

START OVER HERE



RENEW

VOLUME 1
ISSUE 2

MAGAZINE

2014



Keeping it
Together

IN
THIS
ISSUE

AVOIDING
RELAPSE

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THE SECRETS OF SUCCESSFUL RELAPSE PREVENTION

Jacqui Lewis
Clinical Director

EARLY RELAPSE REVENTION

Relapse is a process, not an event. In order to understand relapse prevention you have to understand the stages of relapse. Relapse starts weeks or even months before the event of physical relapse. In this page you will learn how to use specific relapse prevention techniques for each stage of relapse. There are three stages of relapse:

- **Emotional relapse**
- **Mental relapse**
- **Physical relapse**

In emotional relapse, you're not thinking about using. But your emotions and behaviours are setting you up for a possible relapse in the future. The signs of

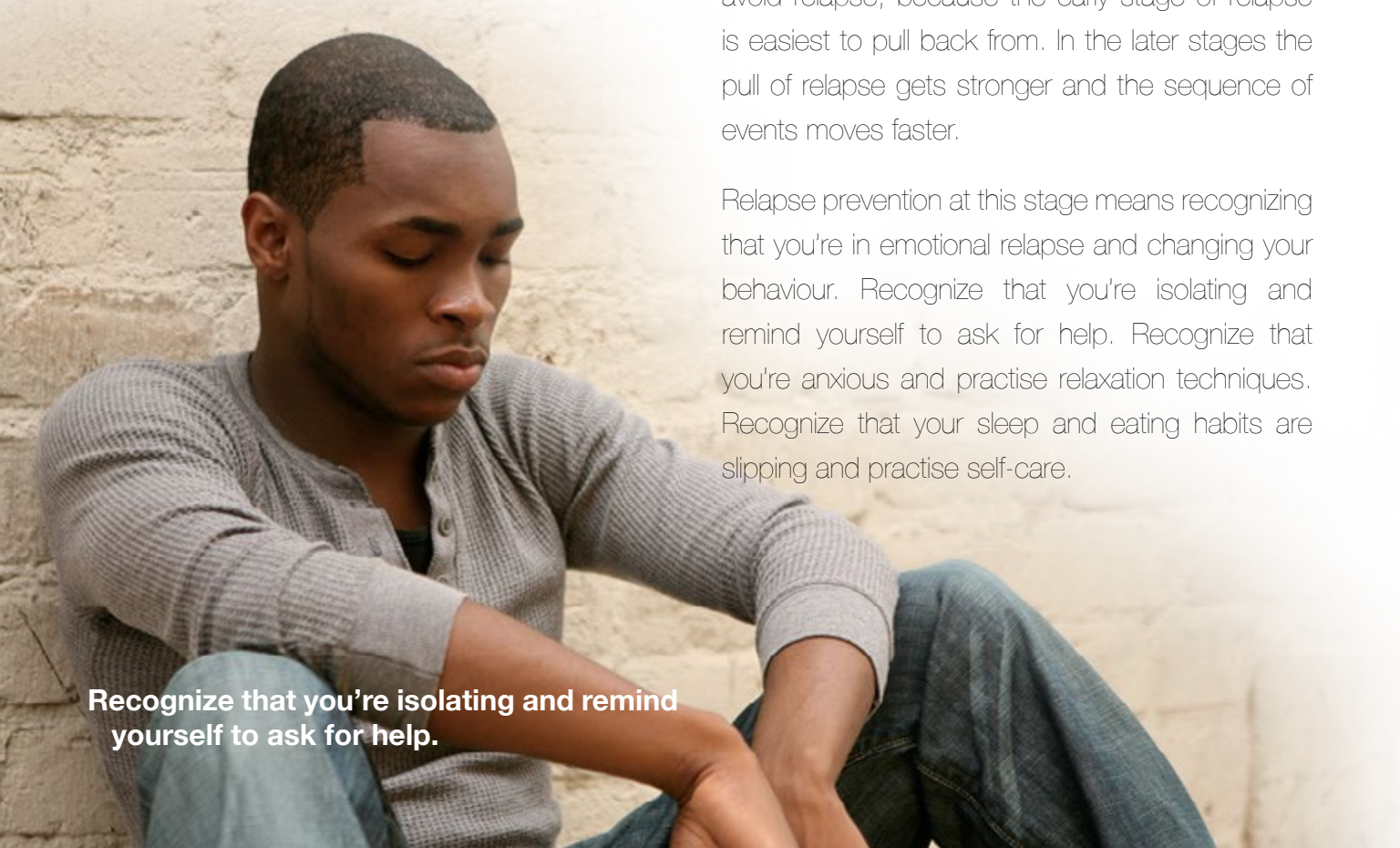
emotional relapse are:

- **Anxiety**
- **Intolerance**
- **Anger**
- **Defensiveness**
- **Mood swings**
- **Isolation**
- **Not asking for help**
- **Not going to meetings**
- **Poor eating habits**
- **Poor sleep habits**

The signs of emotional relapse are also the symptoms of post-acute withdrawal. If you understand post-acute withdrawal it's easier to avoid relapse, because the early stage of relapse is easiest to pull back from. In the later stages the pull of relapse gets stronger and the sequence of events moves faster.

