in the hospital because of a positive cocaine toxicology. Seventy percent of all post-partum referrals interviewed by our staff have attended acupuncture treatment and counseling on a regular basis for at least two (2) consecutive weeks. Fifty percent of all referrals have provided an average of 10 or more clean urines on a regular basis. In one series, post-partum clients provided twice as many clean urines after regaining custody of their child as compared to the pre-custody testing period. These women completed an average of three months of attendance in our program. Fifty percent of them attend NA meetings. The use of acupuncture detoxification has produced substantially beneficial results in this large scale clinical trial.

SPECIAL CHALLENGES FOR WOMEN IN TREATMENT

Lincoln Hospital is the only drug abuse program that I know of which has a large number of child-rearing female clients. Usually female clients in drug programs are rather street-oriented and accommodate to the dominant male clients in that manner. Child-rearing for these women is generally a secondary activity. Lincoln works with many of these street-oriented women. However, a large part of our maternal substance abuse caseload consists of women who identify primarily as homemakers and parents. These women sometimes have outside employment but they almost always have a "job" at home raising children and coping with domestic pressures.

Drug abuse activities invade their home life, but once drug-free status is regained, these women have a respectful "job" they can return to. Consequently, these women have needs that are quite different than the needs of an unemployed person.

Female drug users are often trapped in very destructive and exploitative relationships. Many drug-related relationships involve violence and abandonment. When we ask a mother with small children to stop using drugs, we are usually asking her to leave her home and her relationship as well as the identified addiction. These women are often forced to live in a shelter or welfare hotel if they leave the apartment where their crack-using companion remains in physical control. In a previous session of this subcommittee, we heard that shelters and welfare hotels are hardly safe harbors in the drug abuse war. A woman with small children is uniquely vulnerable to the intimidating and intrusive nature of the crack subculture.

Immediate pressures of child care may also hinder a woman's response to treatment. We instruct acupuncture patients to sit quietly in the chair while the needles are in place. This request takes on an entirely different meaning when the maternal patient has a newborn and a 2-year old with her. Attendance in Narcotics Anonymous is also more difficult when children tag along. Every day in our clinic 45-50 women bring small children with them during treatment. We appreciate their commitment to parenthood, but also recognize the increased challenge of their regular attendance. Many of our new mothers visit the hospital each day to feed their infant. Others have to make difficult arrangements for child care.

All too often women are said to have greater resistance to treatment than men. Reality-based fear of physical violence may be falsely interpreted as only part of their fear of confronting addiction. Dependence on living in an apartment and a relationship where crack happens to be used will compound the apparent degree of dependence on the drugs.

At Lincoln we have been able to design a program with a relatively high rate of success for women with small children. Acupuncture provides convenient relaxation and reduction of fear on a daily basis. Scheduled appointments are not necessary. Frequent supportive sessions are used rather than early stage confrontations that are often typical of drug-free programs.

Let me conclude this discussion by mentioning one principle that is vital to the success of any maternal substance abuse program. The program must work in terms of the women's autonomy and ask her to

become drug-free for herself, not "for the sake of her baby." Guilt is not a good medicine. A person who appreciates her own value will be a better parent and also be able to say "no" to drugs and drug-filled relationships.

ENHANCEMENTS OF THE MATERNAL SUBSTANCE ABUSE PROGRAM

New York City Council President Stein's office designated \$181,000 of fiscal 1989 to establish a unique pre-natal substance abuse program at Lincoln Hospital. The pregnant substance abuser is treated initially for addiction as the primary problem. She receives acupuncture, counseling, urine testing, using the regular protocol. Education about pregnancy and delivery, pelvic examination and more stressful testing will be conducted as the patient seems ready to handle these matters. City Controller Harrison Goldin has designated \$110,000 in the fiscal 1990 budget to develop a parent education program in conjunction with our post-partum program. The Department of health will help us track long-term follow-up for these patients as well as our whole post-partum case load.

AIDS PREVENTION

As we have indicated, acupuncture detoxification is a popular and safe method of relieving stress and craving in a wide range of substance abusers. More than 60% of clients are retained in acupuncture treatment, a much higher figure than any other form of outpatient drug-free treatment. No other drug abuse program except for Lincoln has ever been able to accept poly-drug abusers and mentally ill chemical abusers on an unscreened walk-in basis so that 10 new patients daily can receive acceptable treatment on the day of admission. Lincoln Hospital has a long history of being able to reach the unreachable patient -- including some homicidal, paranoid, and bizarrely psychotic persons who would be rejected in many sites due to the perception of risk of **violence**. The following patient summaries indicate the capability of an acupuncture program to reach "unreachable" clients. The patient described is typical of the segment of AIDS patients who will be most difficult to relate to and therefore will be more likely to spread the condition.

H.W. came to our clinic with a narcotic and cocaine habit and an obviously paranoid condition. He had a history of LSD psychosis in 1972 and at least 3 state psychiatric hospitalizations. H.W. was evidently hearing voices and reported bizarre somatic delusions. H.W. attended acupuncture 5-6 days a week for the next six months. After the first day he said that his voices "went away." Use of heroin and cocaine continued intermittently. H.W. was so guarded that no individual verbal sessions were attempted until six months later. H.W. is now readily communicative, working part-time and attends acupuncture weekly.

