

# GUIDEPOINTS:

News from NADA

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Spring Issue 2016

## *Spirit of NADA: A Report From the 5th Philippine Annual Forum Held On February 27, 2016 in Quezon City*

*by* Lars Wiinblad, NADA-Denmark



Janet Paredes (left) with two ADSes from Tacloban and Michael Smith. Tacloban is an area hit by the strongest typhoon in 2013.

Last year, we received an invitation to speak at NADA Philippine's 5<sup>th</sup> Annual Forum. For many years now, we had been following the incredible work that Janet Pimentel-Paredes and NADA Philippines has been doing, particularly with trauma survivors, but this was the first year that speakers from other countries attended their forum.

NADA Philippines has traveled a great distance in a short time. During martial law, under the Marcos regime, acupuncture was illegal – the National People's Army (NPA) used acupuncture, and so anyone else who used it would be associated with the NPA. It was not until 2008 that it became possible to become a certified acupuncturist. But even before that in 2004, Janet Pimentel-Paredes came

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## **Letter from the editors**

In the past year, many of you have noticed and remarked on an increase in the number of stories on the use of magnetic beads. We appreciate the calls and emails that have come in asking for more information, clarification, and general curiosity about the how and why of the beads.

We are hoping to form what we are calling *observational research*, something that all of us are collectively participating in. For example, I recently gave a presentation at a local nonprofit in Laramie which provides comprehensive job training and psychosocial support to single mothers reentering the workforce. Within a half hour the women learned how to place a bead on the reverse Shen Men point with each other. I encouraged them to bring the beads home, to try with their children and other family members.

The program director called me today to say that she knew the beads worked, but not how well they worked – the mothers couldn't stop talking about what an effect the beads were having on their children, from better behavior at school, to easier bedtimes. It gave them more confidence because they had learned a tangible skill.

We encourage you to give the beads a try. Jo Ann Lenney shares more about identifying the bead placement below. We welcome your continued questions and hope to see many of you in New Mexico.

*San Jursi*

## **And the Bead Goes Where?**

When asked this question, Dr. Michael Smith told us first of all that point selection with the bead seems to work best when simplest or most animal-like. He said that the Chinese never indicated how they developed point selection – "perhaps they copied the mammalian animals

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who choose where to lie to give their pulse energy to another needy friend.”

He said that we can tell trainees what *not* to do with the bead, but that we should not tell them what to do with it. Rather we should ask them what they think is a good bead placement on the ear – they should use their own creativity and initiative.

One trainee said to put it where it feels good. Another said to follow the bead in. Tara, the head nurse at an in-patient rehab facility, put the beads on herself. Within a few minutes, her sinuses cleared up. She sent me an e-mail the next day saying, “I love the beads! My nose is still clear.” I asked her to describe where to put the beads and she said, “Just put them where you think they should go.”

I told Dr. Smith this story and he said was not surprised – “we’re talking about the body wanting to heal itself. This comes from life, not from school, so you are choosing your own healing. Working with Qi is what we are intended to do.” Or to put it more simply, “Nature wants us to get it right.”

If you need to give some instruction, you can tell people to put their thumb on the front of the ear and the forefinger on the back – near the top of the ear. That will pretty much give them an idea of where the reverse Shen Men is. After that, they can follow their instincts. Dr. Smith says that pictorial images are not relevant – rather the imaginary or energetic image is what’s relevant.

At Lincoln, the clients’ children were in charge of bead placement on Saturdays. My role was to lift them up so they could reach the adults’ ears. At first, I concentrated mainly on watching their placement, but eventually I learned more by looking at their faces. They showed curiosity and confidence and focus in what they were doing. I try to replicate that now when I do a bead treatment.

Dr. Smith said that the children liked giving the bead treatment because they understood it, and they liked doing it because I wasn’t telling them what to do – they were using their own imagination and initiative.

As teachers, we need to accept our subordinate role in our relationship to the people we are working with. We must be comfortable with the vast and complex character of bodily Qi.