Relapse prevention at this stage means recognizing that you're in emotional relapse and changing your behaviour. Recognize that you're isolating and remind yourself to ask for help. Recognize that you're anxious and practise relaxation techniques. Recognize that your sleep and eating habits are slipping and practise self-care.

Recognize that you're isolating and remind yourself to ask for help.



If you don't change your behaviour at this stage and you live too long in the stage of emotional relapse you'll become exhausted, and when you're exhausted you will want to escape, which will move you into mental relapse. Practise self-care. The most important thing you can do to prevent relapse at this stage is take better care of yourself.

Think about why you use. You use drugs or alcohol to escape, relax, or reward yourself. Therefore you relapse when you don't take care of yourself and create situations that are mentally and emotionally draining that make you want to escape. For example, if you don't take care of yourself and eat poorly or have poor sleep habits, you'll feel exhausted and want to escape. If you don't let go of your resentments and fears through some form of relaxation, they will build to the point where you'll feel uncomfortable in your own skin. If you don't ask for help, you'll feel isolated. If any of those situations continues for too long, you will begin to think about using. But if you practise self-care, you can avoid those feelings from growing and avoid relapse. (www.addictionsandrecovery.org)

MENTAL RELAPSE

In mental relapse there's a war going on in your mind. Part of you wants to use, but part of you doesn't. In the early phase of mental relapse you're just idly thinking about using. But in the later phase you're definitely thinking about using. The signs of mental relapse are:

Thinking about people, places, and things you used with

- ***Glamorizing your past use***
- ***Lying***
- ***Hanging out with old using friends***
- ***Fantasizing about using***

- ***Thinking about relapsing***
- ***Planning your relapse around other people's schedules***

It gets harder to make the right choices as the pull of addiction gets stronger.

TECHNIQUES FOR DEALING WITH MENTAL URGES



When you think about using, the fantasy is that you'll be able to control your use this time. You'll just have one drink. Always consider how your fantasy will play out. One drink usually leads to more drinks. You'll wake up the next day feeling disappointed in yourself. You may not be able to stop the next day, and you'll get caught in the same vicious cycle. When you think the fantasy through to its logical conclusion, using doesn't seem so appealing.

A common mental urge is that you can get away with using, because no one will know if you relapse. Perhaps your spouse is away for the weekend, or you're away on a trip. That's when your addiction will try to convince you that you don't have a big problem, and that you're really doing your recovery to please your spouse or your work. Play the tape through. Remind yourself of the negative consequences you've already suffered, and the potential consequences that lie around the corner if you relapse again. If you could control your use, you would have done it by now.

Tell someone that you're having urges to use. Call a friend, a support, or someone in recovery. Share with them what you're going through. The magic of sharing is that the minute you start to talk about what you're thinking and feeling, your urges begin to disappear. They don't seem quite as big and you don't feel as alone.



Remind yourself of the negative consequences you've already suffered,

Distract yourself. When you think about using, do something to occupy yourself. Call a friend. Go to a meeting. Get up and go for a walk. If you just sit there with your urge and don't do anything, you're giving your mental relapse room to grow.

Wait for 30 minutes. Most urges usually last for less than 15 to 30 minutes. When you're in an urge, it feels like an eternity. But if you can keep yourself busy and do the things you're supposed to do, it'll quickly be gone.

Do your recovery one day at a time. Don't think about whether you can stay abstinent forever. That's a paralyzing thought. It's overwhelming even

for people who've been in recovery for a long time. One day at a time, means you should match your goals to your emotional strength. When you feel strong and you're motivated to not use, then tell yourself that you won't use for the next week or the next month. But when you're struggling and having lots of urges, and those times will happen often,

tell yourself that you won't use today or for the next 30 minutes. Do your recovery in bite-sized chunks and don't sabotage yourself by thinking too far ahead.

MAKE RELAXATION PART OF YOUR RECOVERY

Relaxation is an important part of relapse prevention, because when you're tense you tend to do what's familiar and wrong, instead of what's

new and right. When you're tense you tend to repeat the same mistakes you made before. When you're relaxed you are more open to change.

PHYSICAL RELAPSE

Once you start thinking about relapse, if you don't use some of the techniques mentioned above, it doesn't take long to go to physical relapse. Driving to the liquor store. Driving to your dealer.

It's hard to stop the process of relapse at that point. That's not where you should focus your efforts in recovery. That's achieving abstinence through brute force. But it is not recovery. If you recognize the early warning signs of relapse, and understand the symptoms of post-acute withdrawal, you'll be able to catch yourself before it's too late.

FAMILIES IN RELAPSE CAN WORSEN AN ADDICT'S LIFE

Janelle Chase-Mayers (Family Therapist Verdun House)

"One cannot not communicate," according to social scientist Gregory Bateson. And this is true for families in relapse. Drug addiction is one of the fastest growing social ills on our island. Families are constantly bombarded with dealing with their loved one's addiction and ultimately their own addiction to fixing their loved one.