Involving the HIV(+) or PWA person in drug abuse treatment can be the first step in the overall medical treatment of AIDS and a necessary step in the development of sexual responsibility which will protect spouses from the epidemic. The Health Commissioner Steven Joseph has strongly supported this point of view in previous testimony before the New York City Council. The statistic that is most often cited as an indication of the danger of heterosexual spread of AIDS is the rate of HIV(+) findings in mothers and their babies. These statistics have been used to advocate programs such as methadone maintenance and syringe exchange; programs which relate primarily to male narcotic addicts. Helping a man use narcotics "safely" will not necessarily help him use sexual precautions with women he is involved with. The use of cocaine and alcohol tends to increase sexual irresponsibility.

Only a program which directly helps young women become drug-free will have a substantial effect on the rate of HIV(+) findings in mothers and children in the special context of widespread infection in New York City. These women can then involve their partners in treatment. One of our patients told me her husband walked with her to the clinic with a baseball bat in case she did anything wrong. From my office window I could see the man standing on the street with a bat. Two weeks later this patient brought her husband into the clinic with her for treatment, saying "he doesn't use drugs, he just wants treatment for nerves." Our patient had made a tremendous accomplishment -- an accomplishment that could have easily been

sabotaged by premature confrontation.

MEDICAL-SCIENTIFIC REACTION

We are frequently asked about the reaction of the medical scientific community to our use of acupuncture. I remember my own skepticism and certainly understand a natural reluctance to consider the possibility that acupuncture could be effective for such a serious condition as cocaine addiction.

Dr. Milton Bullock and acupuncturist Patricia Culliton of Hennepin County Medical Center in Minneapolis began to use a placebo protocol to evaluate our Lincoln Hospital acupuncture procedure in 1983. Their first article was published in the *Alcoholism* journal in June 1987. It showed that 37% of the treatment group responded well to acupuncture as compared to 7% of the placebo group which received non-specific acupuncture points. The Hennepin group has just published a more advanced study in *Lancet* (June 24, 1989, the prestigious journal of the British Medical Association. Twenty-one of 40 treatment acupuncture patients completed the program compared to 1 of 40 controls. Significant treatment effects persisted at the end of a 6-month follow-up. These studies focus on severe recidivist alcoholics who are very rarely engaged in outpatient management.

Dr. Mindy Fullilove of the University of California at San Francisco is just completing a controlled placebo study using the Lincoln protocol with IV heroin abusers. Dr. Stephen Kendall and his staff at Beth Israel in New York have planned a controlled study using acupuncture in the treatment of addicted babies. Dr. Doug Lipton of the Narcotic Drug Research Institute (NDRI) is presently conducting a controlled placebo study using crack patients at Lincoln Hospital. In the recent submission of large scale AIDS prevention drug abuse treatment grants, acupuncture was the second most common procedure suggested for evaluation.

In a recent legislative meeting in Albany, New York, the chief representative of the Medical Society of New York stated that acupuncture was an important part of the health care field and that physicians were seeking more instructive and more active participation in the acupuncture field.

Relations with the Drug Abuse Treatment Field

I have always supported the position that acupuncture can only be component part of the whole process of drug abuse treatment. Nearly all of the existing acupuncture drug abuse programs were developed within already existing licensed treatment programs. Our enabling legislation in New York State was written by Public Health Commissioner Deborah Prothrow Stith, the state drug abuse agency of Massachusetts has funded four acupuncture-based programs during 1989. Numerous methadone programs have established acupuncture components in order to treat crack abuse and other secondary addictions. In a therapeutic community setting, such as the Phoenix House in London, staff members report that acupuncture helps reduce craving, tension among the clients and that most of the clients participate in the weekly acupuncture sessions.

A SOUTH BRONX CLINIC HAS GAINED WORLD-WIDE RECOGNITION

The Lincoln Hospital acupuncture program has received a great deal of national and international attention. More than 60 clinics in the U.S. and another 25 in Europe, Latin America and Asia have been established explicitly on the model of our clinic in the South Bronx. Indeed Lincoln Hospital has become a "mecca" for visitors and journalists. Television networks from Spain, Italy, Brazil, Sweden, Britain, Latin America, Hungary and Japan have filmed our acupuncture drug abuse program.

The National Acupuncture Detoxification Association (NADA) was founded in 1985 by clinicians who wanted to extend the example of the Lincoln hospital experience into other treatment settings. I am the chairperson of NADA. The organizational name also uses the Spanish connotation of "nada," suggesting a no-nonsense, drug-free approach. NADA has conducted many training programs for public institutions and communities in undeveloped areas. It has set standards of certification for acupuncture detoxification specialists that are widely accepted in the substance abuse field.

I have just returned from a United Nations meeting in Spain scheduled to plan community-based treatment programs on a widely diversified basis. In the December 1988 issue of the Bulletin of Narcotics, we described NADA programs on the Sioux reservation, in Katmandu, in La Perla in Puerto Rico, and Lincoln as an example of the effectiveness of this model in difficult socioeconomic settings.

It is easy to be confused by the aggressiveness that many addicts present and to conclude that the main goal should be symptom suppression. In fact, the addict himself takes this approach in the extreme by using sedative narcotics. In contrast, we have derived our approach from [Chinese theory of detoxification](#). In Chinese medicine the lack of calm inner strength is described as "empty fire" (xu huo), because the heat of aggressiveness burns out of control when the calm inner tone is lost. The hostile paranoid climate of communities vulnerable to drugs is a clear example of an energy-depleted condition with empty fire burning out of control.

Our patients seek greater power and control over their lives. Empty fire is the illusion of power -- an illusion that leads to more desperate chemical abuse and senseless violence. Acupuncture is an effective treatment for empty fire. The patient is empowered, but in a soft, easy and long-lasting manner.

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