# Acupuncture Training at Malindi Prison

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## Abstract

The auricular acupuncture technique known as the NADA protocol was originally developed to treat addiction at an urban American hospital. It has since been adapted to treat a variety of mental and behavioural health conditions and is now a feature of diverse healthcare programmes around the world. This article describes the history, adaptations and particular considerations involved in NADA training provided at the GK (Government of Kenya) Prison in coastal Kenya.

## The NADA protocol

The National Acupuncture Detoxification Association (NADA) technique is a standardised auricular acupuncture protocol used to address behavioural and mental health conditions. Originally developed to treat heroin addiction in an urban American hospital, use of the NADA protocol has since spread across the globe into diverse cultural, economic and social environments. Because the technique is extremely cost effective and flexible, it is particularly valued where resources are insufficient to meet local need.[1]

As an intern pursuing a Master's degree in Oriental Medicine, I had witnessed the value of offering the NADA protocol in a variety of settings, including addiction treatment centres, correctional facilities and mental health clinics in the United States. My own path as a healthcare provider has led me to exploring ways to deliver training and treatment overseas, in areas where healthcare resources are extremely limited.

## NADA on the Kenyan coast

The first NADA training I conducted in Kenya was through the Omari Project. Originally established to combat heroin addiction on the coast, the Omari Project is a non-profit organisation that offers education and treatment for addiction, HIV/AIDS and related issues.[2] It is funded through organisations such as the United Nations Office on Drugs and Crime (UNODC) and the United States Agency for International Development (USAID), and Omari is increasingly successful with grant applications.

The Omari Project staff received their first NADA training in 2008, since which time it has integrated the protocol into all aspects of its programmes. These programmes include residential rehabilitation facilities in the towns of Malindi and Watamu, drop-in centres in Malindi and Lamu, education and services at schools and community events, home visits and a prison programme. To ensure that access to NADA treatments has continued uninterrupted in the region, an Omari staff member has been apprenticed as a NADA Trainer. This apprentice comes from a tiny fishing village near the Somali-Kenyan border, and was originally inspired to work as an Omari counsellor by a family member's drug addiction. Since participating in Omari's original NADA training in 2008, he has incorporated the protocol into his duties as a counsellor, and has acted as co-trainer in subsequent coastal NADA trainings. As part of the local community he bridges the cultural and language gaps between the trainees, the community and me, the foreign trainer. Both the counsellor and his immediate supervisor, who also comes from the region, facilitate during the coastal trainings. They have shown insight and initiative in adapting the NADA protocol to the local context. For example, they suggested using mangrove seeds for needling practice, they discussed with religious elders the validity of acupuncture according to the Qur'an, and have translated documents including patient consent forms and surveys into Kiswahili.

Along the coast of Kenya, NADA training and treatments have benefitted from coordination with existing healthcare provision (as offered by government and non-governmental agencies), sensitivity to the cultural and religious contexts of the primarily Swahili local culture, and a focus on predominant health conditions in the region.

## Acupuncture in GK Prison, Malindi

The idea of using acupuncture in prisons tends to raise eyebrows, concerns and objections, but there is clear evidence that incorporation of the NADA protocol into judicial and correctional systems can benefit individuals and communities.[3] Omari's prison programme is comprised of education,

counselling and referrals to other agencies. Omari also provides NADA treatments to the prisoners, treating approximately 20 inmates per session. Visiting Omari staff offer the programme at the GK prison once per week. The small and shifting group of inmates who participate in the Omari drug treatment programme at GK prison experience reduced cravings for substances as well as other benefits associated with NADA treatment,[4] and both the prison personnel and the Omari staff recognise that more frequent treatments would likely yield better outcomes. Unfortunately since the prison is some distance from the Omari offices in Malindi, Omari staff are unable to provide more frequent treatments at this site. In April 2011, the prison administration requested that certain members of the prison staff receive NADA training. This request was initiated by a senior prison social worker after he noted improvements in prisoners under his care who had been receiving acupuncture. These improvements included an improved sense of well-being, improved cooperation and a decrease in symptoms such as cravings, insomnia and depression. By training on-site NADA practitioners, the frequency of treatments could be increased, and access could be offered to all prisoners, not just to inmates participating in the addiction programme.