Family members begin their journey of helping as being supportive, understanding and compassionate. Quickly after not being able to control the recovering addict, their help turns into anger, frustration and eventually disgust; those feelings, which rob the family of unity and cohesiveness, are often signs that the family is in full blown relapse. You see, even though the addict is consumed by their drug use, the family members begin to be consumed by the addict. The attempt to change the addict and their ways are often driven by obsessions and compulsions. The family members become the ones who do not eat or sleep well, and get obsessed with managing and controlling their loved one's every move, friends, and circumstances.

THERE ARE A COUPLE OF WAYS THAT FAMILIES IN RELAPSE COMMUNICATE WITH EACH OTHER.

Families may move to the silent treatment or "distancing"; distancing themselves from their loved ones, not talking to them, geographically relocating to get

away from the situation or in an attempt to control their own life in relation to the addict's drug use.

Some family members in relapse begin to promote conflict, looking for the slightest argument just to have a say in their loved one's life. It is an attempt to create a solution, however, at times it may be quite problematic.

Enabling is another way that family members in relapse communicate with their loved one. Making things easily available to the addict stops them from experiencing any consequences for their behaviors. This is a strong message that says, "We will continue to help you as you continue to use drugs."

The last style of family's communication pattern while in relapse is projecting. The family members focus on outside of the problem to avoid any conflict. Pretending that a problem does not exist does not make it disappear. In fact, it magnifies the problem within the family. When people act as if things are normal, seldom do others know about the issue and in turn that reduces the opportunities to seek help and to address the large problem of drug addiction in the family.

While these communication styles initially serve the purpose of families trying to cope with the disease of addiction, they contribute significantly to continued drug use, poor interpersonal skills and a greater onset of mental and physical health issues in both the family and their addicted loved one.

THE HIDDEN DANGERS OF THE RELAPSE PROCESS

Diana Tucker

Addiction is a chronic mental disorder that impacts biological, psychological and social aspects of substance abusers' lives. Treatment professionals agree that long term recovery is possible but the Relapse Process is a significant threat to this. Therefore, understanding how this process works is of great importance.

Relapse can be described as “cunning, baffling and powerful.” So regardless of promises, good intentions and the belief in will power, persons are often unaware when this process begins. Most people believe that relapse starts with the

return to substance use after a period of sobriety. However, it is best described as a sequence of problems wherein each one grows heavier and heavier until the individual succumbs to the pressure of the resulting stress and pain; and either collapses, commits suicide, or medicates through drug use.

According to an internationally recognised expert on substance abuse, Terence Gorski, the first step in the Relapse Process is Getting Stuck In Recovery. This occurs when individuals are doing fine in recovery and hit a problem that they are unable or unwilling to deal with. So they return to a well-known place called Denial. This allows them to pretend that all is well.

However, the stress of pretending becomes painful and they try to escape by using Other Compulsions. Compulsions used to relieve the pain and stress of initial problems include overworking, overeating, dieting, and even over-exercising. Even though they may feel good for a while, the pain returns as they have done nothing to solve the initial problem.

To further complicate matters, something distressing may happen; this is called a Triggering Event. It may be as simple as an argument with a friend but it is enough to increase the feeling of stress, creating a sense of being overwhelmed. This triggering event makes the pain so severe that normal functioning is impossible and

The first step in the Relapse Process is Getting Stuck In Recovery.

Internal Dysfunction begins. During this stage, one forgets that the ability to function and stay sober requires using intellect over emotions.

“In other words, the trigger goes off, our stress jumps up, and our emotions take control of our minds. To stay sober we have to keep intellect over emotion. We have to remember who we are (a person in addiction), what we can’t do (drug usage), and what we must do (stay focused on working a recovery program),” Gorski states.

An individual has not returned to use at this point because this internal dysfunction comes and goes for a while. However, knowing that something is wrong these inside problems begin to create problems on the outside. It’s like wearing clothing inside out or becoming Dysfunctional on the Outside. During this phase, things begin to get worse and mistakes are made at work, problems are created with friends, families, and co-workers. Recovery meetings seem boring and meaningless and the desire to attend is lessened.

Unfortunately, things keep getting worse until a return to Addictive Thinking occurs. There is a little bit of self-pity at this stage. According to Gorski, thoughts can include: “Sobriety is bad for me; look at how miserable I am. Sober people don’t understand me. Look at how critical they are. Maybe things would get better if I could talk to some of my old friends. I don’t plan to drink or use drugs, I just want to get away from things for a while and have a little fun. People who supported my usage were my friends. They knew how to have a good time. These new people who want me to stay sober are my enemies. Maybe I was never addicted

in the first place. Maybe my problems were caused by something else. I just need to get away from it all for a while! Then I’ll be able to figure it all out.”

This thinking is the beginning of the end. Addicts set up high risk situations by convincing themselves that hanging out with old friends in old familiar places will provide a place to relax. This leads to loss of all control and a return to use. Fortunately, relapse can be interrupted at any phase of this process and individuals can reflect on past behaviours and use insight to rebuild a stronger recovery base.

