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SENATE COMMITTEE REPORT

FURTHER

3/28/89

DATE TURNED INTO OFFICE 4/19/89

Mr. President:

Finance Committee considered SB 134

practice of acupuncture

and recommended

- replace with _____ CS _____) same title
- or adopt _____ CS SB (L+C) 134) new title
- attached amendment(s) and technical title change (HB only)
- _____ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to _____

FISCAL NOTE(S) zero fiscal impact appropriation no FN
 new updated previous CCYED 4.0
 same as previous fiscal note(s) published _____

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

True Love - No Rec

[Signature]
 Chairman/signature and recommendation

Committee Backup attached

[Signature] CO-CHAIR
 DO PASS

R/O JFC 4-19-89

STATE OF ALASKA
1989 LEGISLATIVE SESSION

BILL VERSION: CSSB 134 (L&C)
PUBLISH DATE: 3/28/89

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act relating to the practice of acupuncture.

Agency Affected: Commerce & Econ. Dev.
BRU: Occupational Licensing

Sponsor: Duncan
Requester: L&C Committee

Components: Admin. & Boards

EXPENDITURES / REVENUES : (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES	0	2.9	2.9	2.9	2.9	2.9
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	1.1	1.1	1.1	1.1	1.1
SUPPLIES	0	0	0	0	0	0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	4.0	4.0	4.0	4.0	4.0

CAPITAL	0	0	0	0	0	0
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REVENUE	0	4.0	0	4.0	0	4.0
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FUNDING: (Thousands of dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER	0	4.0	4.0	4.0	4.0	4.0
TOTAL	0	4.0	4.0	4.0	4.0	4.0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary.)

CSSB 134 (L&C) provides for licensing of acupuncturists by the department. The bill will allow acupuncture services to be offered by all qualified individuals; whereas, currently only medical doctors can offer acupuncture services. The costs identified in this fiscal note are explained on the following page.

Prepared by: Jennifer Strickler, Administrative Officer
Division: Occupational Licensing

Phone: 465-2144
Date: March 20, 1989

Approved by Commissioner: Larry Mercuri, Commissioner
Agency: Department of Commerce & Economic Development

Phone: 465-2500
Date: 3/28/89

Distribution (by preparer):

Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

CONTINUATION of FISCAL NOTE ANALYSIS

CSSB 134 (L&C)

Testimony on this bill has revealed that very few acupuncturists currently reside in-state (fewer than five) and that only a few additional acupuncturists are expected to seek admission should this legislation pass. For the purposes of this fiscal note, we have anticipated a maximum of ten licensees.

This fiscal note differs from previous fiscal notes on the subject in that a portion of overhead personal services costs which the program can be expected to cover are included. As with all licensing occupations, each program is attributed a portion of administrative expenses of the division based on the number of licensees divided by the total number of division licensees. In this case, ten licensees represent .004% of the administrative costs reflected in the personal services and contractual services line items of the division's budget.

Because of the small number of practitioners, it would be unreasonable to establish a licensing fee which would require those few licensees to bear the entire cost of the licensing function. In such cases, the licensing costs must be supplemented by general funds or other licensing fees.

Revenues: The revenues projected are based on ten licensees paying a biennial license fee of \$400.

R/O SFC 4-19-89

Offered: 3/28/89
Referred: Finance

6-0373H

Original sponsors: Duncan and Rodey

1 IN THE SENATE

BY THE LABOR AND
COMMERCE COMMITTEE

2 CS FOR SENATE BILL NO. 134 (L&C)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the practice of acupuncture."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. PURPOSE. The health, safety, and welfare of the people of
9 the state are best served by the establishment of an orderly system of
10 licensure for the practice of acupuncture in the state. The rapid develop-
11 ment of the profession, including the establishment of national standards
12 for the education and practice of acupuncturists, has resulted in increased
13 public interest and increased demand for access to qualified acupunctur-
14 ists.

15 * Sec. 2. AS 08 is amended by adding a new chapter to read:

16 CHAPTER 06. ACUPUNCTURE.

17 Sec. 08.06.010. PRACTICE OF ACUPUNCTURE WITHOUT LICENSE PROHIB-
18 ITED. A person may not practice acupuncture without a license.

19 Sec. 08.06.020. APPLICATION FOR LICENSE. A person desiring to
20 practice acupuncture shall apply in writing to the department.

21 Sec. 08.06.030. LICENSE TO PRACTICE ACUPUNCTURE. (a) A person
22 is qualified to receive a license to practice acupuncture if the
23 person

24 (1) is of good moral character;

25 (2) is at least 21 years of age;

26 (3) either

27 (A) has completed a course of study consistent with
28 the core curriculum and guidelines of the National Council of
29 Acupuncture Schools and Colleges at a school of acupuncture

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1 approved by the department; or

2 (3) is licensed to practice acupuncture in another
3 state that has acupuncture licensing requirements equivalent to
4 those of this state;

5 (4) is qualified for certification by the National Council
6 for the Certification of Acupuncturists as a diplomate in acupuncture;

7 (5) does not have a disciplinary proceeding or unresolved
8 complaint pending at the time of application; and

9 (6) has not had a license to practice acupuncture suspended
10 or revoked in this state or in another state, territory, or province.

11 (b) The department shall issue a license to practice acupuncture
12 to each person who is qualified and who pays the appropriate fee.

13 (c) Each person licensed to practice acupuncture under this
14 chapter shall display the license in a conspicuous place where the
15 licensee practices.

16 Sec. 08.06.040. RENEWAL OF LICENSE. The department may not
17 renew a license under this chapter unless the applicant

18 (1) demonstrates continued competence as an acupuncturist
19 in a manner established by the department in regulations; and

20 (2) submits proof that the applicant maintains certifica-
21 tion by the National Council for the Certification of Acupuncturists
22 as a diplomate of acupuncture.

23 Sec. 08.06.050. DISCLOSURE. (a) A person who practices acu-
24 puncture shall disclose that the person's training and practice are in
25 acupuncture

26 (1) to each patient; and

27 (2) on all material used in the practice of acupuncture and
28 made available to patients or to the public.

29 (b) A person who practices acupuncture without being covered by

1 malpractice insurance shall disclose to each patient that the person
2 does not have the insurance.

3 Sec. 08.06.060. RESTRICTIONS ON PRACTICE OF ACUPUNCTURE. A
4 person who practices acupuncture may not

5 (1) give, prescribe, or recommend in the practice a

6 (A) prescription drug;

7 (B) controlled substance;

8 (C) poison;

9 (2) engage in surgery; or

10 (3) use the word "physician" in the person's title unless
11 the person is also licensed as a physician.

12 Sec. 08.06.070. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-
13 TIONS. After a hearing, the department may impose a disciplinary
14 sanction on a person licensed under this chapter when the department
15 finds that the licensee

16 (1) secured a license through deceit, fraud, or intentional
17 misrepresentation;

18 (2) engaged in deceit, fraud, or intentional misrepresenta-
19 tion in the course of providing professional services or engaging in
20 professional activities;

21 (3) advertised professional services in a false or mislead-
22 ing manner;

23 (4) has been convicted of a felony or other crime that
24 affects the licensee's ability to continue to practice competently and
25 safely;

26 (5) intentionally or negligently engaged in patient care,
27 or permitted the performance of patient care by persons under the
28 licensee's supervision, that does not conform to minimum professional
29 standards regardless of whether actual injury to the patient occurred;

1 (6) failed to comply with this chapter, with a regulation
2 adopted under this chapter, or with an order of the department;

3 (7) continued to practice after becoming unfit due to

4 (A) professional incompetence;

5 (B) failure to keep informed of current professional
6 practices;

7 (C) addiction to or severe dependency on alcohol or
8 other drugs that impairs the ability to practice safely;

9 (D) physical or mental disability; or

10 (8) engaged in lewd or immoral conduct in connection with
11 the delivery of professional service to patients.

12 Sec. 08.06.080. EXEMPTION. This chapter does not apply to a
13 person who practices acupuncture under AS 08.36 or AS 08.64.

14 Sec. 08.06.090. PENALTY. A person who violates this chapter or
15 a regulation adopted under this chapter is guilty of a class B misde-
16 meanor.

17 Sec. 08.06.100. REGULATIONS. The department may adopt regula-
18 tions to implement this chapter, including regulations establishing

19 (1) standards for the practice of acupuncture;

20 (2) standards for continuing education and training;

21 (3) a code of ethics for the practice of acupuncture.

22 Sec. 08.06.190. DEFINITIONS. In this chapter

23 (1) "acupuncture" means a form of healing developed from
24 traditional Chinese medical concepts that uses the stimulation of
25 certain points on or near the surface of the body by the insertion of
26 needles to prevent or modify the perception of pain or to normalize
27 physiological functions;

28 (2) "department" means the Department of Commerce and
29 Economic Development;

1 (3) "practice of acupuncture" means the insertion of acu-
2 puncture needles and the application of moxibustion to specific areas
3 of the human body based upon acupuncture diagnosis; the practice of
4 acupuncture includes adjunctive therapies involving mechanical, ther-
5 mal, electrical, and electromagnetic treatment and the recommendation
6 of dietary guidelines and therapeutic exercise.

7 * Sec. 3. AS 08.01.010 is amended by adding a new paragraph to read:

8 (31) regulation of acupuncturists under AS 08.06.

9 * Sec. 4. AS 08.01.050(a) is amended to read:

10 (a) The department shall perform the following administrative
11 and budgetary services when appropriate:

12 (1) collect and record fees;

13 (2) maintain records and files;

14 (3) issue and receive application forms;

15 (4) notify applicants of acceptance or rejection as deter-
16 mined by the board or as determined by the department under AS 08.06
17 for acupuncturists, under AS 08.11 for audiologists, under AS 08.45
18 for naturopaths, or under AS 08.55 for hearing aid dealers;

19 (5) designate dates examinations are to be held and notify
20 applicants;

21 (6) publish notice of examinations and proceedings;

22 (7) arrange space for holding examinations and proceedings;

23 (8) notify applicants of results of examinations;

24 (9) issue licenses or temporary licenses as authorized by
25 the board or as authorized by the department under AS 08.06 for acu-
26 puncturists, under AS 08.11 for audiologists, under AS 08.45 for
27 naturopaths, or under AS 08.55 for hearing aid dealers;

28 (10) issue duplicate licenses upon submission of a written
29 request by the licensee attesting to loss of or the failure to receive

1 the original and payment by the licensee of a fee established by
2 regulation adopted by the department;

3 (11) notify licensees of renewal dates at least 30 days
4 before the expiration date of their licenses;

5 (12) compile and maintain a current register of licensees;

6 (13) answer routine inquiries;

7 (14) maintain files relating to individual licensees;

8 (15) arrange for printing and advertising;

9 (16) purchase supplies;

10 (17) employ additional help when needed;

11 (18) perform other services that may be requested by the
12 board;

13 (19) provide inspection, enforcement, and investigative
14 services to the boards and for the occupations listed in AS 08.01.010,
15 regarding all licenses issued by or through the department;

16 (20) retain and safeguard the official seal of a board and
17 prepare, sign, and affix a board seal, as appropriate, for licenses
18 approved by a board;

19 (21) issue business licenses under AS 43.70.

