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RENEW

Verdun HOUSE
A place of healing from addiction.

THE
MARIJUANA
DEBATE



What's Baking at Verdun House!

Bread and pastry lovers can now savour from a wide range of healthy options of breads, cakes and pastries baked fresh from the ovens at Verdun House.

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Verdun Patisserie is one of our Micro-Businesses that is used as a therapeutic tool to engage our clients in business activities.



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For every argument in favour of legalization, decriminalization or medical use, there seem to be comparable positions against them as well.

The Marijuana Debate

A Message from the Clinical Director

Decriminalise? Legalise? Medical Use? There is no question nations worldwide, including Barbados and Caribbean countries are experiencing the feverish temperature of the Marijuana debate. For every argument in favour of legalization, decriminalization or medical use, there seem to be comparable positions against them as well.

Verdun House a project of The Substance Abuse Foundation Inc. at the date of publishing continues to be the only addiction treatment centre in Barbados. The Charity's mandate is focused on treating clients who suffer from the disease of addiction. We also believe that we have a responsibility to inform and educate our various publics on the use of drugs and alcohol and how these can lead to addiction. In this issue we will be seeking to provide information that we believe will be helpful in learning more about Marijuana.

We are grateful to Professor Henry Fraser, Dean Emeritus of the University of the West Indies for giving us permission to reproduce two articles he wrote and published in one of Barbados' daily newspapers. Read a Client's perspective and review some statistics taken from data we have been collecting over the past 14 years.

We hope that you will find this newsletter informative and educational.

Jacqui Lewis

Clinical Director



Marijuana: Fact & Fiction

Facts About Marijuana

What is Marijuana (Cannabis)?

Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant *Cannabis sativa*, which contains the psychoactive (mind-altering) chemical delta-9-tetrahydrocannabinol (THC), as well as other related compounds. This plant material can also be concentrated in a resin called hashish or a sticky black liquid called hash oil

(<http://www.drugabuse.gov/publications/drugfacts/marijuana>)

How does cannabis work?

When smoked, cannabis from the lungs goes into the blood and is carried to every part of the body. Several chemicals in cannabis bind to receptors in areas of the brain that deal with pleasure, memory, thought, concentration and the awareness of time.

How is Marijuana Used?

Marijuana is usually smoked in hand-rolled cigarettes (joints) or in pipes or water pipes (bongs). It is also smoked in blunts—cigars that have been emptied of tobacco and refilled with a mixture of marijuana and tobacco. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour, odor. Marijuana can also be mixed in food or brewed as a tea.

Is cannabis addictive?

It has some of the features of addictive drugs.

What about skunk and stronger varieties of cannabis?

It has been reported in several studies conducted that the amount of the main active ingredient, THC, in herbal cannabis varies from 1% up to 15%. The newer strains, including skunk, can have up to 20%. On the whole, the newer varieties are probably about 2 or 3 times stronger than those available 30 years ago. They make you relaxed and cheerful more quickly, but also produce more unpleasant effects.

Street names for Cannabis

Marijuana goes by many street names, including pot, weed, and herb. Hash, a concentrated form of the drug, is short for hashish.

Physiological Effects of Marijuana

The active ingredient in marijuana is THC. That's short for delta-9-tetrahydrocannabinol. THC is rapidly absorbed after smoking pot. Within minutes, THC and the other substances in marijuana smoke cause short-term medical effects.

Signs of using marijuana include:

- ▶ Rapid heart rate
- ▶ Increased blood pressure
- ▶ Increased rate of breathing
- ▶ Red eyes
- ▶ Dry mouth
- ▶ Increased appetite, or "the munchies"
- ▶ Slowed reaction time

Psychological Effects of Marijuana

According to the National Institute on Drug Abuse, the main effects of marijuana on mood vary and may include euphoria, calmness, anxiety, or paranoia. Getting high or "stoned" is the reason most pot smokers use marijuana.

Other short-term psychological effects of pot include:

- ▶ Distorted sense of time
- ▶ Paranoia
- ▶ Magical or "random" thinking
- ▶ Short-term memory loss
- ▶ Anxiety and depression

Pot
Herb
Hash
Weed
Hashish
Marijuana

Here are the FACTS!

Marijuana is a complex drug with over 400 chemical ingredients. Among them are some 70 cannabinoids, or psychoactive elements, the most significant being Tetrahydrocannabinol, or THC. Burning marijuana results in as many as 2,000 secondary chemicals.

How Marijuana Enters the Body

Respiratory System

When marijuana is smoked, it travels down the trachea, or windpipe, to the lungs, where it passes through the bronchi, and finally into the smaller air sacs, known as the alveoli. THC (the active ingredient in marijuana) passes into the capillaries to the bloodstream and thus to every cell in the body.

Effects of Marijuana on Cell Function

The outer wall of the cell is a delicate membrane 7-8 millionths of a millimetre thick, made up of a double layer of fat molecules sandwiched between two layers of protein. Materials are absorbed by the surface area of the cell and carried through layers of protein and fat molecules into the cells. When the fat molecules in the cell wall are clogged with THC, food materials necessary for the growth and function of cell life are blocked and cannot enter the cell at normal rates. Cell abnormalities will occur depending upon the amount of THC which lodges on the surface of the cell. These abnormalities can have far-reaching effects.

Effects of Marijuana on Cell Immunity

White blood cells are responsible for immunity in the body. As with other cells, the function of these white cells will be affected by the accumulation of THC on the cell surface. Lowered cell immunity can cause increased bronchitis, sinusitis and viral infections among marijuana users. In addition, persons exposed to the AIDS virus have a greater chance of later contracting Acquired Immune Deficiency Syndrome.

