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# RENEW



## THE MARIJUANA DEBATE

- AN ENCORE

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# Contents

Marijuana: A Message from the Clinical Director	<b>02</b>
The Evolution of Marijuana	<b>03</b>
The change that takes place as a result of addiction	<b>06</b>
How Managing Pain Can Lead To Marijuana Abuse	<b>07</b>
A Recovery Story: Interview with a Client	<b>09</b>
Statistical Representation & Narrative	<b>13</b>
Professionals In Addiction Treatment	<b>14</b>
SAF News	<b>18</b>
Marina House	
Ministry of Agriculture: Supporting Verdun Farms	
Cheffette Restaurants Supports Client Development	
Meet a Verdun Volunteer	<b>23</b>
17th Annual Charity Golf Tournament, 2015	<b>25</b>
Recognition of Donors & Sponsors	<b>23</b>
How to Help	<b>29</b>



# MARIJUANA

## LEGALISE OR DECRIMINALISE? WHAT ABOUT MEDICAL MARIJUANA?

A message from the Clinical Director

There seems to be no letting up on the debate surrounding whether to legalise or decriminalise the use of marijuana. The discussion regarding its medical use rages on. Depending on which body of information you come into contact with, you could be influenced in one direction or another.

In our 2015 issue of Renew Magazine we responded to several requests from our various publics to share some information on marijuana use and addiction. The response to the details we shared in the magazine was overwhelmingly favourable.

You have asked us to tell you about the difference between marijuana legalization, marijuana decriminalization and medical

marijuana. Here is your answer.

**Marijuana legalisation** refers to laws or policies which make the possession and use of marijuana legal under national laws.

**Marijuana decriminalisation** refers to laws or policies adopted by a country, which reduce the penalties for possession and use of small amounts of marijuana from criminal sanctions to fines or civil penalties.

**Medical marijuana** laws allow an individual to defend him or herself against criminal charges of marijuana possession if the defendant can prove a medical need for marijuana under national legislation.

Our readers have also asked us to expand and provide more information on this topic. This



Jacqui Lewis  
Clinical Director

issue is our encore.

Let's be clear. Our primary mandate is to make treatment from addiction available so that persons can heal and go on to lead productive lives. That is our focus. We work with our national partners to make the facts regarding drugs and addiction more readily available.

In this issue, you will read more about the increasing potency of marijuana; how it can be used to manage pain and the impact it has on brain functioning. In a nutshell, we are committed to providing additional information we believe will be helpful in increasing your knowledge about addiction and marijuana.

Read on...

# THE EVOLUTION OF MARIJUANA

## What is marijuana?

Marijuana is produced by the cannabis sativa plant. It has psychoactive properties as it contains the mind-altering chemical *delta-9-tetrahydrocannabinol* (THC) and other related compounds. Marijuana is often smoked, drunk or eaten. Most users state that its effects range from feelings of relaxation, well-being, and enhanced sensations and perceptions to reduced social interaction and increased passive behaviour. However, for some this drug has little effect.



Above: Marijuana is often smoked, drunk or eaten.

It must also be noted that there has been no reported deaths from overdose of marijuana. Despite this, marijuana smoke contains many of the same carcinogenic compounds found in tobacco smoke thereby increasing the risk of lung cancer and other respiratory ailments.

### What is its history?

Cannabis has been used across the world for many ages. In a recent article, "High Points : An Historical Geography of Cannabis" (2014), Geography professor Barney Warf indicated that cannabis originated thousands of years ago in Asia, and has since found its way to many regions of the world, eventually reaching the Americas and the United States.

It was primarily used for medicine and spiritual purposes, namely for relieving pain during childbirth and for toothaches. Interestingly enough, marijuana has been legal in many regions of the worlds for most of its history.

The history of cannabis use goes back as far as 12,000 years, which places the plant among humanity's oldest cultivated crops as cited in "Marihuana: The First Twelve Thousand Years" (Springer, 1980).

### The evolution

So has marijuana really evolved? According to recent debates on the medicinal properties of marijuana, it must be noted that the levels of cannabidol (CBD), known for its medicinal qualities, has on the whole decreased in marijuana whereas the level of THC has increased. Research such as a 2013 U.S. federal government survey found the average level of 3.4 percent THC in 1993 had jumped to 12.3 percent in 2013. An even more recent study based in Colorado (where marijuana became legal in 2012) has noted a marked increase in the levels of THC.

The increase of THC is indicative of an increase in the level of potency in marijuana and appears to show that the face of this once "natural herb" has changed.

*However, in recent times users have been smoking the "colas" or the buds of the plant due to the higher THC content.*

The reason for this change could be linked to several reasons. First, the part of the plant that is nowadays being used. According to the U.S. Department of Justice Drug Enforcement Administration 2003 Drug Abuse document, it was normally the marijuana leaves that were dried, crushed and smoked. However, in recent times users have been smoking the "colas" or the buds of the plant due to the higher THC content.

A second reason is advancement in plant selection and cultivation. Although the normal practice of allowing the male cannabis plant to fertilize the female plant is still used, many growers opt for the female plants to grow in isolation, and therefore the flowering tops of the plant remain unfertilized. These unfertilized flowering tops, known as "sinsemilla," have higher levels of THC ranging from 13.65 percent to 30 percent approximately in 2003, according to the U.S. Department of Justice.

