



C A R A

**Community Addiction
Recovery Association**

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EMPLOYEE HANDBOOK

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WELCOME TO CARA

Introduction

This Employee Handbook provides answers to questions you may have about the employment policies of Community Addiction Recovery Association (hereinafter referred to as CARA). A separate manual details daily work procedures and the conduct expected from you as a representative of our organization. If anything is unclear or you have suggestions for additional material, please contact us.

We provide this Handbook in a three ring binder to so it can be easily updated. CARA may rescind, delete, suspend, or add sections as we see the need. However, no changes in any policy or rule will be made without due consideration of the mutual advantages, disadvantages, and responsibilities such changes will have on individual employees and on CARA.

We invite you to read this Handbook carefully, so you will understand what is expected of all employees. Please ask CARA's administrator if you have any questions, as the Handbook cannot cover every situation that arises during the workday. We encourage interchange among us, as through our conversations we can better know each other, express our views, and work together harmoniously.

This Handbook is also not intended to create a contract of employment. In fact all employment with CARA is "at will," meaning employment lasts as long as it is mutually agreeable, and either you or we can terminate employment at any time, with or without cause.

No individual contract may be created between CARA and any employee that alters the provisions in this Handbook without a written contract signed by CARA's president and sent to all employees confirming the change.

Should any provision in this Handbook be found unenforceable and invalid, such finding does not invalidate the entire Handbook, but only the subject provision.

We hope you find this Handbook a useful guide and reference.

About CARA

Since our founding May 1, 1994 as Community Acupuncture Recovery Association, we recognized that abnormal levels of brain chemicals drive the addiction of some individuals. It followed that correcting the balance of those chemicals, a process called Biochemical Recovery, is the foundation on which psychological and behavioral recovery rests.

Over the years we added other ways to correct brain chemistry besides acupuncture and acupressure, including massage, guided imagery, exercise, martial arts, herbs, nutritious foods, and appropriately chosen nutritional supplements, particularly amino acids. We changed our name to Community Addiction Recovery Association to reflect our expanded repertoire of treatments.

It has been CARA's privilege to pioneer Biochemical Recovery in Sacramento County. In addition to on-going contracts locally, we consult with agencies outside this county to help them start similar programs.

However, it isn't programs that make CARA successful, it's a caring and intelligent staff. So, welcome to CARA!

Together, we can contribute to the process that begins with self-healing and continues into the work we do with our clients and our community... one agency, one addict, one meal, one acupuncture needle, one supplement at a time.

Thanks for joining us.

WORK SCHEDULE AND PAYCHECK

Your Personnel File

Keeping your personnel file up-to-date can be important to you with regard to pay, deductions, and other matters. If you have a change in any of the following, please notify CARA as soon as possible:

1. Legal name
2. Home address
3. Home telephone number
4. Person to call in case of emergency
5. Number of dependents
6. Marital status
7. Exemptions on your W-4 tax form

Employment Classifications

Full-Time Employees

At the time you are hired, you are classified as either full-time, part-time, or temporary. You are also told if you qualify for overtime pay.

If you are unsure which job classification fits your position, please ask.

An employee who works at least forty (40) hours per week is considered a full-time employee.

If you were a full-time employee and were laid off, you will be considered a full-time employee upon return to work, provided that you were not on layoff for longer than one (1) year.

If you were a full-time employee and have been on an approved leave of absence, upon return you will be considered a full-time employee, provided you return to work as agreed in the provisions of your leave.

Part-Time Employees

An employee who works less than a regular forty (40) hour workweek is considered a part-time employee.

Temporary Employees

From time to time CARA may hire employees for specific periods or for the completion of a specific project. An employee hired under these conditions will be considered a temporary employee. The job assignment, work schedule, and duration of the position will be determined on an individual basis.

Normally, a temporary position will not exceed six (6) months in duration, unless specifically extended by written agreement. Those temporary employees classified as non-exempt” (see definition that follows) who work more than eight (8) hours in one day or more than forty (40) hours during any workweek will receive overtime pay.

“Non-Exempt” and “Exempt” Employees

At the time you are hired you are classified as either “exempt” or “non-exempt.” This is necessary because by law employees in certain types of jobs are entitled to overtime pay for hours worked in excess of eight (8) hours per day or forty hours (40) per workweek. These employees are referred to as “non-exempt” in this Handbook. This means that they are not exempt from (and therefore should receive) overtime pay. They usually work at tasks that are not managerial, administrative, executive, professional, or outside sales-oriented.

There are salaried non-exempt employees who are paid weekly and who are given overtime pay based on an hourly rate equal to 140th of their weekly pay, no matter the number of hours they are scheduled or regularly work.

Exempt employees are employees whose duties and responsibilities cause them to be “exempt” from overtime pay provisions as provided by the Federal Fair Labor Standards Act (FLSA) and any applicable state laws. These employees are usually engaged in intellectual, managerial, or creative work which requires discretion and independent judgment and are paid at least twice the minimum wage.

Employees vs Independent Contractors

We are often asked by new employees why our staffers must be employees and not independent contractors. It would be cheaper for us to hire independent contractors and not pay so much in taxes, but the Internal Revenue Service has two guidelines for an independent contractor:

1. freedom to choose when and where he/she works.
2. provides his/her own tools of the trade.

CARA contracts with agency administrators who tell us when and where to work and CARA or the agency itself provides the tools of the trade, such as food or acupuncture supplies. On top of these facts, the County of Sacramento contract forbids us to subcontract to independent workers. Everyone who works for Drug Court must be our employee.

Work Schedules and Rest Breaks

Our workweek begins every Monday at 12:01 am. A full-time workweek includes forty (40) hours and includes a minimum daily 30 minute unpaid meal break.

Rest breaks are for ten minutes during every four hours of work.

In California, non-exempt employees must take their meal and rest breaks. During these times you are to stop all work, leave your work area, and use the time as

you wish. You are legally not allowed to save break times and leave work for twenty minutes at a time during an eight hour day, instead of two ten minute breaks every four hours.

Basis for Determining Pay

CARA's Board of Directors evaluates the organization's budget and expenses each year and determines wages for the various job categories. Part-time workers are paid an hourly wage. All wages, hourly or otherwise, are subject to adjustment according to budgetary needs.

Overtime Compensation

Non-exempt employees are to receive overtime pay according to regulations of the State of California Industrial Welfare Commission, as follows:

- ◆ Working more than eight (8) hours per day or more than forty (40) hours per week in a single workweek earns 1 1/2 times the hourly rate.
- ◆ Working more than twelve (12) hours in a single day earns double the usual rate.
- ◆ The employee earns double the hourly rate when working over eight (8) hours on the seventh consecutive day of work.

Overtime pay is based on hourly pay for time worked at the usual pay in a single workday or workweek. Overtime pay isn't figured on paid time off such as vacations, sick leave, or paid holidays.

Pay Schedules and Deductions

You will be paid once a month. The bookkeeper will answer any questions you have regarding your paycheck. You will be given a roster of important phone and fax numbers, including the bookkeeper's, separately from this Handbook.

Deductions from Paycheck (Mandatory)

Your paycheck will show mandatory deductions from your gross wages. These are:

- Federal income tax
- Social security tax (FICA)
- State income tax
- State disability insurance

You will be filling out an IRS form W-4 on or before your first workday. Please update any information for this form by calling CARA's bookkeeper at any time.

Employees who paid no federal income tax in the preceding year and expect to again pay no tax the current year may fill out an IRS form W-4-E, instead.

Error in Pay

Please contact the bookkeeper if you believe any details are incorrect on your paycheck stub.

Pay Cycle

Payday is normally by the 10th of every month. Changes to this cycle will be made and announced in advance whenever holidays or closings interfere with the normal payday.

Paycheck Distribution

Checks will be sent by mail to your home address unless you ask the bookkeeper to send the check elsewhere.

Your W-2 Form

CARA's bookkeeper is expected to send you your annual wage and tax statement, IRS form W-2, on or before January 31st.

Timesheets

By law, we are obligated to keep accurate records of the time worked by employees. This is done by timesheets. Your timesheet is the only way CARA knows how many hours you worked and how much to pay you. In addition, when CARA's client is county government, the county demands records of employee timesheets, as well. Your timesheet indicates when you arrived at the work site and when you left work.

Timesheets must be in the mail or faxed to the bookkeeper on the first of each month. If your timesheet isn't in the bookkeeper's hands by the fifth of the month, you will not receive a paycheck until the following month.

Late receipt of your payroll information not only delays payments to you, but also impacts invoicing. To insure that our clients receive invoices by the date due, invoices for services need to be mailed no later than the 10th of each month. If a timesheet is received too late for inclusion in the monthly payroll, not only does the person performing services not get paid that month, but the invoices sent to our client are incorrect. IT IS EXTREMELY IMPORTANT THAT HOURS BILLED TO OUR CLIENT ARE FOR THE CORRECT MONTH. Not invoicing the correct amounts each month skews the budget and opens CARA's operations to questions. So, thanks for prompt submission of your timesheet on the first of each month.

Timesheet Instructions

(See Appendix A for an example of a completed timesheet)

Acupuncture is budgeted for one hour per session plus fifteen (15) minutes before and after each session for set up and clean up. Thus, two hours of acupuncture may be billed for 2.75 hours, and no more.

Any work with food, herbs, or nutritional supplements is billed as Nutrition. Thus, if you mix a protein drink for a half hour before acupuncture class and stay after acupuncture for a half hour to distribute supplements, you may bill for one hour of Nutrition.

If you distribute nutritional supplements during acupuncture class, and you provide acupuncture or acupressure during that hour as well, that hour is still billed under Acupuncture.

By law, employees are not allowed to bill for the time it takes to drive to the work site unless the site is significantly distant from home. For example, if you live in Sacramento County and the work site is in a neighboring county, such as Auburn or Woodland, CARA may pay some individually-negotiated benefit figured either by the mile or time in the car. Any such benefit will be decided before that particular work assignment begins.

Program codes used on timesheets include:

DCA Drug Court Acupuncture
DCN Drug Court Nutrition (shakes, meals, nutrition classes, supplements)
DCO Drug Court Orientation (food, drinks, office supplies, etc.)
NCS Drug Court Nutrition Counseling
KDT Kaiser Day Treatment
NDA New Dawn Acupuncture
SVA Serna Village Acupuncture
QCA Quinn Cottages Acupuncture
SVN Serna Village Nutrition

Please bill in quarter hour (.25) units and use the closest quarter hour for figuring time. If you arrive at 9:10 and leave at 12:40, bill for 3.5 hours (9:15-12:45). If you left at 12:50, bill for 3.75 hours.

Total your hours for the month where indicated on the form.

Enter the number of clients per session, including the date worked.

Sign and date the timesheet.

Expense Reimbursement

Expense reimbursement forms are used for out of pocket expenses or expenses paid with CARA checks or credit cards. (See Appendix A for an example of an expense form).

Expense forms need to be submitted by the 1st of each month. The late receipt of expense forms not only delays payments due to you, but also impacts invoicing to our clients. Similar to timesheets, if your expense reimbursement form isn't received by the fifth of the month, you will not be repaid until the following month. It also means that our

request to our client for reimbursement for expenses will be wrong that month, and if it happens often enough it opens CARA's operations to questions.

Of particular importance for auditing our books is your attaching ORIGINAL receipts to your request for reimbursement. If your receipt includes personal expenses, please exclude them clearly on the receipt, subtotalling them apart from your reimbursable expenses.

Bonus

CARA may, at the discretion of the Board of Directors, issue a bonus for employees who have one year or more of CARA experience. Such a bonus depends on the budget at the end of the year, and therefore cannot be automatically expected each year. There may be years where it is in the best financial interest of CARA to forego the bonus.

However, because our policy is to reward our employees whenever we can, we will do our best to provide for this incentive, if it is at all possible.

GOVERNMENT REQUIRED COVERAGE

Worker's Compensation

The California Worker's Compensation Law is a no-fault insurance plan which is supervised by the State. This law was designed to provide you with benefits for any injury suffered in connection with your employment. Under the provisions of the law if you are injured while at work you are eligible to apply for Worker's Compensation.

Social Security

The United States government operates a system of contributory insurance known as Social Security. As a wage earner, you are required by law to contribute a set amount of your weekly wages to the trust fund from which benefits are paid. As your employer, CARA is required to deduct this amount from each paycheck you receive. In addition, CARA matches your contribution dollar for dollar, thereby paying one-half of the cost of your Social Security benefits.

Training Sessions and Conferences Related to Work

From time to time CARA may arrange training programs to enable you to enhance your skills. All or a portion of the expenses for training seminars will be paid by CARA, depending on the nature of the course, the number of hours you work, and the amount of time you have been employed by CARA.

CARA may also be willing to pay for other educational seminars that directly improve your work performance. If you find seminars that you feel will enhance your skills, please send the information to CARA's administrator and you may be helped financially to attend.

HEALTH BENEFITS

Part-time employees are expected to find their own health care coverage. Full-time employees may be offered health care coverage, depending on the number of full-time employees on the payroll and budgetary constraints.

Various CARA administrators may be willing to offer low cost or free health care services for CARA employees while employees are working for the organization. You are advised to check with the administrator who is directing CARA at your time of need.

EMPLOYMENT POLICIES

Access to Electronic Media

Computers allow rapid communication for private as well as business matters. CARA reserves the right to access and review of any communications created or stored on electronic equipment located at CARA's office or provided by CARA, including but not limited to electronic files, email, and communication links. CARA may, at its own discretion, monitor the use of electronic communications to make sure it isn't being misused.

Employees are forbidden to use CARA's electronic communication devices, be it a cellphone, fax, computer, portable phone, DVD or CD player, or any other CARA-owned equipment to access or create web sites or messages that violate another person's right to a harassment-free, discrimination-free, workplace.

Employees are to refrain from transmitting confidential information about clients or staff over electronic links that can be intercepted by others.

Access to Supplies

CARA is happy to supply you with whatever you need to fulfill your job for us. If you need folders, notebooks, writing implements, files, file holders, or any other office supplies, please let the CARA administrator know, and the needed supplies will be purchased for you, or you may purchase them and request reimbursement at the end of the month. Be sure to keep all receipts, as the original must be attached to the expense reimbursement form.