*Jo Ann Lenney*

## NADA’s Mission

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

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## Outreach for NADA in Las Vegas With the National Council on Behavioral Health

by Sara Bursac

In March, I had the privilege of attending the 16<sup>th</sup> “NatCon” conference as an exhibitor for NADA. I was also a co-presenter for a breakout session titled, Ear Acupuncture for Behavioral Health: It’s Easy and It Works. With 5,000+ attendees present, this absolutely felt like *the* industry conference for the behavioral health field. NADA was given space to share with the North Carolina company, Alternative Behavioral Health, headed by Jeanne Supin. Supin is an acudetox specialist, a writer and a leadership coach with a passion to get the word out about the power and simplicity of the NADA protocol.

“I have been trying for years to get NADA into this conference,” said Supin. “In fact, in 2010, I asked Ken Carter, former NADA president and an emergency room psychiatrist with Carolinas Healthcare, to submit a presentation proposal, but the conference organizers felt the topic was too unconventional. Five years later,



all I needed to do was mention to those same organizers that I knew a psychiatrist and medical acupuncturist with NADA expertise, and they jumped at the chance to offer a panel presentation.” Last year, Supin and her team provided more than a hundred NADA treatments to

conference attendees out of her own booth, and this year invited us to join her.

During breaks, our booth was packed with people, which, for our small 8’x 8’ space, was a bit of a challenge. But it worked – people came back for a second and even third treatment. Some also attended the presentation that Supin’s colleague Teresa Baltzell, Carter, Supin and I gave. We treated an additional 40 people at the presentation and were grateful for the extra volunteer help from Nate Hurse, NADA board member and trainer, who was in attendance at the conference. And amazingly we

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## Becoming an Acudetox Specialist in a New Mexico Emergency Department: A Nurse's Perspective



Rheanna Hoffman

*The following is a statement of interest submitted by Rheanna Hoffman in the application process to join the annual pre-conference training, this year in Albuquerque, New Mexico.*

As a nurse, I view my role in the health of people's lives as comprehensive, no matter the scope of my position in a given job. Currently, I work in an emergency department (ED) of a Native hospital in Gallup, New Mexico, a culturally wealthy, but underfunded border town south of the Navajo Nation.

Practically speaking, emergency nursing is a zoomed-in practice: focus is on the immediate moment of the individual person, even an individual organ. But emergencies, like anything else, happen in context. They arise in chronic, long-term circumstances involving that individual's nested spheres of influence: family, municipality, culture, society, and geopolitical historicity. Thus, emergencies can be seen as chronic concerns that reach a crisis – and emergency nursing as immediate activity that addresses the crisis, while understanding the origins of that crisis to be social and political.

Like so many in border towns, Gallup's Native residents are subjected to profound, ongoing colonial violence in the form of physical privation, police brutality, disproportionate incarceration, predatory lending practices that exacerbate poverty, pervasive and unprosecuted sexual violence, and a murderous lack of social support that has led to epidemic levels of exposure deaths of houseless

populations. One of the ways that this violence gets coped with and enacted out is through addiction.

Thus, in the ED, the most frequent emergency we see is related to addiction, especially to alcohol and food. Addiction-associated emergencies manifest as alcohol-related motor vehicle accidents, domestic violence, withdrawal, liver failure, cardiac disease, diabetes, and obesity. But, zooming out, what is the basis of these addictions? Are these addictions the natural result of institutionalized and historical trauma? internalized oppression? cultural genocide? unprocessed grief? the result of imposed patriarchy of Europeans that systematically sought to obliterate the Navajo worldview that upheld the feminine, the Mother, and women altogether as leaders in all matters political, familial and spiritual? Too often these addictions are seen merely as biophysical – explained away dismissively by claims that Natives should just learn to control themselves. Whatever the view, emergencies based on individual addictions are really a public health crisis.

Seen in this way, my role as an ED nurse is to understand, address and treat not only the immediate crisis of the individual, but also the chronic, public health atrocities that led to that acute crisis. On the way to actually ridding society of the underlying social injustices that lead to the social crisis of addiction, I can at least address addiction before it becomes an acute emergency.