20 * Sec. 5. AS 08.02.010(a) is amended to read:

21 (a) an acupuncturist licensed under AS 08.06, an audiologist
22 licensed under AS 08.11, a person licensed in the state as a chiro-
23 practor under AS 08.20, a dentist under AS 08.36, a medical practi-
24 tioner or osteopath under AS 08.64, a registered nurse under AS 08.68,
25 an optometrist under AS 08.72, a registered pharmacist under AS 08.80,
26 a registered physical therapist or occupational therapist under
27 AS 08.84, a psychologist under AS 08.86, or a clinical social worker
28 licensed under AS 08.95, shall use as professional identification
29 appropriate letters or a title after that person's name which

1 represents that person's specific field of practice. The letters or
2 title shall appear on all signs, stationery, or other advertising in
3 which the person offers or displays personal professional services to
4 the public. In addition, a person engaged in the practice of medicine
5 or osteopathy as defined in AS 08.64.380, or a person engaged in any
6 manner in the healing arts who diagnoses, treats, tests, or counsels
7 other persons in relation to human health or disease and uses the
8 letters "M.D." or the title "doctor" or "physician" or another title
9 that tends to show that the person is willing or qualified to diag-
10 nose, treat, test, or counsel another person, shall clarify the let-
11 ters or title by adding the appropriate specialist designation, if
12 any, such as "dermatologist", "radiologist", "audiologist", "naturo-
13 path", or the like.

14 * Sec. 6. AS 08.36 is amended by adding a new section to read:

15 Sec. 08.36.114. QUALIFICATIONS FOR ACUPUNCTURE APPLICANTS. An
16 applicant for a license to perform acupuncture in the regular practice
17 of dentistry shall be licensed under AS 08.36.100 and shall satisfy
18 those requirements of experience or education in the practice of
19 acupuncture as may be adopted by the board.

20 * Sec. 7. AS 08.64.170(a) is amended to read:

21 (a) A person may not practice medicine, podiatry, or osteopathy
22 [, OR ACUPUNCTURE] in the state unless the person is licensed under
23 this chapter, except that

24 (1) a physician assistant may examine, diagnose, or treat
25 persons under the supervision, control, and responsibility of either a
26 physician licensed under this chapter or a physician exempted from
27 licensing under AS 08.64.370;

28 (2) a physician-trained mobile intensive care paramedic may
29 render emergency lifesaving service; and

1 (3) [A PERSON LICENSED UNDER AS 08.36 MAY PERFORM ACUPUNC-
2 TURE IN THE REGULAR PRACTICE OF DENTISTRY, SUBJECT TO THE REGULATIONS
3 OF THE BOARD OF DENTAL EXAMINERS; AND

4 (4)] a person who is licensed or authorized under another
5 chapter of this title may engage in a practice that is authorized
6 under that chapter.

7 * Sec. 8. AS 08.64.180 is amended to read:

8 Sec. 08.64.180. APPLICATION FOR LICENSE. A person who desires
9 to practice medicine or [,] osteopathy [OR ACUPUNCTURE] in the state
10 shall apply in writing to the department for a license.

11 * Sec. 9. AS 09.55.560(1) is amended to read:

12 (1) "health care provider" means an acupuncturist licensed
13 under AS 08.06; an audiologist licensed under AS 08.11; a chiropractor
14 licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a
15 dentist licensed under AS 08.36; a nurse licensed under AS 08.68; a
16 dispensing optician licensed under AS 08.71; a naturopath licensed
17 under AS 08.45; an optometrist licensed under AS 08.72; a pharmacist
18 licensed under AS 08.80; a physical therapist or occupational thera-
19 pist licensed under AS 08.84; a physician licensed under AS 08.64; a
20 podiatrist; a psychologist and a psychological associate licensed
21 under AS 08.86; and a hospital as defined in AS 18.20.130, including a
22 governmentally owned or operated hospital; a corporate entity covered
23 under AS 21.88.050(b)(11); and an employee of a health care provider
24 acting within the course and scope of employment;

25 * Sec. 10. AS 18.23.070(3) is amended to read:

26 (3) "health care provider" means an acupuncturist licensed
27 under AS 08.06; a chiropractor licensed under AS 08.20; a dental
28 hygienist licensed under AS 08.32; a dentist licensed under AS 08.36;
29 a nurse licensed under AS 08.68; a dispensing optician licensed under

1 AS 08.71; an optometrist licensed under AS 08.72; a pharmacist li-
2 censed under AS 08.80; a physical therapist or occupational therapist
3 licensed under AS 08.84; a physician licensed under AS 08.64; a podia-
4 trist; a psychologist and a psychological associate licensed under
5 AS 08.86; and a hospital as defined in AS 18.20.130, including a
6 governmentally owned or operated hospital; a corporate entity covered
7 under AS 21.88.050(b)(1); and an employee of a health care provider
8 acting within the course and scope of employment;

9 * Sec. 11. AS 21.42 is amended by adding a new section to read:

10 Sec. 21.42.353. COVERAGE FOR COSTS OF ACUPUNCTURE TREATMENT. An
11 insurer authorized under AS 21.09 to offer, issue for delivery,
12 deliver, or renew a disability insurance policy in the state, or a
13 hospital or medical service corporation authorized under AS 21.87 to
14 offer or renew a subscriber's contract, may offer coverage for ser-
15 vices of an acupuncturist licensed under AS 08.06 if the policy or
16 contract covers acupuncture treatment by a health care provider who is
17 subject to other provisions of AS 08.

18 * Sec. 12. AS 21.88.900(9) is amended to read:

19 (9) "health care provider" means an acupuncturist licensed
20 under AS 08.06; an audiologist licensed under AS 08.11; a chiropractor
21 licensed under AS 08.20; a dental hygienist licensed under AS 08.32; a
22 dentist licensed under AS 08.36; a nurse licensed under AS 08.68; a
23 dispensing optician licensed under AS 08.71; an optometrist licensed
24 under AS 08.72; a pharmacist licensed under AS 08.80; a physical
25 therapist or occupational therapist licensed under AS 08.84; a physi-
26 cian licensed under AS 08.64; a podiatrist; a psychologist and a
27 psychological associate licensed under AS 08.86; a hospital as defined
28 in AS 18.20.130, including a governmentally owned or operated hospi-
29 tal; a corporate entity covered under AS 21.88.050(b)(11); an employee

1 of a health care provider acting within the course and scope of em-
2 ployment;

3 * Sec. 13. AS 21.88.900 is amended by adding a new paragraph to read:

4 (18) "acupuncturist" means a person licensed under AS 08.06.

5 * Sec. 14. AS 47.17.070(9) is amended to read:

6 (9) "practitioner of the healing arts" includes acupunct-
7 urists, chiropractors, dental hygienists, dentists, health aides,
8 nurses, nurse practitioners, occupational therapists, occupational
9 therapy assistants, optometrists, osteopaths, naturopaths, physical
10 therapists, physical therapy assistants, physicians, physician's
11 assistants, psychiatrists, psychologists, psychological associates,
12 audiologists licensed under AS 08.11, hearing aid dealers licensed
13 under AS 08.55, religious healing practitioners, and surgeons;

14 * Sec. 15. AS 08.64.207 and 08.64.380(1) are repealed.

Alaska State Legislature



SENATOR JIM DUNCAN

P. O. Box V JUNEAU, ALASKA 99811-3100
(907) 465-4766

COMMITTEES:
FINANCE
VICE CHAIR —
HEALTH EDUCATION
& SOCIAL SERVICES
BUDGET & AUDIT
BANKING &
ECONOMIC
DEVELOPMENT

March 28, 1989

MEMORANDUM

TO: SENATOR UEHLING, CO-CHAIRMAN
SENATE FINANCE COMMITTEE

FROM: SENATOR JIM DUNCAN

SUBJECT: REQUESTING A HEARING FOR SB 134

Please find attached information concerning Senate Labor and Commerce Committee Substitute for Senate Bill 134, "An Act Relating to the Practice of Acupuncture."

Please schedule a hearing for this bill before the Senate Finance Committee at your earliest convenience. You may contact Mike Young of my staff if you require any further information or assistance.

- SPONSOR'S BACKGROUND MATERIAL -

DISTRICT C

WHAT IS ACUPUNCTURE?

Acupuncture is a healing method used in traditional Chinese medicine, a medical system with a history of thousands of years of effective use, now practiced worldwide.

Bioenergetics of the Acupuncture Network

- . Traditional Chinese ideas of energy exchange are like those of modern physics--the same principles work in all parts of the universe, however large or small--the solar system, an atom, or a human body.
- . The acupuncture network in the body is an "electromagnetic circulatory system" of energy flow along channels related to the organs. The energy, called qi, (pronounced chee) flows like current in an electrical system.
- . The twelve main channels are directly connected to organs--heart, liver, kidney, stomach, etc. They are "circuits" with energy flowing from the organs out into the arms and legs and back. There are also extra channels, for example, the "belt" channel, which goes around the waist. All of these form a network.
- . The network can "signal" the organs to do different things. Recent research in China has shown that putting a needle in the large intestine point on a dog's paw will change the movements of its large intestine.

Energy Balance

- . Balance in the energy network means good health. As long as the network is strong, balanced, and not blocked, a person will be healthy. Imagine a body with its "electromagnetic circulatory system" flowing along about the same lines as the blood circulatory system. Visualize the lines of current with a strong, consistent glow, and a smooth, regular flow through all the channels. This is the picture of health.
- . Imbalance means disease. The flow of energy can be too weak, too strong, blocked, or not moving in the proper pathways. For example, if you could photograph the network, a sprain might appear as a hot spot or "short." A migraine headache might show a blockage, and a heart attack would reveal a weak or blank spot.

Diagnosis

- . Diagnosis in Chinese medicine looks for patterns of imbalance in this energy network that relate to signs and symptoms in the body.
- . Traditional diagnosis uses a history and physical examination. The doctor asks special questions about what has happened inside and outside the body that put the system out of balance--wind, cold, heat, emotions, excess food or drink--and many others. A traditional oriental medical doctor will look at skin color, examine "alarm points" along the channels that indicate imbalance, look at the tongue, and feel the pulses. These are just a few of the important parts of a traditional medical examination.

Treatment

- . Treatment balances the system. Points are stimulated to increase energy, dissolve blockages--to encourage all of the "involuntary" body processes to return to their natural state of harmony. The main treatments used either alone or in combination to balance they system are:

acupuncture herbs moxa massage

- . Acupuncture stimulates points along the channels with very fine needles. These are now almost always made of stainless steel, but traditionally they could be made of other materials--bone, bamboo, silver, gold. The needles have different effects depending on what points are used. Sometimes needles are electrically stimulated, usually for added pain relief or anaesthesia.
- . Herbs are taken as teas or pills to do the work of balancing. They are very specific in their effects, and can be given easily in combinations made up especially for each individual.
- . Moxa is an herb that is burned close to the skin, or sometimes directly on the skin to stimulate the points with heat.
- . Massage stimulates the points with pressure to give balancing effect.
- . Of course, the complicated imbalance in many illnesses often make the process of diagnosis and treatment complicated too. As in Western medicine, traditional Chinese diagnosis and treatment is an art as well as a science.

Staying Well With Traditional Medicine

"Wholeness" of outlook is a historic part of Chinese medicine. According to tradition, people paid their doctors when they were healthy, and stopped paying them when they were ill. Whether true or not, this shows that the idea was to keep people well, and to look for and treat the earliest signs of illness. Preventive health care--diet, rest, exercise, and emotional and spiritual balance--has always been of greatest importance in the Chinese medical tradition.