*The increase of THC is indicative of an increase in the level of potency in marijuana and appears to show that the face of this once "natural herb" has changed.*

Thirdly, the utilizing of marijuana concentrates has meant that THC levels can range from anything between 40 percent and 80 percent, making it up to four times stronger than "high grade" marijuana. The extraction of these THC rich resins is on the rise. Users call this practice "dabbing" or "vaping". With many using various forms of these extracts, such as: hash oil or honey oil (gooey liquid), one or two drops of this liquid on a cigarette is equivalent to one marijuana joint; wax or budder (a soft solid with a texture like lip balm) and shatter (a hard amber solid). These extracts can deliver extremely large amounts of THC to users, causing stronger the effects on the brain and are more likely to cause toxic reactions.

To further explore the evolution of marijuana, it is also worthy to mention that the users of marijuana have also changed. In the 70's the initial age of marijuana users was 20 years old, as stated by the University of Washington Alcohol & Drug Abuse

Institute (ADAI). In contrast, the 2013 Barbados Secondary School Survey conducted by the National Council on Substance Abuse (NCSA) stated, "The mean age at which students reported first using marijuana was 13.5years while the median age was 14 years.....A small portion (4.9%) first used the drug by age 9" (NCSA 2013).

In conclusion, evidence suggests that marijuana has evolved mainly in its potency and in the younger age of its users. This combination is a frightening one. THC levels have increased to meet the market demand. The pursuit of the ultimate high has meant that growers have used innovative ways to heighten the psychoactive effect, which is due mainly to THC.

Marijuana, despite its long history, has evolved mainly in potency, use and age of users and it is resulting in risky, adverse effects and behaviours.

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# The Change That Takes Place As A Result Of Addiction

- Frontal lobe
- Parietal lobe
- Occipital lobe
- Temporal lobe
- Cerebellum
- Brain stem



Research has shown clear impaired structural integrity affecting the fibre tracts of the corpus callosum. This suggests the possibility that the structural abnormalities in the brain may underlie cognitive and behavioral consequences of long-term, heavy marijuana use. A MRI study found that heavy cannabis users had an averaged 12% volume reduction of the hippocampus and a 7% reduction of the amygdala compared to those who never experienced use of the drug.

Conclusion.... Heavy marijuana users had persistent decision-making deficits and alterations in brain activity.

[http://www.godandscience.org/.../medical\\_marijuana\\_review.html](http://www.godandscience.org/.../medical_marijuana_review.html)



## HOW MANAGING PAIN CAN LEAD TO MARIJUANA ABUSE

By: Tonia Forde

Pain is considered an unpleasant stimuli; no one likes to be in pain, especially for a prolonged period of time. So imagine if there were a substance within our brain that could alleviate the feeling of pain. It would make sense that people would try to produce

more of it so they didn't have to feel pain. The attempt to escape or manage pain can explain how some people come to abuse marijuana.

*The attempt to escape or manage pain can explain how some people come to abuse marijuana.*

Marijuana is a plant whose active ingredient is THC, this chemical resembles the neurotransmitter dopamine in the brain. Dopamine is primarily responsible for pleasurable feelings, emotional responses and fine motor movements. So, what if the dopamine within our brains remained active all the time? NO PAIN! Hence, the more THC within the brain, the less likelihood of feeling that unpleasant stimuli called Pain.

### Not Just Physical

Did you think that pain is only a physical symptom? Pain can also present as a psychological emotion connected to an event (e.g. divorce, or loss of a

love one.) One thing is certain, pain is subjective, no one can feel your level of pain. Both physical and psychological pain effects the brain immensely. What happens in the brain, which is the command center of the body, affects you emotionally and physically.

As the levels of THC are maintained, the brain becomes accustomed to the substance and this is when tolerance develops. This simply means more THC is required to bring about that pain free response. Subsequently, with tolerance comes changes in mood, changes in thoughts, and intense pleasure seeking behaviors. Some changes include displaying poor judgment, impulsive behaviors, isolation, neglect of family and love ones, irritability and compulsively seeking marijuana all the time.

*As the levels of THC are maintained, the brain becomes accustomed to the substance and this is when tolerance develops.*

Families, coworkers and close friends recognize these changes. So although Pain is now under control, pain is created in other aspects of life. No man is an island, and the social pain that has now been created, impacts negatively upon interpersonal relationships, parenting, work life, finances, the educational system, and society as a whole. The question becomes, "Is marijuana abuse a healthy way of reducing pain?"

There has been a huge controversy about the effectiveness of marijuana for medical purposes. Marijuana is becoming wildly accepted in treating chronic pain, glaucoma, and terminal illness (e.g. cancer), but much research is still needed. For

medical purposes marijuana is broken down and a safe dose or amount of the drug is administered at a time. (Are you aware of how much THC is being used in one spiff?) It can be safely administered, undesirable side effects can be monitor and the risk of tolerance is significantly reduced when the use of marijuana is prescribed and monitored closely.

### Healthy Options

Coping with pain can be difficult, but being open-minded can assist with this process. Remember, how you perceive pain is one of the biggest factors which influence how you react to it. Coping methods that can be done at home include a healthy diet, exercise, adequate sleep or deep breathing exercises. Meditation and prayer, massage, staying connected to friends, and filtering unhealthy thoughts also help a great deal in managing pain. These methods are inexpensive, easily available and, more importantly, in your control. Other methods which can be more costly are acupuncture, chiropractic care, medication, acupressure (a Chinese healing method) and movement therapies such as Tai Chi, and yoga just to name a few.