Effects of Marijuana on Nervous System

In general THC causes the synaptic cleft, or the area between each nerve cell to enlarge. This can result in poor transmission of nerve impulses between these cells, and thus far reaching effects on the nervous system.

Effects of Marijuana on Speech/comprehension

When transmission of nerve impulses within the cortex area of the brain is affected, disintegration results in impairment of the ability to understand relationships and express complex ideas.

Effects of Marijuana on Memory

Marijuana impairs brain cells in the hippocampus region of the brain and, as a result, marijuana users have difficulty concentrating or focussing on a topic for any sustained length of time. ▲

**Within
minutes, THC and
the other substances in
marijuana smoke cause short-term
medical effects.**

Things That Matter: The Difficult Marihuana Debate (Part 1)

Sir Henry S. Fraser



Profile of Professor Henry Fraser

Professor Henry Fraser, GCM, BSc (Physiology), MBBS, PhD (Pharmacology), FACP, FRCP, is a Barbadian, born in the parish of St. John on June 25, 1944. He is Professor Emeritus of the University of the West Indies, with parallel careers in Architectural History and as writer, artist, public orator and TV presenter.

Professor of Medicine and Clinical Pharmacology, and retired Dean of Medical Sciences, University of the West Indies; Founding Director of the Chronic Disease Research Centre, and of the Hypertension Clinic, Queen Elizabeth Hospital; author and co-author of more than 100 peer reviewed medical and scientific publications on Medical Education, Drug treatment, Epilepsy, Hypertension, Obesity, Stroke and many other subjects; Weekly Sunday Sun columnist for five years on "Health and the Environment". Current Sunday Advocate Column "Things that matter."

The marijuana debate can be a very emotional, sometimes divisive debate. From "holy herb" to some, to drug of addiction, dangerous driving and worse for others, it's always been a controversial issue, and everyone has an opinion. Now, with the legalisation of marijuana in Uruguay on December the 10th, and legalisation in two American states – Washington State and Colorado – the debate has "hotted up".

Use of marijuana goes back centuries. It was brought to the Caribbean by indentured Asians in the nineteenth century, and became most widely used in Jamaica among poor rural communities. Its spread across the Caribbean has been strongly linked to the exportation of reggae music, the iconic Bob Marley and others, and the Rastafari. But like many drugs and substances affecting the human body, attitudes have fluctuated with experience and scientific knowledge.

A hundred years ago heroin and cocaine were widely used in medications – even for babies – until their serious addiction and life threatening effects were recognised. Similarly, the difficulties in studying marijuana use and effects have clouded the facts. While many people in the Caribbean are aware of individuals they claim

have been "sent crazy" by marijuana, regular users are equally convinced that it does them no harm, and the recent development of marijuana-derived drugs or "medical marijuana" for treatment of pain and nausea has fuelled the lobby for legalisation or decriminalisation.

The legality of marijuana varies widely across the world. A world map looks like a colourful carnival costume, with most countries still showing illegal status, some illegal but not enforced, some decriminalised and a few countries and the two states of the USA now of legal status. The "experiment" of the Netherlands is interesting, where coffee shops in some cities are allowed to sell marijuana for personal use to adults over 18.

What are the facts about marijuana's effects? These have been well established, and should be known by everyone engaging in the debate.

It can produce adverse physical, mental, emotional and behavioural effects. While it's used for its mild euphoria, it can impair short-term memory and judgement, distort perception, and its cognitive effects may persist for several weeks after cessation of chronic use. It affects brain systems that are still maturing through adolescence and young adulthood, and so may affect long term development. Contrary to popular views, it's addictive in about 10 percent of chronic users, probably related to genetic predisposition, as with alcohol and other addictions. Acute intoxication can precipitate acute psychosis,

and again the evidence suggests that this occurs chiefly in those with a genetic predisposition, which may explain why in some cases chronic psychotic disorders may develop. The almost 400,000 emergency hospital cases in the USA in 2009 occurred more often in males, with a two thirds majority.

The acute effects – relaxation, euphoria, laughter, memory impairment, and very occasionally fear, panic and anger – of a single potent smoke, last about three hours. They result from the binding of tetrahydrocannabinol, the major psycho-active constituent of marijuana, with cannabinoid receptors on nerve cells in areas of the brain that influence pleasure, memory, thinking, concentration, coordination and perception of time. The great increase in potency of marijuana over the past few decades is of concern, as these effects may alter brain development in adolescents.

Other effects include the problems of judgement and incoordination, resulting in dangerous driving, as with alcohol, and the two are additive; respiratory effects, similar to those of cigarette smoking; effects of marijuana in pregnancy on the foetus; and negative effects on learning, graduation from high school, career achievements, absences from work and other demonstrated outcome measures. There is an enormous literature on these issues, but it can sometimes be difficult to sort out the multiple variables of social setting, parenting and family life from the use of marijuana. What is clear from multiple studies is that the cognitive impairment and the duration of negative effects are dose related. While there are reports of many studies available on the web, a comprehensive and objective scientific report is that of the National Institute of Health's National Institute on Drug Abuse. ▲

Professor Fraser is past Dean of Medical Sciences, UWI and Professor Emeritus of Medicine. Website: profhenryfraser.com

The legality of marijuana varies widely across the world. A world map looks like a colourful carnival costume, with most countries still showing illegal status, some illegal but not enforced, some decriminalised and a few countries and the two states of the USA now of legal status.