How an Acupuncture Treatment Feels

Acupuncture needles are very fine, so they are relatively painless. There is a pinprick sensation as the needle goes through the skin, followed by the sensation of the needle "taking the energy"--connecting with the system. This may be felt as a tingling or traveling sensation, soreness, heaviness, warmth or aching. Among their many effects, the needles stimulate the release of endorphins--the body's own pain-killers--so there is generally a feeling of well-being and relaxation.

How to Help Your Treatment Work Better

Because treatments "rearrange" your energetic pattern, moderation is the key in eating, exercise and exposure to temperatures to maintain the new energy arrangement. The two hours immediately before and after your treatment is not the time for a heavy meal, alcoholic drinks or pain relievers, a strenuous workout, or a trip to the sauna.

Acupuncture and herbs have a cumulative effect, so it is also important to follow through with a recommended series of treatments to get the desired results, and to follow all other instructions from your practitioner.

Treatment Response

Most patients want to know whether acupuncture just treats symptoms, or if it can really relieve the causes of their illness. With many different kinds of problems, the energetic changes brought about by acupuncture and herbs can bring a person fully back to health.

Results depend on the duration and nature of the disease, the amount of damage that has been done, whether surgery has been performed, the age and general health of the person--the same kinds of factors that determine outcomes in Western medicine.

Even if a disease process has gone too far to be reversed

entirely, it is often possible to slow or stop the progress of the disease, or at least to provide some relief from symptoms so that the person can live more comfortably.

Sterilization

Acupuncture needles are sterilized according to protocols approved for surgical instruments. Depending on your practitioner, steam autoclave or dry heat sterilization may be used. Sterilization is, by definition, the killing of all bacterial, fungus, virus, and spores.

Just as it is safe to re-use surgical instruments after they have been properly sterilized, it is also safe to re-use needles. If you are still concerned about this issue, ask your practitioner, and they will use disposable needles. Disposable needles are generally used for all people with hepatitis or AIDS or for people at high risk for these diseases.

Sterilization and all procedural techniques follow the Clean Needle Technique manual prepared by the National Commission for the Certification of Acupuncture.

The American Association of Acupuncture and Oriental Medicine

The AAADM is a national organization of practitioners and students of acupuncture and Oriental medicine. Its purposes are:

- to provide the primary organizational forum for state, regional and specialized acupuncture organizations in the United States
- to elevate standards of practice and education
- to provide a forum for sharing of professional knowledge
- to assist in the establishment of just health codes and laws and to support those that exist
- to develop and establish continuing education programs for professionals
- to educate the general public about Oriental medicine
- to promote, encourage and support research
- to support and cooperate with the national professional organizations for certification of practitioners and educational institutions in our field, the National Commission for the Certification of Acupuncture and the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine.

HAIG IGNATIUS, M.D.

The American City Building, Suite 108
Columbia, Maryland 21044
(301) 997-3770

February 14, 1989

David Ford
3181 Nowell Avenue
Juneau Alaska 99801

Dear Mr. Ford:

I understand that the approval for acupuncture in Alaska is presently under discussion.

I am a physician who graduated from the University of Illinois College of Medicine in 1952, and practiced as an Otolaryngologist until 1972. Thereafter, I studied Acupuncture with Korean Masters in San Francisco, and at the College of Traditional Chinese Acupuncture in Oxford, England. In 1975, I began my practice of Acupuncture in Maryland. While continuing to practice acupuncture, I offered Western Medical Supervision for patients of other acupuncturists in this area. During the past 14 years, I have also completed the Bachelor's and Master's Programs in Acupuncture in the U.K. and have been awarded Fellow (U.K.) and Diplomate (NCCA) in the United States.

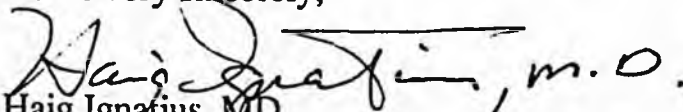
My experience has shown that acupuncture is a real health benefit in a large variety of conditions. Although the First Aid effects are limited and often done better with Western Medicine, there are remarkable improvements in patients with chronic and persisting conditions; this alone can reduce the length and severity of infirmity and, of course, the cost of health care in such a population.

Also remarkable are the improvements in mental health and the unusually sensitive response to this type of therapy by geriatric patients.

In addition, acupuncture is preventative in its action, reducing the severity, if not the actual, occurrence of many illnesses and conditions.

Having experienced these health benefits in my own patients, as well as those of my colleagues in Maryland, I am happy to endorse Acupuncture as a valuable addition to health care in Alaska.

Yours very sincerely,


Haig Ignatius, MD



Alan M.
Abromovitz,
M.D., M.Ac.,
F.C.C.Ac.

February 15, 1989

David Ford
369 South Franklin #300
Juneau, Alaska 99801.

Dear David,

It is a pleasure to offer my support toward the legal-
ization of acupuncture treatment in Alaska for both
physicians and non-physician acupuncturists.

As you may know, I have been involved in the practice
of acupuncture for 17 years and have found this modal-
ity of treatment of great benefit to my patients.

I also support the acceptance of the NCCA exam as the
minimum standard for competency as an acupuncturist.

If I can be of further assistance, please feel free
to contact me.

Sincerely,

Alan M. Abromovitz, M.D.



AMA/vji

Doctor of Medicine • Master of Acupuncture • Homeopathic Physician • Fellow of the College of Chinese Acupuncture U.K.
1725 East Osborn Road • Phoenix, Arizona 85016 • (602) 274-9302

Richard M. Apollo, M.D.
1160 Embury Street
Pacific Palisades, California 90272
(213) 459-3629

February 18, 1989

Senator Jim Duncan
Alaska State Legislature
Pouch V
Juno, Alaska 99801

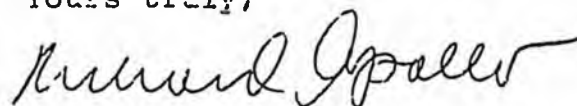
Dear Senator Duncan,

I am writing this letter in support of legislation legalizing the practice of acupuncture by qualified non-physician practitioners. I have been practicing acupuncture for twelve years and have thousands of hours of formal study to my credit. I feel qualified to judge competence in the practice of acupuncture. I have worked with many non-physician acupuncturists who are licensed in California as "Certified Acupuncturist". I have taught acupuncture at acupuncture colleges in California and Maryland and I am familiar with the curricula and requirements. I am also a Diplomate of the National Board for Acupuncture Certification.

Based on my background and experience, as both a physician and an acupuncturist, I feel qualified to state that persons who are non-physicians who fulfill the necessary 3500 hour training in acupuncture and who meet the criteria of national exam certification are definitely qualified to practice acupuncture safely and effectively. These people should have the legal sanction to practice this ancient art and should be acknowledged as legitimate members of the health care community and should be recognized for their dedication and effort in their long and difficult training.

I offer my full support to the passage of this legislation.

Yours truly,



Richard Apollo, M.D., M. Ac. (U.K.)

Peter Eckman, M.D., Ph.D.

4279 ARMY STREET

SAN FRANCISCO, CALIFORNIA 94131

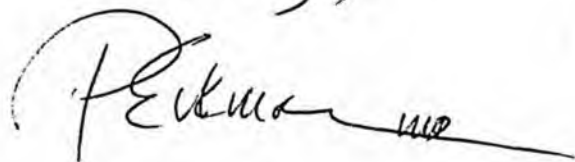
(415) 648-1971

2/14/89

To whom it may concern:

I am writing to support the passage of legislation legalizing the practice of acupuncture in Alaska by licensed practitioners. I am a physician who specializes in acupuncture therapy, and I am on the Acupuncture Examining Committee of the State of California. I have been using acupuncture in my practice for over fifteen years, and I think it is an essential service that the public needs to have available. The examination administered by the NCCA has a good reputation, as does the one administered by California, and either could be suitable vehicles for an Alaska licensure process.

Sincerely,

The signature is a cursive script of the name "Peter Eckman" with a long horizontal line extending to the right.

Richard J. Garson, M.D.
3653 20th Street
San Francisco, California 94110
(415) 641-5444

2/22/89

The Honorable James Duncan
Senator, State of Alaska
Statehouse
Anchorage, Alaska

Dear Senator Duncan

I am writing this letter in support of the practice of acupuncture by non-physician acupuncturists who are properly examined and certified by the National Committee for the Certification of Acupuncturists (NCCA).

I have personal experience of being treated by about twenty acupuncturists who are not physicians and I feel that those who are qualified to practice should not be discriminated against because they are not medical doctors.

If you have need for further information do not hesitate to contact me.

Very truly yours,

Richard J. Garson MD

ROBERT J. ABRAMSON, D.D.S., M.D.

145 West 71st Street
New York, New York 10023
(212) 496-2114

Feb 13, 1989

To Alaskan Legislatures:

I am writing this letter in support of the bill to legalize acupuncture in Alaska. As a practicing physician and acupuncturist I am keenly aware of the benefits of this 5,000 year old method of treating disease. A large majority of ills that face 20th century society are not easily nor satisfactorily treated by western medicine. A partial example of these is as follows; headaches of several types, neck, upper and lower back pains, irritable bowel syndrome, insomnia, depression, anxiety, musculoskeletal pains and a host of stress related diseases. It is not that western medicine does not have pharmacological and surgical treatments for these diseases, but more that the treatments are not curative and also have a multitude of side effects some as bad as the problem they are trying to treat.

Acupuncture is in no means a panacea but it is a very real and practical way of treating a large body of diseases and syndromes without great expense or untoward side effects.

The bill before you would grant very well trained, tested and licensed acupuncturists to practice above board and have the population served by these fine practitioners. I strongly suggest that you support the bill and have it become law. Thank you.

Sincerely,
Robert J. Abramson M.D.

RECEIVED 24 1989

FRITZ FREDERICK SMITH, M. D.
135 MONTE VISTA
WATSONVILLE, CALIFORNIA 95076
TELEPHONE 724-1164

*Mike
File Acupuncture*

February 15, 1989

Jim Duncan
Alaska State Legislature
Pouch V
Juneau, Alaska 99801

Re: Acupuncture

Dear Mr. Duncan:

I understand from David Ford that legislation is coming up regarding acupuncture. I feel that acupuncture is an important health modality and should be available to citizens throughout our country. It is an effective, reasonable and relatively inexpensive health maintenance system and, whereas, I do not see it as a panacea, I do feel it has a major place in preventive, chronic and, to some extent, acute symptom work.

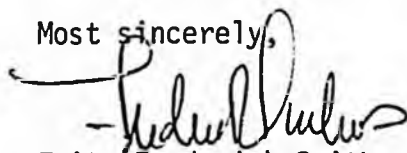
In my acupuncture career I have been an Approved Examiner for five years at the California Acupuncture Examination; have been on the Senior Faculty of the Traditional Acupuncture Institute in Columbia, Maryland and am on the Board of Directors of that institution. With my indepth exposure to Chinese medicine, I feel that one does not need to be an M. D. or D. O. to practice this health modality. A number of my friends are non-medical people and are superb acupuncturists.

I feel that the National Acupuncture Examination would be a good screening and licensing procedure. Whereas, there is no way of ever testing totally for someone's knowledge or lack of knowledge, I believe the national exam makes a very significant effort in doing this and is a valid criteria for licensing acupuncturists.