*Coping with pain can be difficult, but being open-minded can assist with this process. Remember, how you perceive pain is one of the biggest factors which influence how you react to it.*

Pain doesn't have to take over your life. It can be manage safely and effectively if you and your health care professional create a plan that works best for you.

# MARIJUANA & ADDICTION

## (Client Viewpoint)

### Looking Back at How My Addiction Began

John F.'s primary source of education about marijuana came from concerned relatives, and older adults, who repeatedly threatened a young boy that "smoking marijuana does set yah mad." So entrenched was this belief that never once did John entertain the thought of trying this drug



even though he would over-hear conflicting information about marijuana's ability to enhancing physical performance.

As a young boy, John's perception of madness was drawn from several members of his close-knit rural community where he observed what he considered as the odd behavior of two neighbors. One neighbor in particular attempted to slit his own throat, while as a small boy he can vividly remember a pregnant woman standing on the back of a an open back lorry on her way to the hospital to give birth. Never did John imagine that his love-affair with marijuana would transform into decades of drug use, and suicidal thoughts.

John, 58, is one year and eleven months sober. He is motivated to share his personal story with anyone who shows the slightest interest in trying to stay clean. He is also a supporter of families that struggle daily with hopelessness, despair and frustration as a result of addiction. He remains emphatic to their plight, having recently lost a close relative from complications related to drug use.

**RM: John, can you remember the first time you used marijuana?**

As if it was yesterday, John recalled he was working on a construction project in Wildey, St. Michael, when one of his workmates asked him if he have ever used the drug. "At the time it was called ganja, nah marijuana." John proceeded to challenge his workmate with the only convincing belief in his arsenal about this drug....."no boy that thing does set yah mad." His workmate argued convincingly that John was talking foolishness. He proceeded to light up his joint and continued to plaster the walls on the outside of a building from some scaffolding that stood more than 20ft off the ground.

John could see no telltale signs of the madness that he had observed in his neighborhood so he decided that he would take a try. It was "one of the sweetest feelings I had ever had up to that point of my life. I felt full of energy and I did not go mad."

**RM: What happened next?**

We got down from the scaffold at lunchtime and went to a nearby shop to get something to eat. "I can remember ordering a

pack of biscuits, a Frutee, and a cheese cutter, eating everything, leaving half the drink and still not feeling full." I then ordered two (2) turn-overs, and another drink. The proprietor said to me "if you eat them I gine give you anything in this shop." In a short space of time he had secured, free of charge, two (2) packs of Shirley biscuits and another drink. "Don't care how much I eat that day, I didn't get full."

**RM: How often did you smoke marijuana after this experience?**

That same evening my workmate and I went into Bridgetown. He took me to this man. I gave the man \$5.00 and he gave me this small brown envelope with marijuana in it. I had to get some to take home that evening because I didn't know where to find it the country. So every day I left Bridgetown with marijuana and I went home and smoked it.

**RM: Was anybody else that you knew smoking marijuana at the time?**

As far as I know I was the first person to bring marijuana to my district I started using it to enhance my exercise.

**RM: What happened as your marijuana use escalated?**

Things around me started to change too. I found that the quarrelling increased because the fellows start carrying away the people fowls because we were always hungry. It started with stealing things to cook, and then it moved to raiding the plantations, and then it moved to stealing money. We stopped eating off plates, and started using coconut shells, and calabash. "

**RM: Was there anything else that you noticed?**

After my marijuana use progressed I could not stand the smell ofcigarettes. The cigarette users we started calling "low backers" while the marijuana users were "high backers." "I used to smoke marijuana every day. I didn't know nothing about addiction." I also started to grow locks but my mother told me that I could not live in her house with locks on my head. Shortly, afterwards I got a nice job in the public sector and that too stopped me from trying to grow locks.

**RM: How were you able to maintain your marijuana use?**

By now I was getting request from other people. I became a supplier. "In those days it wasn't trafficking I was helping a fellow to get high." I was also getting to know Bridgetown better, and I had started trusting from people so I had to constantly be moving because I owed people. My friends also started to find their own suppliers because I began to use my own supply.

I went into some areas that I had never knew, or heard about, and met some people that you would not want to meet. "Those men were vicious." I tried

everything to keep of out their way but I still had to get marijuana before I left town..."dark holes became new and familiar places." I soon realized that "I could not go home empty handed." I didn't like where I had to go to get marijuana but that didn't stop me.

My new job also fueled my addiction because I could always promise to pay because people knew that I had a good job.

**RM: Did marijuana use ever affect your work?**

"I loved my job." On the job I felt that marijuana "made me braver, and brighter." Many times I felt I was so good at what I did that I was better than the general manager and the directors.

There was never a day that I went to work without being high. My routine was to smoke a spliff, press my clothes, polish my shoes, put on a pair of dark shades and head off to work. "Marijuana became a backbone for me but somehow I always felt that I was doing something wrong." My marijuana use could no longer wait for morning or evenings when my shift was done so I started smoking during my lunch hour.

It wasn't long before I had only two (2) things on my mind; get paid, so I could get something to smoke. Things changed when two (2) superiors caught me rolling a joint on the job. I tried to hide it but to my surprise I was not reprimanded but instead they asked if I could go get them some. The only thing I saw was an opportunity to get high, so whenever I saw these two superiors I could not help but "ask them for money." I started asking any and everybody for money. I can remember a



workmate complaining to my immediate supervisor that John was “embezzling money.” I didn’t know what the word meant, and I wasn’t interested either.