Becoming an Acupuncture Detox Specialist through NADA is a natural fit for me to serve people on an individual basis – one ear at a time, as it were – as well as serve my community. Specifically, I plan to volunteer at the local detox

center, as well as make in-roads to see where detoxification acupuncture can be offered in the ED and in the hospital at large. ♡

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*We look forward to having Rheanna and many other healthcare practitioners from New Mexico and other states join us at this year's pre-conference training. If you meet them in Albuquerque, please welcome them to the NADA family.*



## A Revision to NADA's Ethics Pledge

The backbone of all NADA practice rests on the ethics pledge whose review is a core component of the NADA training. We appreciate the 27 points of this code which keeps the practice of NADA safe, ethical and grounded in local reality.

We recently revised item 13 to encourage an active membership in the organization when providing the NADA protocol as part of one's employment. The NADA office provides informal consultation and support in any and all situations. This connects members to NADA, and keeps our community vibrant and healthy.

In over 30 years as a nonprofit organization, there has not been a claim filed on an acudetox specialist, as reported by the American Acupuncture Council as recently as 2015. "That is a very good record," said Kory Ward-Cook, chief executive officer of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Ward-Cook just participated in a large-scale revision of NCCAOM's code of conduct and has been doing education and outreach about its new features. 🐉

## The NADA Board Grows: Meet Carolyn and Yvette

*In January 2016, the NADA board voted to add two new members-at-large, Carolyn Mandrusiak from Gabriola Island, British Columbia, and Yvette Miller from Cornelius, North Carolina.*



*Carolyn*

NADA, recognized internationally, works its magic despite language, culture or status.

### *How did you get introduced to NADA?*

I spent 25 years working in northern Canada in the health and social services field, and then in 2002 I started acupuncture college where I was introduced to NADA. That is when I felt, *this is it* – NADA is a wonderful way to blend the two, West and East, because it's so versatile. NADA gives us the sense of being a part of a larger picture – it shows us that something so simple can be effective, inexpensive and shared freely among different sectors of society. NADA, recognized internationally, works its magic despite language, culture or status.

### *What inspires you about NADA?*

The Spirit of NADA itself is inspiring. It shows the basic goodness and caring of many different people and is a refreshing perspective. It is a way for different sectors to work together for individual and community healing and to work toward social change. The organization of NADA promotes the protocol as a tool to be used locally and worldwide, and that is also very inspiring.

### *What are your hopes as a NADA board member?*

I have a strong interest in looking at a more comprehensive communication strategy for the NADA trainers and ADSes in Canada – to get the Canadian members more active. Currently there is no mechanism for Canadian trainers to connect with each other and learn

about the many projects that are going in Canada, as well as America and abroad.

Being a trainer, I have felt quite isolated in NADA because I know very few trainers. Now that I'm on the board, it will open up opportunities to not only meet other trainers, but to build relationships and strategies for further NADA programing in Canada and elsewhere!

Another one of my other hopes is that we can look at provincial and territorial legislation to accommodate NADA. It is difficult to get a multi-disciplinary approach when we are restricted by legislation. This is the case in my home province of British Columbia, where mainly acupuncturists can practice the NADA protocol. I was able to train nurses, social workers, a pharmacist and mental-health workers at a Fort Smith addiction program in the Northwest Territories (NWT). I liked that particular project because it pulled people together and created a nice team. NADA can be multi-disciplinary – you don't have to have particular a position or role. Anybody can learn it.

### **About Carolyn Mandrusiak**

Mandrusiak has lived on Gabriola Island in British Columbia for nine years, a ferry ride away from Victoria Island where she can access the cities of Nanaimo, Victoria and Vancouver. She facilitates 1 to 2 NADA trainings each year, both locally and in other provinces and territories, mainly Alberta and the NWT. After completing her education and training as a full-body acupuncturist, she opened her own practice which provides both acupuncture and counseling to its clients.