A close-up, high-angle portrait of a man's face, focusing on his eyes and nose. He is wearing thin-rimmed glasses. The lighting is soft, highlighting the texture of his skin and the details of his facial features. The background is a plain, light color.

WHAT MAKES ME AN ADDICT

Written by A Client

Personally, I think I was born with an obsessive and compulsive nature. What I believe is the core of my nature and my addiction is trying to cover up the pain of rejection and hurt that I have experienced in my childhood because people did not love me the way I think we all deserve. I was a very caring, sharing and loving child that would have thrived if given the love and affection I needed.

What I think played a big part in creating the monster in me is that from the day my father died I was uprooted every 2 years and sent to another place to live or go to school until I was 15. That pattern continues to this day.

What makes me an addict in the medical sense of the word is that I could not stop using once I started. I isolated myself; I thought I could handle it when I was told I was an addict and realised it myself. I minimised my addiction by comparing myself to others and this gave me an excuse to continue my sickness.

I manipulated people and tried to control everyone and everybody around me. I lied, stole and cheated.

My inability to deal with life on life's terms when I was too happy, too sad or things were not going my way I would use. Lots of the time, I would find myself not going to meetings, not saying my prayers, and being argumentative, even when I was not using. Before I knew it I would be down that road again of using. Eventually, it came to the stage where using was not fun any more and I had no control or could not stop until my body could not continue or I ran out of money or ways to get more.

I forgot about the times when I was consumed with fear, self-pity and depression, and only remembered the good times. I would rationalise the things I did to keep me from going crazy. I knew that if I thought too much about the things I did I would not use again, so I avoided that.

My emotional and mental functions, such as the ability to be responsible, caring and loving – especially towards my loved ones – were definitely affected by the use of drugs. This would impact me so deeply that the only way I could deal with that guilt was to use again since it would numb my feelings and thoughts. Hostile, resentful, self-centred and self-seeking, I cut myself off from the outside world. My world shrank and isolation became part of who I was.

My belief that I could handle drugs was also another misconception of mine. Sometimes I could drink alcohol successfully for a time but always ended up using drugs even if it was a month after the first drink.

I still believe that I can drink 1 or 2 drinks and this is a reservation that could cause me much grief and relapse in my future. I need to seriously look at this if I want to stay clean for the rest of my life. I have lost track of how many times that I have been in and out rehabilitation centres. I still find myself minimising my addiction, even with the evidence pointing at me straight in my face.

I know I am an addict, obsessive and compulsive in every aspect of my life – business, personal, emotional, and sexual. I have used to the extent where there was no fat at all in my body, my ribs, chest and back bones just covered with skin.

I am aware that my personality, habits and mannerisms are not of the normal or acceptable standards. I know this from being able to hear the things I have said after I have said it, to read emails I have sent after I have sent it, and from the way people respond to me and the amount of friends I have lost and family who do not want anything more to do with me. I could not keep a job or play games with any normal acceptable behaviour. I did not show concern for others, only myself. My feelings were shattered and self-centred. I was spiritually, emotionally and mentally bankrupt.

MY ADDICTION ENSLAVED ME!

I was a prisoner in my own mind and life, condemned by my guilt. Sometime I gave up all hope that I could ever stop using.

Denying or minimising my addiction is one of the most dangerous things for me and I need to accept the fact that I can never use any drug, including alcohol, no matter how little ever again. Even after writing this I know I am an addict in every aspect in every sense of the word. I know I will still find myself in times of weakness and unguarded moments where I think I can use again. I am truly an addict.

I am aware that my personality, habits and mannerisms are not of the normal or acceptable standards.



5 EFFECTIVE WAYS TO AVOID RELAPSE

David Waithe

Successfully completing a drug rehab program is a great accomplishment,

and it is a very difficult and challenging undertaking. For most people, however, simply getting through substance abuse treatment is not the end of the challenges that they face. Avoiding relapse is arguably one of the most difficult parts of maintaining recovery over time.

In many ways, remaining drug-free is even more challenging than going through the initial treatment process simply because the maintenance part of drug treatment is a lifelong journey that has no true end. For people who were once addicted to drugs, trying to avoid succumbing to the temptation to use drugs again can be the most difficult thing they will ever have to deal with.

Most substance abuse professionals agree that a strong relapse prevention education program is a crucial

component of substance abuse treatment. Such programs need to be taught while patients are going through their initial drug treatment so that the importance of following them can be emphasized from the beginning.

As part of a comprehensive aftercare treatment program, patients tend to fare much better if they follow a structured plan for success. There are five basic tips that professionals recommend to help patients avoid a relapse once their drug treatment is complete.

1. AVOID TEMPTING SITUATIONS

These types of situations can be emotional or physical. For example, try to avoid being around people who force you to dwell more on the times when you were using drugs. You should also avoid going to places that remind you of the times when you used drugs, as it may be more tempting to start using again.

2. DO NOT BOTTLE UP YOUR FEELINGS

Instead of keeping everything bottled up, try to get in the habit of expressing yourself as much as possible, particularly when something is really bothering you. A great way to maintain a constant outlet for verbalizing your feelings is to participate in a support group as part of your aftercare treatment program. This will also allow you to obtain support and objective opinions from your peers who attend the support group with you.

