# C UDEPOINTS: News from NADA Spring 2019

# NADA Japan Celebrates Its Third Anniversary

#### by Sachiko Nakano

Sachiko Nakano and Dr. Michael Smith met in August 2011 at a symposium in Japan. After that meeting, they stayed in steady communication. Their contact was mainly about the people they had met during their time in Japan and about her own personal activities in Seattle working with street youth and the criminal justice system. They also discussed the outcome of her efforts to set up NADA Japan – as she puts it, "This was mainly none, but I was trying."

Mike realized the culture of Japan would be a tough one to introduce NADA into, and he bowed to Sachiko's expertise in this matter. He fully supported her saying that he had "such a long and high opinion" of her as a colleague. When he learned about Chinatsu's work, he said that he thought her experience seemed particularly suited to the situation of working to set up NADA Japan.

It took over 10 years, but in 2011 the late Dr. Michael Smith and I introduced NADA to the Disaster and Acupuncture symposium held in Tokyo. Unfortunately, shortly afterward I was informed by an anonymous person that NADA does not work, and there is no possibility that NADA would ever be established in Japan. I set out to prove them wrong.

Time passed and eventually I met Yuko Watanabe, an acupuncturist with a law degree, who was already doing volunteer work giving the NADA protocol at the Drug Addiction Recovery Center (DARC) in Kyoto. Shortly after that, I met Chinatsu Uehara. She had been in touch with the NADA office, who supported her vision to establish NADA Japan. The first NADA workshop in Osaka was held a few months after Chinatsu and I first met. I would like to say thank you to the many NADA members in the United States who helped make that JAPAN continues on p. 3



Trainees of NADA Japan practice needling. From left to right: Miyuki Nomura, Sayuri Onaga, Takahiro Nishihara, and Chigusa Sungawa. *Photo courtesy of Chinatsu Uehara.* 

# NADA members in Chicago help families affected by gun violence. *Read more on p 4*.



Fr. Pfleger at Chicago's St. Sabina church, with NADA members Lana Borkhovik (left), Franzcine Caldwell and Sabina Wong. *Photo courtesy of Franzcine Caldwell.* 



The Old Man, a Boy and a Truck: The EDA System by Thomas Atwood, MSW

Join Tom and his nephew, Zach, as they manage social and emotional dilemmas typical in the life of a practitioner of the healing arts. The author escapes the dry academics of textbooks by weaving theory into "marvelous and often hysterically funny stories" of real patients.

Chapter 17, "Smokers," describes how Acudetox was first used with the mentally ill in the state of Texas.

It can be purchased on Amazon.com, in paperback, and on Kindle Books.

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### 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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We welcome letters to the editor in response to any story that we print. Please keep your response under 400 words and email it to nadaoffice@acudetox.com.



JAPAN continued from p. 1 workshop successful.

Initially I taught a few classes until NADA Japan was formally established. Chinatsu helped arrange the workshops, inviting guest speakers from DARC and Yakkaren, a support group of parents and family members who are going through drug- and alcohol-related issues. And for the opening class, Yuko shared drug- and law-related information.

The groups were not large, but each student brought their ambitions and enthusiasm to the class. I remember talking with the late Dr. Smith and telling him that we wanted the quality of people who would carry the Spirit of NADA in Japan, not quantity. He had agreed to it.

Doing this work, I re-learned my Japanese culture. It was eye-opening to hear the stories buried by secrets and shame – the side of stories that we often feel shameful to expose in public. Yet we need to advocate and reach out to people who desperately want to be heard. The Japanese culture is so complicated in the sense that the functional alcoholics are accepted in society, and it sometimes shows the pride of being tough and strong. It is such dichotomy to put those two in balance.

We in NADA Japan are all connected with our heart, a Spirit of NADA – overcoming harsh obstacles from the people who thought there would be no place for NADA in Japan. I believe that more practitioners will come forward in the coming years, and, because of this, more people in Japan will benefit from this beautiful treatment modality.