**RM: What else happened on your job?**

One day me and few friends who smoked marijuana went to lunch and must have been missing for hours. When we eventually got back to the compound the entire facility of over one hundred (100) employees was aware that we had been missing for hours from our posts. I got demoted that same day but “I was so high it didn’t matter.” It was the next day when I realized that I was restricted from going certain places, fulfilling certain responsibilities and having to deal with snide remarks that I began to feel ashamed. The only thing that I could do then was smoke more marijuana.

In my line of work I also visited the psychiatric hospital. I accompanied more than thirty (30) people “who went mad from using only marijuana.”

**RM: Did you still continue to smoke marijuana?**

I switched to another drug when my suppliers constantly started to promote another drug that they claimed was much better than marijuana. “I became so frustrated because these men never seemed to have marijuana so one day I tried something else.”

I would try. I would use marijuana to “level off” but whenever I smoked marijuana I would think about committing suicide. I would also feel real sick. I would begin to remember how my drug use started, and experience all sorts of regrets so I stayed far from marijuana because I know that this drug would cause me to

kill myself.

**RM: How would you describe your life today?**

Every day I thank God for the opportunity to get help. Since I came to Verdun House I learnt that addiction is a disease. I thank God for the counsellors, the Clinical Team. I don’t work a perfect program but “life is better than it was since I can remember myself living.” I can make good decisions. I can pay bills. “I am not alone, I can help others as I get help.”

**RM: What advice would you leave with our readers?**

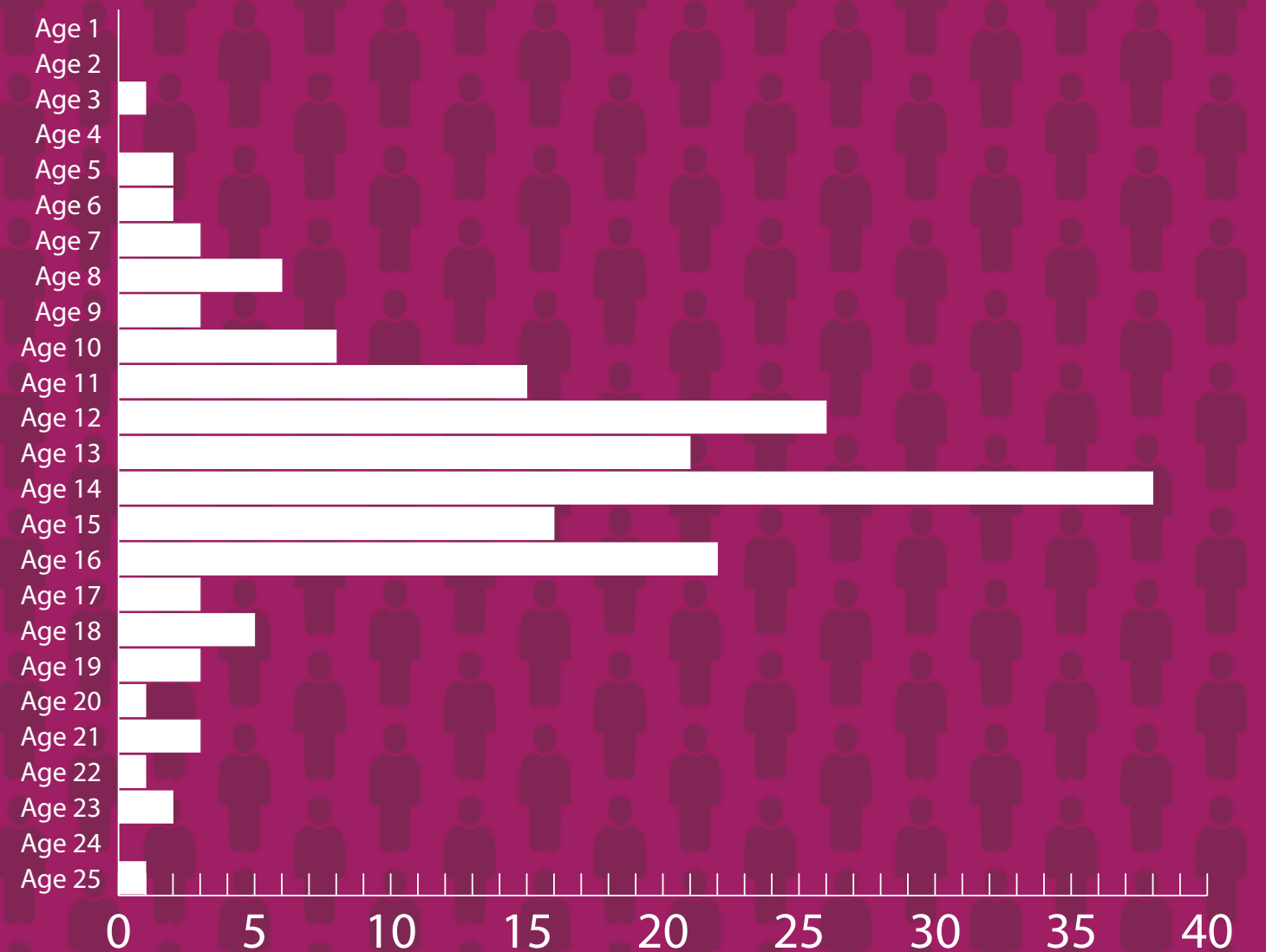
Don’t legalize marijuana. There is too much we do not know about this drug, and it is too much for families to have to deal with. If you haven’t smoked it, don’t try. If you have started, stop now and get help. And “for those using it you really don’t like it, you’re just hooked.”