The prison in Malindi holds 600 to 700 male inmates, and there is a small women's ward next door where an estimated 50 female inmates reside. High walls and barbed wire surround a large open area strewn with separate cement block dormitories and administrative buildings. Since Omari had begun incorporating NADA treatments as part of their prison programme shortly after the Omari staff's initial training in 2008, I had had an opportunity to view the prison during coastal site visits. During these visits, we were herded directly from the front gates to the room where we conducted activities. The convicts followed us in, a straggling group in baggy cotton prison stripes. The inmates always had questions about the treatments, or acupuncture in general, or about life outside Kenya. They were also happy to share their experiences of receiving ear acupuncture.

When the opportunity to provide training to prison staff arose, NADA providers in the US and UK with insight and experience in providing treatment at correctional facilities advised that particular attention should be paid to issues of safety in launching this training and subsequent treatment provision at this site.[5] The foremost recommendation was to establish adequate safety protocols with regard to counting the used needles at the end of treatment and disposing of them properly. This matched my own experience working with the Hawaii judicial system where administrators were alarmed by the idea of bringing needles into the prison setting. Although safety protocols have been firmly emphasised within the context of the Kenyan trainings, it became apparent that the issue of needle accidents and misuse within the prison was less than paramount for local administrators, as shown by the number of used razor blades littering the ground in an open area where prisoners' heads are routinely shaved.

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A justifiable assumption regarding prisons is that prison guards and prisoners have an antagonistic relationship, prone to hostility and abuse.[6] For this reason, training prison guards to provide supportive care for prisoners might be seen as contrary to the nature of their relationship. On the contrary, however, the participants in GK prison society - including guards, administration, Omari staff and prisoners - describe amicable relationships between personnel and inmates. Because most of the staff - from the guards to the warden - live across the street in prison housing, the staff and inmates form what feels very much like a village community. Staff speak of inmates with compassion and empathy, and because of the close-knit family groups in Swahili culture, there may even be family ties and friendships between the two groups that supersede the typical nature of prison relationships.

## Training prison staff

The support and cooperation of the prison administration for providing this training belied earlier impressions of restriction and limitation gleaned from previous site visits. For example, several of the guards in the training were on night duty when the training began, but their schedules were rearranged so that they could be properly rested to fully participate in the training sessions. When it was time to do the clinical portion of the training, we were given full access to the inmates and were provided numerous treatment sites to accommodate the large numbers of prisoners being treated. Having been denied permission to photograph the work Omari was doing in the prison on previous visits, we were gratified that the administration now permitted us to photograph treatment sessions within the prison.

The trainees included the pharmacist in charge of the Prison Dispensary, the Officer of Spiritual Welfare, two Officers of Social Welfare, the Voluntary Counselling and Testing (VCT) Officer and prison guards. Because NADA had for years been incorporated into the prison programmes through the weekly visits of Omari staff, many of the trainees

*When asked how his arm had been broken, he replied that it was simply 'mob justice'.*

were already aware of what treatment entailed and the benefits to their prison population. Most of the trainees were nervous about their skills during the classroom sessions, and there were lots of sore ears after the second day. One of the trainees, however, was overconfident about his needling skills: 'I've been giving injections for years, so this is no problem for me' stated the prison pharmacist. He brushed off our guidance and suggestions about point location and needling technique, and seemed determined to persevere in his own methods despite the winces emanating from his practice subjects. Other trainees were exaggeratedly timid, and their practice needles fell out within moments.

After classes on safety procedures, needling technique and precautions, the training group was divided into smaller clusters. These groups of three to four people used mini-treatment sessions as role-playing exercises where they could also practise more focused needling. Through these practice sessions the individual trainees were able to showcase their own strengths and learn from the strengths of others. The pharmacist was a confident orator and demonstrated how to explain the treatment and answer questions in an assured manner. The counsellors were skilled at providing compassionate care, and incidentally had no reluctance in telling the pharmacist how far afield his point location was, thereby inspiring him to better receive guidance in this area. The guards were all in their early twenties and prone to lack of focus. By partnering them with the more sedate and responsible older trainees they were better able to apply themselves, and impressed us with their rapid mastery of point location.