The Japanese people have suffered a lot because of the recent earthquakes and other natural disasters. We can reach out to so many different areas. May NADA Japan provide a place for them to be welcomed. Congratulations to NADA Japan for the 3rd-anniversary celebration!

Sachiko Nakano is an acupuncturist and NADA trainer in Seattle, WA. To contact: onehearthc@icloud.com

#### I would like to introduce you to Chinatsu Uehara:

Hello NADA family! I am Chinatsu Uehara, the representative director of NADA Japan. Our policy is: "Peace of mind and natural healing power for people suffering from stress, PTSD and addictions, and also for their families." Addiction is a disease that can affect anyone. Addiction is a recoverable disease. People need treatment and support for recovery. However, in Japan, millions of people with addictions are not receiving



Chinatsu Uehara (top left) with Sachiko Nakano next to her, along with Yuko Fukui, Harumi Shimabukuro, and Yasushi Yamakawa (back row) and Saori Ikehara, Chigusa Sunagawa and Akari Yamakura (front row, left to right). *Photo courtesy of Chinatsu Uehara.* 

the correct treatment. Because many people think that addiction is not a disease – it is considered to be a crime or a problem of personality. There is a prejudice that addicts are crazy people. We want to deliver the NADA protocol for all people who suffer from addiction, not only to the suffering parties but also to their families – and we need an awareness campaign to help remove the prejudice.

We recently established the ear seeds department. It is not only about mental health, but it also offers many lessons on how to approach health and beauty. Anyone interested in this and in children's growth can attend our training.

Our activities are still limited but expanding. We are treating residents at DARC, the drug dependence recovery self-help facility. This facility has branches all over Japan. We hold the NADA training two to three times a year for acupuncturists and physicians, and four to five times a year for nurses, physiotherapists, psychologists, any medical license therapists, and people in the general public who have an interest in health and beauty.

We are celebrating our 3rd anniversary this year. Our commemorative event is set for August 4th in Tokyo. All of us in NADA Japan thank you for all your support – we keep growing! Se

# Remembering Our Children for Mother's Day

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by Franzcine Caldwell and Lana Borkhovik

NADA has been working with Purpose Over Pain (POP) since 2015. It was formed in 2007 by several Chicago area parents who lost their children to gun violence. Their mission is "to provide positive development activities for youths, advocate for and promote safe communities, and strengthen families by providing crisis support to parents/ guardians whose children have been victims of violence."



Photo courtesy of Purpose Over Pain

This May, we collaborated with them on a pre-Mother's Day event at St. Sabina Church. Remembering Our Children for Mother's Day was the theme of this event. POP's administrator/outreach facilitator, Alfreda Roberson, stated, "Over the past four years, POP has reached out to NADA to provide their protocol. The parents and family members look forward to this service because they walk away feeling much better."

In the NADA space, we served more than 60 people in just over four hours. It was a true exchange of healing energy between those who came to seek help, to share their stories, and the NADA practitioners.

POP holds special events throughout the year planned around difficult days – Mother's Day, Father's Day and the period between Thanksgiving and Christmas. These events are intended to bring a measure of joy, relaxation and pampering. In addition to the NADA protocol, services available that evening included massages, trauma yoga, manicures and facials. **9** 

Franzcine Caldwell is a NADA trainer and Lana Borkhovik is an acudetox specialist and acupuncturist. Both are based in Chicago, Illinois. To contact: facz@sbcglobal.net, l\_greyz@hotmail.com

# *Words From the Founder:* Acupuncture is not like a pill

Pharmaceuticals do the same thing every time, but very few things in life are like this. Acupuncture is nothing like this – it has a lot of ripple effects that lead to enhanced results. Also group therapy is nothing like this – the essence of group therapy is that it means something different to each person. And every time we say hello to a friend, it's different. For anything to be interesting, it must be different.