**“Every day I thank God for the opportunity to get help.”**

# MARIJUANA ONSET USAGE

## STATISTICAL REPRESENTATION & NARRATIVE

This graph plots the onset age for 182 marijuana addicts treated at Verdun House for the four-year period 2011 - 2014. The line graph peaks at the age of 14 but clearly shows that the adolescent years of around 12 to 16 years of age as being predominately the introductory period for marijuana use. Also of interest is the onset use of as early as preschool years, where the substance was most likely provided by an adult or an older child within their home, neighbourhood, or school environment. Continued experimentation with marijuana at this early age can lead to addiction in a matter of years.

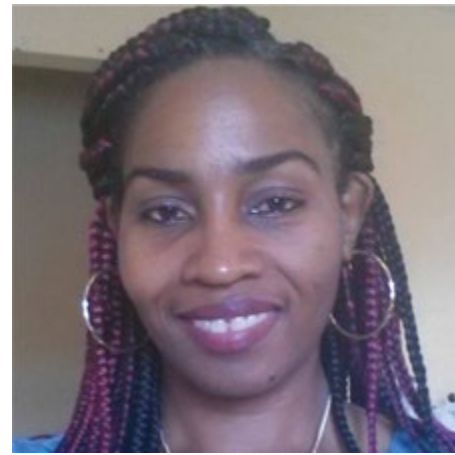






# PROFESSIONALS IN ADDICTION TREATMENT:

## An Interview with the SAF's Mental Health Nurse



*Tonia Forde is a young woman on a big mission. She is a relatively new recruit to the Substance Abuse Foundation and has already proven to be an essential asset to the entire treatment process. We had an opportunity to sit down with Nurse Forde to get the inside scoop of what's it's really like to be a nurse at an addiction treatment facility.*

### **We know that there are different types of nurses, what type of nurse are you?**

I am a Registered Mental Nurse (RMN) and a Registered Nurse (RN). The difference between the two degrees is that the RMN is more specialized in treating adults and children with mental health conditions. The RN gets training in all general areas, but does not specialize in any one particular area.

I received my Associate degree in Nursing from Barbados Community College in 2005. I went back in 2012 to get my RN because I wanted to strengthen

my knowledge and skill set; I was beginning to feel stuck. I felt like I needed more to bring myself up to speed in the field.

### **How did you choose nursing as your career?**

My dad told me that when I was in primary school one day nurses came to our school and when I came home that day I told him that I wanted to be a nurse. I don't remember that, but I know I've always had a passion to learn about people. In secondary school, I was the president of the Peer Support Group. We were extensions of the Guidance Counselor. Helping other students opened my eyes to the helping profession.

### **How long have you been at the SAF?**

I've been at the SAF for ten months. Before coming to work here I was at the Psychiatric Hospital in Black Rock for close to ten years. As a RMN at the hospital, I worked in the acute setting. That means I took care of the elderly, mentally ill adults and children, and people with substance abuse disorders. There was a range of people that I treated, which made it a lot different from working at the SAF.

### **So, before coming to the SAF House, you worked with people in recovery?**

Yes, at Black Rock I worked with men and women who had to undergo observation while they detoxed before going to longer term treatment. So, I witnessed the effects of addiction in its most active phase.

### **How is working in a residential treatment facility different from a psychiatric hospital?**

It's different in a lot of ways. In a treatment setting

like the SAF there's only one basic type of client. In the psychiatric hospital, on the acute wards, there are a wider range of clients. I worked with the elderly, children, and substance abusers. The primary focus at the SAF is substance abuse and dual diagnosis.

Also here at the SAF, clients get more attention from the staff. And I mean at all levels, from admin, the grounds and the clinical team compared to a larger hospital setting.

### **Because it's smaller and not as much range in clientele, can it get boring or routine?**

Boring? No. They kept me very busy!

### **What keeps you coming back to work?**

The vibe up here is pleasant. It's never a dull day- somebody will always say something to make you smile. I feel like a person, not just a worker.

Also, what's important to me is that there's opportunities for training, and personal and professional growth are encouraged. I feel there's more to be learned and I want it. I recently completed a phlebotomy course which certifies me to take blood. That will cut down on the time it takes to have the clients' blood taken here and analyzed by outside sources. I'm always looking to improve myself and the services here at the SAF. I also recently enrolled in the PROCCER training through NCSA. It will help me expand my skills in the treatment of addiction.

### **What are the challenges?**

Honestly, one challenge is when a client first comes



in to the SAF they can be in a place like “you can’t tell me nothing.” Sometimes they’re not ready to hear what the team has to say, but after a while that changes.

*I do a lot of medical education. For example, I teach them about the relationship between alcohol use and diabetes. My medical education sessions are thorough; I talk about symptoms, treatment, diet, exercise and medication.*

Another challenge has been finding ways to effectively get information across to those clients who have difficulty reading. Many of the men who come to the SAF have reading challenges and aren’t able to read the materials that I use to teach them about some of their medical conditions. I do a lot of medical education. For example, I teach them about the relationship between alcohol use and diabetes. My medical education sessions are thorough; I talk about symptoms, treatment, diet, exercise and medication. I want to make sure they know about their condition and have the tools to manage it. When reading is a challenge, I have to find ways to be creative. I use a lot of videos and drawings to help them make the connection.