## Clinical training

When the clinical sessions began among the prison population, some of the trainees initially gave lengthy introductory lectures, which included enthusiastic descriptions of the benefits of treatment based on their own experience of receiving treatments during classroom practice. While we were pleased to hear of the trainees' positive experiences, we encouraged them to keep explanations short to allow prisoners more time for treatment. Once clinical sessions started with the inmates, the initial hesitation and lack of confidence among trainees abated as they saw the resulting relaxation amongst the inmates and received positive feedback about the treatment.

The Omari team had been providing NADA in the men's section of the prison for years, so many of the male inmates had already experienced the protocol. It was common for prisoners passing by the treatment area to ask to join the session. One such young man said he had been feeling a lot of stress, and would appreciate a treatment. He wore a cast on one arm, and when asked how his arm had been broken, he replied that it was simply 'mob justice'. In Kenya and other parts of Africa those who are caught breaking a law are often subject to mob violence that occasionally results in the death of the offender.

One rather surprising characteristic of Kenyan prisons is that children live in the women's ward.[7] When asked about this, the VCT Officer replied 'the children haven't done anything wrong, why would they be punished by removing them from their mothers?'. When it was suggested that there might be some concern about the children being harmed in a prison, she expressed shock, offering assurance that the whole prison community cherished the children. The treatment had not previously been available in the women's prison, so extra time was spent in the women's ward describing the process and giving demonstrations. Many of the women came into the treatment area with their small children slung on their hip. The women then shared care of the children while the mothers received treatment. The women's comments after these initial sessions were characteristic responses to NADA treatment: 'it feels as if a big load has been removed and I feel lighter', 'I feel very relaxed' and 'I feel happy in my body'.

After completing the clinical sessions, the warden joined us for the awarding of certificates, and again expressed his support and appreciation for the programme. The Omari Project presented the warden with a certificate acknowledging the prison administration's efforts 'in providing innovative and appropriate care for the health and well-being of the prison community'. The social worker that originally suggested this training now acts as a team-leader for the prison staff NADA providers. He gathers treatment data, organises the prison treatment team and communicates their questions and any challenges to the Omari administration. The Omari Project continues to provide a drug education programme at the prison, further facilitating communication and treatment support at the site.

## Conclusions

The NADA protocol is an extremely flexible method of treatment that is readily adapted to local customs and conditions. Its efficacy, versatility and economic use of resources recommend it as an ideal tool for use in settings where resources are limited. As is common of NADA treatment training and provision in unique settings, adaptations were made to optimise training

and treatment outcomes at the GK Prison in Malindi. Standard training components include safety, technique and the framing of treatment sessions. At this site we emphasised role-playing exercises to optimise the diverse aptitude, experience and education levels of the trainees so that individual strengths could be shared and modelled for the group. Additional attention was given to safety precautions and to accommodate the presence of children in the treatment area in the women's ward. Senior administrators were invited to participate in the certificate award ceremony, thereby legitimising the new skills and role of the trained staff in the eyes of the prison community. Ongoing technical and material support for the NADA programme at this site has also been established through an appropriate communication network.

In spite of some positive aspects of the prison in Malindi, it is still a prison. There are issues of overcrowding, disputes among prisoners, high rates of disease such as HIV and TB, drug use and mental disorders including depression and suicidal ideation. While Omari provides a programme for those experiencing drug addiction, participation is purely voluntary. By offering treatment to the general prison population we hope that those reluctant to self-identify as drug users as well as those with other conditions will benefit from increased access to the NADA protocol. ■

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A broken arm from 'mob justice'.


UNLOCK
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INDUSTRY
10
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Facing page: Treatments in the women's ward.

Above: Handcuffed prisoners receiving treatment.

Right: Training group at Malindi Prison, Kenya.