Interaction and richness is what works. Your message must be variable – it's what you bring to the situation. Variability should be where the client is, not where you are. Keep it simple so complicated things can happen. Make it complicated and the client won't understand. If you want to change a person's life with a 10-second message, it has to mean something to the client. Intelligence and wealth and process is inside the client, not inside the practitioner.

Acupuncture is not a treatment for symptoms or disease. For example, you don't necessarily want people not to worry. Worry can be a seed for something to develop. Clients may need worry to help them grow. The body's intention may need this process.

Our clients are behaviorally radical but intellectually conservative. Their biggest concern is: "Am I going to fail?" It's not a fear of the needles. But no one wants to say, "I have shame," so they say, "I'm afraid of needles." So we should go step by step through these fears of inadequacies.

Acupuncture helps people help themselves. When clients come in the door, this is when they are most ready for acupuncture. Acupuncture makes them feel better internally and they'll feel better quicker. Do not try to explain acupuncture to the clients. And, if you make it optional, you diminish it. Present it to them as a wellness experience so that they will not be embarrassed.

Acupuncture is a living thing. It moves lightly and quickly. It crosses lines of gender, race and culture. It connects to someone's inner spirit, and it's a tremendous privilege.

Talk given by Michael Smith in 2005 at the NADA annual conference held in New York City. Transcribed by Jo Ann Lenney.



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# SPIRIT 07 NADA



Chuck Pyle, speaking at the NADA conference in Austin, Texas, March 2019, wearing a tie designed and handmade by Nobi Pyle.

Chuck Pyle served as a U.S. Magistrate Judge in Tucson and Flagstaff, Arizona, from June 2001 until April 2018. His wife, Nobi Pyle, has a Chinese Medicine practice, and, as she tells us, they were headed toward "a leisurely retirement," when in 2016, she took her husband to a NADA conference in Albuquerque. She said they were blown away by the dedication and passion of the people of the NADA community and Dr. Michael Smith.

Since Chuck's retirement in 2018, he has continued to work to bring the hope of justice to those impacted by the criminal justice system – on all steps of that continuum. He and Nobi do this in part through volunteer work at the Dismas Charities Halfway House – the largest federal halfway house in Tucson with about 90 male residents and 30 female residents. Nobi provides the NADA protocol there to both residents and staff on a voluntary basis. She usually has 16 to 24 people take advantage of the treatment each week.

Recently, Nobi did an acudetox demonstration for the community relations board of Dismas Charities. Fortuitously, one of the people from the Dismas home office was there. Also present was the warden for the three federal prison facilities in

Tucson, including a high security penitentiary. At the conclusion of the meeting, the warden asked Nobi to do a wellness presentation for her staff, now scheduled for later this summer. For Nobi's demonstration, Chuck prepared a one-page handout titled Some Advantages of Acudetox. Then, as happens once or twice a month, that morning he was up at 2 a.m. with an idea about how the advantages of acudetox interplay with the need for criminal justice reform. The following words are the fruit of that night's lost sleep.

# What the Criminal Justice System Can Learn From the NADA Protocol

by Chuck Pyle

After 40 years of rejecting rehabilitation efforts, the criminal justice system has primarily focused on punishment and restraint, shaming and seclusion. The result has been an incarceration crisis impacting the entire country and inflicting significant harm to individuals, families and communities. While the country has largely recognized the over-incarceration problem, changing policy has been difficult – while changing culture is even more challenging.

Most persons in the criminal justice system have a substance use disorder (SUD), a mental health condition, a history of trauma, or a combination of all thre Statistics

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vary and are generally assumed to be underreported.

Acudetox should be a vital part of the response to this pain and suffering because of its ability to provide relief for any of these conditions. As importantly, acudetox and the philosophy of the NADA protocol naturally pushes the criminal justice system toward a more restorative path.