In summation, I encourage the legislature to authorize the practice of acupuncture in your State and would also encourage this not being tied to the medical model and using the National Acupuncture Examination as licensing criteria.

I wish you every success in your bill.

Most sincerely,



Fritz Frederick Smith, M. D.

FS:hm

Richard M. Apollo, M.D.
1160 Embury Street
Pacific Palisades, California 90272
(213) 459-3629

Mike
February 18, 1989

Senator Jim Duncan
Alaska State Legislature
Pouch V
Juno, Alaska 99801

Dear Senator Duncan,

I am writing this letter in support of legislation legalizing the practice of acupuncture by qualified non-physician practitioners. I have been practicing acupuncture for twelve years and have thousands of hours of formal study to my credit. I feel qualified to judge competence in the practice of acupuncture. I have worked with many non-physician acupuncturists who are licensed in California as "Certified Acupuncturist". I have taught acupuncture at acupuncture colleges in California and Maryland and I am familiar with the curricula and requirements. I am also a Diplomate of the National Board for Acupuncture Certification.

Based on my background and experience, as both a physician and an acupuncturist, I feel qualified to state that persons who are non-physicians who fulfill the necessary 3500 hour training in acupuncture and who meet the criteria of national exam certification are definitely qualified to practice acupuncture safely and effectively. These people should have the legal sanction to practice this ancient art and should be acknowledged as legitimate members of the health care community and should be recognized for their dedication and effort in their long and difficult training.

I offer my full support to the passage of this legislation.

Yours truly,

Richard Apollo

Richard Apollo, M.D., M. Ac. (U.K.)

RECEIVED FEB 17 1989

MARTHA H. HOWARD, M.D.
706 W. JUNIOR TERRACE
CHICAGO, IL., 60613

February 14, 1989

Senator Jim Duncan
Allaska State Legislature
P.O. Box/Pouch V
Juneau, Alaska 99801

Dear Senator Duncan:

This letter supports the bill to legalize the practice of acupuncture by qualified non-M.D. practitioners in the state of Alaska.

I am a board-certified Family Practitioner whose practice combines Western and Traditional Chinese medicine. I deliver babies, take care of all ages of patients, and use acupuncture and other Chinese traditional medical techniques equally along with Western medicines and techniques. Today we are faced with many difficult health problems. I believe that Western and Eastern medicine used in a complementary and interdisciplinary way can offer services that neither can alone. All patients in all areas of the United States deserve to have these benefits available to them. In fact, it is only fair to put this more strongly. I believe that for a state to withhold the right to practice Traditional Chinese Medicine, or to restrict its practice to M.D. or D.O. practitioners only, seriously deprives people of a crucial health-care resource.

Non-M.D. practitioners with proper training in the practice of Traditional Chinese Medicine are, generally speaking, usually more completely qualified than most M.D. practitioners. Usually M.D. practitioners take workshops or other partial training and non-M.D. practitioners must take full training in order to get certification. My former partner, a non-M.D. who now practices in Wisconsin, is one of the most talented acupuncturists and herbalists in the United States, with an outstanding treatment record. He has been a first-hand example to me of the ways in which more such practitioners would improve health care delivery.

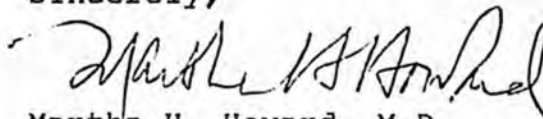
During my term as a board member of the American Association of Acupuncture and Oriental Medicine, I was involved in discussions of standards for acupuncture education. I believe that the 3500 hour requirement suggested for your proposed law is a proper educational requirement.

I hope that you will pass this bill. In my work in a designated Health Manpower Shortage Area in Illinois, I have been able to see just how great the need is for health care in this country, and how Western and Traditional Chinese Medicine used together

can be "greater than the sum of their parts." We need every resource available to begin to create new solutions to the problems we face today. By supporting the practice of Traditional Chinese Medicine in Alaska, you will be in the forefront of those who are bringing more comprehensive, complete care to the people of your state.

I am enclosing some information about Traditional Chinese Medicine that was prepared for the American Association of Acupuncture and Oriental Medicine. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Martha H. Howard".

Martha H. Howard, M.D.

AMERICAN ASSOCIATION OF ACUPUNCTURE AND ORIENTAL MEDICINE

RECEIVED FEB 26 1989

Senator James Duncan
State Legislature
Pduck V
Juneau, AK 99801

Dear Honorable Duncan;

It has come to our attention nationally that Alaska has no legislature regarding the licensing of acupuncture. We find this shocking coming from such a progressive state as Alaska.

Many states in America are now actively recognizing acupuncture as another choice in medical modalities. There are many good reasons for licensing acupuncturists within a State.

First, licensing produces qualified practitioners by setting guidelines, as with any other health care practitioner, for their education and training, their continued education, and ethical and professional conduct. This helps public safety. In any state where acupuncture is not licensed acupuncturists still practice,---even those that are not competent. Licensing helps eliminate this.

Another reason has to do with the general public. They should have a choice as to type of procedure performed on them. Sometimes in using just Western Medicine the only alternative may be surgery or some other extremely expensive procedure. Sometimes Western Medicine doesn't have a clue as to treatment of some disease. Acupuncture has been found on several occasions, to not only save the patient money but also work where all else has failed.

The public has the right to choose any health service they feel works for them. Eastern medicine has been around for 3,000 years and has been proven over and over again as to its clinical effectiveness.

Speaking of cost effectiveness, many insurances companies in several states have recognized acupuncture as a viable procedure and include it in their policies. Their reasoning has been that not only does acupuncture work for several ailments, but also it is much less expensive. Workers compensation in the state of California has as of January 1989 included acupuncturists

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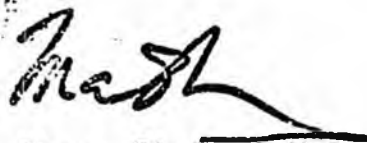
Acupuncture Association of Colorado • Acupuncture Association of Hawaii • Acupuncture Association of Metropolitan Washington • Acupuncture Association of Minnesota • Acupuncture Association of Montana • Acupuncture Association of New Mexico • Acupuncture Association of Washington • Acupuncture Center of New England • Acupuncture and Moxibustion Association of New Jersey • Acupuncture Society of Virginia • California Certified Acupuncturists Association • Emperor's College of Traditional Oriental Medicine • Five Branches Institute • Florida Institute of Traditional Chinese Medicine • Hawaii Association of Certified Acupuncturists • International Institute of Chinese Medicine • Japanese-American Acupuncture Foundation • Korean Acupuncture and Oriental Medicine Association of California • Maryland Acupuncture Society • Massachusetts Acupuncture Society • Minnesota Chiropractic Meridian Therapy Research Association • National Council of Acupuncture Schools and Colleges • New Center for Wholistic Health Education and Research • North Carolina Acupuncture Association • Northwest Institute of Acupuncture and Oriental Medicine • Oriental Medical Institute of Hawaii • Oriental Traditional Medical Association • Southeast Acupuncture Association • Southwest Acupuncture College • Texas Acupuncture Council • Traditional Acupuncture Institute • Traditional Chinese Medical Research Center • Tri-State Institute of Traditional Chinese Acupuncture • University of Aruba.

AMERICAN ASSOCIATION OF ACUPUNCTURE AND ORIENTAL MEDICINE

with medical doctors as physicians. It seems they have enough confidence in acupuncture in both cost effectiveness as well as clinical effectiveness.

I hope I have pleaded a good case, not necessarily to sway your opinion but to at least stir your curiosity. In exploring your curiosity I am sure you will find acupuncture much more acceptable than before.

Sincerely,

A handwritten signature in cursive script, appearing to read 'M. Shen', written in dark ink. The signature is fluid and somewhat stylized, with a long horizontal stroke at the end.

Mason Shen, Ph.D. O.M.D. L.Ac.
Director, National Headquarters
AAAOM

MS/lm

Acupuncture Treatment of Alcoholic Recidivism: A Pilot Study

Milton L. Bullock, MD, Andrew J. Umen, MS, Patricia D. Culliton, MA, and Robert T. Olander, MA

We performed a randomized trial of acupuncture on a group of 54 hardcore alcoholic recidivists to determine if sobriety could be achieved and episodes of drinking and/or Detox Center admissions be decreased by this mode of therapy. Patients in the treatment group received acupuncture points specific for the treatment of substance abuse; control patients received nonspecific points.

Significant differences in the two groups were noted at the end of the study. Patients in the treatment group expressed less need for alcohol ($p < 0.003$), and had fewer drinking episodes ($p < 0.0076$) and admissions to the Detox Center ($p < 0.03$) during the study than did control patients. The majority of treated patients felt that acupuncture had a definite impact on their desire to drink, whereas only a few control patients noted this effect ($p < 0.015$).

The results of this study suggest that acupuncture may be able to interdict the cycle of alcoholic recidivism. Further investigation is needed to define the role of acupuncture in the treatment of alcoholism more precisely.

TREATMENT of patients with severe alcoholism often involves hospitalization or inpatient therapy for a period of weeks with outpatient follow-up after discharge. While this mode of therapy has undeniably helped many to regain sobriety, current alcohol treatment programs are expensive and recidivism is common. Multiple costly admissions, therefore, may be required to achieve sustained benefit. If progress is to be made against this costly, debilitating illness, additional treatment methods will have to be developed to supplement those currently available.

Recently, Western countries have taken note of the putative role of acupuncture in the treatment of drug addiction. China and other Far Eastern countries have for centuries used acupuncture to treat a variety of human afflictions including drug addiction. Their literature is replete with descriptive reports of drug-addicted subjects who have successfully undergone withdrawal and detoxification from a variety of drugs.¹⁻³

Acupuncture is presently being used by a number of clinics in this country to treat alcohol and drug-addicted

individuals, but despite encouraging results, it has not achieved widespread acceptance as a useful modality in the treatment of addictive disorders. Efforts to encourage its use as an effective, yet inexpensive form of treatment have been hampered by skepticism engendered by the exotic nature of the procedure, the lack of understanding of its mechanism of action, and by the absence of controlled studies of treatment of alcohol and drug addiction.

As a pilot study, we performed a randomized trial of acupuncture in chronic alcoholics to determine whether the unremitting alcoholism, characteristic of the recidivist, could be interrupted.

METHODS

Patient Population and Selection Criteria

Patients were selected for the study from among male chronic alcoholics residing in Hennepin County. Those selected met the following criteria: (1) males between the ages of 25 and 65, (2) documentation of at least 20 admissions to the Hennepin County Detox Center, or at least five admissions in the most recent calendar year, (3) previous treatment failure, such as refusal to enter treatment, unsuccessful therapy, or failed commitment to treatment, (4) no identifiable support person/group(s), and (5) no full-time employment for at least 6 months. Patients were excluded if they were taking prescribed steroids or other mood-altering drugs. Those who met selection criteria were identified by the Hennepin County Chronic Case Division during routine admissions to the Detox Center, and, after a 3-5 day detoxification, were referred for voluntary screening and admission to the study.