Things That Matter:

The Difficult Marij(h)uana Debate (Part 2)

Sir Henry S. Fraser

Note: The spelling of marij(h)uana with 'h' is the usual legal form. The 'j' came from Mexico and as a concession to popular media use, I will use the 'j' form from here on!

As acknowledged in Part 1, this debate can be an emotional, sometimes divisive debate. From "holy herb" for some, to drug of addiction and dangerous driving to others, everyone has an opinion. With legalisation in Uruguay and two American states, and the development of "medical marijuana", the debate has added urgency.

In Part 1 the facts about its effects, good and bad, were summarised. In short, it can produce adverse physical, mental, emotional and behavioural effects, impair short-term memory, judgement and learning, and distort perception. Cognitive effects may last for weeks after stopping chronic use and may affect long term development in teens. Contrary to popular views, it IS addictive in about 10 percent of chronic users, probably related to genetic predisposition, as with alcohol and other addictions. Acute intoxication can cause acute psychosis, as many people are painfully aware, and chronic psychosis. The great increase in potency is of concern, and may explain the more dramatic psychotic effects. And while dose-standardised preparations provide for medical use, smoking joints is NOT medical use, and could add unwanted side effects. These are the medical facts.

Other effects include problems of judgement, incoordination, and dangerous driving, as with alcohol, and they are additive; respiratory effects as with cigarettes; and negative effects on learning, graduation, career and absence from work - all well documented. The big question is whether the negative effects, comparable with those of alcohol, justify legalising, simply because alcohol is legal. The next logical question is whether such negative effects on society, with increasing acceptability and use, would be outweighed by positive effects of reducing drug trafficking, crime, and escalation to more addictive, dangerous drugs. This column offers some of many comments in response to Part 1, in order of arrival, and draws some conclusions.

Consultant physician: "I think marihuana use is risky for many and those genetically predisposed to devastating effects don't know until it happens. The question is whether legalizing would increase use ... I suspect so ... it sends a message that it's OK. Young men aren't risk averse ... surging testosterone in absence of fully developed judgment is thought to account for this, and this vulnerable group will suffer most. (Close relative of two bright, talented, now ganja-psychotic young men)"

Retired friend: "Legalize the stuff and get on with it. Won't kill any more on the roads than alcohol"

Leading public health doctor: "How to manage marijuana socially is challenging. Use here is widespread - prohibition doesn't work. It's wrong to criminalise its use and those who use it. I'm in favour of decriminalising and regulating trade and use, which isn't straightforward. Educating about adverse effects is also important."

English surgeon: "The legalisation of "soft" drugs is fraught with misuse and introduction to young people. I've just read in the Sunday Times of an American 18-year-old, on drugs, killing both parents to enable him to hold a party with them "away". There's no doubt these drugs taken by people with a predisposition to mental disorders may lead to disasters. On the other hand some medical use, especially in terminal conditions with intractable pain, can be useful. Also it could rid us of the criminal element distributing marijuana, although no doubt they would push banned drugs even harder. I also worry that pre-18 year olds, as with smoking & alcohol, will succumb to peer pressure. On balance, I come down on the side of medical marijuana only, on prescription."

Information specialist, social commentator: "Alcohol has medical benefits in doses prescribed by physicians - when abused it's addictive, harmful to health (mental, emotional, physical) and a social scourge - excessive use is policed, with penalties. It's available legally after the age of majority - there's no mystery to attract the younger generation - there is Alcoholics Anonymous for those who slip through the cracks. If we substitute "Marijuana" for "Alcohol", then there is a potential solution to the social problem, with benefits to society. Similarly, we should learn from HIV prevention strategy: "Abstinence, Be Faithful and Condomise (ABC). Focus must be on education, prevention, decriminalisation and cure."

Surgeon: "If only we would use logic and apply lessons learnt with alcohol and tobacco. Like tobacco, we can't allow smoking in public places. Like alcohol, we can ban certain activities while intoxicated; the technology makes it easy to apply, if we have the courage. It took our politicians 30 years to accept seat belts, so left to them nothing will happen. Sensible controls must be conceived and marketed."

Leading Caribbean psychiatrist: "The research should inform the debate. The key is control. Humans are going to use psychotropic substances, so we must work out how best to protect them from themselves. We've failed with alcohol here in TT where bars sell to minors. We must also look at the medical benefits. The risk for psychosis is to those predisposed and those who start early and are heavy teenage users. We would need to improve prevention and treatment efforts for substance misuse. Sending young men to prison for small amounts is counterproductive."

Banker: "The social fallout is more problematic - loss of productivity and total fall in wellbeing of our people."

Scientist: "It should be legalised. Our view is pragmatic, as the current system doesn't work. Money spent today could be better used for education and rehab. To some degree banning makes it more attractive."

Attorney: "Much evidence suggests it should be legalised. But if one enjoys smoking it, there's a tendency especially in young people to 'progress' and try a new high. You suffer a deterrent from hangovers when you drink too much! Not with cannabis. Intoxicated driving is harder to detect with cannabis. My concern is practical - young persons are likely to combine the two, with significant consequences. Smoking cannabis is different from cigarettes - inhaling more and with no filter like cigarettes, greater risk of lung disease. Alcohol abuse is a big problem but legalising cannabis can't improve society but could increase risks of further damaging our fragile society."

Global management guru: "I spent some years, during my military career, seeing how a few people made much money and caused untold misery to many. So I have a pretty negative view about drugs and the 'magic triangle' - drugs provide money, provide guns, provide more drugs..... SO I AM A DEFINITE NO!!"

Newspaper editor: "Clearly the war on drugs has been lost worldwide and there must be a better way forward. The Drugs Court in Barbados to diminish criminality of drug use and force transgressors to contribute to the community rather than be "criminalized" in prison is an example many countries could well follow."