As we examine rehabilitation and behavioral health in the criminal justice system, there are two critical dichotomies. First, are we dealing with bad people or bad acts? If you presume the person is bad, rehabilitation and redemption is unfeasible, a waste of effort. If you view the person as good, but as someone who has committed a bad act, redemption is expected. The second dichotomy involves substance use disorder – is it a disease or a moral

# **NADA Changes the Dominant Paradigm**

# Creating a Zone of Peace

### GROUP SETTING

Safe reassuring environment Avoids transference issues Giving, attentive relationship Exemplifies sobriety

### NONVERBAL PROCESS

Bypasses denial and resistance issues Not driven by verbal cues Not diagnosis-driven Helps people listen Access to inner, spiritual dimension

## EXTENDS PARADIGM SHIFT OF AA

Sobriety is an attainable, positive goal Addiction has a crucial spiritual dimension Primary experience leads the way Crisis and wellness support simultaneously available

## NEW AREAS OF SERVICE

Simple, transparent, flexible setting Foundation for innovative program development Same protocol reaches all types of addiction Alleviates mental health problems Helps problems outside of diagnostic boundaries, such as shame, grief, and family violence Successful programs reach adolescents, gang members, prisoners, refugees, victimized communities, and trauma survivors Both sides of a family or community conflict can be served simultaneously

## TRANSFORMATION OF STAFF ROLES

Caregivers at any level can be trained to provide NADA acupuncture Uniformed service personnel have been trained on a large scale Supports caregivers against stress and burnout

## UNIVERSALITY

Low cost Acceptance in a wide range of languages and cultures Easily taught and exportable to any location Convenient integration into a wide variety of settings

Milhael OSm

failing? If SUD is a moral failing, "treatment" will focus on curing the moral deficit, whereas if SUD is a disease, the focus is on curing a disease, not on making you a better person. There is an obvious relationship between the two dichotomies – bad people are prone to moral failings.

# Don't verbalize the process - you'll take up space.

### Michael O. Smith

If you posed these dichotomies to criminal justice professionals and the public at large 10 years ago, the choice would have been clear – we deal with bad people who haven't dealt with their moral failings. This is evidenced by the harshness of our laws, the intrusiveness of our supervision and frequently by the brutality of prison conditions. It is further evidenced by the predominance of the abstinence-only treatment philosophy, the almost complete absence of medicationassisted treatment, and the reliance on incarceration as a response to relapse.

Presently, more and more people intellectually understand these two dichotomies. Unfortunately, the predominant policies, environment and culture remains left over from the bad people with moral failings understanding, so the new appreciation has had limited tangible impact.

Perhaps acudetox, in addition to providing relief from pain and suffering for individuals, can nudge the system to act more consistent with its own beliefs and understandings. In the one-page handout, Some Advantages of Acudetox, the first five are logistical: inexpensive; low risk; low barrier to training; direct supervision unnecessary; and portability facilitating treatment in remote areas. The second five are procedural or philosophical: specific diagnosis unnecessary; not judgmental; group dynamic; family member and custodian treatment available; and trust-creating – community members putting healing hands on other community members.

These latter five acudetox considerations definitely emphasize providing disease treatment for good people. Conditions related to addiction, stress and trauma are stigmatizing. No diagnosis necessary means no stigmatizing inquiries, even ones not intended to be so.

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Routine acudetox questions like, "Would you like to try acudetox?" or "Are you ready for the first needle?" are non-threatening and reassuring. The group dynamic emphasizes good people facing a shared problem. It would take extraordinary callousness to label the entire group as consisting of bad people with moral failings. Family members and officers choosing to receive treatment demonstrates to those in recovery that stress and trauma is a universal experience – it is not a moral failing.

The two most impactful considerations are that acudetox is non-judgmental and that community ADSes create trust through administering treatment. To conclude that someone is a bad person, beyond redemption, is the pinnacle of being judgmental. Acudetox shows the strength and effectiveness of rejecting such damaging conclusions and of focusing on re-energizing a person's inherent goodness.