Attendance and Punctuality

Everyone has reasons for absences from the workplace, including illness, vacations, the needs of family and loved ones, and scheduled business-related meetings and conferences. If at all possible, please have the courtesy to alert the CARA administrator of expected absences at least two weeks in advance, so a replacement can be found. If the absence is due to an emergency, please call the CARA administrator as quickly as possible, so the agency where you work can be alerted that a class might have to be cancelled, or the administrator can, if at all possible, substitute for you that day.

CARA is a guest in the workplace of other agencies. These agencies expect CARA's classes to begin and end on time. If you are late starting your class, the clients you supervise are left without supervision, leaving the agency open to liability and disrespect. From the agency's perspective, the clients will also not be given the budgeted treatment time, cheating them and the agency of expected services. This will lead the agency to question CARA's professionalism and dedication to the job, and will tarnish CARA's reputation in the community. Thus, repeated lateness cannot be tolerated. Budget your time to include possible traffic problems and other unexpected

delays so you can be at the site early enough to set up and be in the room waiting calmly for clients when they arrive.

At Will Employment

All employment and compensation at CARA is “at will,” meaning employment can be terminated with or without cause, and with or without notice, at any time, at the option of either CARA or yourself, except as otherwise provided by law.

Conflict of Interest

As a nonprofit agency dedicated to the creation of wellness among our clients, we are also dedicated to the creation of wellness among our staff. We realize that personal financial advancement is part of a total wellness perspective, however, there are ethical limits to the extent CARA can tolerate individuals enhancing their personal finances or personal career advancement at the expense of loyalty to CARA.

Professionals will of necessity work for both CARA and other agencies where CARA does not have a work contract. We expect you, as a CARA employee, to refrain from sharing information about us with employees of other nonprofits which may give them a competitive edge if they are bidding in competition with us for jobs. In addition, personal relationships with a competitor, present or possible supplier, or employee of our workplace host can be ethically a slippery slope. We expect you to exercise good judgment on our behalf, and avoid an actual or potential conflict of interest.

We are a trusting, transparent organization. We will do our best to reach consensus on a solution to any personnel problem. Please let us know about any actual or potential conflict of interest as soon as possible, so the best action can be taken and confidence between us and you maintained.

Dress and Grooming

As our employee, you represent CARA to the world. If you are a professional, you also represent that profession. Others make generalizations about whole groups of people from their interaction with one individual of the group. You are, therefore, expected to dress in clothing that represents your profession and our organization in the best light, without anyone feeling insulted, offended, embarrassed, or uncomfortable at the sight of you. We believe you can be both stylish and appropriate to the work setting. We also expect you to be clean and well-cared-for. Please discuss with CARA’s administrator any problems you have fulfilling this expectation.

Employees Who Are Required to Drive

If you are required to drive your own vehicle on CARA business outside the workplace, you will be required to show proof of a current license and insurance coverage prior to the first day of employment.

Employee Privacy and Security

All areas of the CARA workplace must be accessible at all times, for the protection of employees and clients alike.

Please be careful to keep your personal belongings locked in your car when working at a host agency. It isn't fair to clients to give them easy access to your wallet, purse, CDs, or other personal items to tempt them into theft.

If theft occurs, you are expected to cooperate with authorities and allow inspection of your bag, purse, workstation, or any items brought into the work site.

On the other hand, your personal file and all medical and financial details of your life and your employment are held in strictest confidentiality at the office of the bookkeeper. Just as you wish your personal information to be kept confidential, we expect you to keep all information about individual clients confidential, meaning you are expected to refrain from telling even your family about individual clients. This is a legal obligation that is strictly enforced.

Equal Opportunity

CARA is wholly dedicated to equal opportunity for jobs, advancement, and training, along with all other aspects of employee-employer relationships. CARA is in compliance with applicable state and federal regulations and laws protecting your right to equal employment opportunity.

CARA recruits, hires, trains, and promotes employees without prejudice due to race, creed, religion, color, national origin, gender, sexual orientation, marital status, parenting status, disability, medical condition, ancestry, age, genetic makeup, mental condition, politics, veteran's status, or any other protected category.

Disabled applicants for jobs with CARA will be hired according to their ability to do the job, and we will offer reasonable accommodation to a qualified employee's disability. We will do what we can to make their work situation comfortable, as long as it doesn't cause undue hardship to the organization and other employees.

Performance Appraisal

Employment with CARA is "at will" and may be terminated at any time by the employee or by CARA with or without cause. It is the interest of both parties to be clear about work related expectations and how performance will be measured. Yearly performance appraisals help maintain open communication between you and CARA administration, but it is your right to bring up any work-related issues at any time, not only during your regularly scheduled performance appraisal.

Performance appraisals offer employees feedback on what they've done that's outstanding and what needs to improve. A yearly performance review allows an employee to measure the distance achieved toward previously determined goals, as well as express directly to management unspoken issues.

Depending on the administrator handling the appraisal, you may be advised verbally about your work, or be asked to sign a written statement detailing any concerns and follow-up requirements.

It is useful for you to write down your own concerns and suggestions, so your intention and communication is clear and doesn't have to be reported to other administrators second-hand.

Proof of U.S. citizenship

Federal regulations require that before CARA can employ you, you must complete and sign Federal Form I-9 (Employment Eligibility Verification Form) and present documents of identity and eligibility to work in the United States.

Proprietary Information

Anything related to CARA's budget or bidding process is proprietary information. CARA may also have nutritional formulas of its own creation that we consider proprietary. We expect all employees to honorably hold this information in confidence, and not share it with any person outside of CARA. Improper sharing of proprietary information, particularly if willfully done, is grounds for disciplinary action up to and including dismissal.

Rules of Conduct for the Common Good

We strive for a safe, happy workplace. Because it is impossible to anticipate all the inappropriate situations that might arise on the job, we have to leave many situations to your best judgment and common courtesy.

In general, we believe that the words we express are as powerful in creating an environment as the furniture and temperature of the work site. People blossom in a workplace where conversations are rich with words of approval, encouragement, and support. Therefore, we discourage using sarcasm to make a point or as an attempt to be funny. Sarcasm hurts, even when you add "Just kidding!"

In addition, here are some other behaviors CARA will not accept from employees:

- Telling jokes or displaying clothing, jewelry, notebook covers, or any other vehicle that provokes, insults, or makes fun of any group or individual.
- Cursing anyone on or off the work site.
- Threatening anyone by words or actions.
- Carrying firearms or knives while on a CARA worksite.
- Falsifying hours, reimbursement records, or any other documentation.
- Secretly taking CARA's money or equipment and not returning it.
- Keeping silent after witnessing others committing fraud, theft, or other unethical acts against CARA, CARA employees, or an agency for which CARA works.

PERSONNEL ADMINISTRATION

Wages and Salary Adjustments

The pay you accepted when you accepted our offer of employment is subject to adjustment as the need arises.

Eligibility for Leaves and Benefits

Eligibility for benefits depends on your classification:

Regular Full-time	An employee working 40 hours per week.
Regular Part-time	An employee working more than 20 hours but less than 40 per week.
Casual	An individual paid when he or she works for CARA, by the hour or by the job. Tax withholding will be deducted, and you will have access to those benefits required by law.

A regular full-time non-exempt employee receives a full day's pay for holidays and up to a full day's pay for vacation and personal days. Vacation and personal days are accrued according to the hours you work.

Regular part-time non-exempt employees also receive some paid time off, depending on your hours scheduled in a normal work week and the time accrued for vacation and personal days.

Casual employees are not eligible for benefits, including paid time off.

Planned Time Off

Everyone has busy lives and cars, homes, relatives, and personal health to take care of during the workday. We prefer two weeks notice so we can more easily find a replacement for you. If it is an emergency, we'll do the best we can to accommodate your needs.

Vacation

It is the law that employees must be given vacation time, as a break from the office. We encourage you to break from your routine and do something fun and interesting, but we also respect you as an adult and honor your decision if you choose to accept pay in place of time off.

Vacation time for full-time non-exempt or exempt employees is accrued prorated on a daily basis, with 10 days (80 hours) paid vacation per calendar year the 1st to 4th year of employment, 15 days (120 hours) paid vacation the 5th to tenth years of employment, and 20 days (160 hours) the 11th and subsequent years of full time employment.

Part-time non-exempt and exempt employees accrue vacation time on a prorated basis according to the number of hours they work per week.

Vacation time begins accruing upon being hired. Accrual is based on hours of pay received for time worked or paid time off for non-exempt employees and days worked or paid time off for exempt employees.

All vacations are to be requested in advance and are subject to approval by your supervisor.

Holidays

Full time employees have seven paid holidays each year:

New Year's Day
President's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

If you are a non-exempt employee and work a holiday, you may schedule an alternate paid day off. Non-exempt employees must be available for a full schedule of work the day before and the first workday after a holiday to receive holiday pay unless the absence is authorized in advance.

Paid Personal Leave

Regular full-time non-exempt employees of CARA are eligible for nine paid personal leave days per calendar year. Regular part-time employees are eligible to accrue paid personal leave in direct proportion to their regular schedule. Accrual is based on hours of straight pay received for time worked or paid time off for non-exempt employees and days worked or paid time off for exempt employees.

Personal leave is for personal illness or illness of a child, parent or spouse, bereavement or personal business that cannot be scheduled outside of work time. You begin to accrue personal leave at the date of hire and may use accrued personal leave after 30 days.

Paid personal leave may be carried from year to year to a maximum of 20 days. You stop vesting when your accrual days reach this maximum.

Paid personal leave is not compensated for at termination, as it is granted for need only. CARA has the right to require verification of need for issues not related to your physical condition, and may require verification of your physical condition from a physician of our choice.

Schedule Adjustments

Jury Duty

Please inform your supervisor of your summons to serve within three working days of receiving the summons. Leave will then be extended as required. Time off work for jury duty is uncompensated, but an employee may use accrued vacation leave for the time on jury duty.

Witness Duty

Bring a summons for witness duty to your supervisor within three working days of its receipt. Time off to appear will be granted, without pay for employees.

Voting

CARA encourages employees to vote. You may take up to two hours at the beginning or end of your work schedule without pay if you cannot arrive at the polls before or after the workday, but please let us know ahead of time – at least two days ahead of time - so we can find a replacement for you at your work place.

Insurance Benefits

Health Insurance

Regular, full-time employees are eligible for insurance coverage once they have completed 30 days of continuous employment and are enrolled in the group policy by the insurer. As with most policies our insurer and benefits coverage is subject to change.

State Disability Insurance

You pay for state disability insurance through a payroll deduction. This insurance is available on the eighth day of an illness or injury.

Worker's Compensation Insurance

CARA employees are covered by a Worker's Compensation Insurance program. Please immediately report to your supervisor any injury occurring on the job or on the job site. Failure to report any accident or even a near miss may delay or otherwise affect coverage.

A “Notice of Compensation Carrier” is posted on the wall of our bookkeeper. This poster notifies you of benefits, first aid procedures, and emergency telephone numbers as well as the name of CARA’s insurance carrier.

Employees who witness an accident, a near-accident, or have had an accident themselves are responsible for reporting it to the CARA administrator or bookkeeper on the day it occurs. CARA may request verification of your condition by a physician of our choice.

Worker’s Compensation fraud raises the cost of providing this valuable insurance for everyone. Worker’s Compensation fraud is a crime and anyone caught participating in a fraudulent claim shall be subject to prosecution and dismissal.

Leaves

Disability Leave

Disability leave can mean a disabled employee leaving work due to some issue related to the disability, or an employee leaving work for a limited time due to unexpected injury or illness. The Family and Medical Leave Act of 1993 allows male or female employees who have worked for at least a year in companies of over fifty employees to legally take up to twelve weeks of unpaid leave to care for a newborn, a newly adopted child, or a seriously ill child, spouse, or parent. Our small agency has a handful of part time employees, so this legislation doesn’t apply. However, our policy is to support our employees however we can, and we will do everything we are able to do to help ill or injured employees heal, recover, feel cared for, and find a job waiting when they are ready to return to work for us.

Pregnancy Disability Leave

As a full-time employee, you are granted unpaid pregnancy disability leave for up to four months. The procedure for requesting, extending, and returning from a pregnancy leave are the same as for other disability leaves.

Pregnancy disability leave includes time off for intermittent or short term illness due to pregnancy, as well as longer term disability related to time of delivery or other factors.

Access to Personnel Files and References

Your personnel file will be available to you for review upon reasonable notice. You may have copies of all documents from your file which you have signed.

You are requested to provide updates and changes of address, telephone, or personal data affecting benefits and contacts in case of emergency.

CARA may verify dates of employment, positions held and present salary when requested by an employee's prospective employer. All such inquiries should be directed to the Executive Director.

Termination and Exiting

Employment with CARA is "at will" and may be terminated at any time by either party with or without cause.

Employees normally leave CARA in one of three ways:

1. Resignation
2. Dismissal
3. Layoff

Resignations are initiated by employees. CARA requests that employees who wish to resign offer us advanced notice of a minimum of 20 working days, so we can have adequate time to find a replacement.

Dismissals and layoffs are initiated by the employer.

Under some unforeseen circumstances, CARA may need to restructure or reduce its workforce hours or similar expenses. In determining which employees will be subject to layoff, CARA may establish criteria considering operational requirements and each person's skills, productivity, past performance, and abilities.

Some reasons for dismissal include illegal behavior, ignoring requests by CARA administrators to perform, dress, or behave in a manner believed to be more becoming a representative of the organization and one's profession, and inability or unwillingness to work as a team with other CARA employees at the worksite.

ISSUES INVOLVED WITH ADDICTIVE DISORDERS

You are working with drug addicts who are still deep into their addiction. Some have been clean for a matter of days or weeks; none for years, or they wouldn't be in Drug Court. You must understand the special conditions of your work, to be most effective and to maintain a net of safety for yourself and others on our staff.

As individuals, the clients may be friendly, intelligent, warm, good humored, and helpful. Yet, you must always remember that they are addicted to mind altering drugs.