3. NEVER THINK OF A SLIP-UP AS A FAILURE

If you make a mistake and use drugs, do not let it put you in the mind-set that you are a failure and that you have messed up beyond repair. There is always a new opportunity to redeem yourself and get back on track with your recovery. If you slip up, think of it as a lesson learned and make a promise to yourself that you will not let it happen again. Learning from your mistakes will go a long way toward helping you remain true to your commitment to be drug free for the long haul.

4. FIND CONSTRUCTIVE HOBBIES

A great way to keep yourself occupied in a positive way is to cultivate some constructive hobbies. Find some things that you are truly interested in so that you do not get bored too often. You might choose to get involved in a regular exercise program, learn to paint or participate in volunteer work. You might also decide to take some classes to further your education.

5. AVOID NON-SUPPORTIVE PEOPLE

One of the best ways to stay true to your new commitment is to steer clear of people who do not support your healthier lifestyle. This will probably mean that you would need to distance yourself from the people you used to hang out with when you were actively doing drugs, but in the long run it will be to your benefit to dissolve those unhealthy relationships.

In order to be successful at maintaining their drug-free status, most people also need the love and support of their family and friends. It is critical that recovering addicts have people that they can turn to in times of great stress or difficulty so that they can avoid the temptation of falling back into the cycle of drug use and abuse.



HOW ADDICTS CAN CONTROL CRAVINGS

Christopher Hanschell

Avoiding relapse can be a challenge for addicts in recovery, especially when faced with spontaneous cravings.

That's why it's important to develop personal strategies to manage cravings. In effect, "managing" equates to finding a way to successfully control a very strong desire for the substance that can come upon you suddenly. Calling your sponsor daily creates accountability. Making the decision to cut the necessary things out of one's life that could be a threat to one's sobriety is a huge step to stemming the desire to go back to active use. So staying away from people, places and things associated with the use of the substance is key.

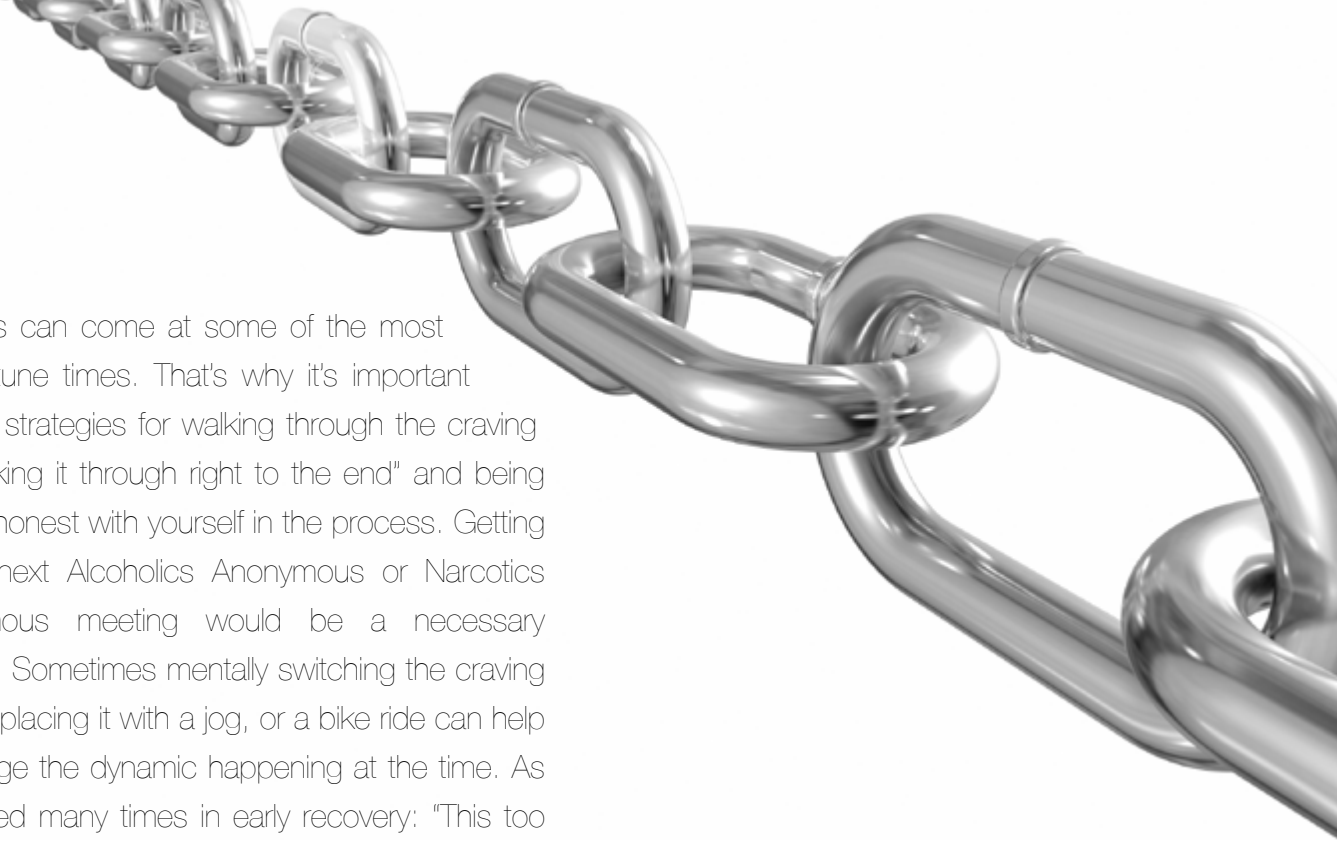
TRY NOT TO GET:

HUNGRY ANGRY
LONELY TIRED

In any given day, HALT and continually take stock of yourself, emotionally, physically and spiritually.