As we in the criminal justice community pursue behavioral change, hoping for that Aha Moment, building trust is the critical skill needed. Judgments, orders and directives do not do this. It is difficult to imagine a more effective way to build trust than to provide a simple, calming, non-verbal treatment in a voluntary, nonthreatening setting.

Society must move beyond merely acknowledging that we are, for the most part, not dealing with bad people with a moral failing, and implement policy and cultural change to support good people recovering from disease. The principles and practices of acudetox can be an important and needed guide for both the criminal justice and behavioral health system. It is time to spread both the word and the practice. **So** 

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"It's easy to play any musical instrument: all you have to do is touch the right key at the right time and the instrument will play itself."

- J.S. Bach



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Moncef Aloui, a familiar face in NADA international circles and director of NADA Tunisie, organized their first conference from April 6-9, 2019 in the cities of Gafsa and El Guettar in southern Tunisia. He coordinated the event with Fethi Bessaidi, NADA Tunisie's president, and Noureddine Bouchoucha, head of the Red Crescent branch in El Guettar.

Moncef had reached out to Sara Bursac, NADA executive director, who had connected him with other NADA members: Yvette Miller, who came to Tunisia from North Carolina, and Phyllis Spears who travelled from Oklahoma. Megan Yarberry completed the U.S. guest list, arriving from her home in Hawaii.

# We asked Megan, "Why did you choose to go to Tunisia?"

I had met Moncef at two international NADA conferences and was interested in finding out more about the work he and his team are doing in Tunisia. I'd never been to Tunisia so it was an amazing invitation to get a unique view of a new place. Since the trip, I discovered that there may be an opportunity for a NADA project in Kenya to coordinate with a local Red Cross/Red Crescent addiction treatment center. So it turned out to be a perfect, almost prescient opportunity to learn about how NADA Tunisie works in tandem with the Red Cross/Red Crescent. Moncef & co. are already helping to provide some information for the Kenyan team.

## A memorable moment?

Too many to mention! The oasis picnic (see picture on page 10) was my favorite. Driving through the countryside with Moncef's running descriptions of the scenery, the culture, and the NADA work threaded through all of our adventures. There was also the time a conference attendee flagged us down as we drove through a nearby village to join him in his café for strong Tunisian coffee and conversation, or visiting the Star Wars set near the town of Tozeur amongst the camel-speckled dunes on the Algerian border, or learning about General Patton's campaign near El Guettar where my uncle fought in World War II. Too hard to pick just one.

## Phyllis shares her reflection:

My first international training blew me away. I did not know what to expect, did not understand the language, and had to find Tunisia on a map! Would I do it again? Yes, in a minute! Sharing the protocol is part of the mission of NADA, and now I feel very much a part of that international sharing.

I first heard of this trip when I called the NADA office in October 2018 offering to volunteer to do international trainings. I had just returned from Italy where I felt like a tourist. I wanted a more personal experience.

"How about Tunisia?" Sara asked me. She had a request for NADA trainers to go there in April. I said I would get back to her and started my search. Where was it? What language did the people speak? What is the cost to fly? Could I afford it? Who else was going?

Tunisia is located in the northwest part of the African continent, recently most famous for its participation in the 2011 Arab Spring. The languages are Arabic first, and then French is taught in schools. Luckily for me, a few individuals speak English.

Yvette Miller, Megan Yarberry and I met in the Tunis Airport and our partnership with NADA Tunisie began. Our host, Moncef, a man of great energy and patience, took charge of us that day. He had a plan, a dream, to bring more notice to the NADA protocol and gain more support from the government and communities. Moncef and his team hosted us for the 10 days we were there, and they were so sharing of their time, their families, their community. When we entered a home, for whatever reason, we had to sit down, have coffee or tea, and a bite to eat. It seemed no bother for us to be there, for them to stop their day and be welcoming to us. The



Oasis picnic. Photo courtesy of Khelifi Ala.

people who volunteered at NADA Tunisie were also very involved in the local Red Crescent. They seemed to know everyone in the community as all were friends, old school mates, relatives or co-workers. I felt very special to be a part of this group, to be helping train people learn a new skill, and others to expand their scope of practice.