In addition to her private practice, Mandrusiak helps develop policies and procedures in addictions and child-protective services in the Northwest Territories. When she lived there, she served in various positions with the Health and Social Services Board, including being a superintendent and later a chief executive officer. She has worked in the field of family-violence prevention and has developed and coordinated programing for women's post-trauma healing and recovery. ♡



## Yvette

### *How did you get introduced to NADA?*

I had a headache one day that I could not get rid of. My friend Margaret Thornton gave me a NADA treatment, and, 25 minutes later, the headache was gone. I thought, whatever that is, I have to learn how to do it. Margaret was doing a training later in that month, and I signed up for it that same day. I use it on myself and on family and friends. From my personal experience, I know how powerful a modality the NADA protocol is, but I have never used it as a practitioner.

### *What inspires you about NADA?*

I was impressed by the diversity of the organization in terms of the board members, the general membership and the clients. The mission of NADA of encouraging community wellness through the use of the protocol is what is truly awe-inspiring. The presence of acudetox specialists at community clinics, Veteran Stand Down events, and after disasters is the essence of what NADA is about – being present when people are in need.

### *What are your hopes as a NADA board member?*

One of the main strengths that I hope to bring to NADA is my focus on the advocacy aspect of the NADA mission. In recent months, I have been working with past NADA president, Ken Carter, on developing a strategy to allow non-acupuncture acudetox specialists to practice with limited supervision in the state of North Carolina. The NADA protocol is a critical piece to a disaster response. I have been with the Red Cross for 20 years, and I would like to see a relationship grow between the Red Cross, Medical Reserve Corps and NADA.

### **About Yvette Miller**

Currently the executive medical officer for the Donor and Client Support Center of the Red Cross, Miller started her career in medicine as a registered nurse. She chose nursing school first because she wanted to learn how to provide medical care in an interactive and loving manner. She worked in nursing for five years, first as a general floor nurse primarily with patients living with chronic conditions, such as hypertension, dialysis and cancer. Her second experience was providing acute care to patients after open-heart surgery.

The mission of NADA of encouraging community wellness through the use of the protocol is what is truly awe-inspiring.

“I took my nursing experience with me to medical school.” At the University of North Carolina at Chapel Hill school of medicine, her favorite subject was pathology. “I loved pathology. Ever since I was child, I have had an investigative mind.” She completed a residency in clinical and anatomic pathology at University of Texas Southwestern Medical Center in Dallas, and then a fellowship in transfusion medicine at the National Institutes of Health in Bethesda, Maryland. In her current role, Miller manages the blood banks of all 36 national regions of the Red Cross.

Miller is also president of Holistic Health Management, LLC, a practice focused on promoting health and wellness by supporting positive lifestyle changes through nutritional counseling and other complementary medicine modalities. Her devotion to healthy living began at an early age. Equipped with this personal experience and her medical training, she has devoted her practice to helping others find balance in life. 🌿

**Meet Carolyn and Yvette at the upcoming conference in Albuquerque.**





**NADA pin given to all volunteers with the NADA logo and the map of the Philippines. NADA Protocol: "Healing People One Needle At A Time."**

to Lincoln Recovery Center to train as an acudetox specialist (ADS), and to bring the NADA protocol back to the Philippines where she was working with street children.

In 2010, she conducted the first NADA workshops, and, in 2012, NADA Philippines was established. Only three years later, the organization managed to have the protocol accredited by the Philippine Institute for Traditional and Alternative Health Care of the Department of Health (PITAHC), so ADSes are now certified to use the protocol in all islands of the Philippines. An extraordinary achievement, especially considering the history of acupuncture in the Philippines.

The forum started with the national anthem followed by participants from different regions of the Philippines reading reflections of their personal experience of the NADA Spirit. They shared what it meant to them to help the many typhoon victims and the unique way the protocol was used in each community.

This certainly was not a meeting focusing on research! It was a gathering of 152 ADSes sharing what several participants called "a service from the heart." As one speaker said, "One thing is the ability to give something to other people, but the most important thing is how you give. It must be with your heart."