For some, breaking the nicotine addiction as well as "total abstinence" is huge to attaining long-term sobriety. So often the use of matches, lighters and the need to rely on cigarettes daily to help a person through his or her day is very closely related to the use of other addictive substances.

And finally, to protect "the addict or alcoholic from himself," as absurd as this may sound, it is suggested, especially in early recovery, that you open a new bank account, having a trustworthy person in your life as a co-signatory on your account. In other words, no money can be withdrawn from your account without a second signature. This strategy, as humbling as it may feel at first, can be a huge deterrent when cravings come upon a person to go and buy more of the very substance that was destroying his life. Of course, having ATM or debit cards would not be an option in practicing this strategy.



Cravings can come at some of the most inopportune times. That's why it's important to learn strategies for walking through the craving by "thinking it through right to the end" and being brutally honest with yourself in the process. Getting to the next Alcoholics Anonymous or Narcotics Anonymous meeting would be a necessary solution. Sometimes mentally switching the craving off by replacing it with a jog, or a bike ride can help to change the dynamic happening at the time. As is advised many times in early recovery: "This too shall pass."

SELF CONTROL



TROUBLING DATA ABOUT YOUTH & ADDICTION

Larry Mayers

Verdun House's breath taking environs were designed that way for more than just the sake of aesthetics. From its earliest days, the institution was meant to be an oasis for the mind; providing a tranquil, meditative space since May 30th, 2000. With fourteen (14) years of extensive outreach; trials, tests and testimonies, the opportunity for research and analysis was an inevitability. Answers to questions related to drug usage, within the addict community, is vital yet profound; and it fuels the innovative evolution of counselling within our clinical team.

Verdun House has been collecting demographic and behavioural data concerning the more than seven hundred and fifty (750) clients whose lives have been changed. Analysis of the origins of substance abuse has long been an important part of the program here.

The ability to identify critical factors which place persons and populations at risk would be an entirely new, enriching yet significant undertaking to a single entity. The possibility of exploring a research division – for implementing applied preventative intervention studies, testing various methods of onset drug usage suppression – would be exceptional. To upset and influence experimentation with drugs as a way to prevent continued use can truly sustain a country and its people for generations.

Based on our data about the addict population over the past four years, there seems to be a decline among the number of individuals of the eighteen (18) to twenty-five (25) year age group

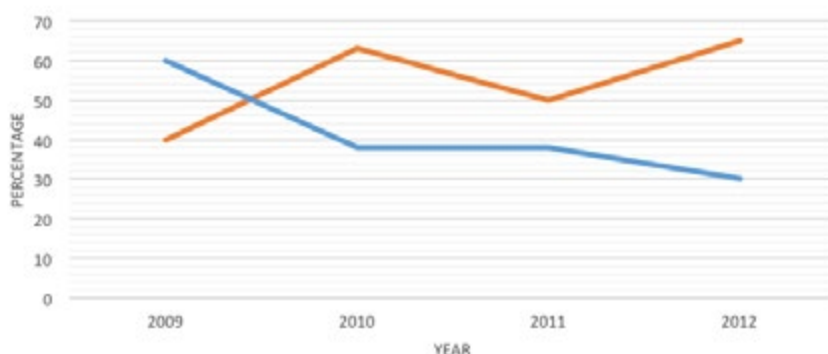
who experienced their first addictive substance (alcohol, marijuana, crack cocaine) at eleven (11) years old or younger.

Also the number of individuals of the same age group who experienced their first addictive substance (alcohol, marijuana, crack cocaine) at the ages of twelve (12) to seventeen (17) appears to be on the rise.

Is it possible that these numbers have identified particular areas of concern within our adolescent community? Have you also noticed any of these trends in your immediate family, friends or work colleagues? If you did, what would you say? Where would you start?

Verdun House is here to help in that regard as the rules of engagement in this field is our speciality. Awareness of this potential danger is reason enough to have this conversation. The name Verdun is based on a historic World War I battle. Internal conflicts exists today within our society. It is for this reason that we continue to adapt and evolve so we may continue to act on the behalf of those unable to do so on their own.

ONSET BY AGE GROUP - 18 to 25



ONSET USAGE 11 YEARS AND UNDER - BLUE
ONSET USAGE 12 TO 17 YEARS - ORANGE

ADDICTION'S DESTRUCTIVE IMPACT ON THE WORKPLACE

Shawn Springer

Most people understand how addiction can have devastating effects on someone's personal life and career. But what about the major impact an addict can have on the workplace?