These comments come from a range of doctors, lawyers, scientists and others, and range from ““Legalize the stuff and get on with it” to “No way!” There’s much middle ground, suggesting “decriminalise with education and strong controls, but few specifics. Indeed the literature is short on specifics on best methods for decriminalising and controlling production and trade. Even Jamaica (“marijuana paradise”, some say) hasn’t prepared for possible decriminalisation, despite America’s softening attitude. The Dutch experiment –selling in some coffee shops to some people - has apparently not destroyed the country! But there’s surprisingly little documented on the outcome after a decade!

The greatest concern expressed to me has been a possible major explosion of use with decriminalisation. This is entirely unpredictable, but we should remember that before the unremitting educational efforts led by Dr. Tony Gale to reduce tobacco smoking, half of our males smoked. If half of our young men took up marijuana, with them already trailing the girls so badly in school and university and ending up on the block, what would be the social outcome?

The motto of one of the world’s leading medical specialists on the use of “good drugs” was “Be neither the first nor the last to use a drug.” In other words, before we lead the Caribbean in an experimental role of decriminalising, as so many have said, we need more research.

Bouquets of the week: To the generous benefactors of National Trust Open House fund raisers – Sir David Seale of Heritage Park last week and the Fordes of Guinea Plantation House in St. John, Wednesday coming.

Professor Fraser is past Dean of Medical Sciences, UWI and Professor Emeritus of Medicine. Website: profhenryfraser.com



“Be neither the first nor the last to use a drug.”

Statistical Representation & Narrative

Larry Mayers

Verdun House over the last fifteen years has catalogued the following collection of data:

Clients have been treated for addictions to Cocaine, CRACK cocaine, Marijuana, Alcohol, (Prescription drugs) Valium, OxyContin, Estacy, Pethidine, Crystal Meth and Gambling.



A total of **759 individual clients**
as of December 12th, 2013



A total of **1131 admissions**
as of December 12th, 2013



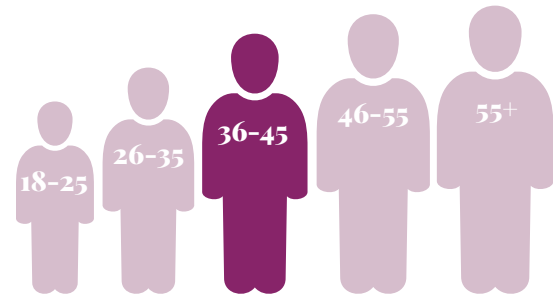
720 Admissions for Crack Cocaine addiction



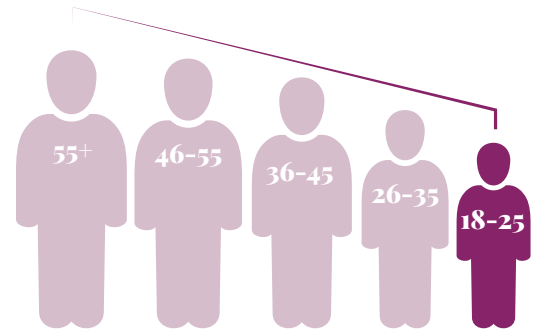
161 Admissions for Alcohol addiction



154 Admissions for Marijuana addiction
with 137 individual client cases



Initially, over the first 4 years of Verdun House's existence, the majority of our clientele presented a clear tendency to fall within the age range of 36 to 45; with a clear emphasis in Alcohol and Crack cocaine dependency.



The stereotypical "Adult" was our primary recipient of addiction counselling. However, as time elapsed, it is clear that the age of "the addict" has lessened; where our clientele over the last five years have been within the age range of 18 to 35.