- Clients cannot be trusted. Don't put them in the position of having to make an ethical decision. It isn't fair to them. Leave your purse, books, calculator, or other personal items hidden in your car.
- Don't be an enabler. According to Michael Smith, MD, the psychiatrist who founded NADA (National Acupuncture Detoxification Association), "Addicted persons do not respect "enablers". They may beg and manipulate; there is no possibility of appreciation or respect." and, "It is almost impossible to give an addict anything, because everything will be bartered for more self-destruction." Be forewarned.
- On the other hand, one of the basic tenets of acudetox as taught by NADA is "barrier-free treatment." This translates into non-confrontational styles of communication. For example, one of the reasons our clients are using drugs is to avoid feeling the strong feelings they feel because they are sensitive, emotional people with fragile egos. It is therefore especially important for you to weigh your words before speaking to clients in Drug Court.
 1. Don't tell one client "You look pretty today" and say nothing to the next client. The assumption she will make is that you think her ugly.
 2. Don't ask "how are you?" to anyone, because that sets up an emotional barrier between you. It seems innocuous, but the client knows you don't really want to know how he feels if he feels lousy. He doesn't want you to feel like a failure if he isn't sure yet that acupuncture is working. Avoid the whole issue, by just saying "Hi" or something noncommittal to each person as you begin acupuncture on his/her ears.
 3. Don't project your own political and social philosophies onto the clients. When you discover that a client with six children is pregnant, refrain from asking if she's ever heard of condoms or abortions. However, do tell the probation staff that the client told you she was pregnant. This is important information and will influence the response of the staff to any subsequent dirty tests given by this client.
 4. Do present yourself professionally, yet warmly, to all clients, regardless of their level of cleanliness, their tendency to lie to you, their resistance to your offer of help, their fuzzy thinking, or their confrontational style. What they need to know,

and what you need to remember, is that acupuncture works in all these cases. They can stop thinking, stop talking, and even sleep, or simply sit quietly for about 40-45 minutes. And they don't have to believe it will work. The beauty of this treatment is that if the needles contain nothing, then the good feeling after acupuncture must have come from inside themselves. Over time, they "get" that truly "recovery is an inside job."

Clients will frequently test you, to see if you will fall into the usual role of stern parent or reproachful judge. Be as neutral toward everyone as you can. And, be as consistently professional. Most clients lack consistency, compassion, and structure in their lives. A regular acupuncture room protocol is comforting after days, months, or years of chaotic living.

If someone comes in for acupuncture and seems high, give an acupuncture treatment, unless he or she is disruptive to the group. This is consistent with our basic tenet of barrier-free treatment.

Here are a few other pointers for working with this unique population:

- Be aware of unspoken taboos on touching people. If you are a male, remember that almost every female addict has been molested and/or abused in childhood or adolescence and has justifiably deep psychological issues with men.

If you are female, remember that the male addicts may misinterpret the most mild and innocuous touch as a sexual come-on. Avoid putting anyone in the uncomfortable position of struggling to interpret what you mean by what you say or do. Speak clearly, not in innuendos. Avoid sarcasm, even when joking around. And avoid touching except when necessary for treatment.

- Do not wear short skirts or low-cut tops. Bend over and raise your arm in every direction while looking in the mirror at home before coming to work. If you can see your underpants or bra, so can the clients while you work on them or their neighbor.

- Most clients have at least a middle school education. Some have college, or even advanced degrees. However, some can barely read. Don't embarrass anyone by requesting he or she read a story to the group without asking for volunteers and choosing someone who wants to read aloud.

- Clients see you as staff. Avoid speaking derogatorily about any other staff member, even if you despise the person and are crazy about the client. Approach the situation with words of encouragement, suggesting you trust that the client will be able to work out the problem. Focus on the client and his/her feelings. Be a good listener. Avoid giving advice, which can come back to haunt you and CARA.

- Confidentiality is the bottom line of working Drug Court. Never discuss what you see or hear at Drug Court with family members or friends, unless you have changed the

sex or other outstanding characteristic, changed the name, and made identification of the client totally and I mean totally impossible. Identifying information about clients in addiction treatment is protected by federal law. This includes patient records, so avoid taking patient charts out of Drug Court for any reason.

- Assume that every client has hepatitis and AIDS. Many, maybe most, don't, but these two diseases as well as tuberculosis are common in our treatment population. When a client admits to having any one of these diseases, honor the confidentiality of this confession or anything written on their intake form. However, do discuss your finding with the Drug Court nurse, to make sure she knows about it. They will be on medicine that she must monitor.
- Addicts feel like they are floating on a cold and lonely sea without a buoy. The Drug Court's strict rules are aggravating, but also comforting in their reliability. Clients will be angry if you bend the rules for one person, and not another. Like with parenting, if you threaten a consequence, follow through. Don't tell them "the next person to talk is out of here!" out of frustration with their chitchat, unless you are ready to say "get out!"
- You're in the business of changing lives. As frustrating as the disease of addiction is, there will be those clients who move on through the program and graduate. You will watch them change. You will see their skin, self-care, and choice of clothing improve. You will watch their self-confidence and self-image strengthen. And, if you're working for Drug Court, when you take the time to attend a graduation (on the last Monday of the month at 2 pm at Department 8, Second Floor of the Main Courthouse, 720 9th Street - parking is across the street, with the entrance being on G and 8th) you will cry with joy along with everyone else, as you see the pride in family's eyes.

All the staff know what a lengthy and difficult journey the clients have been on, and appreciate your help, even if they don't tell you so. What you do is important! You're helping reduce crime, domestic violence, traffic deaths, and the psychological trauma experienced by the children of addicted parents. On behalf of CARA, thank you for working with us.

Safety and Welfare of Employees and Clients

General Safety Considerations

CARA is committed to a safe workplace. We expect you to report any unsafe conditions to CARA's administrator. If you are the only CARA employee working at an agency, we expect you to report the unsafe conditions to the agency administrator as well as to CARA.

CARA will act in good faith to provide a safe environment for both staff and clients, and will comply with all local, state, and federal safety regulations.

You are expected to do your part by obeying safety rules following established safe work practices, and reporting unsafe behavior or conditions to CARA's administrator or the administrator of the agency where you work.

If there is suddenly an unsafe area near you, we expect you to take the initiative to handle the situation by finding someone to deal with the condition and by placing warnings in the area to prevent other employees from coming to harm.

We encourage all employees to think ahead and, without fear of reprisal or harassment prevent unsafe conditions by alerting our administration to the existence of defective equipment, broken fixtures, inadequate personnel, or unsafe procedures.

In general, CARA employees are expected to follow basic precautions specific to the work area and nature of their task.

Here are some basic rules we expect you to observe:

1. Report any injuries to the CARA administrator.
2. Do not use equipment that is broken or defective.
3. Do not remove safety guards from equipment.
4. Read directions before using equipment that is new to you.
5. If you are missing the tool you need to do a job safely, ask the CARA administrator to buy it for you.
6. Don't lift heavy objects by yourself.
7. If anything you are asked to do worries you because you fear you will injure yourself or you feel it would be unsafe or unhealthy for you or anyone else, please take the responsibility of reporting it to the CARA administrator, or figure out a safe way to do the job. There is always time to be safe, even if others are in a hurry.
8. No employee is allowed to come to work under the influence of alcohol or illegal drugs.

Greater details about OSHA regulations, blood-borne pathogens, and other issues related to contaminated waste exposure is found in Appendix B, BLOOD-BORNE PATHOGENS AND OTHER POTENTIALLY HAZARDOUS HUMAN MATERIALS.

B. Tuberculosis

Depending on your workplace, you may be required to obtain a skin test for tuberculosis (TB). This test may be given by a public health nurse without charge. The nurse at Drug Court will give it to you if you work there. If not, you will be informed of your options for obtaining the test, and having the results sent to CARA. You may obtain reimbursement for any cost by attaching the receipt to the reimbursement form at the end of the month and sending it to CARA's bookkeeper.

C. Hepatitis

Hepatitis is an inflammation of the liver caused by a viral infection. Hepatitis expresses itself in three main types, called hepatitis A, B, and C.

Hepatitis A is spread from an infected person's feces to food or water and is avoided by careful food hygiene. If you find out you have been exposed to hepatitis A at the worksite, fill out an incident report and see your private physician for treatment.

Hepatitis B is spread at the workplace by exposure to blood. Feces, nasal secretions, saliva, sweat, tears, urine, and vomitus are not considered infectious by the federal Centers for Disease Control unless they contain blood.

For CARA's acupuncturist employees, hepatitis B infection might occur through accidental needle stick. If you are stuck by a single needle contaminated with hepatitis B, your chance of becoming infected ranges from 7-30%. A vaccine is available against hepatitis B, and some health care workers, including acupuncturists, may choose to receive it as a prevention technique. You will be asked to sign a declination form if you choose to not receive the vaccine. (See Appendix for hepatitis B vaccine declination form). This form is strictly for insurance liability purposes, and does not in any way reflect an opinion for or against the vaccine on the part of CARA. If an employee hasn't chosen to receive the vaccine prior to an accidental needle stick from a client known to be positive for hepatitis B, that employee will most certainly be encouraged by medical personnel to receive the vaccine as a major part of their post-exposure treatment.

According to the Centers for Disease Control, HBV has been demonstrated to survive in dried blood at room temperature on environmental surfaces for at least 1 week (Bond WW, Favero MS, Petersen NJ, Gravelle CR, Ebert JW, Maynard JE. Survival of hepatitis B virus after drying and storage for one week [Letter]. *Lancet* 1981;1:550--1), which explains why some health care workers found themselves infected even though they had no memory of being pricked by a needle. In the case of accidental exposure at the worksite, medical specialists recommend initiating hepatitis B vaccine as soon as possible. You are expected to fill out an incident report and see your personal physician for treatment.

Hepatitis C is another infection caused by sharing needles, as well as from blood transfusions, particularly before July of 1992. Anyone potentially exposed to hepatitis C through accidental needle prick is expected to fill out an incident report and see your private physician as soon as possible to receive a laboratory evaluation, and a follow-up evaluation four to six months later.

Regardless of the type of infection to which you have been exposed, CARA expects you to quickly wash the wound site with soap and water before you do anything else.

Sexual and Other Harrassments

What is Harassment?

Harassment can take many forms, including words, signs, jokes, pranks, intimidation, threats, physical contact, or violence. The result the creation of a hostile and offensive working environment.

Sexual harassment may include unwelcome sexual advances, requests for sexual favors, touching, hooting, joking, and threatening retaliation if demands aren't met. The result for the person harassed is the creation of an intimidating, hostile, offensive working environment.

CARA will not tolerate harassment of staff or clients whether it is done in all seriousness or as a joke. We are committed to providing you a comfortable workplace free from harassment as defined by state and federal laws. Our California Fair Employment and Housing Act forbids harassment or discrimination due to:

- * Age (40 and over)
- * Ancestry
- * Color
- * Creed
- * Denial of Family and Medical Care Leave
- * Disability (mental and physical) including HIV and AIDS
- * Marital Status
- * Medical Condition (cancer and genetic characteristics)
- * National Origin
- * Race
- * Religion
- * Sex
- * Sexual Orientation

Communal Responsibility

All CARA employees have a responsibility for keeping working environments free of harassment. Any employee who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, must report it to CARA's administrator or a member of the Board of Directors.

When CARA becomes aware that harassment might exist, we are obliged by law to take prompt and appropriate action, whether or not the victim wants the organization to do so.

Reporting

If you feel you have been subject to harassment while working for CARA, you have the right and the obligation to file a complaint with our administrator (916-485-2272, fax: 916-483-2124, email info@carasac.org) or a member of the Board of Directors (see Appendix A). If you don't report harassment of yourself, you are setting up another employee to suffer harassment from the same harasser. The individual who makes unwelcome advances, threatens, or in any way harasses another employee is personally liable for such actions and their consequences.

You will be informed of your right to complain about harassment, your right to a thorough and dispassionate investigation, and your right to protection against retaliation.

It will help your case if you document instances of harassment, including the dates and times and people present.

The California Department of Fair Employment and Housing, and the Federal Equal Employment Opportunity Commission, can be found on the agency's listing in the government agency directory of the phone book.

Smoking

CARA's purpose for existence is to treat substance abuse, including smoking. We cannot allow any employee to smoke in the presence of clients or host agency staff. We prefer to hire employees who do not smoke. If you do smoke we expect you to refrain from smoking during work hours.

Substance Abuse Policy

CARA's substance abuse policy is similar to our smoking policy, but more adamant. In order to protect you, the clients, and our reputation as a successful drug treatment provider, we will not tolerate any employee using alcohol or illegal drugs at any of our work sites. Alcohol use is a personal decision, and is acceptable when done apart from work hours. However, any employee caught with illegal drugs, whether for personal use or in the context of manufacture, distribution, or sale, will be dismissed. In addition, any employee who comes to work inebriated or under the influence of illegal drugs will be dismissed.

Who to Go To With Concerns and Complaints

Complaints help shake up complacency and make us evaluate our business-as-usual procedures. They are useful and necessary for the growth and improvement of any organization. Thank you for bringing to our attention what needs to be fixed.

Unless it is CARA's administrator who you are complaining about, call the administrator first. If you wish to go to someone else, call one of the Board members listed on the CARA Board Roster.

We may just listen, and we may immediately jump to do what it is you hope we will do. Whatever the outcome, you deserve to be heard and respected while offering your insights, without fear of retaliation.

If you report acts of discrimination or harassment, or request we pursue your issue with greater alacrity, or if the person hearing your concerns believes it to be

necessary, others in the organization will be advised of your suggestions or complaints and a more formal response will result.

You may offer your critique by phone, fax, email, in person, or as a letter. You are, of course, encouraged to write down your thoughts, so they can be documented and we can address each one.

ACUPUNCTURE NEEDLE USE

Acupuncturists are legally responsible for all needles at the work site at all times. Needles must be disposed of in a contaminated waste container, and removed from the work site by prearranged mailing of the container to a contaminated waste disposal company. CARA's administrator will take care of disposal.