### **Have you found that your clients at the SAF have many medical needs once they enter treatment?**

Yes. It’s because when there are actively using, they don’t pay close attention to these issues. Basically, it’s a lack of self-care. And sometimes the long-term drug use causes the medical issue. So, when they begin the process of recovery, their physical health

becomes a major focus, which means that a part of my job is to teach them how to manage their physical pain without resorting to illegal drugs.

### **What’s your typical work day?**

In the morning I give the clients their medication and find out if they have any new medical issues. I then take clients out for their appointments and prepare for doctor’s rounds. I’ll do my notes and liaise with the community nurse, the psychiatric hospital and Ladymeade Unit nurse to coordinate any of the client’s medical care. And when I can, I will facilitate medical lectures for the clients and hold one-on-one medical educational sessions.

### **Whew, that’s a lot. Any words of advice for others thinking about entering the field of addiction and nursing?**

If you don’t love what you’re doing, don’t do it.

*... I have to remember that many people in recovery are looking for the quick fix. I educate my clients and focus on prevention.*

### **What makes a great mental health nurse?**

You have to be on the ball and be prepared to work. You have to do thorough assessment, just don’t take things at face value. Clients might have a complaint, but you have to investigate. Consult with the counsellors and staff. You don’t want to be too quick to give out tablets without fully knowing what’s going on. A classic example is a client would come to me and say, “I got a headache.” I then ask, “How much water have you been drinking?” He’ll say, “Oh, I don’t drink water.” Well, one of the first signs of dehydration is a headache. I don’t just give him a tablet to make the headache go away, because I

have to remember that many people in recovery are looking for the quick fix. I educate my clients and focus on prevention.

### **Do you find that you also have to educate the staff?**

I help the rest of the staff know what to look for so that they can identify certain things when they see the clients. I need their eyes to help me make a thorough assessment about what might be going on with a client.

### **Tell us what three traits you found are essential to being a competent nurse?**

Commitment, Discipline and Flexibility. You’re building a therapeutic relationship, it could be with a client or a kitchen staff, so you need to be committed to the individual. See what their issues are so you can assist.

### **What’s your long term dream?**

I want to open my own nursing home. I’ve recently been thinking about the need for an additional detox center here in Barbados.

*I’ve recently been thinking about the need for an additional detox center here in Barbados.*

### **So, you see yourself staying in Barbados?**

At this point in time, yes. I have a little boy and I wouldn’t feel comfortable leaving him here for any amount of months. It’s all about family for me.

Some of the most important things for me right now are my family, especially son and my grandfather, my education, and my work.

### **Providing care to people in recovery must be stressful on many levels? How do you spend your free time?**

I go hiking. I participate in the Barbados National Trust. We hike every Sunday all across the island from St. Lucy to St. Phillip, and the scenery is just awesome. That starts my week.

I also spend a lot of time with my son. And I love playing games on my tablet. I love the game where you have to break the ice and get the worms. I don’t remember what it’s called, but I love that game and backgammon.

### **What feeds your spirit?**

Music. I like reggae-conscious music, something uplifting. Music is so therapeutic. It gives me that lift in my spirit. And I like scenery. I’ll go anywhere that’s calming and beautiful.

### **Any last words?**

I like a good challenge. I navigate toward things that are out of my norm. Working at the SAF was an out of the box step for me and I embrace the challenges at the SAF. I’m on a mission to make sure that I’m well-rounded so that I could tackle anything that comes up.

**So folks, there you have it. From the mouth of Nurse Tonia, the SAF House’s premier nurse on staff, we get a glimpse of just one of the many professionals who have chosen to use their talents and skills to help people find recovery. Tonia has added another dimension to the team at the SAF and we look forward to having her around for many years to come!**



Commitment  
Discipline  
Flexibility



# SAF NEWS

## Marina House

Marina House - Barbados' first residential addiction treatment facility for women

September 5, 2015 was an historic day in Barbados. This is the day that Christopher Holder, Chairman of The Maria Holder Memorial Trust presented Peter N. Boos, Chairman and CEO of The Substance Abuse Foundation Inc. with the keys for the completely renovated Marina House women's treatment centre. It signalled another significant achievement of the partnership between the Trust and the Foundation - a partnership to help women in addiction and their families have a better chance of a normal life.

October 2015 heralded this new beginning of healing and restoration for women in Barbados and the Caribbean Region. That's when the first residential rehabilitation facility opened its doors in Barbados for women who have problems with substance abuse and addiction.



*Marina House is named after the sister of Christopher Holder, and wife of Chesterfield Brewster, the Founders of The Maria Holder Memorial Trust.*



*LEFT: View from the Marina House balcony.  
ABOVE UPPER: Chairman Norman Barrow and Minister Boyce  
ABOVE LOWER: Marina House Canopy*

Marina House is named after the sister of Christopher Holder, and wife of Chesterfield Brewster, the Founders of The Maria Holder Memorial Trust. As a collaboration between The Maria Holder Memorial Trust and the Substance Abuse Foundation, this facility will fill an acute need for a residential substance abuse facility for women in Barbados. Since the early days of Verdun House, our all-male facility, the number of women in addiction has grown significantly and has put a large population of children and families at very high risk.