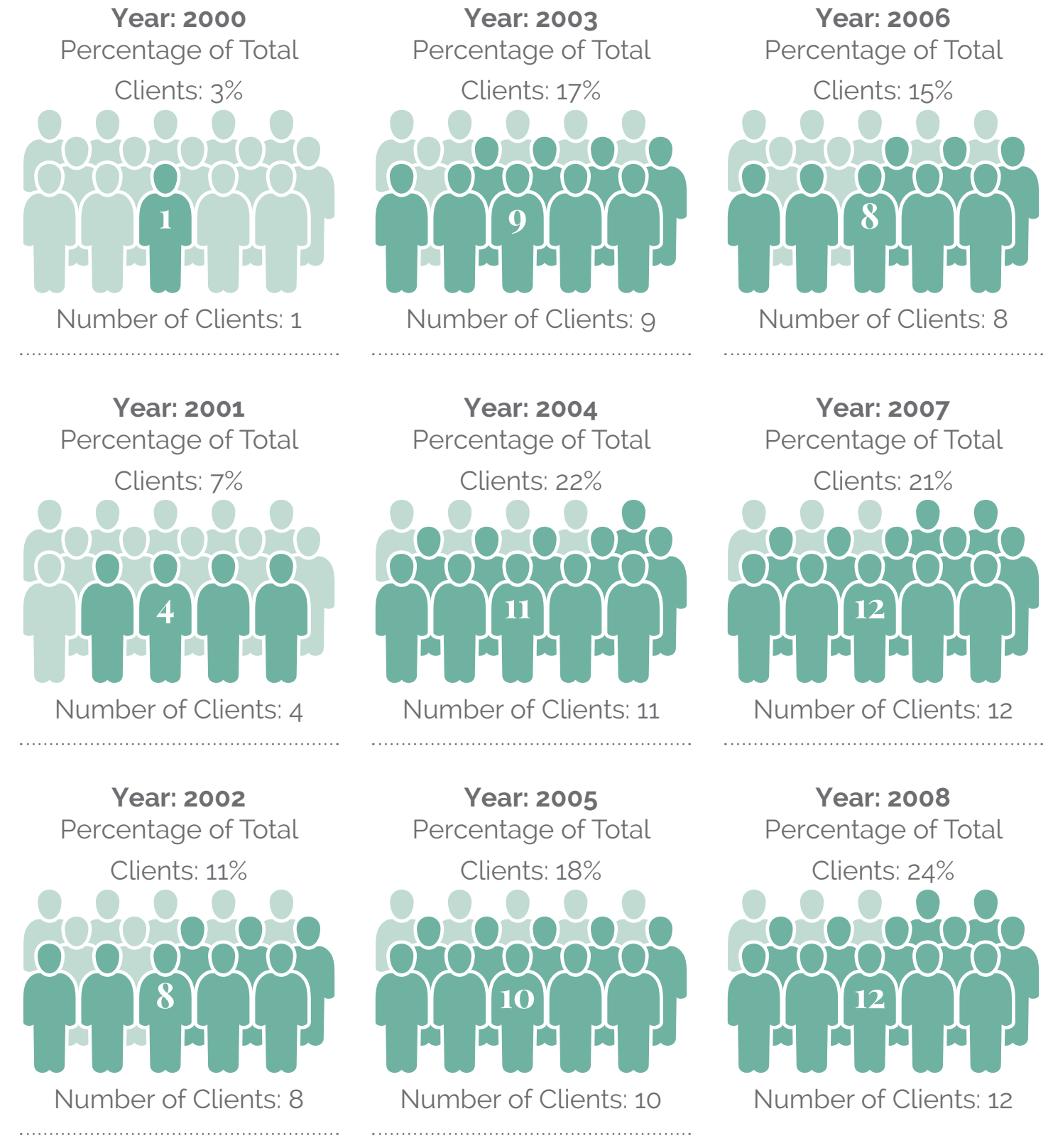


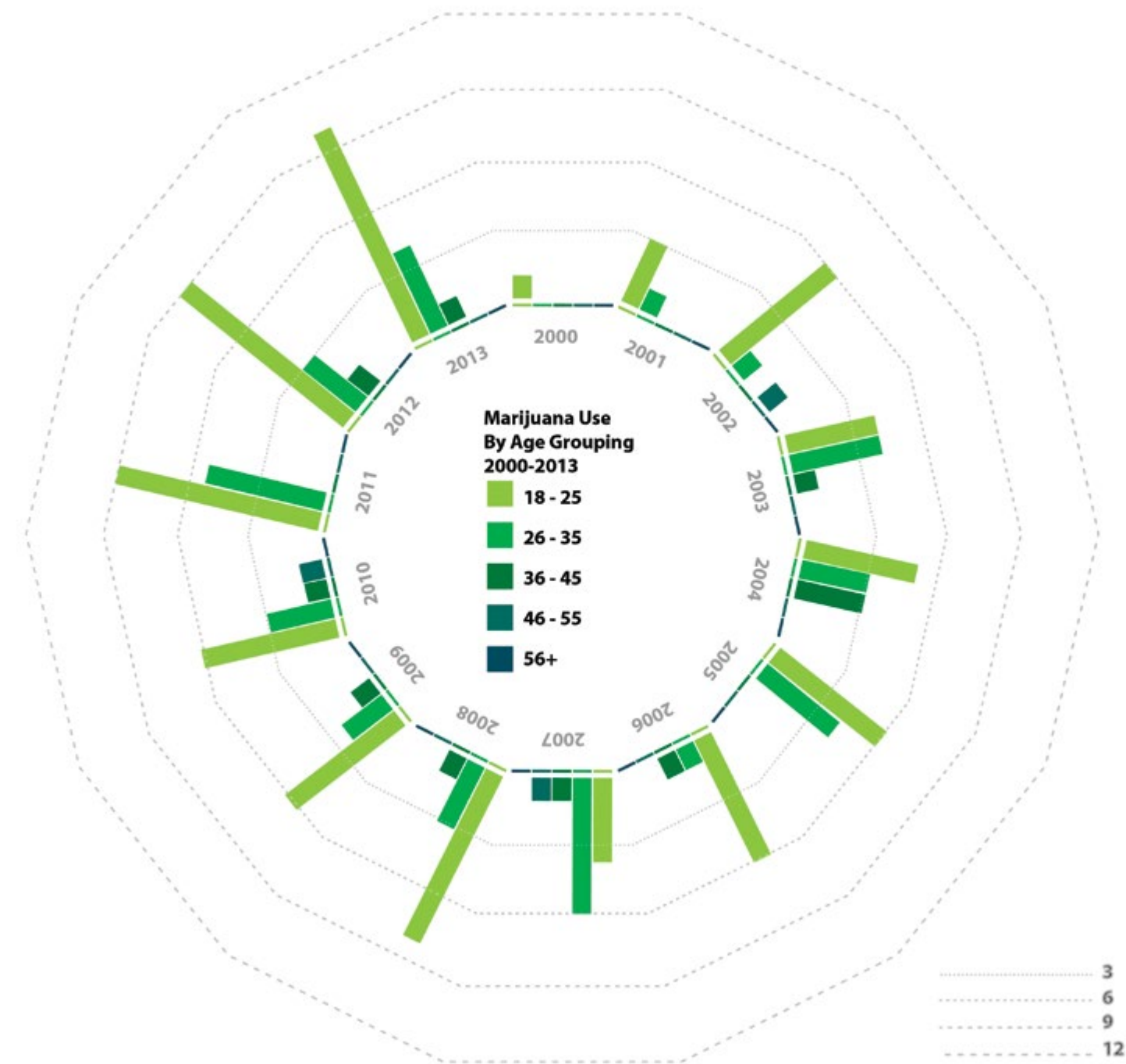
This new addict has a different drug of choice, and is known to have Marijuana and Crack cocaine dependencies. Verdun House has noted a clear shift in the type of drug usage for those inflicted by the disease of addiction and the "addict" appears to be more prominent with the younger age range.