To maintain control over our needles, CARA staff is expected to follow these protocols:

- Clients may not take needles home with them.
- Clients are to refrain from touching any other client's needles.
- Acupuncturists remove needles.
- Acupuncturists note on the client's treatment card how many needles were placed each day to be sure that the same number of needles are removed. If one or more has dropped on the floor, acupuncturists must find all missing needles before the client is allowed to leave the room.
- Acupuncturists are to refrain from using press needles of any kind. Only ear seeds or metal balls may be used for evening and weekend ear pressure.
- Bloodletting is not permitted. Consider alternative methods of relieving Heat, such as using Large Intestine 11 (Quchi) or providing chrysanthemum tea.
- Disposable needles are used and discarded in a sharps contaminated waste container.
- Antibacterial hand wash is available to be used between clients.
- Approximately one in five needles will cause bleeding when removed. This should be expected, so hand a cotton ball to each client before beginning to remove needles and ask the client to wipe inside the ear automatically even if you don't immediately see any blood, just to be safe.
- Since OSHA does not require gloves when hand contact with blood is unlikely, you do not need to wear gloves.
- If you must wipe blood from a patient, hold cotton in a gloved hand and when finished pull the ends of the glove back over the palm and cotton, so the cotton and contaminated section of the glove remains inside. Then dispose of the inside-out glove in the contaminated waste container.
- After removing a bloodied glove, be sure to wash your hands before removing any other clients' needles.
- Do not needle clients through their clothing.

Needle Stick Prevention

Acupuncture needles are solid metal and very thin so there is usually little blood left on the needle, even when a drop of blood appears at the insertion site as the needle

is removed. Nevertheless, it is possible for you to contract hepatitis or HIV from an infected client's needle that accidentally pierces your skin.

You don't have to be an acupuncturist to suffer from accidental needle sticks. One patient pressed her hand on a neighboring chair to lift herself out of her own chair, and pricked her palm on a needle left on the chair seat.

Therefore, it is important for everyone in the acupuncture room, clients, nutritionists, and acupuncturists alike, to remain vigilant before, during, and after each acupuncture session.

- Needles commonly fall out due to shallow insertion, moving the body excessively, or accidentally brushing against the needles with the hand or hair. Instruct clients to be aware of falling needles, and avoid laying down or kneeling on the rug without careful inspection of the area. When fallen needles are sighted, clients must not touch them but must instead alert you so you can pick up the needles and dispose of them in the sharps container.
- Check around the chairs and on chair seats frequently for fallen needles before, during, and after each session.
- Place the sharps hazardous waste container in an easily accessible location and on a secure piece of furniture so it won't topple over.
- Alert the CARA administrator it is time to dispose of a Sharps container when it is 2/3 full.

Post-exposure Protocol

- Dispose of the needle in the contaminated waste container.
- Immediately wipe the exposed skin with alcohol and then wash it with soap and hot water for up to three minutes.
- Report the incident to the agency administrator, who will decide whether it is necessary to pursue the next step.
- Identify the source individual. Have that individual taken by appropriate staff, as quickly as possible, for blood testing for hepatitis and HIV, to document their baseline health status on their medical records.
- Document the incident on an incident report form found in a file on top of the acupuncture desk at Drug Court or at the CARA office.

Needling complications

- Bleeding: Occasionally, a drop or two of blood follows removal of a needle in the ear. Hand clients a small tuft of cotton to press on their ears for ten or fifteen seconds and stop the bleeding. You only need to place a cotton ball in the contaminated waste container if you could squeeze out drops of liquid from the cotton. If it is just a few drops of blood the client can place the cotton ball into the

regular trashcan. Observe the ears of clients before they leave, to make sure they are not bleeding.

- Headache: During treatment, remove Sympathetic point. After treatment, decrease the number of needles used next time, or shorten the length of time the needle remains inserted. Many of our clients have suffered from head injuries from accidents or as a result of violence. Occasionally, auricular acupuncture causes headaches and is more probable in someone with a history of head injury. Stop using auricular needles and use traditional Chinese medicine to treat the head area affected.
- Needle shock: Rarely, a client feels clammy and weak after being needled. Calmly remove needles and have the client put their head down. Open a window to allow fresh air into the room. Provide a blanket to keep the client warm, if chilled. Ask the client if he or she has eaten, since low blood sugar is a frequent reason for such sudden weakness when needled. Do not needle the person again that day.

REFERENCE MATERIALS

ACUDETOX

(1)

J Subst Abuse Treat. 1999 Dec;17(4):305-12.

The value of acupuncture detoxification programs in a substance abuse treatment system.

Shwartz M, Saitz R, Mulvey K, Brannigan P.

School of Management, Boston University, MA 02215, USA.

Our purpose is to compare baseline characteristics and detoxification readmission rates of clients treated at outpatient acupuncture programs and at short-term residential programs, two options available to persons seeking substance abuse detoxification. This was a retrospective cohort study using data on clients discharged from publicly funded detoxification programs in Boston between January 1993 and September 1994. Multivariate models were used to examine the effect on 6-month detoxification readmission rates of treatment at residential detoxification programs (used by 6,907 clients) versus at outpatient acupuncture programs (used by 1,104 clients) after adjusting for baseline differences. Acupuncture clients were less likely to be readmitted for detoxification within 6 months (odds ratio [OR] 0.71, 95% confidence interval [CI] 0.53-0.95). Similar results were found when the analysis was performed on a subsample of clients that were relatively similar in terms of baseline characteristics (OR 0.61, 95% CI 0.39-0.94). We determined that acupuncture detoxification programs are a useful component of a substance abuse treatment system.

(2)

John Goldkamp
Crime and Justice Research Institute
Temple University

A study of the effectiveness of acupuncture at the Clark County Drug Court, Las Vegas, Nevada, 2000-2001

150 clients received auricular therapy
150 clients received breathing technique training, guided imagery, audio-taped relaxation training, and a simple 30 minute relaxation period.

Results:

Acupuncture measured 30-35% better results in all three categories:
length of time to first relapse
length of time through Phase One
retention in Phase One

As reported to CARA by John Marr, former Executive Regional Director, Choices Group Inc. (Drug Court Treatment Contractor)

(3)

Acupuncture Treatment for Chemical Dependency - An Overview

by Ricardo B. Serrano, DAc, MH, ADS

Introduction

The purpose of this overview is to provide additional information about the studies on acupuncture and the treatment of addictions from acupuncture detox programs in the United States, and it is in large measure the result of the successful work of the National Acupuncture Detoxification Association (NADA), of which I am a certified member, in developing public, acupuncture-based chemical dependency treatment programs in Miami, Minneapolis, New York, Portland, Oregon, and elsewhere (British Columbia is also pioneering acupuncture detox programs through my local web site's research data base and my Acupuncture and TCM Detox Clinic with other B.C. NADA certified acupuncturist associates), and in the research that has resulted showing that acupuncture does improve detox outcomes as endorsed by the National Institutes of Health's Office of Alternative Medicine.

National Acupuncture Detoxification Association

A nonprofit organization has been established to teach and annually recertify practitioners who utilize the auricular acupuncture detox protocol developed at Lincoln Clinic. The National Acupuncture Detoxification Association (NADA) is known by the acronym NADA, which means "nothing" in Spanish and symbolizes the commitment to a drug free response to addiction. NADA consults with communities and other groups interested in starting similar treatment programs, provides training and certification in the treatment protocol developed at Lincoln, and provides cross training for chemical dependency specialists and acupuncturists to enhance treatment collaboration.

Since the founding of NADA anecdotal reports on the application of NADA protocol acupuncture have been consistently encouraging (Smith & Kahn, 1988). More than 200 publicly funded clinics in 14 states and another 50 in Europe, Eastern Europe, Latin America and Asia have been established explicitly on the model of the South Bronx clinic (AHA, 1995). The treatment settings are diverse and include psychiatric outpatient clinics, chemical dependency inpatient and outpatient programs, homeless shelters and criminal justice settings (Pittman, 1992; Smith, 1987; Smith, 1990; Smith, Alvarez & Small, 1987; Smith & Kahn, 1988).

Theory of Acupuncture Detoxification Oriental Medicine Model

Acupuncture is part of an Eastern tradition which embraces a systemic/holistic perspective (Macek, 1984; Mann, 1973). Drug dependence is seen as a symptom of a system or society which is out of balance. For a comprehensive overview of the philosophical and historical context of Oriental Medicine, see *The Web That Has No Weaver* (Kaptchuk, 1983).

The mechanisms of acupuncture detoxification from the perspective of Oriental Medicine can be described metaphorically. The lack of inner calm tone due to intense and frequent use of chemical substances is described as a condition of "empty fire" (Smith, 1985) wherein heat of aggressiveness overcompensates and the calm inner tone is lost.

It is easy to be confused by empty fire and to conclude that the main treatment goal should be sedation of excess fire. Addicts themselves take this approach to the extreme by using sedative drugs. The empty fire condition represents the illusion of power, an illusion that leads to more desperate chemical use and senseless violence. Acupuncture helps patients with this condition by stimulating "yin" points to restore inner calm tone (Smith & Ra, 1985). "Patients often consider these prolonged symptoms as permanent results of their past activities. They are amazed that fresh, clear, youthful life is still possible" (Smith, 1985, p. 3).

According to Traditional Oriental Medicine, the same acupuncture points seem to be effective for various substances of abuse suggesting that the critical energy disturbances is similar regardless of the substance abuse (Smith, 1986b).

The procedure of stimulating points on the external ear links the ear which is shaped like a fetus or a kidney to kidney function. Frequent repetition of kidney-related ear (auricular) treatments works even with severely debilitated alcoholics and addicts. When the kidney energy has been damaged, the recovery period is slow and undulating in intensity. Even patients with severe paranoia respond well to this protocol. Paranoia involves fear - a kidney related and yin depleted emotion - and a hollow, aggressive ego structure that is an expression of empty fire. The more desperate antagonistic patients who have suffered more yin depletion seem to benefit most from these treatments. "In addition, many socially functioning empty fire patients who may or may not be abusers benefit greatly from these treatments" (p. 2).

Patients with moderate chemical dependency or who have completed most of their recovery from severe addictions do not respond as well to the kidney-ear protocol alone and often need additional body point acupuncture according to the conventional principles of Chinese Medicine. The distinction of treatment protocols between moderate and severe abusers is critical. Smith observed (1985) that severe abusers are most in need of better health care and are most resistant to virtually all forms of intervention. By strengthening the kidney, these deficient patients are rehabilitated to

return to the commonly expected level of yin function. Severely addicted clients need auricular-kidney treatment before they are able to respond to other forms of acupuncture or psychological and social interventions. (1)

Acupuncture Detoxification Studies

Subjectively, acupuncture treatment offers to the client support during acute withdrawal through relief of classical withdrawal symptoms. According to Michael Smith, MD (2) the body's response to acute withdrawal from toxic drugs is a "crisis in elimination," which is seen as a "healing crisis." He suggests that acupuncture works by releasing blockages of energy and correcting imbalances of energy flow, and that its physiological effects also likely involve homeostatic action in the autonomic nervous system, various neurotransmitters, and elements in the pituitary subcortical axis. (3)

In 1987 in a medically supervised study of chronic homeless alcoholic men in Hennepin County, Minnesota, 80 subjects were divided into two groups matched for drinking history and prior treatment experience. The control groups were given sham acupuncture, needled at non-therapeutic points a few millimeters away from standard points. 93% of the treatment group completed the eight-week treatment regimen, compared with 2.5% of the control group. During the six-month follow-up of the two groups, the control group had more than twice as many drinking episodes and had to be readmitted to detox more than twice as often as the experimental group. (4)

These same researchers are currently comparing acupuncture with Valium in treating the symptoms of acute withdrawal from alcohol, and are the recipients of the new National Institutes on Drug Abuse (NIDA) cocaine research grant.

A similar placebo-type study was done at Bayview Hunter's Point Clinic comparing methadone and acupuncture in the detoxification from heroin. This three-phase, one and a half year study was commissioned by the California legislature. A report to the legislature indicates that acupuncture clients were more likely to have clean urinalysis and reported longer periods of abstinence with fewer problem days than their methadone controls. (5)

When used in an inpatient detoxification setting, alcoholic seizures virtually disappear, even without the use of pharmaceutical intervention. One of the first residential detox programs to implement acupuncture was Portland, Oregon's Hooper Memorial Detox Center in 1987. Clients entering this 5 day residential detox-to-referral program were six times less likely to return in the following six months than clients who entered the facility prior to the implementation of twice-daily acupuncture, and the program's overall completion rate increased from 60% to 92%. (6)

A residential, social model, detox-to-referral program operated by Santa Barbara, California's Council on Alcoholism and Drug Abuse opened in June of 1991, offering twice-daily acupuncture. Only two alcoholic seizures were reported out of the first 150 clients, the majority of whom were late stage, chronic alcoholics, and completion rates for the program are comparable to Hooper's. In the treatment of acute withdrawal, acupuncture is also effective, the symptoms of "kicking" often resembling a mild flu. And

the cravings, anxiety, and depression of crack cocaine withdrawal become manageable. (7), (8), (9)

On November 5, 1997, the National Institutes of Health's Office of Alternative Medicine Consensus Statement concluded and recommended that acupuncture is useful for addiction as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. (10)

FOOTNOTES

(1) Alex G. Brumbaugh, Transformation & Recovery, A Guide for the Design and Development of Acupuncture-Based Chemical Dependency Treatment Programs, California, Stillpoint Press, 1994, 310-311.

(2) Michael Smith, "Acupuncture and Natural Healing in Drug Detoxification," American Journal of Acupuncture 2, 7 (1979), 97-106.

(3) Michael Smith & I Kahn, "An Acupuncture Programme for the Treatment of Drug Addicted Person, : Bulletin on Narcotics XL (1) 1988, 35-41.

(4) See M. Bullock, A. Umen, P. Culliton, & R. Olander, "Acupuncture Treatment of Alcoholic Recidivism: A Pilot Study."

(5) Clark, "Trial of Acupuncture Detoxification: Final Report."

(6) Carolyn Lane, "Final Evaluation Report: Acupuncture Detoxification Project, " Hooper Center, Central City Concern, Multnomah County, Oregon, Alcohol & Drug Program (1988).