Board president Janet Pimentel-Paredes opened the forum by honoring the representatives from several programs all over the Philippines. Photos from all trainings were in a room on the "ADS Batch Wall." ADSes from throughout the country who had been volunteers in different projects and missions were called on stage to receive their NADA pins with the logo: "Healing People

One Needle At A Time." Dr. Michael Smith and all guest speakers also received pins, and everyone gave a round of applause to the recipients.

This was a very emotional experience. It was an atmosphere of strong commitment, humility and pride – and the NADA Spirit was overwhelming in the room. The meaning behind the title "strengthening the NADA Spirit through solidarity, dialogue and relationship" was obvious.

NADA in community settings was the general theme. Speakers came from different regions in the Philippines, and other speakers came from Denmark, India, New Caledonia and Thailand/Myanmar. Michael Smith came on behalf of NADA International.

Dr. Isidro Sia, director-general of PITAHC, gave the opening speech. He started his remarks by saying, "I don't have any new studies to present. I am inspired by you." Dr. Sia has done a tremendous amount of work to get

**This was a very emotional experience. It was an atmosphere of strong commitment, humility and pride – and the NADA Spirit was overwhelming in the room.**

NADA into the health-care system, and his closing words were that the next step should be documentation, noting that the Department of Health would fund studies and would also work to get the Philippine Health Insurance Corporation to pay for acupuncture – including the NADA protocol.

Four different Philippine programs were presented. Reflections on being able to act and give a healing process to other people was at the core of the presentations. Video documentation was shown, which made a huge impression on all of us.

Magdalyn Tomilas and Ma.Tita Butz described a program from the mountains in the Cordillera region. The presentation, The NADA Protocol: Support to Indigenous People's Communities in Sustaining Alternative Health Care Practices in the Cordillera, was introduced by a description of the culture, society and beliefs among the indigenous people in the region.

To set up NADA training in the mountains was very complicated. Many roads were destroyed by the typhoon in 2014. Vehicles could not reach some villages, so the





Michael Smith with ADSes from the Cordillera region at the 5th Philippine Forum. Joining them are NADA Denmark founders Lars and Mette Wiinblad.

ADSes that volunteered for this mission had to reach villages by foot. Several hundred victims of the typhoon were treated. Afterward the victims were better able to tell their stories and to cope with emotions. Many reported better sleep, less anxiety and stress. Magdalyn Tomilas also described how she as a teacher was working to get the NADA protocol accepted by the political establishment in the region.

Mary Ann Gabisan and Jenny Aranas are also teachers. Their presentation, *Nurturing the Spirit in the Valley*, described the programs in Compostela Valley. Healing is an ongoing process, and it is crucial to nourish the programs to get results. The urge to provide treatment and healing was strongly felt by these teachers since they themselves were trauma survivors after typhoon Bopha in 2012. They were helped by the NADA protocol and felt a need to learn the method, so they could pass it on to others. These teachers have set up several programs with ADSes providing treatments on a voluntary basis. Since 2013, they have developed a prison program, have been working with typhoon survivors, family programs and schools.

Melinda Gallego described the 2015 Mindanao Humanitarian Network Against Disasters program. Because of a political conflict, 165,000 people were displaced. Little government assistance was given to the local civilians who suffered trauma, so several ADSes volunteered to give treatment in the evacuation camps and adjoining towns. The trauma survivors received the NADA protocol as well as other modalities of healing, .

Sister Jesusa Baracena, from Santa Rafaela Maria School in Quezon City, along with other women in her religious community are running a program for displaced families,

This certainly was not a meeting focusing on research! It was a gathering of 152 ADSes sharing what several participants called “a service from the heart.”

and the NADA protocol is a part of the program. Sister Baracena is an ADS, and five mothers from the involved families have been trained so they can treat other families.

Pam Rogers and Law La Say gave a presentation on the community-based DARE project on the border between Thailand and Myanmar. They founded this unique project 16 years ago, and it continues to work under extremely difficult political circumstances. Their main focus is on drug treatment and domestic violence, and they have projects in six villages – this is about to expand to 20 villages in Myanmar. More than 200 people have been trained in the NADA protocol during the 16 years that this program has existed. [More on the DARE Project in the Nov/Dec 2014 issue of *Guidepoints*.]