Along with this social issue; we at Verdun House have also identified that persons in addiction are also the fathers of children. More specifically, of the 759 clients 262 of them have children. Over the last 5 years it can be seen as being more impactful, as clients within the age range of 18 to 35 are parents; with this trend increasing from 15% in 2008 to 32% in 2012.

Marijuana Usage Report





Age Range	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
18 - 25	1	3	6	4	5	6	6	4	8	6	6	9	9	10
26 - 35	0	1	1	4	3	4	1	6	3	2	3	5	3	4
36 - 45	0	0	0	1	3	0	1	1	1	1	1	0	1	1
46 - 55	0	0	1	0	0	0	0	1	0	0	1	0	0	0
56+	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Marijuana & Addiction

(Client's Viewpoint)

Losing My Mind for Weed

From the time he smoked his first joint Russell G. was doomed. But he did not know it then. What would result from this teen's attempts to stop being bullied and to fit in would be eight heart-breaking years of insanity and frequent institutionalization until he found Verdun House and hope of a restoration to sanity.

Russell, now 27 and nearly four years clean is gainfully employed, is in a steady relationship and is the father of an adorable 3-year-old daughter. He shares his story with Renew Magazine.

RM: When was the first time you smoked marijuana?

I was at school. I was about 13-years old.

RM: How did you get started?

I was bullied at school when I was in first and second form and I wanted it to stop. I decided to become a "bad boy" – I wore bigger clothes wore my socks low and decided to smoke weed since that is what the bullies did.

RM: What was it like the first time you smoked your first joint?

I remember a euphoric feeling, everything became like a blur and I eventually became incredibly hungry!

RM: How often after that did you smoke?

Almost every day at school after that first time.

RM: How much did you smoke?

About three (3) joints per day.

RM: About how long did this go on?

It lasted about two years and during that time I was expelled from school.

RM: What caused you to be expelled?

I skipped my promotion exams to go and smoke with my friends and the headmaster found out and I was expelled.

RM: What happened next?

I started going to a technical institute where I continued smoking and started gambling as well. After a year I quit and started working as a cleaner. I did not like hard work so I quit after one week.

RM: What did you do next?

I had a friend on the block (he is now in prison) he gave me some weed and I started to sell. I a short time I was making more money than I had ever made in my life. As a reward he gave me some "new" weed. I smoked it and it was the last time I was sane for a couple months. I lost my mind!



RM: Explain what happened?

I became delusional. I was paranoid and thought someone was trying to kill me. I was walking around thinking I was a Colombian drug lord. I started to do some very, very weird things so my parents took me to the doctor who referred me to the Psychiatric Hospital.

When I got there I met a doctor. I told her she was a demon and spat on her desk. She got a room sorted out for me quickly. I'm not sure how long I was at the Psychiatric Hospital.

RM: What treatment did you get there?

I was placed on medication and received counseling and eventually I was released. I came home and got a job and everything was good for about six months. I had never been to rehab or anything like that so eventually I started smoking weed again.

RM: How did that go?

After about a year of smoking I lost my mind again! I followed the same delusional pattern again except this time I was convinced I was the Grand Master of a Lodge! I was sent back to Tamarind House at the Psychiatric Hospital for three months. This pattern of smoking and losing my mind and being sent to the Psychiatric Hospital repeated itself from my first admission at 17 until I was 25 – eight years.

RM: How was that vicious cycle broken?

After my last admission at the Psychiatric Hospital I wanted to leave but they would not discharge me an instead suggested that I go to Verdun House for help. I agreed and went there in February 2011.

RM: What was the Verdun House experience like for you?

I loved the surroundings and the nice food but I did not like all of my peers at first but Verdun House saved me.

RM: How did Verdun House save you?

For the first time I started to listen and to take suggestions such as staying away from "people, places and things..." I started to apply that to my life. I learned more about the disease of addiction and how to abstain from taking that first drink or drug.

RM: How long did you stay at Verdun House?

I did the full three months of primary treatment and I have remained sober since then.

RM: What is your life like now?

My life is a lot more manageable since I have stopped smoking marijuana. I have been sane ever since. I've been diagnosed bi-polar but that is under control. I work and support my family. I am a contributing member of society again.

I can see the very clear link between my marijuana use and my mental illness, every time I use marijuana I end up at the Psychiatric Hospital.

RM: How do you maintain your new life and sobriety?

I don't go on the block. I don't associate with people I smoked or drank with. I don't drink alcohol and I don't listen to certain types of music, especially songs which promote the use of marijuana. I attend meetings regularly.