(7) Michael Smith, MD, interested in potential alternatives to methadone treatment, began employing Chinese doctors at Lincoln Hospital in New York to experiment with different protocols in the treatment of heroin addiction. Dr. H. L. Wen's research in Hong Kong concerning the treatment of heroin withdrawal with acupuncture had involved electrical stimulation as well, and Lincoln Hospital experimented extensively with electro-stimulation protocols, eventually discontinuing its use when it was discovered that manual acupuncture resulted in more consistent clinical outcomes. A five-point auricular protocol was eventually established, consisting of four to five points in each ear, including kidney, liver, lung (or heart), sympathetic, and shenmen. By 1975, acupuncture had become a permanent feature at the Lincoln program, not only for heroin dependence but also for alcoholic patients as well. And, in 1985, when the "crack" cocaine epidemic reached New York, it was discovered that the same protocol was effective in addressing the cravings, anxiety, and dysphoria accompanying 'crack' withdrawal. Michael Smith, "Acupuncture Treatment for Crack: Clinical Survey of 1,500 Patients," American Journal of Acupuncture 16 (3) (1988), 241-247. Unfortunately, a subsequent NIDA-funded study (Douglas S. Lipton, Vincent Brewington, & Michael Smith, "Acupuncture and Crack Addicts: a single-blind Placebo Test of Efficacy," NIDA

Grant No. 1 R01 DA05632-01 (1990); available from Narcotic and Drug Research, Inc., 11 Beach St., New York, NY 10010 failed to meet standards required for publication due to problems with the urinalysis protocols. However, the researchers reported significantly lower positive urine toxicology for acupuncture patients versus controls who remained in treatment for over two weeks.

A more recent study not cited in this original article showed that cocaine-addicted patients on methadone maintenance who received acupuncture at Lincoln Hospital delivered fewer positive urines than a control group receiving weekly psychotherapy. This study also showed that females who received acupuncture had better outcomes than males. (Arthur Margolin, et.al., "Acupuncture for the Treatment of Cocaine Dependence in Methadone-Maintained Patients," *The American Journal of Addictions*, Vol. 2(3), Summer, 1993, 194-201).

(8) Arthur Webb, Director, "Acupuncture Detoxification and Relapse Service: A Concept Paper," New York State Division of Substance Services, October 1, 1991 states Why Acupuncture for Substance Abuse?

While acupuncture can assist most clients seeking treatment, it has a special application in helping addicted clients who resist initial treatment.

Typical beneficiaries are those who:

- need an immediate intervention for their substance abuse problem;
- may not be initially receptive to verbal, interpersonal intervention or counseling due to active drug use or presence of withdrawal symptoms;
- are in denial, are distressed and suffering from anxiety, depression, and other withdrawal symptoms;
- and require a simple, non threatening and structured opportunity to begin to cope with their substance abuse problem, in order to later engage in more formal treatment;
- need help in dealing with their cravings to use and are experiencing sleep disorders and drug dreams.

_(9) WHO (The World Health Organization), The medical conditions responsive to Acupuncture treatment lists addictions as one of the medical conditions responsive to Acupuncture treatment.

_(10) National Institutes of Health Consensus Development Statement on Acupuncture, Revised Draft 11/5/97.

NUTRITION AND BEHAVIOR

1. Malnutrition at age 3 results in more hyperactivity and aggressive behavior in 8 year olds, increased externalizing problems in 11 year olds and greater motor activity and conduct disorders in 17 year olds. Lower IQ was associated with the negative behavior. "Poor nutrition, characterized by zinc, iron, vitamin B and protein deficiencies, leads to low IQ, which leads to later antisocial behavior," ... "These are all nutrients linked to brain development." - Am J Psychiatry 161:2005-2013, November 2004

2. In a parolee study, Barbara Reed experienced an 85% success rate, when average success rates by probation officers were 15%- Food & Behavior, a Natural Connection

Barbara Reed's success indicates, not only that nutrition food and behavior influence each other, but that the relation between nutrition food and behavior can be extremely significant.

3. Dr. S. Schoenthaler, in a study involving 803 New York schools, found that removing food additives and improving children's nutrition resulted in huge increases in test scores, resulting in a 16% rise in academic ranking and a decrease in learning disabled children from 12% to 5%.

4. Improving children's nutrition by banning food additives and replacing junk food snacks by fruit led to an increase in passing English scores from 23% to 64% at Wolney Junior school in New Addington, South London, UK- School leaps up the leagues table by Susie Steiner, The London Times

5. Before a Wisconsin high school replaced their cafeteria processed foods with nutritious fresh whole foods the students were out of control. Now there are no drop outs, weapons violations, expulsions and suicides. The new behavior has lasted for seven years. Another strong correlation between nutrition food and behavior is found here. For more information link here:

<http://portland.indymedia.org/en/2006/03/335318.shtml>
and video link here: <http://video.google.com/videoplay?docid=3656274562048336840&q=healthy+foods>

6. Reading the above article, did you notice mice on a processed food diet start eating each other? What does that tell us about the importance of children's nutrition food and behavior?
7. A study, which has significance for children's nutrition food and behavior is one in which unborn rats were deprived of zinc. This led to increased aggression, impaired learning and decreased brain size.- Nature 257, 221 - 222 (18 September 1975);doi:10.1038/257221a0
8. The UK prison trial at Aylesbury jail showed that when young men were fed multivitamins, minerals and essential fatty acids, the number of violent offences they committed in the prison fell by 37%.... As omega-6 goes up, so do homicides in a linear progression. Industrial societies where omega-3 consumption has remained high and omega-6 low because people eat fish, such as Japan, have low rates of murder and depression. Americans have cell membranes higher in the less flexible omega-6 fatty acids, which appear to have displaced the elastic omega-3 fatty acids found in Japanese nerve cells.
9. Evidencing the influence of children's nutrition on aggressive behavior is the following information, (which is a direct bibliographical quote from http://www.hriptc.org/bib_avb.htm):
- * Werbach, Melvyn: Nutritional influences on aggressive behavior. J Ortho Med 1995; v.7, no. 1. Evidence is emerging that iron deficiency among adolescent males has been shown to be directly associated with aggressive behavior.
 - * Schoenthaler, SJ, Bier ID: The effect of vitamin-mineral supplementation on juvenile delinquency among American school children: a randomized, double-blind placebo-controlled trial. J Altern Complement Med 2000; 6(1):7-17. Numerous studies conducted in juvenile correctional institutions have reported that violence and serious antisocial behavior have been dramatically reduced after implementing nutrient dense diets.
 - * Walsh, W: Zinc deficiency, metal metabolism, and behavioral disorders. Report of the Health Research Institute 1995. This study focuses on persons born with a metal-metabolism

disorder often resulting in episodic violence, hyperactivity and conduct disorder.

- * Sever Y, Ashkenazi A, Tyano S, Weizman, A: Iron treatment in children with attention deficit hyperactivity disorder. A preliminary report. *Neuropsych* 1997; 35(4):178-80. A study of 14 boys aged 7-11 years using iron for therapeutic treatment of hyperactivity. The report recommends further study based on the finding that increased blood iron resulted in the reduction of aggressive behaviors.
- * Department of Family Medicine, Pomeranian Medical Academy, Poland: The effects of magnesium physiological supplementation on hyperactivity in children with ADHD. *Mag Res* 1997; 10(2):149-56. The report from this institute states that dietetic factors can play a significant role in the origin of ADHD and that magnesium deficiency can result in disruptive behaviors.
- * Schoenthaler S: Vitamins Against Crime: supplementation and antisocial behavior in institutions. *Medical Nutrition* 1990; 34-37. Brain function requires adequate nutrition, and correction of chronic undernutrition can improve antisocial behavior. Researchers have found that vitamin and mineral tests can be a good indicator of violent behavior.
- * Sanstead H: A brief history of the influence of trace elements on brain function. *J Clin Nutr* 1986; 43:293-98. Historically iron, copper, manganese and zinc deficiency have been associated with mental impairment. Manifestations of such deficiencies include confusion, violence, dullness and death.
- * Schoenthaler S: Applied nutrition and behavior. *J Applied Nutr* 1991;43(1):31-39. This research showed that nutrient dense diets in 813 state facilities resulted in significantly improved conduct. The distribution of vitamin and mineral supplements was a significant factor in promoting less violent behavior.
- * Schrauzer G, Vroey E: Effects of nutritional lithium supplementation on mood. *Biological Trace Element Res* 1994; 40:89-101. The results of an intensive study of former drug users, violent offenders or those with a history of

domestic violence assert that lithium supplementation has a mood improving and stabilizing effect. Authors suggest that a nutritional lithium supplement may be a valuable drug in violence and suicide prevention programs.

- * Lonsdale D, et al: J of Advancement of Medicine 1994; 7 (3):171-180. A review of the potential for high calorie malnutrition as a link for senseless violence and crime. The author asserts that if it is true that body chemistry plays a role in abnormal behavior, that it is largely a waste of time to treat violent criminals by incarcerating them and ignoring the critical factor of their diet.
- * Walsh W, et al.: Elevated blood copper/zinc ratios in assaultive young males. Physiology and Behavior 1997; 62(2)327-329. Stresses the importance of the study of different metal ratios and their association with behavior in an effort to identify those with increased risk. Improvement in biochemistry in these individuals is seen as very beneficial.
- * Carney MWP: Vitamin deficiency and mental symptoms. British Journal of Psychiatry 1990;156:878-882. Study reveals that 53% of unselected patients admitted to psychiatric hospital unit were vitamin deficient. Vitamin B deficiency has been associated with neuropsychiatric disorders and depression. Additionally, folic acid deficiency has been linked to affective illnesses.
- * Gottschalk L, et al.: Abnormalities in hair trace elements as indicators of aberrant behavior. Comprehensive psychiatry 1991; 32(3):229-237. The authors suggest that abnormal trace mineral metabolism may be involved in aggressive behavior and that careful mineral analysis could be effective in identifying those who are predisposed to such behavior.
- * Rosen GM, et al.: Iron deficiency among incarcerated juvenile delinquents. J Adolesc Health Care 1985;6:419-423. This study from 1985 can be viewed as one of the early looks at the effects of iron deficiency and abnormal behavior. Through research performed in juvenile detention facilities, a high prevalence of iron deficiency was found among both male and female inmates. The study suggests further research into the problem of behavior issues and iron deficiency.

- * Lead Exposure and Child Behavior. American Journal of Public Health 1992; 82(10):1356-1359. This study evaluated blood lead levels of young children. The group with the highest levels of lead present in blood samples was found to score the highest in Total Problem Behavior Score checklists.

- * Stevens L., et al: Phospholipids influence behavior. The Nutrition Report 1996;38:(May-June). A study performed on equal number of young boys, half with low fatty acid measures, showed that behavior problems were significantly higher in the study group with the lower acid levels. Greater number of health and learning problems occurred in the lower level group as well.

- * Magnesium reduces hyperactivity. Autism Research Review 1998;12(2):4. Children in this study were ages 7 to 12. After a 6-month period, the control group, which received no magnesium supplementation, was found to have behavior that worsened, whereas the other children receiving magnesium supplementation therapy had statistically improved results in behavioral assessment scales.

- * Walsh W, et al.: Elevated blood copper/zinc ratios in assaultive young males. Physiol Behav 1997;49(1):327-329. Research spanning a period of 20 years has revealed abnormal trace metal concentrations in violence prone young males 3-20 years of age. This study tested the validity of the observation that young assaultive males have elevated blood copper/zinc levels when compared to those with no history of assaultive behavior.

- * Schmidt K, et al.:Clinical ecology treatment approach for juvenile offenders. J Behav Ecology: Biosocial 1981;2(1). It was found through this study that hair copper levels of young males classified as delinquent, was found to be at a higher level than lab norms.

- * Lonsdale D, Schamberger R. Red cell transketolase as an indicator of nutritional deficiency. Am J Clin Nutr 1980;33 (2):205-211. In a study of patients with biochemical evidence of thiamine deficiency related to junk food diets, the adolescents especially were found to be impulsive, irritable, aggressive and angered easily.

* Schrauzer GN, Shrestha KP: Lithium in drinking water and the incidences of crimes, suicides and arrests related to drug addictions. Biol Trace Elem Res 1990;25(2):105-113. Data collected from 27 counties in Texas, when adjusted for population density, show that the incidence of homicide, suicide and rape were significantly high in areas where the drinking water contained little or no lithium. Results of this study suggest that low level doses of lithium have a beneficial effect on human behavior.

The correlation between food additive consumption and ADHD appears to be very high. Benjamin Feingold, M.D, found that about 40-50% of hyperactive children are sensitive to artificial food colors, flavors and preservatives. This includes naturally-occurring salicylates and phenolic compounds in foods. Altering children's nutrition to eliminate food additives appears warranted.

Dr. Julian Whitaker, MD, believes major economic interests have hired their own researchers to refute Feingold's research. Politicians cite conflicting results as reasons for inaction. American agribusiness and food suppliers are economically enmeshed in these profitable food additives and tend to use their economic muscle to discourage any changes. Thus the association between nutrition food and behavior is ignored due to the profit motive.