Researchers suggest that four out of every ten employees are affected in one way or another by a colleague's addiction. However, some employers adopt the attitude that an employee's substance abuse problem is a personal issue, and are not aware of how addiction affects workplace productivity.

A company is likely to experience higher absenteeism because of an employee's drug use. In addition, when the abuser does report for duty, the employer can expect a reduction in productivity due to sickness, reduced efficiency and performance resulting in reduction in profits. Economists report that some businesses in the United States lose an estimated \$100 billion per year because of substance abuse, while substance abuse costs the Canadian economy more than \$18.4 billion annually.

Addiction also affects productivity in the workplace due to the break down in relationships among employees. According to the U.S. Department of Labor, one in five workers report that they have had to work harder, redo work or cover for a co-worker, or have been injured or put in danger as a result of a fellow employee's drinking. Research shows that

employees who use drugs are only two thirds as productive as nonusers, and their use contributes to increased thefts, damaged equipment and other unnecessary costs in the workplace. Employers are also faced with additional costs incurred from retraining of staff or hiring of new staff to replace terminated addicts.



Small business owners are especially vulnerable because they often do not have an established drug-free workplace policy, do not require new employees to submit to drug testing prior to employment and have smaller financial reserves to expend if an employee causes a job-related accident or injury while impaired.

Employers must become more aware about the adverse impact that substance abuse can have on the overall efficiency and productivity of their organizations.

HOW TO HELP

Verdun House needs you help. Please review below and see you can assist us.



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.

GIVE A DOLLAR SAVE A LIFE

Look for our vouchers at your local Super Centre and donate \$1.00 each time you shop.

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.

CASH DONATIONS

Cash donations are always welcome.

NON-CASH DONATIONS

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

VERDUN NEWS

VH WINS GREEN AWARD IN GREEN BUSINESS BARBADOS PROGRAM

Verdun House recently participated in the Green Business Barbados program hosted by the Future Centre Trust. Our green project focused on maximizing the efficient use of the waste generated on the farm. Based on discussions with the Future Centre Trust, we realized that one of our biggest challenges was recycling the waste generated by staff and

clients. After implementing the Green Business Barbados program, we saw significant improvements. We started shredding paper to use in the chicken pens after printing on both sides and using Vinegar as a cleaning product. We are now moving towards eliminating the use of Styrofoam in our operations and finding alternatives for the use of pesticides.



LION'S CLUB DONATES STOVE TO VERDUN HOUSE BAKERY



Verdun House's Director of Human Resources, Communication and Client Development, Marietta Carrington shares, "we are using our micro-businesses as a vehicle to get our clients trained for the Second Chance Education Programme, specifically our bakery." She adds, "as part of our efforts we are also preparing to have the bakery audited by the Technical and Vocational Education and Training (TVET) Council."

Verdun House is working on a new initiative to give clients a second chance at leading happy and fulfilling lives through the CXC/USAID Second Chance Education Programme. The goal of the programme is to build a sustainable infrastructure that will allow 'at risk' groups of all interests and abilities to access programmes that may lead to the development of valuable life skills, training/retraining for the world of work, portable certification, and a continuing education platform for future development.

Inspired by Verdun House's efforts, the Lion's Club of St. Michael has donated a stove to enhance the facilities in the bakery." Speaking about the donation, the Service Activities Chairman, Pearl Bradshaw, notes, "we are happy to establish this partnership with Verdun House. We believe that this initiative shares our mutual vision to improve the lives of people in Barbados."

GOODBYE CHRIS!

Verdun House has said Adeus to one of its most treasured employees! Chris Hanschell worked with us for approximately eight years, first as an addiction counsellor and then as the co-ordinator for Verdun's Micro-business programme. This programme is a therapeutic tool used in engaging clients in business activities designed to bolster self-worth, work ethic and personal financial management. Chris leaves us to relocate to Brazil with his wife Marisa. Thank you Chris for your outstanding service and unwavering love and support for our clients.



VERDUN HOUSE PARTNERS WITH CXC AND TVET TO OFFER SECOND CHANCE EDUCATION PROGRAMME



Verdun House's, Clinical Director Jacqui Lewis, Director of Human Resources, Communication and Client Development, Marietta Carrington and Technical Officer at the TVET Council Miguel King discussing how Verdun's bakery will be used to prepare students for the CVQ in Commercial Food Preparation (Cookery).

Verdun House is partnering with the Caribbean Examination Council (CXC) and Technical and Vocational Education and Training (TVET) Council to give our clients a second chance! Verdun House is gearing up to provide training and development opportunities for suitable candidates to participate in the Caribbean Vocational Qualification (CVQ) in a number of areas which are linked to our Micro-Businesses programme.

MINISTER OF HEALTH VISITS VERDUN HOUSE



Verdun House recently welcomed the Hon. John Boyce, Minister of Health and Permanent Secretary in the Ministry of Health Tennyson Springer to its drug rehab facility in St. John. The Executive Team of Jacqui Lewis, Bernard Pooler and Marietta Carrington sat down at "The Table" with the most senior officials in the Ministry of Health and discussed several issues ranging from addiction as a disease, treatment options, the impact of the social fabric of the society and Government's on-going commitment to the full spectrum of health needs for Barbados. The Minister also "dropped in" on one of the Clients Group Sessions and commended them for seeking to get the professional help they needed.