My life is good! ▲

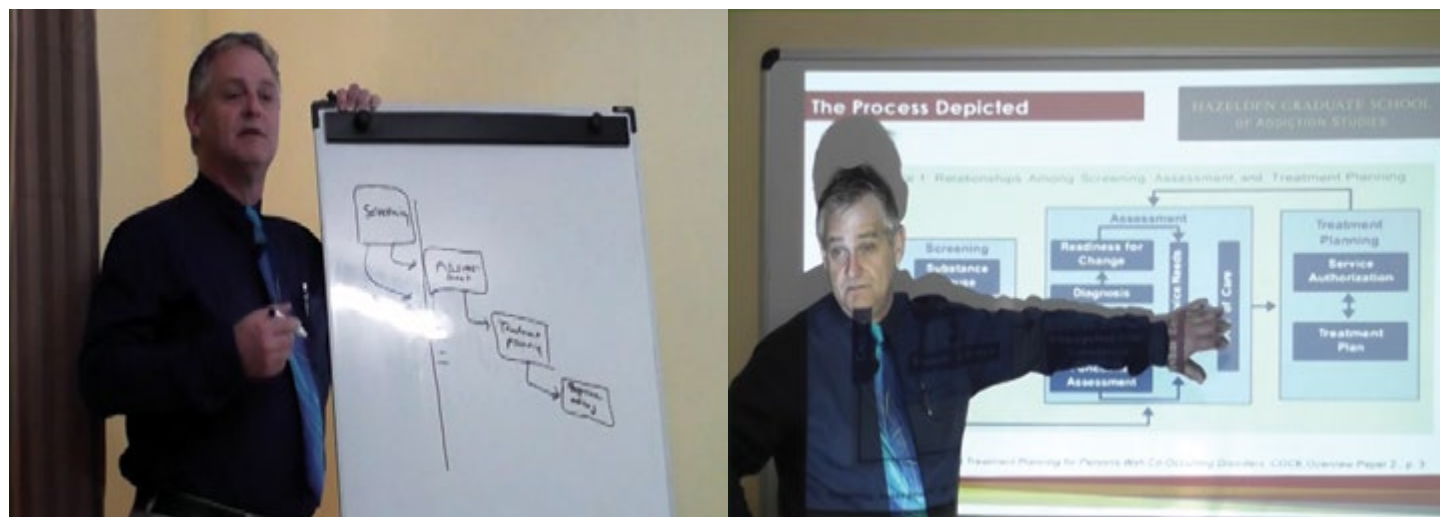
Verdun News

21st Century Training from Hazelden Betty Ford

Clients suffering with the disease of addiction entering Verdun House treatment facility can be reassured that they are getting the best of treatment and cutting edge therapies to help them heal and get well. Verdun House has recently embarked on an extensive programme to improve the competencies of its clinical team as it relates to co-occurring disorders.

Professor Daniel Frigo, former Dean and Professor at the Hazelden School of Addiction Studies was recently in Barbados conducting comprehensive training in co-occurring disorders and pharmacology. This is part of a three-phase training programme. There is recognition that there is a growing trend in the addiction world that more and more patients/clients are entering treatment centres with both addiction and mental health issues.

The significant investment in time and money in training and development for its clinical and non-clinical staff is to ensure that Verdun House continues to be one of the best treatment centres in the Caribbean. It is an important strategic initiative of the Charity.



In this photo, Dan Frigo has the full attention of participants. ▲

Verdun House Has a New Library & Learning Centre

The European Union and Pharmascience (Barbados) Ltd have teamed up to create a multi-use facility that housed a Computer Lab, Library and Learning Centre at Verdun House.

The Centre will provide training and resources for past and present clients of Verdun who will be participating in the USAID/CXC (Caribbean Examination Council) Strengthening Second Chance Education Programme which is targeting "at-risks" groups of all interests and abilities to access "Second Chance" educational opportunities tailored to them.

These clients will also be prepared to take the competency-based Caribbean Vocational Qualifications (CVQs) in a number of areas using Verdun House's Micro-business programme, which provides support for clients to enable them to start their own business on leaving the facility

Chairman of Pharmascience in Canada, Glen Lucas, and local Directors and senior executives of Pharmascience Barbados visited Verdun House in St. John, Barbados, recently to see first-hand the amazing work being done by the multi-disciplinary team managing the facility. Verdun House is an all-male residential drug rehab centre.



The photo features, from left, Marietta Carrington, Director for Client Development, Christopher Walker and Glen Lucas of Pharmascience, Dr. Michael Hoyos and CEO, Peter Boos, immediately following their tour of Verdun House. ▲

It's Official – Verdun House Approved as an Assessment Centre

Verdun House has been approved as an Assessment Centre. Several months of dedicated and collaborative efforts between the Technical and Vocational Education and Training (TVET) Council, the Caribbean Examination Council and Verdun House have resulted in approval being granted to Verdun House to provide tuition and assessment to its clients.

This is a major achievement for Verdun House. Present and past clients are now provided with the added advantage of participating in a number of approved CVQ programmes at the treatment centre. NVQs are work-based qualifications awarded by the Technical and Vocational Education and Training (TVET) Council that certify individuals as competent to do a job. With the Assessment, we are now ready to get to Work! ▲

A Day at a Time - Celebrating Lives in Recovery

Sunday June 15, celebrated in many parts of the world as Fathers' Day, was a different kind of celebration for Verdun House. On this day more than 150 persons comprising men in recovery, men in treatment and their families and friends showed up at Verdun House for a Marathon Meeting. The focus on the event was about building life-long relationships in recovery, instilling hope and celebrating recovery.

There were a variety of speakers with varying years of recovery from 1 year to 21 and many more participating with well over 25 years sober living. We heard from family members whose loved ones were treated at Verdun House and how the Family Programme helped.

There was a chockfull of topics throughout the day that included: Honesty in Recovery, The Importance of completing the Steps, Freedom from the Vicious Cycle, Spirituality and Celebrating Recovery. The Adventist Prison Ministries teamed up with our kitchen staff to deliver to the plates delicious and

nutritious meals and desserts. Inspirational, engaging and captivating were some of the adjectives uttered by those attending to describe the event.