Dr. Feingold's powerful research, found behavior disorders were linked to food additive consumption, was based on 1,200 individuals and was presented to the AMA in 1973. Later research in Australia and Canada supported Feingold's thesis."- Dr. Whitaker's Guide to Natural Healing, Prima Publishing, 1996

In the interests of children's nutrition food and behavior, The Hyperactive Children's Support Group of the United Kingdom believes these food additives should be avoided:

Amaranth, Benzoic Acid, BHA, BHT, Brilliant Blue FCF, Caramel, Carmine, Carmoic Acid, Cochineal, FCFV, Indigo, Potassium Nitrate, Quinoline Yellow, Red 2G, Sodium Benzoate, Sodium Nitrate, Sulfur Dioxide, Sunset Yellow, Tartrazine

Avoid foods with high salicylates content to see if their removal causes a behavioral difference. Some of these are the following:

Almonds, Honey, Peppermint Tea, Peanuts, Peppers, Plums (canned), Prunes (canned), Raspberries (fresh), Strawberries (fresh), Tomatoes - and spices, but especially Cardamom, Cinnamon, Cloves, Curry, Oregano, Paprika, Pepper, Rosemary, Sage and Turmeric

Some of the conclusions from the above research relating to nutrition food and behavior are:

1. Vitamins, supplements and healthy meals significantly decrease aggressive and, particularly, violent behavior making schools and prisons safer. Such research is important since all three variables of nutrition food and behavior were studied.
2. Reversing a long standing position, the Journal of the American Medical Association advised medical doctors to recommend that all their patients take a multivitamin pill daily. This is one of the rare times the American Medical Association admitted the relationship between nutrition food and behavior.
3. Despite the undeniable connection between food additives and aggression, authorities continue to avoid pursuing child nutrition food and behavior interventions. For more information, regarding food additives and nutrition food and behavior, [click here](#).
4. Despite studies indicating fluoride causes neurological problems, many authorities ignore this danger when it comes to children's nutrition food and behavior.
5. Toxic metals continue to be overlooked in developing children's nutrition interventions to decrease aggressive behavior. Toxic metal's negative influence on nutrition food and behavior takes second place the profit motive. Our children pay the price.
6. A mindset that children's problems are caused either by bad parenting or an abnormal brain prevents interventions in children's nutrition food and behavior that could prevent

negative child responses.

7. The huge profits, involved in prescribing drugs to treat behavioral problems, reinforces this mindset against children's nutrition food and behavior interventions.
8. Improving children's nutrition in schools has led to huge increases in test scores further underscoring the relationship between nutrition food and behavior.
9. Since supplements improve behavior and test scores, one must wonder what result would be achieved, regarding children's nutrition food and behavior, if both the addition of supplements and the eating of salubrious foods were consistently followed?

<http://www.parenting-healthy-children.com/nutrition-food-and-behavior.html>

Appendix A

Payroll Timesheet

Expense Sheet

Appendix B

BLOODBORNE PATHOGENS AND OTHER POTENTIALLY HAZARDOUS HUMAN MATERIALS

As required by the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030), what follows is CARA's bloodborne pathogen control protocols and procedures. For the relevant federal regulations see http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051&p_text_version=FALSE

1. DEFINITIONS:

A. BLOOD - Human blood, human blood components, and products made from human blood.

B. BLOODBORNE PATHOGENS - Disease-causing microorganisms that are present in human blood and can cause disease if transferred to another human. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Other examples include microorganisms that cause hepatitis C, Malaria, Syphilis, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections, Relapsing fever, Creutzfeld-Jakob Disease, Human T-lymphotrophic Virus Type 1, and Viral Hemorrhagic fever.

C. OTHER POTENTIALLY HAZARDOUS HUMAN MATERIALS

1. Human body fluids such as semen, urine, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva.

2. Any unfixed tissue or organ from a human (living or dead).

3. HIV - containing cells or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

D. UNIVERSAL PRECAUTIONS -An approach to infection control that is based on the premise that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

E. OCCUPATIONAL EXPOSURE - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

F. REGULATED WASTE - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing

these materials during handling; contaminated needles; and pathological and microbiological wastes containing blood or other potentially infectious materials.

G. EXPOSURE CONTROL PLAN - This document shall constitute the CARA Policy and Procedures for work involving Blood-borne Pathogens and Potentially Hazardous Human Materials.

2. RESPONSIBILITIES

A. Employee

1. Understands and complies with all phases of the Policy and Procedures for Work Involving Blood-borne Pathogens and Potentially Hazardous Human Materials and other guidelines of this document.
2. Has the right to free Hepatitis B vaccinations. However, should the employee decline, in writing (see attached declination statement), to receive the vaccination, that does not prevent him/her from receiving a vaccination in the future.

B. CARA Administration

1. Serves as the focal point, with regard to recordkeeping, training and compliance with the OSHA Standard. The records shall include registration documents, rosters of training sessions, and protocols. The Executive Director shall serve as the primary contact person and coordinates the review of the protocols.
2. The Executive Director makes the final determination whether to approve or disapprove a protocol and to recommend changes in procedures.
3. The CARA bookkeeper shall maintain all health records for those workers who are involved with human blood.
4. The Executive Director shall provide access to hepatitis B vaccinations and instructions for any post-exposure evaluation and follow up to any employee who has had an occupational exposure to human blood, other body fluids, and tissues.

3. WORKPLACE SAFETY PRACTICES

Since CARA employees are exposed to the possibility of being pricked with needles contaminated with human blood, employees must employ universal precautions in handling of these products..

4. CONTROL METHODS

A. Work Practice Controls

All clinical specimens of blood, human tissue, and body fluids are to be handled utilizing Universal Precautions in the clinical setting.

B. Engineering Controls

Engineering controls must be used to eliminate or minimize worker exposure to blood or other potentially infectious materials.

1. Sharps Containers. Puncture resistant sharps containers must be at all work sites when needles and other sharps are used. These items are to be disposed in accordance with professional safety guidelines.

2. Red contaminated waste bags must be at all work sites where needles and other sharps are used. These are to be filled with bloody cotton, gloves, and other large contaminated materials that do not belong in the sharps containers. However, acupuncturists only need to use these special bags for cotton so soaked with blood that drops could be squeezed out. Cotton mildly contaminated may be thrown into the trash can.

C. Personal Protective Equipment

Gloves. Gloves may be worn by any employees who may be directly exposed to potentially infectious material or contaminated surfaces. However, CARA employees do not have to wear gloves to perform acupuncture.

If an employee chooses to wear gloves, either vinyl or latex examination gloves may be used based on individual preference. Gloves are to be changed routinely and rigorous hand washing is expected. Employees must inspect gloves routinely and replace them whenever they are visibly soiled, torn, or punctured. If any gloves are suspected of being contaminated, i.e. splattered with blood, they are NOT to be worn outside of the acupuncture room. All gloves are to be discarded into the red contaminated waste bag available in the acupuncture room cabinet.

5. HEPATITIS B VIRUS AND HBV VACCINATION

A. Occupationally-acquired HBV. Hepatitis B is the leading occupationally-acquired illness among health care workers, affecting approximately 15,000 workers annually. Hepatitis B virus (HBV), formerly known as "serum hepatitis" is one of several viruses which attacks the liver, producing swelling, tenderness, and sometimes permanent liver damage. HBV is spread primarily through contact with blood and body fluids that contain blood. The virus enters the body through open wounds, or breaks in the skin, needle sticks or other punctures, or splashes of blood and/or body fluids to the mucous membranes. The virus may also be transmitted via blood transfusion, sexual contact, ear piercing, tattooing, and acupuncture if appropriate precautions are not taken.

B. Symptoms of HBV. The most frequent symptoms of HBV infection include fatigue, mild fever, muscle or joint pain, nausea, vomiting, loss of appetite, and abdominal pain. Many symptoms suggest a flu-like illness but tend to last longer and jaundice may occur in up to 25% of cases. However, 50% of infected individuals have no symptoms.

C. Risk of HBV Infection. To reduce the risk of HBV infection, CARA employees are encouraged to minimize contact with client blood. Carefully watch each client remove his or her own needles and count them to make sure none are abandoned or lost on the treatment room floor. Make sure the client disposes of the

needles in the sharps container and that no needles bounce out before being deposited safely inside. CARA employees can minimize exposure by practicing safely and carefully and by becoming vaccinated against HBV to provide long-term immunity in the event of future exposures. Employees must be alert to situations where they or their co-workers may be exposed to blood and body fluids.

D. HBV Vaccination. A recombinant HBV vaccine is available, free of charge to all CARA employees who may come in contact with blood and the body fluids during the performance of their duties. To receive the vaccine, call the Executive Director.

The recombinant HBV vaccine does not contain any human blood products; it is considered both safe and effective by current medical standards. Clinical studies have shown that over 90% of healthy adults vaccinated become immune to the Hepatitis B virus. The HBV vaccine may also be used in combination with Hepatitis B immune globulin (HBIG) and is 90% effective in preventing Hepatitis B following a documented exposure.

Side effects of the vaccine are minimal. The most common complaint (20%) is a sore arm lasting one or two days. A few individuals have reported headache, fatigue, weakness, or rarely, a low-grade fever.

6. MEDICAL SURVEILLANCE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Emergency Steps to Take in the Event of an Exposure. If an employee sustains an exposure to blood that is potentially contaminated with a human pathogen, he or she should immediately initiate first aid at the worksite. Contaminated skin or wounds should be vigorously scrubbed for 10 minutes using copious amounts of soap and water. If available, a povidone iodine solution (such as Betadine) can also be used. Contaminated eyes and mucous membranes should be irrigated for 15 minutes using normal saline or water. Notify the site supervisor, if he or she is immediately available. Report as soon as possible to CARA's Executive Director, as well. Some post-exposure treatments are most effective only if administered within 7 days after the exposure.

B. Post-Exposure Evaluation and Follow-Up. Post exposure evaluation and follow-up is provided for CARA employees as needed. Employee counseling is provided free of charge with a counselor of CARA's choice.

Emergency care will be provided to visitors and contract personnel who sustain a potential exposure. These individuals will be referred to their private or company physicians for follow-up.

7. TRANSPORTATION OF INFECTIOUS MATERIALS

A. All potentially infectious materials must be packaged and transported according to applicable Federal regulations (42 Code of Federal Regulations 72 and 49 Code of Federal Regulations 173.386-172.388) (attachment 10). Guidance in complying with regulations pertaining to the shipment of biological materials can be obtained by contacting the Executive Director.

B. Under no circumstances shall personal vehicles be used to transport potentially infectious materials to or from the CARA worksites. CARA has contracted to dispose of three-quarter-filled sharps containers by mail. If you do not find the appropriate mailing box in the workplace cabinets, contact the Executive Director. The correct box and directions will be provided for you as quickly as possible.

8. DECONTAMINATION AND SPILL CLEANUP

All work surfaces and equipment that come into contact with needles that might have blood on them must be disinfected daily, upon completion of work, with an appropriate disinfectant. Additionally, work surfaces and equipment must be disinfected after any overt spill. Spills within work areas are to be cleaned up by acupuncturists themselves. Janitorial staff are not authorized to clean up spills of potentially infectious material. Spills of potentially infectious material such as the contents of the sharps container are to be cleaned up using the following method:

- Alert persons in the immediate area that a spill has occurred. Use a magnet to pick up used needles, if possible, rather than your hands. Carefully pick up only a few at a time, to make it less likely that you will be pricked by the point when transferring them back inside the sharps container. If it is the red Medical Pathological Waste bag that has opened and spilled, use gloves to transfer the material back into the bag and close the top tightly.
- In the event of a spill of infectious material in a public access area (such as spilling the sharps container in a hallway) keep all persons away from the spill area and take whatever time is needed to carefully perform adequate cleanup.

9. TRAINING AND EDUCATION

Training for employees, in compliance with the OSHA Blood-borne Pathogen Standard, may be offered annually for all new employees. All employees who may be potentially exposed to a blood-borne pathogen may attend available sessions and may receive refresher training, if available, on an annual basis thereafter. Call the Executive Director for the date of the next available course. All acupuncturists hired by CARA are expected to have been adequately trained to perform acupuncture safely.

APPENDIX C

THE HISTORY OF DRUG COURTS

During the mid-1980's, the jails in Florida's coastal cities were choked with cocaine users. Desperate for a solution, the Florida Supreme Court relieved associate chief judge Herbert Klein of the 11th circuit court from a year on the bench, and gave him the assignment to travel wherever he needed to go to find jurisdictions with answers.

Meanwhile, back in 1974, acupuncture detox had come to America from Hong Kong by way of Dr. Michael Smith, the physician who ran a methadone clinic at Lincoln Hospital (now called Lincoln Recovery Center) in the South Bronx, New York. Smith had heard of the amazing discovery of the one and only neurologist in Hong Kong at that time, that an opium addict's withdrawal symptoms could disappear by the insertion of acupuncture needles coupled with electro stimulation. Dr. Wen, the neurologist, had been aiming for simple analgesia before a planned brain surgery. He hadn't even known the patient was an opium addict, until the patient reported to the nurse that his symptoms of withdrawal had vanished. Dr. Wen's success with this one happy addict launched him into years of scientific study of the mechanism of action and ability of acupuncture to stop drug cravings. He convinced the World Health Organization to partially fund his research, and began lecturing and writing of his discoveries, which led Smith to his door.

Soon, not only methadone clients but all drug users at Lincoln Hospital were sitting quietly in a communal room with ten needles in each ear. At first, Smith used electrical stimulation on the needles, as that was the protocol used for pre-op analgesia. When the stimulator broke, Smith discovered that needles without electrical stimulation worked even more effectively. Analyzing his experience, Smith concluded that addiction is a deficiency disease. Even the most blustery and hyperactive methamphetamine users were deficient in qi and craving to fill a depleted spiritual core.

Back in Miami, Judge Klein studied numerous treatment and punishment options. According to a report on the creation of Drug Courts, published by the National Institute of Justice, Klein concluded that stopping people from using drugs was more important than streamlining ways to fit more people into the criminal justice system. When he visited Lincoln Hospital to see acupuncture in action, he was so impressed he invited Smith to join himself, then-state attorney general Janet Reno, and others in the formation of the world's first Drug Court.

Dade County, which includes the city of Miami, began the first Drug Court in the summer of 1989. During its first three years of operation, around 60% of defendants diverted to the program successfully completed the year-long regimen. What is more, graduates had an unusually low rate of recidivism (return to jail). In Sacramento, our

statistics are closer to 50% graduating, and the vast majority remaining free of criminal justice involvement after graduation.

Description of Drug Courts

Drug Court nationwide takes nonviolent offenders out of jail and demands an intense 10 to 13 months of urine testing, group counseling, education, one-on-one meetings with counselors, and, in the majority of Drug Courts, acupuncture.

Consequences for continuing drug use extends from eight hours sitting in court and writing a report of what was seen, to 5, 10, or 25 days in jail.

To qualify, a defendant must be charged with possessing or purchasing drugs, and no history of serious sales or any history of violent crime. They also may not have more than two previous non-drug related felony convictions.