Study Design

The study was designed as a single-blind study to test the hypothesis that treatment with acupuncture could have an effect on specific outcomes such as retention of study patients (phase completion rates), drinking behavior, and patient need for alcohol. The study was divided into three phases (Table 1). Phase I consisted of a daily acupuncture treatment for 5 days. During phase II, single treatments were given three times per week for a period of 28 days, and during phase III, twice per week for 45 days. A follow-up period of 6 months, to enable evaluation of patients' drinking status, was planned, but could not be implemented since so few had telephones or permanent addresses. Patients who failed to return for treatment, therefore, had to be considered treatment failures.

Patients in the treatment group received acupuncture treatments with ear points specific for chemical dependency.⁴ In contrast, control patients received ear points not specific for chemical dependency. However, the

Table 1. Treatment Protocol Utilized in the Study of 54 Alcoholic Recidivists

Phase	Duration of treatment (days)	Frequency of treatment
I	5	Daily
II	28	3/week
III	45	2/week

From the Hennepin County Detox Center, and the Department of Medicine, Hennepin County Medical Center and University of Minnesota Medical School Minneapolis, Minnesota.

Received for publication June 16, 1986; revised manuscript received September 3, 1986; accepted September 16, 1986.

This study was supported by the Hennepin County Department of Community Services, Chemical Health Division.

Reprint requests: Milton L. Bullock, MD, Hennepin County Medical Center, Department of Medicine, 701 Park Avenue South, Minneapolis, MN 55415.

Copyright © 1987 by The American Medical Society on Alcoholism and The Research Society on Alcoholism.

nonspecific points were close enough (<5 mm) to the specific points that treatment and control patients could mingle and yet not perceive differences in treatment. As is standard in acupuncture therapy, wrist points were used in all patients to alleviate anxiety.

To prevent attrition of patients due to lack of transportation to and from the project center, all study patients were housed and received their acupuncture therapy at Mission Lodge, a 45-bed board and care facility under contract to Hennepin County. No counseling and no support groups of any kind were provided, and no effort was made to isolate study patients from individuals who entered the Lodge demonstrating inebriety. Patients were free to visit Minneapolis, and were given bus tokens to do so. The only criterion for dismissal from the study was violent or aggressive behavior directed toward study personnel or other patients. Continued ingestion of alcohol after study entry was not considered grounds for dismissal, but patients were evaluated before each treatment for evidence of drinking. A drinking episode was recorded for any patient in whom at least one of the following was noted: (1) a strong odor of alcohol, (2) slurred speech, or (3) an unstable gait.

At the end of each study phase, patients were asked by the acupuncturist to respond to two questions about their need for alcohol and their desire to drink during the study. These were: How would you assess your need for alcohol during this phase and Did acupuncture specifically affect your desire for alcohol during this phase? Patients selected their response to these questions from short, multiple choice five or six point Likert-scaled options, none of which required explanation. Each patient's responses were evaluated by two of the authors (MLB and RTO) who were blind to the assignment of patients to treatment or control groups. The protocol for this study was approved by the Hennepin County Medical Center Research Advisory Committee, and informed consent was obtained from every patient.

Acupuncture Treatment

Standardized acupuncture treatments (utilizing three ear points and two wrist points) were given by an experienced acupuncturist (PDC). Treatment patients always received the Shen Men and lung points, and either the liver, kidney, or occiput was used for the third point. The location of these points was identified by observation (color changes) and by palpation for a tingling sensation. Nonspecific ear points located 5 mm or less from specific points were used in control patients. Two wrist points, L.I. 4 Hoku and S.J. 5 Wenguan were also utilized. Acupuncture treatments were administered without manual or electrostimulation. Treatments lasted approximately 45 min and were administered with patients seated in comfortable chairs in a large, open room. Interaction of the acupuncturist with patients was limited to the time required for needle placement, casual group conversation during the treatment period, and brief interviews with patients after each completed study phase.

Statistical Analysis

Statistical analysis was directed toward measuring the differences in response to therapy of patients in the treatment and control groups. The Fisher's exact test (one-tailed) was used where appropriate.³ In the case of number of drinking episodes and Detox Center admissions, the groups were compared by the Mann-Whitney U test. Variables with continuous outcomes were compared with Student's *t* test.

RESULTS

Patient Population

The study group of 54 patients included 27 treatment and 27 control patients. All were between the ages of 25-62, with the average age being 42 years. The patients were predominantly white (87%), and the majority (95%) were single or divorced with no visible family or support net-

work at the time of study entry. Educational levels of patients in the treatment and control groups were comparable. All patients were unemployed at the time of enrollment in the study and had been unemployed for an average of 3 years (38 months). Fifty-three patients received Public Assistance; the average duration was 11 months. No differences were discerned between treatment and control groups with regard to the demographic factors noted above.

Alcohol Abuse and Treatment History

Of the entire study group, 53 (98.1%) indicated alcohol as their single drug of abuse; less than 15% reported significant use of other drugs such as tranquilizers, sedatives, or marijuana. With regard to drinking patterns (Table 2), 37 (68.5%) indicated a pattern of daily drinking; the remainder classified themselves as binge drinkers. The numbers of patients in both the treatment and control groups who were daily or binge drinkers were nearly identical. The mean years of alcohol abuse were 21 and 18, respectively.

All patients had multiple previous admissions to alcohol/drug treatment programs (Table 3). Comparison of the patient demographic data and of treatment history revealed no significant differences between treatment and control patients.

Response to Treatment

Statistically significant differences were noted between treatment and control patients.

The completion rate for each phase of the study was significantly higher for patients in the treatment group than for those in the control group (Table 4). Five control patients were lost during phase I, and this attrition contin-

Table 2. Alcohol Abuse History of Treatment and Control Group Patients

Variable	Treatment group	Control group	p-Value
Drinking pattern			
Daily	19	18	NS*
Binge	8	7	
Variable	0	2	
Duration of alcohol abuse			
Mean years	21.6	18.5	0.22†
Total abuse years	584	499	

* By Fisher's exact test.

† By *t*-test.

Table 3. Alcohol/Drug Treatment History of Recidivist Study Group

	Mean No. of Treatment Exposures		p-Value
	Treatment group	Control group	
Inpatient treatment	9.67	9.07	0.53
Outpatient treatment	0.24	0.33	0.79
AA* group(s)	11.8	5.65	0.25
Antabuse group(s)	1.74	1.15	0.13
Hennepin County Detox Center	24.96	26.04	0.68

* AA, Alcoholics Anonymous.

Table 4. Completion Rates for Each Study Phase by Recidivist Study Group

Treatment phase	No. of Patients		p-Value*
	Treatment group	Control group	
I	27 (100.0)†	22 (81.5)	0.025
II	19 (70.4)	11 (40.7)	0.027
III	10 (37.0)	2 (7.4)	0.010

* p Values refer to the comparison of differences between treatment and control group patients by Fisher's exact test.
 † Numbers in parentheses represent percentage of patients completing each phase of the study.

Table 5. Assessment by Recidivist Study Group of Their Need for Alcohol during Each Study Phase

Phase	Treatment group	Alcohol need		p-Value*
		Moderate to strong	Neutral to none	
I	Treatment group	5	22	0.055
	Control group	10	13	
II	Treatment group	2	17	0.0002
	Control group	10	3	
III	Treatment group	0	11	0.003
	Control group	4	1	

* p Values refer to the comparison of differences between treatment and control group patients by Fisher's exact test.

Table 6. Drinking Episodes and Detox Admissions Documented in the Recidivist Study Group during Each Study Phase

Study phase	Drinking episodes	p Value*	Detox admissions	p Value*
I	Treatment group (27)	0	0	0.15
	Control group (22)	1	0	
II	Treatment group (19)	0.0001	11	0.0001
	Control group (11)	39	25	
III	Treatment group (10)	0.0075	11	0.03
	Control group (2)	20	9	

* p Value refers to comparison between treatment and control group patients by the Mann-Whitney U test.

used during phases II and III to the extent that only two control patients (7.4%) completed the study compared to 10 (37%) of the treatment patients. All differences in completion rates for the three phases were statistically significant (Table 4).

During phase I, no significant differences were noted in patients' reported need for alcohol (Table 5). As patients progressed through phases II and III, however, those in the control group expressed a significantly stronger need for alcohol than did those in the treatment group.

With regard to the number of drinking episodes and admission to the Detox Center (Table 6), no significant differences were discernible during phase I; during phases II and III, the differences in frequency of both drinking episodes and Detox admissions were clearly apparent and highly significant.

Finally, we were interested in the patients' assessment of whether acupuncture therapy had an impact on their desire to drink (Table 7). During all phases of the study,

Table 7. Assessment by Recidivist Study Group of the Impact of Acupuncture Therapy on Their Desire to Drink

Study phase	Acupuncture impact?			p Value*†	p Value*‡	
	Yes	No	Unknown			
I	Treatment group	20	2	5	0.0001	0.002
	Control group	3	13	11		
II	Treatment group	20	0	7	0.0001	0.003
	Control group	3	6	13		
III	Treatment group	9	0	10	0.015	0.014
	Control group	1	3	7		

* p Value refers to the comparison of differences between treatment and control group patients by Fisher's exact test.
 † Includes patients in whom impact of acupuncture was unknown.
 ‡ Includes only patients in whom impact of acupuncture was known.

significantly more treatment patients stated that acupuncture therapy had decreased their desire to drink.

DISCUSSION

In this pilot study, we administered acupuncture therapy to a group of alcoholic recidivists to determine if the use of specific versus nonspecific acupuncture points would result in different outcomes. Outcomes measured were the retention of patients in the study, modification of drinking behavior (number of drinking episodes), and admissions to the Detox Center. Our results suggest that even the most severe alcoholic recidivists may benefit from this form of therapy.

When designing the study, we were concerned whether these severely addicted, typically noncompliant individuals could be retained in treatment for a sufficient period to gather reliable data. The fact that 37% of the treatment group, versus 7.4% of the control group, completed all three phases of the study is, therefore, noteworthy. Furthermore, the highly significant differences between the two groups, in the number of drinking episodes and Detox Center admissions, suggest that even if total sobriety cannot be achieved, the use of emergency rooms and detoxification centers can be reduced.

It is also of interest to note the significant differences expressed by patients in the treatment and control groups with regard to the impact of acupuncture on their desire to drink. Treatment patients experienced a positive influence; control patients did not. This finding is important because alcoholic recidivists who have failed multiple types of "alcohol therapy" are unlikely to pursue treatment in which they have little confidence.

Several limitations of this study deserve comment. While the higher completion rates of each phase of the study by patients in the treatment group suggest that a desirable therapeutic effect was achieved, dropout of control patients could have biased our results. Patients who dropped out, however, did not differ in their baseline demographic characteristics. Furthermore, we believe that our analysis remains valid, since even with a markedly reduced power to detect group differences, statistically

significant results were obtained during phase III when the fewest number of patients were available for study. Also, it was not possible to administer acupuncture in a double-blind fashion. Thus, neither the possible influence of the acupuncturist's personality, nor the objectivity of her documentation of drinking episodes, could be assessed. We did not use a breathalyzer to confirm sobriety in our patients. However, in this recidivist group, drinking episodes were rarely subtle; and we felt, therefore, that the three criteria used enabled an accurate tabulation of drinking episodes. The possibility of interview bias also cannot be excluded. However, all of our outcome measures, including those not subject to bias, suggest that acupuncture had a beneficial effect.