1

DIAMONDS INTERNATIONAL

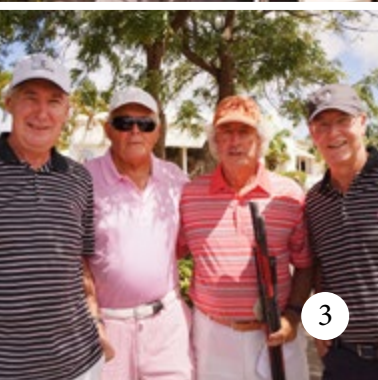
16th Annual Charity Classic

GOLF TOURNAMENT 2013



2

In aid of
THE
SUBSTANCE
ABUSE
FOUNDATION



3

- 1. Phyl Wer and Alison Hood
- 2. David Courmk, Irvin Gaffn, Margery Gaffn & Gen Lawrence
- 3. Bill Alexander, Derek Crowson, Sr, Martin Abb & John Hargreaves
- 4. Williams Group-Ian Mayers, Teddy Williams & Andre Gibson

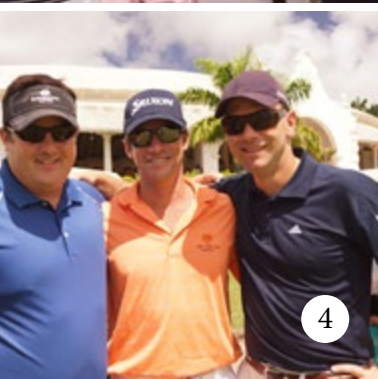


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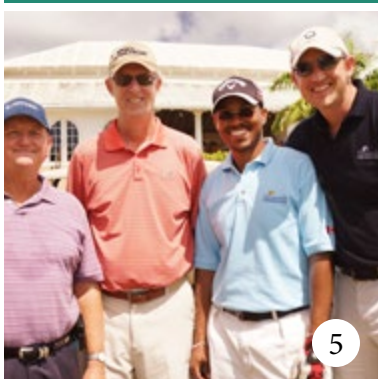


8

- 9. Diamonds International - Junior Team
- 10. The Winning Team - Harriet Lynton, Julia Stephenson, Lynn DeCembra McLeod & Simone Ward
- 11. Pauline Tully (Verdun) & Andy Payne (RWM)



4



5



7

- 5. Summit Intl Bank - Wayne Kiron, Terry Horton, Andre Weiboff & John Howard
- 6. Charles Eday & Sr Garfield Sobers
- 7. Sagcor, Arthur Bethel, David Allen, Charles Packer & David Wright
- 8. Jynice Reids, Suzy Parler, Joyce Beauvais & Sally Schofield



6

Wednesday
13th of February
2013



10



15

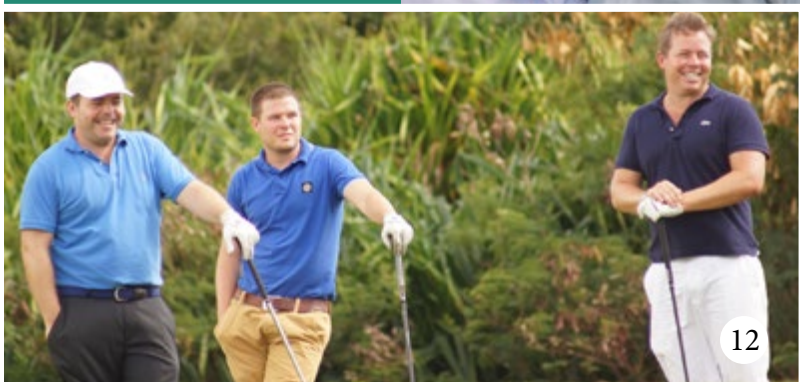
At Royal Westmoreland Golf Club



11



16



12

12. Mark Healy, Ben Rozenberg & James Healy
 13. Kevin Lewis & Adrian Meyers
 14. The Ladies Concentring!
 15. Organisers - Roger Peale (RWM) & Pauline Tully (Meridian)
 16. Jacob and Michal Hassid with the Diamonds International Junior Team



13

SPECIAL THANKS TO OUR 2013 SPONSORS

- Diamonds International
- Royal Westmoreland Golf Club
- Mr. & Mrs. Derrick Smith
- TD Reinsurance
- Mr. & Mrs. Eddie Healey
- Summit International Bank
- Mr. & Mrs. Derek Crowson
- The Williams Group
- Mr. & Mrs. Les Hutchison
- BS&T
- Mr. & Mrs. John Magnier
- Sagicor
- Mr. & Mrs. Don Jackson
- Longview Associates
- Simpson Motors
- Cidel Bank & Trust
- SBI Distributors



Elvis Medford & Desmond Haynes



14



Mike Challis



The Substance Abuse Foundation Inc.

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