The first drug court was designed for cocaine users, but soon possession of any controlled substance could land the user in this unique diversion program. Not all participants are addicts. Some may be casual users who were nevertheless found to be in possession of an illegal substance by authorities. Some Drug Court participants used illegal prescriptions to obtain Vicodin, a strong pain killer. Some are nurses or lawyers. Not all fit the image of the usual down and out ne'er-do well, though there are homeless and mentally unstable folks among the Drug Court population.

One of the differences between Drug Court and other courts is the personal attention the Drug Court judge pays to each client. The judge meets the clients regularly, and has all records on a laptop computer at the bench. The judge cajoles, applauds, encourages, and cautions defendants as needed.

Another difference is the collaboration of district attorney, defense attorney, judge, and probation. All must agree before a defendant is offered Drug Court, and all work as a team with the paradoxical goal of using the court to keep the defendant out of court, and away from drugs.

About Sacramento County's Drug Court

In Sacramento, Drug Court is divided into four phases. The entire process takes from 10 to 13 months. The most intense in terms of treatment and time commitment is Phase One, which lasts from 4 to 12 weeks. Phase One involves, daily acupuncture, weekly nutrition education, qi gong, yoga, tai qi, and Emotional Freedom Technique classes and thrice-weekly group counseling. A major drug treatment program in Sacramento called The Effort provides the counseling. CARA provides everything else.

As far as we know, we are the only Drug Court in the country to include nutrition as a required part of Phase One treatment. The only other jurisdiction with a nutrition

program, to our knowledge, was in Laguna Niguel, and that program was demoted by lack of funds to a minor education program provided by the local junior college. Unfortunately, as of fall, 2001, the entire Laguna Niguel Drug Court has been superceded by Proposition 36, since public defenders are directing their clients to the easier Prop. 36 programs without jail as a consequence of re-use, and Laguna Niguel's Drug Court judge has been reassigned to Santa Ana's Drug Court. This leaves our Sacramento Drug Court as alone in the country with an intensive nutrition component.

Clients also must attend 12-Step programs (Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)) three times a week, and undergo random drug testing from 2 to 5 times a week.

You will hear clients mention having an appointment with their case manager for an ASI (Addiction Severity index), and with their counselor for individual counseling sessions. The case manager is a problem solver, helping clients find housing, jobs, employment, and safety from violent significant others. Counselors help guide the clients to self-knowledge and reassessment of their priorities in life.

All these aspects of treatment work together to help the individual change ingrained behavior and form new lifestyle habits.

Before clients can move up to Phase Two, they must pay all fees still due (about \$40 per month is the usual, though the fee is scaled upwards for more affluent participants. They must also find a 12-Step Sponsor and schedule a level advancement with their Probation Officer.

We like to create an appropriate "goodbye" environment in acupuncture when someone is advancing to Phase Two. We acknowledge their achievement to the group, everyone claps enthusiastically, and wishes them well. We also like to give them an incentive to keep eating healthily, such as an electric wok, slow cooker, or some other appliance for the home kitchen. Incentives are stored in the freestanding supply closet at the corner of the kitchen, next to the horizontal freezer.

APPENDIX D

ACUPUNCTURISTS' RESPONSIBILITIES AT SACRAMENTO COUNTY DRUG COURT

CARA has provided acupuncture at the Sacramento County Drug Court since its first day in 1995. Through our own experience and that of other programs in America, we have created the following schedule and procedures. However, our program is constantly evolving so we welcome your suggestions for improvements.

An acupuncturist is responsible for making the protein drink each morning as well as preparing tea and setting up the acupuncture room. Our contract provides for fifteen minutes devoted to preparing the shake under the nutrition budget and fifteen minutes preparing the acupuncture room under the acupuncture budget.

Our weekly schedule for acupuncturists is as follows:

Mondays, Tuesdays, and Thursdays:

Preparation for Group A:	9:45 -10:15 am (both making shakes and room setup)
Group A acupuncture:	10:15 – 11:15 am
Preparation for Group B:	11:15-11:30 am (make more shakes if needed)
Group B acupuncture:	11:30 – 12:30 pm
Clean Up:	12:30-12:45 pm (clean drink pitchers too)

Acupuncturists list 2.75 hours per day on these three days to DCA (acupuncture) on their time sheets.

(Please contact CARA for the employees scheduled on each of these days.)

Wednesdays and Fridays:

One acupuncturist prepares the smoothies	9:45-10:00 a.m.
Both acupuncturists prepare their rooms:	10:00-10:15 a.m.
Acupuncture for both Group A and B	10:15-11:15 a.m.
Clean Up:	11:15-11:30 a.m.

Two acupuncturists work simultaneously, with one making the smoothies first thing in the morning. The one making the smoothies may list fifteen minutes as DCN (nutrition) on his or her time sheet. Both acupuncturists should list 1.5 hours to DCA (Drug Court Nutrition) on their time sheets on these two days.

A more detailed daily schedule follows:

Daily Detailed Directions for Acupuncturists at Sacramento County Drug Court

Before Acupuncture

9:45 a.m.

Unlock cabinet, desk, file cabinet, kitchen cupboards and refrigerator. If the lock doesn't open with the combination you know, find Gordy the case manager and ask him what his new combination is. He changes the combination intermittently.

Remove frozen fruits from the refrigerator freezer so they begin to thaw.

Replenish supply of frozen fruit in refrigerator freezer, if needed, from the large freestanding freezer.

Arrange the acupuncture room with the table near an electrical outlet, to hold the tea urn.

Fill the tea urn with water, place on the small table, and plug in.

Fill three tea balls with tea from the second drawer in the file cabinet, and drop in the tea urn. Or, place a thin layer of tea inside the coffee filter and place filter and its metal holder in the coffee urn. Or, place five to six teabags of detox tea in the tea urn.

If there aren't any cups on the shelf of the small table, replace with cups from the upper middle cabinet in the kitchen.

Ask clients from the 10:00 a.m. group to place any unwashed glasses in the dishwasher and wash them.

Put on the silver metal cart: a sharps container, cotton, hand cleaner, bobby pins, ponytail holders, alcohol swabs, Kleenex, and mirrors.

Replenish swabs and needles from boxes above the file cabinet. Paper products may be in the storage room across the hall from the acupuncture room.

Place trashcans at each end of the cart in the middle of the room.

Place the CD player on the desk and plug it into an electrical outlet.

Place music sources (tapes or CDs) on the desk.

Obtain attendance sheets for Group A and Group B from the file holders on probation officers' door in the hall. Place Group A's on the top of the clipboard and leave the clipboard on the desk with a pen. Pens are located in the upper right hand desk drawer for use by you and by clients.

Making Drinks

Ask clients to help with making drinks. Make sure they wash their hands and use gloves on both hands. You, too.

Lori's Smoothie Recipe:

Fill the blender with 1 3/4 cups of pineapple juice (this will make it so you use only one full can of pineapple juice per 4 pitchers of smoothie.)

Put 1/2 cup of soy protein powder in the blender (or put 2 cups of protein powder in a pitcher that contains filtered water (about 2/3 full) and mix it first. Use 1/4 of this soy liquid for each pitcher).

Add a big "dash" or two of Stevia powder for sweetness
1 cup frozen blueberries
1 cup frozen strawberries
enough frozen peaches to fill the blender to just about the 7 cup level

Then add enough water to reach about the 7 cup level or almost covering all the fruit.

Blend for 30 sec. or so until fruit is well blended, adding water if it's too thick.

Then with the blender on, add up to two whole bananas through the hole in the top.

Continue to blend until well mixed and a good consistency.

Note:

If the bananas are too rigidly frozen to separate, microwave for one minute and then separate by hand or gently pounding on the edge of the sink.

You might have to make the drink one blender full at a time, if clients are using the kitchen counter to make themselves snacks.

Keep cabinets, freezer, and refrigerator locked during acupuncture.

Pour smoothies into cups over the cart instead of over the rug, case of drips.

Keep the pitcher on the white plastic cart in the treatment room.

Only Phase One clients are given smoothies during class. If there are leftovers you can leave the pitcher on the kitchen counter for other clients to enjoy.

ACUPUNCTURE

10:15 a.m. Acupuncture Begins.

Close the door to the acupuncture room. We allow late-comers to receive acupuncture, but place "late n/c" in the box associated with their name on the attendance sheet, and initial all those who were in the room on time, indicating they do receive credit for that day's acupuncture session.

Make sure all clients know they cannot leave the room once their needles are in place. Encourage them to go to the bathroom before receiving needles. They must remove needles before leaving the room.

Make sure all clients know they cannot drug test during acupuncture.

Our agreement with the Drug Court director is that we will never leave the clients alone during acupuncture. So, if you need to leave to go to the bathroom or for any other reason, you must request a probation officer sit in the room while you are gone.

Maintain control over supplements, particularly gelatin capsules. Keep all supplements out of sight in a bag at the bottom of the cabinet until the nutritionist doles out needed dosages individually.

Give two multivitamin capsules and a Vitamin C to each client.

Gelatin capsules and Grapefruit Seed Extract (GSE) liquid are only for clients suffering from infections of any kind. GSE is good for fungus, virus, bacteria, or parasites.

Clients who wish to receive acupuncture clean their ears with one alcohol swab.

Remind clients to clean ears using one swab only, one ear per side.

Place soothing music on the CD player. Very Important: No fast rhythms.

Have clients either stand or sit while you insert needles, as you desire.

Insert five needles into each ear: sympathetic, shenmen, kidney, liver and lung. If the client is pregnant, you may choose to not use kidney.

Although you cannot force anyone to take needles, encourage them to participate, agreeing to give them only one needle per ear, just so they can experience acupuncture. If you tell them you will only place the one that releases opiates, sometimes they will agree. Alternately, offer to place seeds, instead.

You can use your own judgment regarding offering clients extra points, however, we are expected to treat the ears only. It's OK to place needles in yintang or baihui but please avoid the legs, arms, and trunk.

The goal is to be as fair to everyone as we can, so we don't want to seem to be exhibiting favoritism, by working harder on one client than another. Some clients will demand more of anything and everything you offer. That is a common trait of addiction. It has been termed "the disease of "more."

You have a right to gently dissuade someone from more needles; even if the clients' conditions call out for specific treatments, such as migraine or toothache.

If they persist in talking, give them a warning then ask them to leave the room and note they received a violation on the roll sheet. If they refuse to leave, explain you will be asking the probation officer to escort them out and go next door for an officer.

Note in the file folder the following:

na = no acupuncture

ns = no show (absent)

5 point = ordinary 5 point protocol

5 point + = additional point protocol

v = violation

Sign your initials next to the appropriate line in each chart.

Remind clients to sign in.

Mark on the patient log how many patients were in the group, and how many took acupuncture. Seeds count as acupuncture. This log goes to Sandy Mizer, the CARA bookkeeper, at the end of each month so we can bill the Probation Department for our services.

Research Pages

You must also check off the appropriate boxes on sheets of research paperwork for each client, so we can keep track of all interactions with that client. This will become a research project over the next year to find out what works best to help clients succeed at Drug Court.

Food-Mood Journal

Encourage clients to fill out their food/mood journals every day. It is useless for them to fill out the journal for the entire week on the very morning of their interview with the nutritionist.

Since some clients cannot spell, and some cannot read, be sensitive to the need of some for help.

11 a.m. Remove Needles

You do not have to wear gloves, but you may, especially on the hand you'll use to remove needles. Pass out 2 cotton balls to clients. If the balls are large, pull them apart and hand the clients the two smaller pieces of cotton. They can use a ball of cotton on any ear that bleeds.

Take a quart sharps container under one arm, and circle the room, removing needles.

Don't let anyone leave until all needles are accounted for.

You must count the needles as you remove them and place them in the sharps container, making sure none are lost. Check the room, including the cart, for lost needles, keeping everyone in the room until all needles are counted and dropped into the sharps container.

Remember this clientele is HIGH RISK for hepatitis, AIDS, and tuberculosis, etc. Be careful!

Remind clients they can purchase tea. (The cost is \$2.00 per 14 bags or 2 handfuls of raw herbs.) Tell them the tea will help them sleep without drug dreams. Please keep the money out of sight of clients. Hide it in a baggie in the back of the locked drawer and place it there when no one sees what you are doing. When there is ten dollars or more in the bag, keep a couple dollars for change and give the rest to Carolyn to deposit in the bank.

Remind clients of meetings with the nutritionist on Wednesday.

11:15 a.m. End of First Acupuncture Session

Excuse the first group and go into the kitchen to either prepare more smoothies or retrieve what you stored in the refrigerator for the second group.

Repeat the procedure in the acupuncture room. Remind clients they ought to keep up with and complete their food/mood journals daily, in preparation for meeting with the nutritionist on Friday.

12:15 a.m. End of Second Acupuncture Session

Repeat the procedure from the previous group, collecting needles carefully.

11:15 a.m.

Replace all supplies in the acupuncture cabinet and desk and lock the desk and the file cabinet.

If you put out books for them to read, be sure to retrieve all of them and lock them in the bottom right drawer.

Place the TV table and cart in the hall.

Take the tea urn into the kitchen, pour remaining tea either into the sink or into an empty juice container, if available, and store in refrigerator.

Grind raw tea in the garbage disposal, wash tea balls, and set on the drain board to dry. Place washed-out urn next to the stove on the counter.

Have a client help wash anything that needs to be washed.

Make sure the kitchen is clean.

Please call the CARA office, 972-1684, or tell Brad Gilbert, our buyer, when you see supplies dwindling, including tea, cups, paper towels, protein powder, fruit, fruit juice, needles, sharps containers, cotton, swabs, orientation supplies, files, etc.

Take responsibility on your own to photocopy, using the Probation Department machine, any forms that need to be replenished.

Leave for the day, knowing you're part of a vanguard of enlightened treatment providers that are making a difference not only in the lives of the clients, but in their families and the community at large. Thanks!

APPENDIX E

HISTORY OF NUTRITION FOR SUBSTANCE ABUSE

On the one hand, the history of nutrition for substance abuse may be as old as traditional Chinese medicine, which has always included food as an integral part of patient care. On the other, it's as new as fifty years ago, when nutritional biochemist Roger Williams, PhD announced that alcoholism was, in some cases, a nutritional deficiency disease.