A number of clinical and economic advantages may accrue with the use of acupuncture therapy in the treatment of alcoholism. During acupuncture therapy, for example, patients are not continually admonished "not to drink." Hostility may thereby be lessened and patient receptivity to therapy enhanced. Furthermore, the effectiveness of acupuncture therapy is not dependent upon the required assimilation of educational packets, intensive counseling, or repeated emphasis with regard to the potential physical, social, and economic consequences of continued inebriety. Therapy in which these treatment strategies receive less emphasis may be particularly advantageous to long-term alcoholics in whom significantly impaired cognitive function has been demonstrated.^{4,7}

Of equal importance in the present context of spiraling health costs, is the fact that acupuncture therapy is inexpensive: overhead costs are low, equipment needs are minimal, therapy is administered on an outpatient basis, and a large number of patients can be treated simultaneously by a single acupuncturist supported by a small ancillary staff. Thus, acupuncture is well suited for the care of long-term alcoholics who, like many patients with chronic disease, may require months or even years of therapy to sustain remission from their illness. Moreover,

the major benefits of acupuncture therapy may relate not only to the length of time that sobriety can be maintained, but also to the decreased utilization of expensive health care facilities so characteristic of the alcoholic recidivist in failing health. Any mode of therapy able to demonstrate this capability will likely attain increased acceptance as the effort to contain health care costs becomes more insistent.

The present study is, to our knowledge, the only controlled study currently available which investigates the putative usefulness of acupuncture in the treatment of alcoholism. Our findings leave many questions unanswered, but they are, we feel, sufficiently provocative to suggest the need for further investigation of this ancient modality with well-designed studies to determine if, indeed, acupuncture can provide an additional, cost-effective tool for the treatment of alcoholism.

ACKNOWLEDGMENTS

The authors wish to express their appreciation to Dr. Michael O. Smith for his encouragement and consultation during the course of this study, and to Drs. Alvin L. Schultz and Nicole Lurie for their critical review of the manuscript. Mary Kay Messner provided expert secretarial assistance.

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PINS AND NEEDLES

Acupuncture joins the war on drug addiction

EACH WEEKDAY MORNING, a small group of people, perhaps 15 of them, gather to drink herbal tea. Each has five needles stuck in his or her ear. As they sip their tea, a therapist moves from person to person, manipulating the needles.

Although it may seem like a New Age spa scenario, this doesn't take place in some pricey, track-lighted coastal retreat with George Winston music floating in the background. Instead, these people are sitting around nicked, formica-topped tables in the well-used Hooper Center for Alcohol and Drug Intervention at the east end of Portland's Burnside Bridge. Once this outpatient acupuncture detoxification treatment is finished, the group will move on to a Narcotics Anonymous meeting.

The Hooper Center, operated by social service agency Central City Concern, is well-known in Portland's netherworld. The Hooper Center van circulates through town, particularly the Old Town area, where many of the city's alcoholic, drug-addicted and homeless people have washed up. In May alone, 1,700 drunks dried out in Hooper's sobering unit. As for the acupuncture...well, it works. And, just as important to the county-funded detox center, acupuncture is the most cost-effective detox program available.

David Eisen, director of acupuncture services at Hooper, recalls with some wonder a 63-year-old chronic alcoholic who came in for inpatient detox. The man couldn't stand up and was shaking so much that he couldn't touch his face. Two doses of two different drugs didn't help. Veteran acupuncturist Eisen was skeptical about whether he could help, but heeding the nurses' pleas, he tried. Five minutes later, the man was sitting in bed, calmly drinking tea.

Or take the 25-year-old woman, a 10-year heroin addict and a veteran of 25 treatment

programs. After acupuncture, she was off drugs for five months before relapsing. Before acupuncture, Eisen says, that relapse would have meant a months-long destructive bout with heroin. But thanks to the relative ease of an acupuncture detox, she came back to the center in less than two days.

"It helps the body deal with withdrawal — the vomiting, the nausea, the body- and headaches, the craving," says Eisen, who holds degrees in social work and Oriental medicine. "It is admin-

the kidney, liver, lungs and heart. The fifth acts as a local anesthetic.

Acupuncture has received the most attention in the Western press as a form of anesthesia, but it has been used to combat drug abuse in some Asian countries. In 1974 American graduates of Oriental medical schools began using acupuncture successfully for alcohol and drug detox programs in New York City's South Bronx area.

Eisen prefers acupuncture because it introduces a chemical-free detox atmosphere. The savings on drugs alone are significant: Eisen estimates that outpatient acupuncture detox costs \$3.32 a day versus the \$30 to \$50 a week a typical methadone treatment for heroin addiction might require. Chronic opiate

seven-day inpatient detox at Hooper finished it. Now that rate is up to 90 percent.

Although no published studies scientifically document how well acupuncture works with drug addicts, one small study suggests success with alcoholics. At the Hennepin County detox center in Minneapolis, a treatment group of 19 alcoholics received acupuncture treatment. The 18-member control group received a steel placebo — acupuncture at nonspecific points. Those in the treatment group expressed less need for alcohol, had fewer drinking episodes and fewer readmissions to detox centers than those in the control group.

Detox is one thing. Staying clean is another, and the Hooper



Not only does acupuncture ease withdrawal, it costs less than traditional detox programs.

istered in a group setting that is supportive and demonstrative and empowering. And it is totally voluntary."

Most often associated with Chinese medicine, acupuncture involves inserting needles at certain points on the body for treating everything from hay fever to chronic pain. Some 800 traditional acupuncture points lie along 14 head-to-toe lines or meridians, not necessarily near the body part they affect. The Hooper detox program uses five in the ear, four of which affect

addicts tend to require traditional medical inpatient treatment combined with acupuncture. But cocaine, crack and methamphetamine users usually need only the cheaper acupuncture in one of the three Hooper outpatient clinics.

Long-time alcoholics and heroin addicts say acupuncture treatment at Hooper is the easiest detox they've ever experienced. The process also appears to be more successful: before acupuncture, only 60 percent of those who started the five- to

Center doesn't have the funds to track people once they leave the program. Eisen estimates 50 percent of the people that go through the outpatient program stay clean. For those people who return for subsequent acupuncture sessions, Eisen says the difference lies in relapses that last a few days, rather than a few months, even in the most difficult cases.

Says Eisen: "The longer people are clean, the more they can see the value of that."

— PAUL RICHERT-BOE

CATHY CHENEY



The Oregonian/STEVE MEIR
A 17-year-old girl, whose street name is "Cricket," grimaces while receiving treatment from acupuncturist Sheila Moran for an alcohol problem. About 125 teens have benefited from the program.

HELPING THE HOMELESS KICK THEIR HABITS

ACUPUNCTURE FOR ADDICTS

Nobody is sure just quite why, but the treatment somehow seems to reduce the craving for alcohol and drugs — and now is helping homeless teens

By MICHELLE STEIN
of The Oregonian staff

She is 17, homeless and bulimic. She's also an alcoholic. Now the teen-ager, who will identify herself only by her street name, "Cricket," sits in a room with a handful of other troubled individuals. All have a minimum of five 2-inch needles piercing the insides of their ears. All are careful to avoid movement.

Acupuncture is not a new medical treatment, but the way it's being used here definitely is new. These people are alcoholics and drug addicts who want to quit. Acupuncture, somehow, helps them do that.

"It's a little uncomfortable," Cricket said, stainless steel needles dangling like limp spears from her ears. "But it's not painful."

Even if it did hurt, she said, it would be worth it.

"Without this program, I wouldn't have anywhere to go," she said.

David Eisen wants to make sure people have a place to go. He is director of acupuncture at the Hooper Center for Chemical Dependency Intervention, at 20 N.E. Union Ave. An adult acupuncture program opened there in May 1987 has helped more than 1,000 people quit drinking or drugs, Hooper Center statistics show.

But it was Eisen's acupuncture program for homeless teens that attracted Cricket and eventually helped her.

"I got rid of the urge," Cricket said of the treatment.

Eisen opened the youth clinic on Southwest Washington Street in April, using a \$7,000 grant from Mayor Bud Clark's homeless fund. He believes it is the first clinic of its type in the nation.

"This process has been used on kids before, but never in a clinic just for them," Eisen said. "To date, acupuncture is the most clinically successful and cost-effective treatment for central nervous system stimulants."

Patients say it works

Acupuncture is a funny thing. It works — because patients tell acupuncturists it works. But why acupuncture quenches a patient's desire to drink or do drugs Eisen cannot explain.

"The theory is that the needles strengthen the organs and rid the body's elimination system," Eisen said. "The exact mechanism of action, though, isn't known."

The treatment involves five sterilized needles that are inserted by a licensed acupuncturist into specific points in each ear. Each point stimulates an internal body function — the central nervous system, kidney, liver and lungs — that in turn assists in reducing the patient's craving for drugs or alcohol, Eisen said.

Needles remain in the ear 30 minutes to an hour. Daily treatment is recommended for the first few weeks; treatments then drop to two or three times weekly, Eisen said.

Acupuncture helps, but it should not be viewed as a cure for drug or alcohol addiction, Eisen emphasized. Patients should also be involved in good therapy programs, such as Alcoholics Anonymous.

It's just one tool

"Acupuncture is only a tool to help them with detoxification and recovery," Eisen said. "It's not a substitute for working on a formalized treatment program."

Bob Wheeler agrees. He's the day treatment program coordinator for the Paul Treatment Centers. He and his staff specialize in assisting homeless youth with problems in their lives, including drug dependency.

"Once in a while we get a kid who comes in for one acupuncture treatment and he thinks he's cured," Wheeler said. "But acupuncture is not a quick fix. It's part of a continuum of care."

Wheeler is an enthusiastic about acupuncture as Eisen — providing it is used properly, he says.

"It does assist in helping relieve some of the withdrawal symptoms."

If it works, then why don't all substance-abuse programs advocate acupuncture? Eisen said each treatment costs about \$10 and can be performed on an out-patient basis, making it one of the cheapest forms of medical treatment available.

"Our medical system is based on drugs," Eisen explained. "The drug companies are not going to give support in a treatment that involves non-drug

therapy."

Western doctors have a great deal to learn about Eastern medicine. And Christopher Eskell, a psychotherapist with the alcohol and chemical dependency program at St. Vincent Hospital and Medical Center, said it often takes time for foreign medical techniques to be accepted.

Recognition coming

"It took a long time for many, many doctors to recognize chiropractors," Eskell said. "Now it seems more and more physicians are recognizing acupuncture as a legitimate treatment program."

Acupuncture is not used at St. Vincent's, Eskell said. Drug and alcohol patients there are admitted to the hospital and monitored by a physician for 48 to 72 hours. If necessary, only a mild tranquilizer is given, he said.

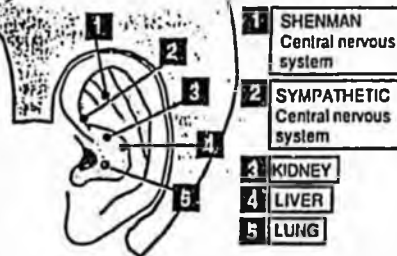
"I don't think we've ever seriously talked about acupuncture as a treatment," Eskell said. "But that doesn't mean we won't somewhere down the line."

Eisen wishes acupuncture was more widely accepted. In October he came to the Hooper Center from Boston, where he spent 10 years using acupuncture to treat drug and alcohol patients.