Therefore, the partnership forged to establish Marina House, underscores the effectiveness of the current addiction programme at Verdun House which offers the best and most recognised addiction programme on the island and the only one to have international accreditation. Given this track record, clients who enter treatment at Marina House can expect to receive the same excellent standards and therefore reap similar success.





## The Ministry of Agriculture in Partnership with Verdun House Farm Micro Business

The relationship that exists between The Government of Barbados and The Substance Abuse Foundation continues to be strong.

Earlier this year, two senior officers from the Ministry of Agriculture Andrew Devonish and Alvin Romeo visited us to learn more about our Microbusiness Farm Project and how we were using this therapeutic “tool” to assist clients in rehabilitation.

This visit resulted in the officers offering technical advice on a number of areas that included:-

- Better utilization of land space
- Increasing production yields
- Rotation of crops
- Protection of crops without the use of harsh pesticides



LEFT: Bernard Pooler, Director of Finance & Administration, and Vanburn Chadderton, Micro Business Farm Co-ordinator and Marietta Carrington, Director responsible for Client Development discussing with Devonish & Romeo matters of farm production.

## Cheffette Restaurants Supports Client Development

The Substance Abuse Foundation Inc. recently benefitted from a \$3,000.00 financial donation from Cheffette Restaurants Ltd. The donation was allocated to the Educational Fund, which lends support to clients pursuing training courses and workshops that support their personal and professional development. The contribution will help fund training and retooling for clients in a range of areas: skill-based courses such as tiling; our Caribbean Vocational Qualifications courses; and academic studies.

BELOW: Cheffette Donates to Verdun House

While accepting the donation at the Cheffette’s corporate office, Director of Client Development, Marietta Carrington said: “We understand how important it is to the integration process that clients are equipped with tools, which help them not only live sober lives but also with work and life skills so that they can earn a living and lead productive lives.”

Cheffette Restaurants Ltd. has been a consistent supporter of The SAF for several years. They currently have a three-year covenant from 2014 to 2016 valued at \$9,000.





God, grant me the serenity to accept  
the things I cannot change,  
The courage to change the things I can,  
And the wisdom to know the difference.

Reinhold Niebuhr

# I AM A Verdun VOLUNTEER!

A PLACE OF HEALING FROM ADDICTION | WWW.VERDUNHOUSE.COM

Verdun House volunteers are given the opportunity to give back to their community and contribute to the mission of helping addicted persons heal and return to leading healthy and productive lives. As a Verdun Volunteer persons are given the opportunity to enrich lives and achieve deep personal satisfaction, personal growth, and continued learning.

## MEET KIM BECKLES

### Why Volunteering?

I firmly believe that giving back, especially in a field where I have such a keen interest, could be beneficial both to myself and to Verdun.

### Time Volunteering

I volunteered for 3 1/2 months.

### What I did

- Attended training in treating women with trauma
- Conducted after-care individual counselling sessions, which included developing an after-care plan and after-care

discharge summary

- Developed case management portfolios for clients
- Conducted drug awareness lectures and workshops
- Participated in Verdun research

### What have I learnt?

- Time management
- Flexibility
- Patience
- Enhanced my planning skills
- Developed initiative

### Advice

Giving back not only enhances professional growth but personal growth as well

Volunteering affords the opportunity to prospective addiction professionals to work in the field on a trial basis to see if this is the field they really want to pursue

Volunteering at Verdun allowed me the opportunity to see the multidisciplinary professions which operate in the treatment and care of residents in the facility. As a result, I was able to use my skills where I best fit in.

Kim Beckles





# VOLUNTEERING AT VERDUN HOUSE

Since Verdun House opened its doors to receive clients suffering from the disease of addiction, we have had individuals volunteering their time and services. What better way to give back to the community. We know that many of the projects and activities that we were able to offer over the years we wouldn't have been accomplished without this kind of help. Why? Because like most charities, financial and other resources are scarce.

During the latter half of 2014, with the help of our international partners at Action on Addiction in the UK and Hazelden Betty Ford in the USA, we were

able to establish a formal Volunteer Programme that included clinical volunteers and administrative volunteers. The programme was formally launched during Drug Awareness Month 2015 when we rolled out our Volunteer Policy, Volunteer Agreement, Application Process and Training initiatives.

During the formal launch, we acknowledged Charles Brandford. This outstanding volunteer had truly demonstrated a commitment and dedication to Volunteerism at Verdun—10 years of unbroken service. Truly remarkable!

In this issue we are pleased to introduce you to Kim Beckles, one of our Clinical Volunteers who spent approximately three months working with our men's unit at Verdun House. We expect in early 2016 to include Marina House in our Volunteer Programme.

## DIAMONDS INTERNATIONAL

### 17th Annual Charity Golf Tournament, 2015



1. Trish Abbot and Kirsten Lodge
2. John Howard and Sir Garfield Sobers
3. Cally Boyea and James Johnson
4. Dee Alexander and Joan Hargreaves
5. Darren Rapson and Fabrice Cornic
6. Bill Alexander and John Hargreaves
7. Thomas Harris and Christopher Pitt
8. Adrian Meyer



WANT TO DEVELOP YOUR SKILLS AS A COUNSELLOR? ARE YOU INTERESTED IN RESEARCH? NEED PRACTICAL WORK EXPERIENCE?