Thirty years ago, when Kenneth Blum, PhD, first began researching the genetic aspects of substance abuse, it was still a generally unknown connection. Blum is a pharmacogeneticist, and his and others' research has, today, fairly clearly demarcated the path between inherited predisposition to addiction and an undernourishment of the amino acids that would, if given in adequate doses, satisfy the body's needs and reduce cravings for drugs.

Amino acids are used by the body to create neurotransmitters, the chemical messengers that transmit feelings and moods across the narrow space between one nerve and another. What research shows is a deficiency of dopamine, the feel-good neurotransmitter that demands the body do something to build up its levels. Blum calls this problem the "reward deficiency syndrome" and in numerous scientific studies and reports has linked its consequences to almost all compulsive, impulsive, addictive behaviors. Some people seek relief through sex or gambling. Some people use movement, through sports, dance, or "hyperactivity" to rebuild low dopamine stores. Some go for extreme sports, caffeine, chocolate, colas, cigarettes, cocaine, alcohol, or methamphetamines.

There are those with an inherited deficiency of other neurotransmitters. If their deficiency relates to levels of serotonin or GABA, the relaxing, calming, anti-anxiety chemicals, they may seek sugar, sex, alcohol, marijuana, or heroin to self-medicate.

You'll notice that sex and alcohol can be used for either stimulation or relaxation, depending on the individual's need.

The connection between alcoholism and nutritional deficiencies has been a common theme of Western drug treatment. Doctors are well aware that alcoholics can exhibit symptoms similar to beriberi, a disease with a number of psychological, as well as physical manifestations due to deficiency of vitamin B. These include irritability, fatigue, decreased appetite, unusual behavior, numbness and tingling, and decreased mental ability.

During the past twenty years, a number of clinicians have put these theories into practice on a more global treatment program. One of the first was Joan Larson, PhD, of Minneapolis. When her 18 year old son committed suicide during his senior year of high school while supposedly in recovery from alcohol abuse, she began to seek out answers. She discovered that hypoglycemia (low blood sugar) might have been to blame for much of her son's emotional and physical problems. And, she learned of the intimate connection between craving alcohol, nutritional deficiencies, and a blood sugar imbalance.

Larson put new life into the public's perception of nutrition as a therapy for addiction with the publication of her book *Seven Weeks to Sobriety*. Her second book is

equally outstanding. In paperback it's called *Depression-Free, Naturally* and, besides depression, covers bipolarity, anger, Attention Deficit Disorder (ADD), and many other emotional problems commonly seen among addicts.

Kathleen DesMaisons, PhD, reached similar conclusions as Joan Larson, while on her own personal and professional trajectory. DesMaisons directed a large drug treatment center in the San Francisco Bay Area, but is now running her Radiant Recovery program in Albuquerque, New Mexico. Her excellent book focuses more on food choices than supplements, and is called *Potatoes Not Prozac*.

The third woman running an important treatment center with nutrition is Julia Ross, director of Recovery Systems in Mill Valley, California. Ross has specialized in both eating disorders and addiction, and her book, *The Diet Cure*, is excellent both as an overview of the field, and a specific template for action.

The Drug Court program in Sacramento was initially based on the work of DesMaisons, particularly the charts handed to clients and the topics of discussion. More recently, our program has been influenced by Julia Ross and Kenneth Blum, and we have added nutritional supplements in a limited way. Our goal, however, is to obtain enough funding to be able to provide each participant with an individualized protocol using nutritional supplements to self-regulate and repair cellular damage and deficiencies.

What we have learned, at its most basic, is to what extent nutrients deserve our respect. For addicts and casual drug users, a trip to the produce section of the supermarket may be the most important journey of the day.

NUTRITIONISTS' RESPONSIBILITIES AT SACRAMENTO COUNTY DRUG COURT

Nutrition Schedule

Our weekly schedule is as follows:

Wednesdays and Fridays: 10:15 – 12:30

Shopping

The CARA employee who provides Orientation on Tuesdays buys the food for the nutrition classes when he or she buys food for Orientation. It is that person's responsibility to find a replacement on days he or she won't be coming in for Orientation (such as after a Monday holiday, when there are no new clients for Tuesday's Orientation). Please make sure you know who the Orientation person is, and his or her phone number, so you can communicate directly if there is a glitch.

To save money, we are buying food only for the number of clients in Phase One. We invite the other Group of Phase One clients to join the meal, if they wish to stay.

Lecturing

Many clients have short attention spans. A twenty-minute to half hour lecture is long enough. They enjoy interactive styles of teaching. Use the white board, and ask them questions to keep them involved.

Think up quizzes and games to play, to help them remember the material in a fun way. Repeat previous week's lessons in the context of each week's conversations over the cooking and cleanup.

Point out when you are following your own advice regarding whole grains, organic produce, lightly steamed vegetables, and so on.

Cooking

Some people don't know how to hold a knife, or avoid cutting off fingertips when chopping or dicing. Remember the basics. Teach cooking skills, as well as the theories of good eating.

Be aware of the important benefits of this part of our program: people who have fed themselves on the run for years are creating something of worth, together. They are

learning teamwork, to follow through on responsibilities, to share, and to find joy and sustenance in a communal health-promoting activity.

Help them recognize the difference in how they feel after eating the meal they prepared, compared to other fast food meals eaten on the run.

Journaling

Encourage clients to fill out their food/mood journals every day. It is useless for them to fill out the journal for a week at a time, the very morning of their interview with the nutritionist. Emphasize the importance of filling it out as they go about their lives, or at the very least in the evening, for that day. Since some clients cannot spell and some cannot read, so be sensitive to the need of some for help.

APPENDIX F

ACUPUNCTURISTS' RESPONSIBILITIES AT KAISER

Kaiser, and its Chemical Dependency Recovery Program (CDRP) is a corporate culture unto itself. We are lucky to be there, and need to fit in as seamlessly as possible. Paying attention to how you dress, cleaning up the room and lounge, vacating the treatment room in time, and following preset procedures are all important to keep the administration happy with our presence.

Dress

Please dress in business attire while working at Kaiser. Walk down the hall and notice how the male and female doctors are dressed. We are part of the medical staff, and need to dress appropriate to our role.

By the Clock

We have one hour to provide treatment, and not a minute extra. Our clients must be out the door and into their next session at 9 am. Please begin the removal of needles at a time appropriate for this goal, according to the number of clients in acupuncture. If there are 16 people in the room, start extra early!

Who's First

To avoid conflict over the order of who receives acupuncture, have clients sit in a row, according to when they arrive. That way you can start at one end and move methodically across the room, both to put them in and to take them out. Some clients will want to finish by 8:45, to smoke before their 9:00 counseling session.

Extra Acupuncture Points

Kaiser offers acupuncture for pain relief at its Roseville office. The CDRP administration does not want us to give extra points to clients beyond the five used for chemical dependency.

Medical Advice

We know we can offer good advice because we are primary care professionals with great experience and expertise. However, we are guests at CDRP and our hosts don't want us to talk about nutrition, pain relief, women's health, or anything other than substance abuse treatment. Please don't pass out handouts, books, news clips, or any other material to the clients.

Protocol

You may find it most convenient to arrive by 7:40 am so the tea is already warm when clients arrive, especially on cold winter days. Usually, some clients arrive early and are eager to help set up the room.

There is a table to use for ponytail clasps and bobby pins, cotton balls, alcohol swabs, the sharps container, small pillows, the sign-in sheet, and pen. Move the trashcan to the end of the table.

You can place the tea urn, client files, and paperwork on convenient cabinet tops which have their own independent light source, enabling you to keep the rest of the room dark and thereby encouraging quiet during acupuncture.

The chairs are arranged along the wall with a second chair in front for holding feet. If people have dirty shoes, ask them to make sure their shoes don't touch the upholstery. They can turn the chairs sideways to hold their calves, allowing the feet to hang off the end.

Clients are expected to walk up to the table, open an alcohol swab, clean their ears, dispose of the swab and its covering, sign their name and information on the attendance sheet, and sit down.

You are expected to circle the room placing ten needles in each person: shenmen, sympathetic, kidney, liver, and lung. You may add one or a couple more ear needles as you think best, but we are not allowed to do body needling at Kaiser, since the whole focus of our presence is acudetox not treating their other symptoms.

Remind the clients they are to remain seated to avoid needles dropping on the rug. Use a tray or cardboard box to deliver cups of hot tea to everyone and pay attention to any hands raised during the quiet time of treatment.

There is a special form to keep track of your hours and the number of clients treated. We bill Kaiser for supplies according to our patient load, so tracking patient numbers is important. The popularity of the program is also a good justification for continuing it.

Photocopy the attendance sheet and place the original in the drawer back in the counseling area where all attendance sheets are collected. Place CARA's copy in the appropriate file in our paperwork cabinet.

If you have any questions or concerns while working at Kaiser, please contact the CARA office at 916-485-2272. CARA's executive director will intercede for you with the CDRP clinical director, Melissa Rose, PhD or the Kaiser medical director.

The less obtrusive we can be, the better. Be polite and appreciative to staff, but don't linger asking questions, or use the copy room at great length. With this in mind, please do not use the copy room for private copying. We have the privilege of using it

to reproduce the handouts about acupuncture, or the paperwork trail that we use to keep track of patient treatments.

One way of tracking patient satisfaction is to read everyone's feedback papers. If someone writes something particularly laudatory about acupuncture, please photocopy it and place it in the file marked to collect positive comments. After five or six of these are collected, make a copy of them all and give to Melissa Rose, PhD for her files.

You may leave the acupuncture room during the session to photocopy or go to the bathroom, but please return in plenty of time to count needles before people are ready to leave. Some people may want to leave at 8:45 to be sure they arrive on time to their counseling session at 9.

Counselors expect the patients to be in their counseling room at 9 am. Be sure you release everyone who needs to go directly to counseling first, so they can be there on time.

Supplies

Please call CARA's office, 485-2272, when you see supplies dwindling, including tea, needles, cotton, swabs, or files. We obtain the sharps containers from the CDRP nurse. Ask for extra if yours is close to 3/4 full. Kaiser will dispose of a full container for you, as well.

Thank you for your time and efforts. You're making a difference every day that you are there, not only by improving the lives of the individuals you serve and their families, but also by enhancing CARA's credibility in the community and the credibility of the whole field of acupuncture detox.

APPENDIX G

CARA BOARD OF DIRECTORS

CARA's Board of Directors meets every other month, the first Monday of the month. They are responsible for setting the broad strokes of policy for the organization. While employees may serve on the Board, by law at least 51% of the Board must be non-employees.

We are always looking for socially conscious, compassionate, and politically active individuals who are knowledgeable about the field of addiction and interested in serving on our Board. If you know of anyone who might be appropriate, please contact the CARA office.

As of January, 2008 the CARA Board of Directors includes:

Allen Green, Acting Chair. 916-483-1311; atgreen1@aol.com

Allen is a professional engineer and a pioneer in the field of acoustic emission testing, which listens with specialized equipment to the natural sounds of structures of all kinds to detect hazardous imperfections and cracks. He has long experience as a corporate executive. He helped found the San Diego Big Brothers and the Sacramento Big Brothers organizations and the Arden Arcade Community Alliance.

Carolyn Reuben, Member. 916-214-0607; carolynreuben@aol.com

Carolyn has a BA in sociology, a BS in Oriental Medicine, and is a licensed acupuncturist. She was advanced to candidacy for her master's in screenwriting and is a published author of four books and hundreds of articles. She is a member of Family Shalom, a committee within the National Council of Jewish Women's Sacramento Section responding to domestic violence in the Jewish community and educating teens about healthy relationships.

Joanne Bodine, Secretary. 916-688-8545; j.bodine@comcast.net

Joanne has a rich and exciting thirty-five year history of work in the private, not-for-profit and public sectors both nationally and internationally in organizational development, grant development/management, and marketing as well as vision development and operational planning and role training at the Board of Directors level.

She is a specialist in alternative dispute resolution techniques and process Her international work has included mediation and alternative dispute resolution training for the justices of the Sri Lankan Supreme Court and key labor leaders and members of the major employer associations of Sri Lanka and Guatemala. She is an active member of several community organizations and serves on the Board of Directors of the *Sacramento Opera Association*, *Resources for Independent Living*, and *Jericho*.

Susan Morrison-Vega, Grantwriter; 916-212-6252; morrison-vega@comcast.net
Susan Morrison-Vega is a philanthropic development careerist with more than 30 years experience in the field. She has lived in California for three years, and currently works as a grants writer for Girl Scouts Heart of Central California, an 18 county gender-specific leadership organization serving 40,000 members. She has served as development director for the statewide American Civil Liberties Union of Arizona; The Centers for Habilitation, Arizona's largest disability services organization; deputy executive director for the Arizona Democratic Party, and public communications officer for The Rand Corporation/HUD Section 8 housing research program.

Ms. Morrison-Vega has served on numerous boards including her recent election to the Board of Directors of the Northern California Chapter of the Neuropathy Association.

She is a graduate of Indiana University.

RECEIPT & ACKNOWLEDGEMENT OF CARA EMPLOYEE HANDBOOK

This Employee Handbook is an important document intended to help you become acquainted with CARA but is not the final word in all cases. We expect that you will ask questions and obtain answers from CARA administrators as situations unique to your employment arise.

Please read the following statements and sign below to indicate your receipt and acknowledgement of the CARA Employee Handbook.

- I have received a copy of the CARA Employee Handbook. I understand that the policies and rules described are subject to change at the sole direction of CARA at any time. I understand that this handbook replaces (supersedes) all other previous handbooks for CARA as of January 1, 2008.
- I further understand that my employment is terminable at will, either by CARA, or myself regardless of the length of my employment.
- I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the President of CARA.
- I understand that, should the content be changed in any way, CARA may require an additional signature from me to indicate that I am aware of and understand any new policies.
- I understand that my signature below indicates that I have read and understand the above statements and having received a copy of the CARA Employee Handbook intend to read it.

Employee's Signature

Date

Administrator's Signature

Date