Here, like there, the figures are promising. Eisen said acupuncture works, he said. "Before acupuncture, about 60 percent of individuals in the drug detox programs

HOW THE TREATMENT WORKS

Acupuncture treatment for drug and alcohol therapy involves the insertion of five needles into specific points in the ear. Each point stimulates an internal body function which in turn assists in reducing the patient's craving for drugs or alcohol. Each treatment lasts 30 minutes to an hour.



The Oregonian

Please turn to
ACUPUNCTURE, Page C3

Acupuncture: Center funding to continue program in question

■ Continued from Page C1

(at Hooper) completed the program." Eisen said. "Now about 90 percent of those individuals are completing the program."

Figures are sketchier for the youth acupuncture program. Eisen guesses that the center has serviced 125 teens during the last three months, but he isn't sure how many of that number have benefited.

"How can you track them?" Eisen said. "Some stop in once or twice. We're not sure if they're doing better, or if they're drinking or doing drugs again."

"But I do think they're doing better. We've been encouraged by the positive results we have seen."

The mayor's office might want more proof than that. Funding for the youth treatment center ends in July; no decision has been made on additional funding, said J. Daniel Steffey, assistant to the mayor.

"We have received no formal report yet on how the programs has worked ... so I don't know what's going to happen," Steffey said. "If only three kids were helped by the money, then some people might not think the money was spent wisely."

"But if 2,000 kids were helped, then maybe it's a program worth continuing."

One 20-year-old Portland woman, who asked to be called by her middle name, Margaret, would tell the mayor's office the program is worth continuing. For four years she was a methamphetamine (crank) addict, injecting the powerful drug into her arm four times daily.

Finally, she said, she got into trouble with the law and was told by the courts either to enter the acupuncture program or go to jail.

She's glad she chose acupuncture.

"It takes away the anxiety feelings and cravings," she said of her treatment.

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Drug and Alcohol Abuse Treated by Acupuncture at PCR

by Ian MacCrae

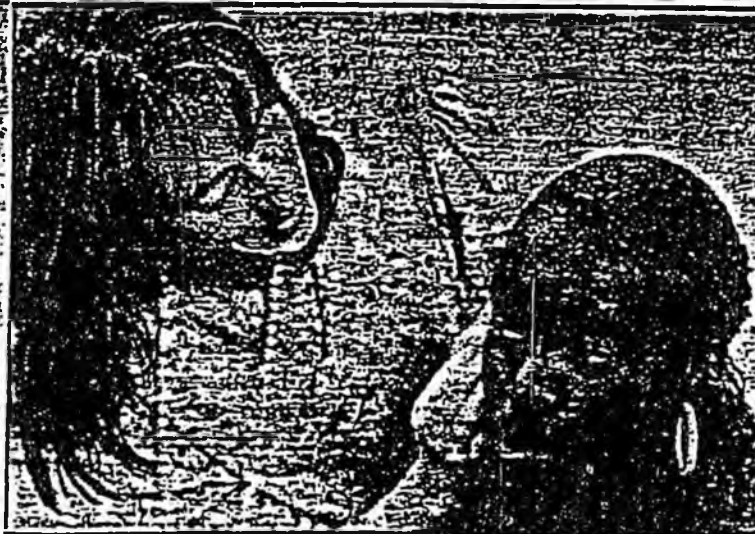
A new and effective aid in recovering from drug and alcohol dependency is now being offered at a clinic in inner North Portland at The Project for Community Recovery, located at 3924 N. Williams. The clinic uses the ancient Chinese healing art of acupuncture to help recovering substance abusers deal with the stress of withdrawal. The treatments are free, and available to anyone who walks in the door every weekday at 1:30 p.m.

Acupuncture has been used in China for over 3,000 years as therapy for a variety of illnesses and conditions. Extremely thin needles are inserted at a point which corresponds to the function of the ailing organ or bodily process. The stimulation of the needle acts to correct the imbalance caused by the malfunctioning organ.

When this reporter visited the clinic on Williams, twenty or so men and women, both caucasian and African-American, were receiving the treatment as they sat on folding chairs in a large circle. As the needles were inserted, patients would sometimes wince momentarily, but none appeared to be in discomfort afterward through the needles remained in place for approximately 45 minutes.

"Sometimes it hurts just a pinch," said Siesta, a young African-American woman in her third week of treatment. "But after they're in they don't hurt at all." She said she had heard about acupuncture and imagined that it was painful. "I couldn't imagine letting anyone stick needles in me, but it's OK. I come here every day," she said.

Fred Carty, a counselor at the clinic explained that the needles are



Acupuncturist Shelia Moran treats Siesta Edwards at the Community Recovery Center. Edwards has been in treatment for three weeks. Photo by Richard J. Brown

very slender, not nearly as big as a hypodermic needle. Once inserted, the patient usually feels no sensation at all and may even forget that they are in place. The most common effect, according to Carty, is a relaxed, "airy feeling" for 45 minutes to an hour after the treatment is completed.

David Eisen, director of the acupuncture treatment program, said helping patients endure the symptoms of withdrawal can be a decisive factor in their ultimate recovery. Those symptoms can include craving, body aches, sweating, headaches, cramps, nasal congestion, insomnia and many other physical problems. "If a person doesn't have to go through the pain of physical withdrawal, he or she will have a jump on getting it together psychologically," Eisen explained.

Over 70 percent of persons treated with acupuncture successfully completed detoxification, Eisen

claimed, compared with only 50 percent of those who do not receive the treatment. For those detoxifying from alcohol, the success rate is 90 percent, he said. Even people who are not receiving any other kind of treatment benefit from acupuncture, he asserted, with 60 percent still sober four to five months after receiving outpatient treatment.

Eisen stressed that substance abusers have a much better chance of staying clean and sober if they are also involved in Alcoholics Anonymous or Narcotics Anonymous. These self-help groups are made up of "people trying to keep it together with other people going through the same thing," he said. While both Hooper and P.C.R. offer such programs, they are completely free. "People who wish to receive only the acupuncture treatment," Eisen said.

According to Eisen, the use of acupuncture in the U.S. as a therapy for drug and alcohol abuse began in Lincoln Hospital in New

York's notorious South Bronx. After the technique proved successful there, clinics in Chicago, Illinois; Pine Ridge, South Dakota; Crow Agency, Montana; and Boston, Massachusetts began using it also. Acupuncture has been in use at the Hooper Center for the last 10 months in two outpatient and two inpatient programs. The acupuncture program at P.C.R. is now in its third week.

"One of the advantages of acupuncture treatment, according to Eisen, is its low cost. The total cost of operating the five clinics is only \$60,000 per year, he said, and most of that money is spent on staff salaries. The only cost of treatment itself is the needles and sterilization equipment. With growing recognition of the links between drug abuse and other problems, namely crime and AIDS, Eisen said he was optimistic that funding could be procured for other clinics throughout the Portland area. "Right now, this is the only thing that will stop the spread of AIDS," he claimed. "People need to stop doing drugs, period. . . . In this town, resources devoted to people of color are extremely limited. . . . The only thing with both cost efficiency and treatment efficacy is acupuncture."

But perhaps the best arguer for such programs come from those who have already been helped by them. "I'm really glad I found this program," said Siesta, "because it's helped me learn how to live without any kind of chemicals. It makes me feel good to come here. Her advice to others who may have a problem with substance abuse is simple. "If you think it's impossible to go even one day without drugs, you're wrong. It is possible, if you get treatment."

DIV 19

County told acupuncture aids addicts

By HARRY NODINE
of the Oregonian staff

Acupuncture treatments appear to have slashed the recidivism rates of alcoholics and drug addicts passing through Multnomah County detoxification programs in the last six months.

Normally, 20 percent to 25 percent of those participating in the county's alcohol and drug detox programs fail to complete them and return to their addiction, the County Board of Commissioners was told last week.

When acupuncture has been used, the recidivism rate drops to 5 percent, based on data collected by the Hooper Center since July.

"This is one of the most encouraging things I've seen since I've been here," County Commissioner Pauline Anderson commented.

Dr. David Elsen, 33, director of acupuncture services at the Hooper Center, said the 85 percent rate of success was based on the number of patients who hadn't returned to Hooper since receiving acupuncture.

Acupuncture itself doesn't cure alcoholism and drug addiction. What it does do is help individuals going through withdrawal by reducing their craving for drugs or alcohol and calming them down.

Going through detoxification for drugs such as cocaine is "hell," a very anguishing experience far more difficult than recovering from a hangover from drinking, Elsen explained. Acupuncture greatly reduces this agony or makes it bearable, he said.

Operating on a \$50,000 annual budget, which finances the operation of five clinics, Elsen said acupuncture was offered on both an inpatient and outpatient basis.

Inpatient treatment involves a five-day stay for alcohol detox, seven days for drug detox, he said.

Outpatient treatment, costing the county about \$1 per patient to provide, is available free to addicts. Experience has shown that three acupuncture treatments provide the best help as patients complete the transition from alcohol or drug dependency, he said.

In the outpatient treatment, patients sit in a group with sterilized stainless steel needles attached to their earslobes for about an hour's time. The group provides a support atmosphere, he said.

About one patient in every 2,500 treated with acupuncture will have an adverse reaction, turning clammy and sweaty, Elsen said.

In those cases, the needles are detached and the patient lies down, suffering no lingering effects from the treatment, he said.

Those seeking information and assistance can contact either the Hooper Center, 20 N.E. Union Ave., or the Project for Community Recovery, 3921 N. Williams Ave., between 8:30 a.m. and 5 p.m. Monday through Friday.

Prior appointments are not required to participate in outpatient acupuncture treatment, Elsen said.

The Portland acupuncture program is similar to those developed in New York, Boston, Chicago, Minneapolis and Los Angeles under the auspices of the National Acupuncture Detox Association. Elsen is one of the association's founders.

OREGONIAN

2/15/88

Acupuncture used to detoxify youths

By DEE LANE
of The Oregonian staff

An experimental program using acupuncture for detoxification of drug- and alcohol-addicted youths was launched Monday in Portland.

David Eisen, acupuncturist in charge of the program, said it is "the first program in the country that targets kids."

Eisen spoke at a kickoff news conference that included the Rev. James W. Thornton, president of De Paul Center Inc., and Mayor Bud Clark. The \$7,000 program is paid for by a special appropriation from the mayor's homeless fund.

The De Paul Center owns the building on Southwest Washington Street where the program will operate.

The experiment is aimed at the approximately 500 homeless youth in Multnomah County. Recent studies have suggested that virtually all of the "street kids" have drug or alcohol problems. The program is voluntary and free to participants.

The method of treatment is similar to that used in a program for adults at the Hooper Center for Alcohol and Drug Intervention on Northeast Union Avenue. The program is 80 percent to 90 percent successful, depending upon the type of drug involved, Eisen said. He said he thinks the treatment will be even more effective with youths because they don't have such long histories of abuse and because "kids bounce back."

Acupuncture aids in detoxification by stimulating the liver, kidneys and lungs to work more efficiently, Eisen said. He also said it reduces stress and is "the only medically proven treatment" for the craving that drives addicts. Although no one is sure how it works, he said the treatment has proved effective in trials over the last 14 years.

The program is an offshoot of one that has been used in Multnomah County detoxification programs since last summer.

Eisen said in an earlier interview that acupuncture treatments appeared to have slashed the recidivism rates of alcoholics and drug addicts passing through Multnomah County detoxification programs from 20 percent to 25 percent down to 5 percent during a period from July 1987 through early February 1988.