A Day at a Time – Celebrating Lives in Recovery is but one of the activities planned by the Alumni and Care team at Verdun House. We recognise that the journey in recovery is a community experience as much as it is an individual journey. In speaking about the event, Clinical Director Jacqui Lewis states that by organizing community events it helps to reinforce the lessons learnt throughout the recovery process and empowers our clients to continue reworking the healing steps that have allowed them to achieve and maintain sobriety.

Verdun House Meets with Action on Addiction

Like everything else – the Addiction World is changing. The recent death of internationally-known comedian and actor Robin Williams has helped focus the spotlight on mental health and addiction. Marietta Carrington recently sat down for a candid conversation with Action on Addiction Chief Executive Nick Barton. Among the topics discussed were treatment, recovery, recruiting the best people for the job roles and how Charities are being managed.

When quizzed by Marietta about the changes that are taking place and the impact on the various treatment centres run by Action on Addiction, Nick responded that Charities and NGOs are having to sharpen their business practices while being sure

to retain their charitable ethos. The former have to serve the charitable purpose.

Action on Addiction is considered one of UK's top addiction charities and has been a committed supporter of Verdun House for many years.

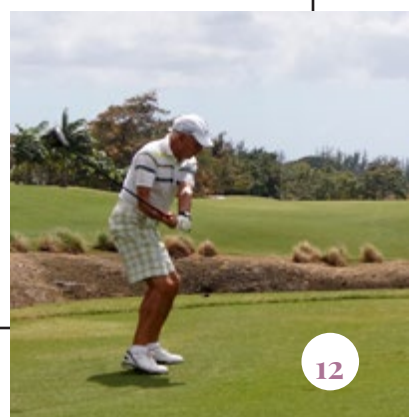
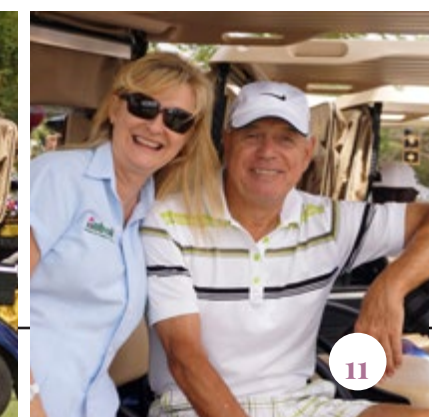
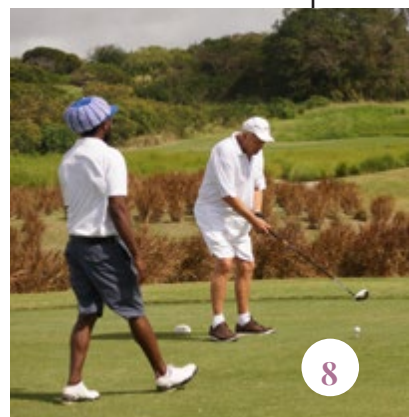
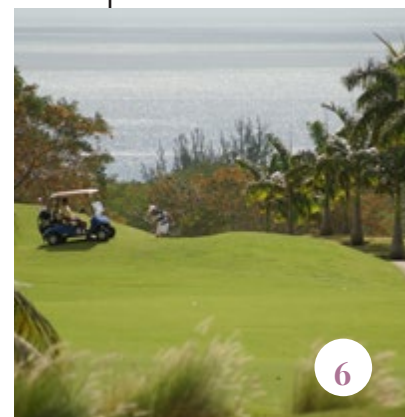


In this photo, Marietta Carrington, Director, HR, Communication & Client Development and Nick Barton, CEO of Action on Addiction.

Diamonds International 16th Annual Charity Golf Tournament 2014



1. 3rd Place Riki Simpson's Team
2. Andre Gibson +
3. Arbib Team
4. Band
5. Band II
6. Course with Sea view
7. Crohan O Shea
8. Derek Crowson & Caddy
9. Derrick Smith Team
10. Don & Harry in Cart
11. Don Jackson and organiser Pauline Tully
12. Don Jackson





13



14



15



25



26



16



17

13.
 14.
 15. Fourwinds, Sir Martyn and Lady Arbib, Yvonne and Jim Brewer
 16. Inspiring Hope
 17. Jackson Team
 18. Longview
 19. Neal & Massy - Trevor Tasker & Jared Wright
 20. Organisers Roger Beale RWM and Pauline Tully SAF
 21. Riki Simpson
 22. Roger Beale and Simone Ward with Bill Weir - Winner of The Longest Drive
 23. Sagicor Charile Packer and David Wright
 24. Sagicor Team, Wolfgang & Rosie Lange, David Wright and Charlie Packer



27

25. Roger Beale RWM
 26. TD v Best
 27. Williams Group
 28. Winning Team Best



18



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Diamonds International Charity Golf Tournament Sponsors 2014

Mr & Mrs Don Jackson
Mr. & Mrs. Les Hutchison
Sir Martyn & Lady Arbib
Mr Riki Simpson
Summit Int'l Bank
Sagicor
TD Re-Insurance
Mr & Mrs Derrick Smith
Mr & Mrs Crohan O'Shea
Longview Associates
Mr & Mrs Eddie Healey
Mr & Mrs John Magnier
Neal & Massy Group
Williams Group
Mr. Charlie Lewis
Cidel Bank & Trust
Mr & Mrs Derek Crowson



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

YOUR
STAMP
HERE

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



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HOW TO HELP

Every gift Counts! Every life Matters!

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.

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. ▲