Changing habits through peer support is the core of the program presented by NADA India. The protocol works beyond the needles in combination with peer support. Suneel and Pallavi Vatsyayan work with addiction in poor and underserved neighborhoods. In order to make a barrier- and shame-free program, they initially address the physical diseases caused by addiction and life style (high blood pressure, diabetes, etc.) instead of the addiction itself. Focus is on wellbeing instead of treatment. In this context, the clients accept the protocol as a gift. NADA India have created a cleverly structured program based on peer support. It is a clinical and community-based program, reaching out to counselors, schools and families.

The last two presentations had a greater focus on the clinical integration of NADA within program settings. Vanessa Top works with addiction in a care center under New Caledonia Health and Social Agency. Since 2012, she had been working with the NADA protocol in

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combination with group therapy, mindfulness and relapse prevention. Her talk was on tobacco. In New Caledonia, 39 percent of the population smokes (a world record).

Mette Wiinblad and I represented NADA-Denmark. I did a presentation on the use of the NADA as a tool to reduce withdrawal symptoms with tranquilizers and antidepressant medication in community settings, as well as in inpatient programs. Mette Wiinblad gave a resume of the different types of programs developed in Denmark over the last 16 years and ideas for new directions and partnerships.

Before the closing remarks by Dr. Vicky Ducat, Janet Pimentel-Paredes invited everyone to the next forum in 2017. Then all presentations were summarized with amazing attention to details. These will eventually be put in booklet form – something I look forward to reading.

As Dr. Michael Smith said, “The NADA Spirit lives in Asia. The ADSes are proud, honored and sincere. This is real – this is evidence. This is the excellent work in the Philippines!” ☺

*Reflection from  
Vanessa Top, one of  
the presenters at the  
Philippines NADA  
forum who traveled  
from New Caledonia:*

It was really a great time in the Philippines. I was so honored when you asked me to come for the fifth congress. It was a brilliant encounter: permitting me to tell about my experience and the work I do with the NADA protocol.

And it was a great experience that you shared with me – allowing me to visit you in your country, my heart sister, discovering the Philippines, its history and culture – so welcoming and smiling – getting to know your team. Such an energetic and nice team – showing our Humanity – like the NADA Spirit.

*Thank you, Vanessa*



**Vanessa Top and Janet Paredes**

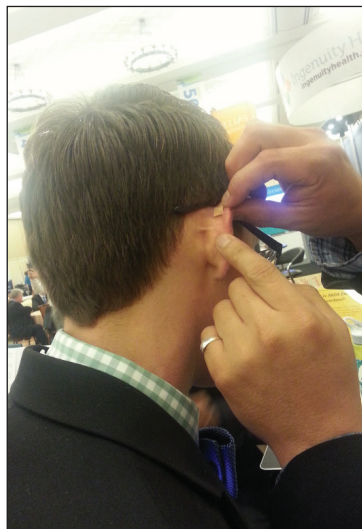
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**Ken Carter (left) and Nate Hurse (right) at the NatCon conference.** Carter spoke at the presentation, *Ear Acupuncture for Behavioral Health: It's Easy and it Works!*



**One participant learns how to apply the magnetic beads.**



**The joint NADA/Alternative Behavioral Health booth at the NatCon conference in Las Vegas hosted over 100 treatments in two days. We were busy!**

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discovered an acudetox specialist in the audience from Colorado, Victoria Romero, who also volunteered to needle.

There was a certain level of amusement at having a behavioral health conference in the midst of the bling and dazzle of Caesar's palace and Las Vegas. Next year the conference is slated for Seattle. Hopefully we will be

there to again create a greater awareness of the impact the NADA protocol can make in behavioral health settings.

In August, we will have a similar presence at the National Council on Addictive Disorders conference in Denver, where NADA's president, Libby Stuyt, will give a presentation on NADA – A Simple but Effective Tool to Aid in the Opioid Epidemic. ♡