"It's not a cure," he added, unless the addicts can be kept in some kind of long-term treatment. "The detox is the easy part. Keeping them in treatment is much harder."

For that reason, Eisen said it is important that the pilot program will operate out of the Burnside Projects Youth Shelter on Southwest Washington Street where it can work in conjunction with De Paul's youth shelter and day program for homeless youths and with preparation classes for the high-school equivalency examination.

Thornton said the overlap of programs in the same place means a young person could be kept in some type of rehabilitative program, or at least in the shelter, all night and most of the day.

The mayor praised the youth shelter, which he said had helped more than 900 youths in its first year — 400 above the projection. He also said he was impressed with the success of acupuncture treatment at the Hooper Center.

J. Daniel Steffey, Clark's aide on homeless issues, said the program will be funded for only four months "to see how it works."

Eisen said up to 45 youths a day could receive treatment.

"If it only serves three kids a day," Steffey said, "it won't be cost effective. We just need to give it a trial."

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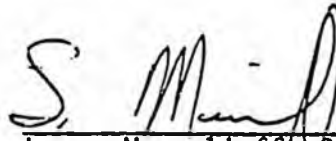
OREGONIAN MARCH 29 1988

CSSB 134(HESS): An Act relating to the practice of acupuncture.

The Senate HESS Committee substitute for SB 134 amended the original bill to remove those sections questioned by the department in its original position paper and testimony.

This amended version will allow for the licensure of acupuncturists, but without the expense of a board. It also allows for the adoption of regulations to assist in the establishment of standards of practice and a code of ethics for the acupuncture profession. These regulations will be developed in conjunction with the state's acupuncturists. We applaud this provision because it will assist the division and the profession in better protection of the public.

The department does not oppose the licensing of acupuncturists and supports passage of CSSB 134(HESS).



Larry Mercurieff, Commissioner

Date: 3/13/89

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Young

Dictionary of Mysticism and the Occult, published by Harper & Row, defines the occult practices of acupuncture as follows:

ACUPUNCTURE. A Chinese system of medicine. Its main technique involves the insertion of needles into specific points on the skin. Early accounts of acupuncture that date from the Han Dynasty (202 B.C.-A.D. 220) describe the needles as being made of stone. They were later fashioned from iron and silver, and these days are made of stainless steel.

A contemporary acupuncturist requires a working knowledge of around one thousand acupuncture points on the human body, which lie along twelve lines known as **Meridians**. Six of these lines are **Yang** (positive) and six **yin** (negative), each of them relating to a particular organ or health process in the body. It is along these meridians that the Life-force, **Ch'i**, passes through the body, and the stimulation of specific acupuncture points is said to enhance that energy flow.

POINTS OF OBJECTION:

1) Acupuncture, as stated in the definition given in the Dictionary of Mysticism, is a primitive technique used by occult practicing medicine-men or "witch doctors" The acupuncture techniques used today are no less occultic in nature and has no foundation in scientific proofs to justify itself as a legitimate medical practice.

2) The meridians which are referred to above are invisible and unverifiable in "Grays Anatomy" which is the American

Medical Association's standard. These meridians are an occultic term to identify fictitious and imagined landmarks. Used in much the same way that hypnotic suggestion is used to create psychosomatic platform for treatment of imagined fears and phobic problems which are manifesting physical symptoms. These are better treated by a Physician with more conventional methods.

3) The definition above included the mention of the **Yin and Yang** which are both constituents of an oriental religious system we might better know if called "shamanism." The Dictionary of Mysticism also mentioned the religious principle of the "**life-force**" which it called "**Ch'i**." These terms interwoven into the definition of acupuncture would identify the practice not only as occultic, but religious in the practice of it.

4) In the King James Bible, Jeremiah 10:2 says, "Thus saith the Lord, Learn not the way of the heathen..."

Second Corinthians 6:17 also advises, "So, come out from among (unbelievers), and separate (sever) yourselves from them, says the Lord, and touch not [any] unclean thing; then I will receive you kindly and treat you with favor, [Isa. 52:11.]" Amplified Bible.

"Passage of any legislation giving legal status to the occultic practice of acupuncture would be a disservice to all concern." Christian Meditation Ministries, P.O. Box 210128 Auke Bay, Ak. 99821

1/17/90
3-Knoensid

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act relating to the practice of acupuncture.
Sponsor: Duncan
Requestor: House Rules Committee

Agency Affected: Commerce & Econ. Dev.
BRU: Occupational Licensing
Components: Admin. & Boards

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
PERSONAL SERVICES	2.9	2.9	2.9	2.9	2.9	2.9
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	1.1	1.1	1.1	1.1	1.1	1.1
SUPPLIES	0	0	0	0	0	0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	4.0	4.0	4.0	4.0	4.0	4.0
CAPITAL	0	0	0	0	0	0
REVENUE	4.0	0	4.0	0	4.0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER	4.0	4.0	4.0	4.0	4.0	4.0
TOTAL	4.0	4.0	4.0	4.0	4.0	4.0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

CSSB 134 (L&C) provides for licensing of acupuncturists by the department. The bill will allow acupuncture services to be offered by all qualified individuals; whereas, currently only medical doctors can offer acupuncture services. The costs identified in this fiscal note are explained on the following page.

Prepared by: Jennifer Strickler, Administrative Officer Phone: 465-2144
Division: Occupational Licensing Date: January 16, 1990

Approved by Commissioner: Larry Mercurieff, Commissioner Date: 465-2500 16/1/90
Agency: Department of Commerce & Economic Development

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
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- Office of Management and Budget
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CONTINUATION of FISCAL NOTE ANALYSIS

CSSB 134 (L&C)

Testimony on this bill has revealed that very few acupuncturists currently reside in-state (fewer than five) and that only a few additional acupuncturists are expected to seek admission should this legislation pass. For the purposes of this fiscal note, we have anticipated a maximum of ten licensees.

This fiscal note differs from previous fiscal notes on the subject in that a portion of overhead personal services costs which the program can be expected to cover are included. As with all licensing occupations, each program is attributed a portion of administrative expenses of the division based on the number of licensees divided by the total number of division licensees. In this case, ten licensees represent .004% of the administrative costs reflected in the personal services and contractual services line items of the divisions's budget.

Because of the small number of practitioners, it would be unreasonable to establish a licensing fee which would require those few licensees to bear the entire cost of the licensing function. In such cases, the licensing costs must be supplemented by general funds or other licensing fees.

Revenues: The revenues projected are based on ten licensees paying a biennial license fee of \$400.

STATE OF ALASKA
1989 LEGISLATIVE SESSION

BILL VERSION: CS8B 134 (HESS)
PUBLISH DATE: 3/8/89

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Commerce & Econ. Dev.
Title: An Act relating to the practice of acupuncture. BRU: Occupational Licensing
Sponsor: Senate HESS Committee Components: Admin. & Boards
Requester: Senate HESS Committee

EXPENDITURES / REVENUES : (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES	0	2.9	2.9	2.9	2.9	2.9
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	1.1	1.1	1.1	1.1	1.1
SUPPLIES	0	0	0	0	0	0
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	4.0	4.0	4.0	4.0	4.0

CAPITAL	0	0	0	0	0	0
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REVENUE	0	4.0	0	4.0	0	4.0
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FUNDING: (Thousands of dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (GF/PR)	0	4.0	4.0	4.0	4.0	4.0
TOTAL	0	4.0	4.0	4.0	4.0	4.0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary.)

CS8B 134 (HESS) provides for licensing of acupuncturists by the department. The bill will allow acupuncture services to be offered by all qualified individuals; whereas, currently only medical doctors can offer acupuncture services. The costs identified in this fiscal note are explained on the following page.

Prepared by: Jennifer Strickler, Administrative Officer Phone: 465-2144
Division: Occupational Licensing Date: March 7, 1989

Approved by Commissioner: Larry Mercurieff, Commissioner Phone: 465-2500
Agency: Department of Commerce & Economic Development Date: 3/8/89

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. CSSB 134 (HESS)

Testimony on this bill has revealed that very few acupuncturists currently reside in-state (less than five) and that only a few additional acupuncturists are expected to seek admission should this legislation pass. For the purposes of this fiscal note, we have anticipated a maximum of ten licensees.

This fiscal note differs from previous fiscal notes on the subject in that a portion of overhead personal services costs which the program can be expected to cover are included. As with all licensing occupations, each program is attributed a portion of administrative expenses of the division based on the number of licensees divided by the total number of division licensees. In this case, ten licensees represent .004% of the administrative costs reflected in the personal services and contractual services line items of the division's budget.

Because of the small number of practitioners, it would be unreasonable to establish a licensing fee which would require those few licensees to bear the entire cost of the licensing function. In such cases, the licensing costs must be supplemented by general funds or other licensing fees.

Revenues: The revenues projected are based on ten licensees paying a biennial license fee of \$400.

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: An Act relating to the practice of acupuncture.

Agency Affected: Commerce & Econ. Dev.
BRU: Occupational Licensing

Sponsor: Senators Duncan and Rodey
Requestor: Senate HESS Committee

Components: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES	0	2.9	2.9	2.9	2.9	2.9
TRAVEL	0	7.4	7.4	7.4	7.4	7.4
CONTRACTUAL	0	1.5	1.5	1.5	1.5	1.5
SUPPLIES	0	1	1	1	1	1
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	11.9	11.9	11.9	11.9	11.9

CAPITAL	0	0	0	0	0	0
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REVENUE	0	3.0	1.5	5.3	1.5	8.3
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	8.9	10.4	6.6	10.4	3.6
FEDERAL FUNDS						
OTHER	0	3.0	1.5	5.3	1.5	8.3
TOTAL	0	11.9	11.9	11.9	11.9	11.9

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

SB 134 will allow acupuncture services to be offered by all qualified individuals. Currently, only medical doctors can offer acupuncture services. The costs identified in this fiscal note are explained on the following page.

Prepared by: Jennifer Strickler, Administrative Assistant Phone: 465-2144
Division: Occupational Licensing Date: 1/27/89

Approved by Commissioner: Larry Merculieff, Commissioner Date: 1/31/89
Agency: Department of Commerce & Economic Development

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

CONTINUATION OF FISCAL NOTE ANALYSIS

For Bill/Resolution No. SB 134

Last year, testimony on this bill revealed that very few acupuncturists currently reside in-state (2) and that only a few additional acupuncturists are expected to seek admission, should this legislation pass. For the purposes of this fiscal note, we have anticipated a maximum of ten licensees.

This fiscal note differs from previous fiscal notes on the subject in that a portion of overhead personal services costs which the program can be expected to cover are included. As with all licensing occupations, each program is attributed a portion of administrative expenses of the division based on the number of licensees divided by the total number of division licensees. In this case, ten licensees represents .04% of the administrative costs reflected primarily in personal services, contractual and supplies. The travel costs are based on a five-member board and staff to meet once in Anchorage and once in Fairbanks each year.

Because of the small number of practitioners, it would be unreasonable to establish a licensing fee which would require those few licensees to bear the entire cost of the licensing function. In such cases, the licensing costs must be supplemented by general funds or other licensing fees.

Revenues: The revenues projected are also based on ten licensees in the first year, paying a license fee of \$150.00 per year (\$300.00 biennially) and assuming a growth rate of five practitioners each year thereafter (which may be highly speculative).