# BECOME A VERDUN INTERN!

If you answer YES to any of these questions, then apply to be a Verdun House Clinical or Research Intern where you will contribute and have a lasting impact on the lives of others. There is nothing more rewarding than helping those who need it. By interning with us, you can provide proactive support to those healing from addiction while gaining valuable work experience amongst a dynamic team of professionals.

VISIT [WWW.VERDUNHOUSE.COM](http://WWW.VERDUNHOUSE.COM) FOR MORE INFORMATION OR TO APPLY.

Email or fax Internship Application form along with resume' to Jerine Griffith, Ph.D., Research Internship Site Coordinator

Jerine@verdunhouse.com | Fax: 246-433-5499



- 9. Tanglewood Team on The Beautiful Royal Westmoreland Course
- 10. Sagicor Team - Captain Charles Packer
- 11. The Winning Team Enjoying the Day - Rachel Ross, Riki Simpson, Simon Crawford and Les Hutchison
- 12. Louise Rachel Ross
- 13. United Reinsurance Team - Captain Charles Edey
- 14 The Trophy, shown by Pauline Tully, SAF Tournament Organiser
- 15. Nearest to the Pin Winner Grantley Cumberbatch with Adeline Lister and Roger Beale
- 16. Nick Barham
- 17. Crohan O'Shea, Eugene Green, Fabrice Cornic and Andy Raitt
- 18. United Reinsurance Team - Captain Charles Edey
- 19. Proud Winners - Les Hutchison, Virginia Hutchison and Riki Simpson
- 20. Diamonds International Youth Team - Captain Clement Hassid with Roger Beale and Pauline Tully



14



09 15



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16 17



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## DIAMONDS INTERNATIONAL

### CHARITY GOLF TOURNAMENT SPONSORS 2015

#### Royal Westmoreland Golf Resort

- Diamonds International
- Royal Westmoreland Golf Resort
- Mr. & Mrs. Eddie Healey
- Mr. & Mrs. John Hargreaves
- TD Reinsurance
- Mr. Donald Jackson
- Mr. & Mrs. Eddie Healey
- Mr. & Mrs. John Hargreaves
- Mr. Riki Simpson
- Mr. & Mrs. Les Hutchison
- Mr. & Mrs. John Lodge
- Mr. & Mrs. Russ Abbott
- Cidel Bank & Trust
- Sir Martyn & Lady Arbib
- Mr. & Mrs. John Magnier
- Mr. & Mrs. Crohan O'Shea
- Mr. & Mrs. Derek Crowson
- Massy Barbados
- Mr. & Mrs. Derrick Smith
- Sagicor
- Lyndhurst
- Mr. Charlie Lewis
- Mr. Nick Barham
- Dr. Kanda
- Williams Group
- Mr. John Howard



EVERY Gift Counts and EVERY Life Matters  
Please support Verdun House and give others a chance for Hope and Recovery

Yes! I want to help addicted persons heal and live productive lives.

Enclosed is my contribution of:

- \$50    \$100    \$200    \$500    \$1000    Surprise us!

\$.....

I would like to direct this gift to:

- Area of greatest need    Educational Fund    Medical Fund

*Please make cheques payable to: The Substance Abuse Foundation Inc.*



EVERY Gift big or small Counts and EVERY Life Matters

Please support Verdun House and give others a chance for Hope and Recovery

Yes! I want to help addicted persons heal and live productive lives.

I want to contribute:

- Professional Services    Stationery Supplies    Food supplies    Volunteer my Time
- Surprise us!

.....

*Please make cheques payable to: The Substance Abuse Foundation Inc.*



EVERY Gift big or small Counts and EVERY Life Matters

Please support Verdun House and give others a chance for Hope and Recovery

Yes! I want to help addicted persons heal and live productive lives.

I want to contribute:

- \$500.00 (Five for Life)    Covenant    Dollar-a-Week
- Surprise us!

.....

*Please make cheques payable to: The Substance Abuse Foundation Inc.*





Return Address

.....  
.....

The Substance Abuse Foundation  
Inc.  
Verdun House,  
Pool, St. John  
Barbados

YOUR  
STAMP  
HERE



# HOW TO HELP

Every gift Counts! Every life Matters!



Return Address

.....  
.....

The Substance Abuse Foundation  
Inc.  
Verdun House,  
Pool, St. John  
Barbados

YOUR  
STAMP  
HERE

## Annual Golf Tournament

Sponsored by Royal Westmorland and Diamonds International this is held around February each year and is a major fundraiser.

## Covenants

Corporate and individual covenants are for a three-year period and both are tax deductible.

## Dollar a Week

Employees, by signing the appropriate authorization ask their employer to deduct one dollar a week from their pay and the accumulated amount is paid over to Verdun House.



Return Address

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.....

The Substance Abuse Foundation  
Inc.  
Verdun House,  
Pool, St. John  
Barbados

YOUR  
STAMP  
HERE

## Cash Donations

Cash donations are always welcome.

## Non-cash donations

Companies and individuals donate various services and supplies which are extremely useful to help us keep our costs to an absolute minimum. ▲







Our greatest glory is not in never failing  
but in rising up every time we fail.

*Ralph Waldo Emerson*



**The Substance Abuse Foundation Inc.**

Verdun House  
Verdun, St. John  
Barbados

**Tel:** (246) 433-3488 | **Fax:** (246) 433-5499

**E-mail:** [info@verdunhouse.com](mailto:info@verdunhouse.com)

**Website:** [www.verdunhouse.com](http://www.verdunhouse.com)