Group treatment after the roundtable discussion. Photo courtesy of Khelifi Ala.

# Structure of the conference

**Day 1**: Presentations to local doctors and nurses about the research behind NADA, and some of the ways it is being applied around the world. Yvette Miller walked through research design, as well as some of the quantitative and qualitative studies that have been done in the United States. Roussi Riadh, a doctor from the Gafsa Institute of Family Planning, discussed the patterns and effects of drugs on youth. Moncef Aloui and Sahir Touati, a doctor who works in a psychiatric hospital in Germany, also shared their experiences with NADA. Phyllis Spears described her experience working with veterans and with tribal communities. And Megan Yarberry shared about projects she has been a part of in Africa and Haiti, including training at refugee camps, prisons, and addiction treatment centers.

**Day 2:** Roundtable discussion with panel members, Red Cross and Red Crescent leadership, and community members about the challenges and opportunities of more effectively incorporating the NADA protocol as a tool of emergency response, addiction therapy and mental health support.

In Tunisia, securing needles is an unwieldy and expensive process. The group agreed that continued cooperation and collaboration between NADA Tunisie, the Ministry of Health, Red Crescent and other organizations invested in community well-being is paramount to the success of effectively incorporating the NADA protocol into existing frameworks.

Members of the local NADA organizations were also in attendance, and provided group treatments afterward. Many attendees had never experienced the protocol before and, after some initial hesitation, almost everyone at some point had needles in their ears and a smile on their face.

**Day 3:** Training for 35 doctors, nurses and para-medical technicians held in a municipal park to be followed by supervised sessions with the NADA Tunisie leadership team.

After the conference, the NADA Tunisie team and American visitors met with officials from the Ministry of Health, the El Guettar Municipal Committee, and a psychiatric treatment center in the coastal city of Sousse. Part of these conversations touched on integrated partnerships, the construction of an addiction treatment center and upcoming presentations and trainings.

You can see updates about NADA Tunisie on their Facebook page. If you would like to support NADA Tunisie, please contact Moncef Aloui at moncefff2006@yahoo.fr

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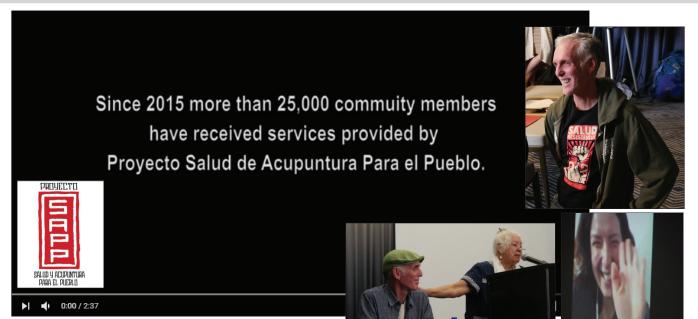
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## Salud Y Acupuntura Para el Pueblo Wins the 2019 Conference Video Contest!



Congratulations to filmmaker, Rebecca Peeler (pictured far right), for the winning 2:37 minute film that debuted at NADA's 29th conference in Austin,

Texas in March 2019. Rebecca joined us remotely to greet all the conference attendees. Jose Santini, the founder of SAPP (pictured above and top right) received the Spirit of NADA award for his

pioneering work in Puerto Rico. He presented with Celia Perez-Booth on their experiences building the NADA community in Puerto Rico. Visit *www.acudetox.com/upcoming-events* for more Austin pictures.