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Renew

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Message from the Editor & Chief Executive Officer



Marietta Carrington

The importance of a Recovery Community for Someone in Recovery!

There is a wide range of support groups available to individuals with all kinds of mental or physical conditions. There is also an equally wide range of support groups for professionals and individuals in all kinds of disciplines and interests. The overarching goal for these groups is for like minds and those with similar issues to come together to share experiences and coping strategies, and to build a sense of community.

For the past few years our Renew Magazines have strategically focused on a topic that we believe has mass appeal and one that can truly educate our various publics about mental health and addiction in all of its various forms. Over the past several months, I found myself being drawn to this issue and the importance of community groups for individuals in recovery. Why are recovery groups so essential I kept asking myself? This led me into a dialogue with our senior clinical team. In particular, the information shared by The Foundation's Continuing Care Co-ordinator Renee and our Clinical Psychologist Dr. Jerine intrigued

me. Their deep commitment and interest in helping persons heal from their addiction and be an active part of a recovery community came through loudly. They convinced me that we should shed some light and educate our various audiences on the importance of a Recovery Community.

They told me that when someone in recovery has a community that is supportive and provides positive reinforcement, that person is more likely to stay sober and more likely to get their life together and succeed. When it comes to individuals who suffer from drug and alcohol abuse there is so much shame and isolation prior to residential treatment that there is a tendency for these actions to continue after the individuals have left the safety and bubble of rehab. Therefore, recovery communities are extremely helpful for this population.

In exploring this topic further, I was reminded that when we are able to form a close bond with another person who has gone through similar experiences, we begin to feel like part of a special family... it truly becomes a community. There are many support groups available for persons and families in recovery including AA, NA, Al-anon, Alateen, Adult Children of Alcoholics (ACA), and Nar-Anon Family Groups. However, recovery communities can also form outside of these fellowships

and be just as life-affirming and effective for individuals and families.

When a community of those who are encouraging, positive and supportive surrounds a person in recovery, the person is much more likely to succeed. Everyone wants to feel like they belong and fit in, and this is especially true of persons with the disease of addiction. When a person is able to form close bonds with and feel like part of the family, they will be more likely to act like that community. When the community shows the person they can have fun and live a fulfilling life without drugs or alcohol, the person can see firsthand that it is true. When life happens, as it will, and times become tough and frustrating, a person who is well connected to the community is more likely to stay strong because they will have the necessary support and the reminders of what was taught during treatment.

As you thumb through the pages of this issue of Renew entitled ***“Recovery Communities - It does take a Village”***, we hope that you will find the information educational and will be motivated to be a positive force in supporting our men, women and families to remain in recovery. ▲

References

<https://www.samhsa.gov/recovery>

What Is Addiction: A Personal Testimony



What began as a dare, became a method to socialise, and progressed into a downward spiral of self-destruction called addiction. It was not very easy to confess that my life had become unmanageable and that I was powerless to change it. However, with the help of a counsellor I summoned

and worst of all it will take your life. I was twenty-one years old and was adjusting to living in a neighbourhood in Brooklyn, New York. The young people I lived with thought it would be a good idea to speed up my adjustment and assimilation period. They were in fact curious to see how

...this disease is cunning, baffling, and powerful.

up the courage to say those words and believing that my father God could help me, I asked Him for help. It was only after much damage had been done to myself, my children, and my family that I came to terms with the insanity of what I was doing. As reported in the Alcoholics Anonymous and Narcotics Anonymous literature, this disease is cunning, baffling, and powerful.

Cunning in that it leads you to believe that there is no problem with having one drink, smoking one marijuana joint, or smoking a small piece of crack cocaine. Baffling in that whether you have one or a thousand, there is no sense of satisfaction, only despair and frustration and wanting more. Powerful in that this disease has the power to erase everything of value in your life

I would behave under the influence of alcohol and marijuana. So, I was pressured by some, cautioned by a few and dared by the others. Unfortunately, I fell for the dare and although I did not “feel” any different after I smoked my first marijuana cigarette, I had opened a door to chaos that would last for fifteen years.

This chaos was comparable to a slow burning fire that sought to destroy my relationship with my family, my career, my marriage and my children. However, with treatment, which provided addiction education, introduction to a twelve-step programme and most importantly with the grace and mercies of God through Jesus Christ, I was able to restore and create a more abundant life.

Initially, addiction was considered to be the self-imposed outcome for people who did not care about themselves, their family, or their community. The confounding aspect of this disease was that it was affecting people of all races and classes. The wealthy along with the poor, white, black, purple or green - all are at risk. What an enigma! How can it be explained and more importantly, how can it be treated? Over time and with persistent research, it was determined that drug addiction can be defined as a chronic, relapsing illness in which an individual develops a severe physical and psychological dependence on drugs, with the compulsion to use drugs becoming overpowering, despite the knowledge of sometimes fatal consequences. Clearly, I did not know what was behind the door I had opened.

Beginning at age twenty-one with alcohol and marijuana, my addiction quickly ignited as I began feeding it with daily

doses of alcohol to the point of vomiting while hugging the toilet. In a few months it took more and more to make me vomit and after a couple of months I no longer vomited.

It is by God's grace that I did not die from alcohol poisoning. Marijuana, on the other hand, elevated me to a fantasy island where my senses were heightened. I was energised, motivated to be productive, and initially I experienced a sense of well-being. Unfortunately, those positive feelings were only present when I was in a "get high" environment. To put it differently, those positive feelings were replaced by paranoia when in a working environment. Therefore, my performance was affected and my career in banking suffered. I quit jobs because I became so paranoid that I believed I was about to be fired, and I was actually fired on one occasion.

► **Clearly, I did not know what was behind the door I had opened.**

During the course of the fifteen years, my life became more and more unmanageable. I had a few short-term relationships and ended the fifteen-year period with three divorces and five children. Needless to say, at times my children were subjected to my mood swings and my parenting skills were compromised by my feelings of shame and guilt. The oldest child was sometimes left to care for the younger children. As the disease progressed, I experimented with different drugs - heroin, various opioids, hashish, Quaaludes, and speed. I began to "snort" powder cocaine at age twenty-eight and was subsequently introduced to "freebase" cocaine.

This was a form of cocaine that when smoked produced a "high" I had never experienced. I became like the research rat where the more cocaine it had access to the more it used.

However, a timely remission was in sight although I did not know that at the time. I married a military man and we were relocated to another state. I said to myself, "Self, this would be a good time to quit drugs and build a good quality lifestyle." Little did I know, it would not be as easy as that! As fate would have it, my family moved next door to another family that were addicted to alcohol and marijuana. My husband at that time, as well as the neighbouring husband, were functioning alcoholics

I began to "snort" powder cocaine at age 28 & was subsequently introduced to "freebase" cocaine.

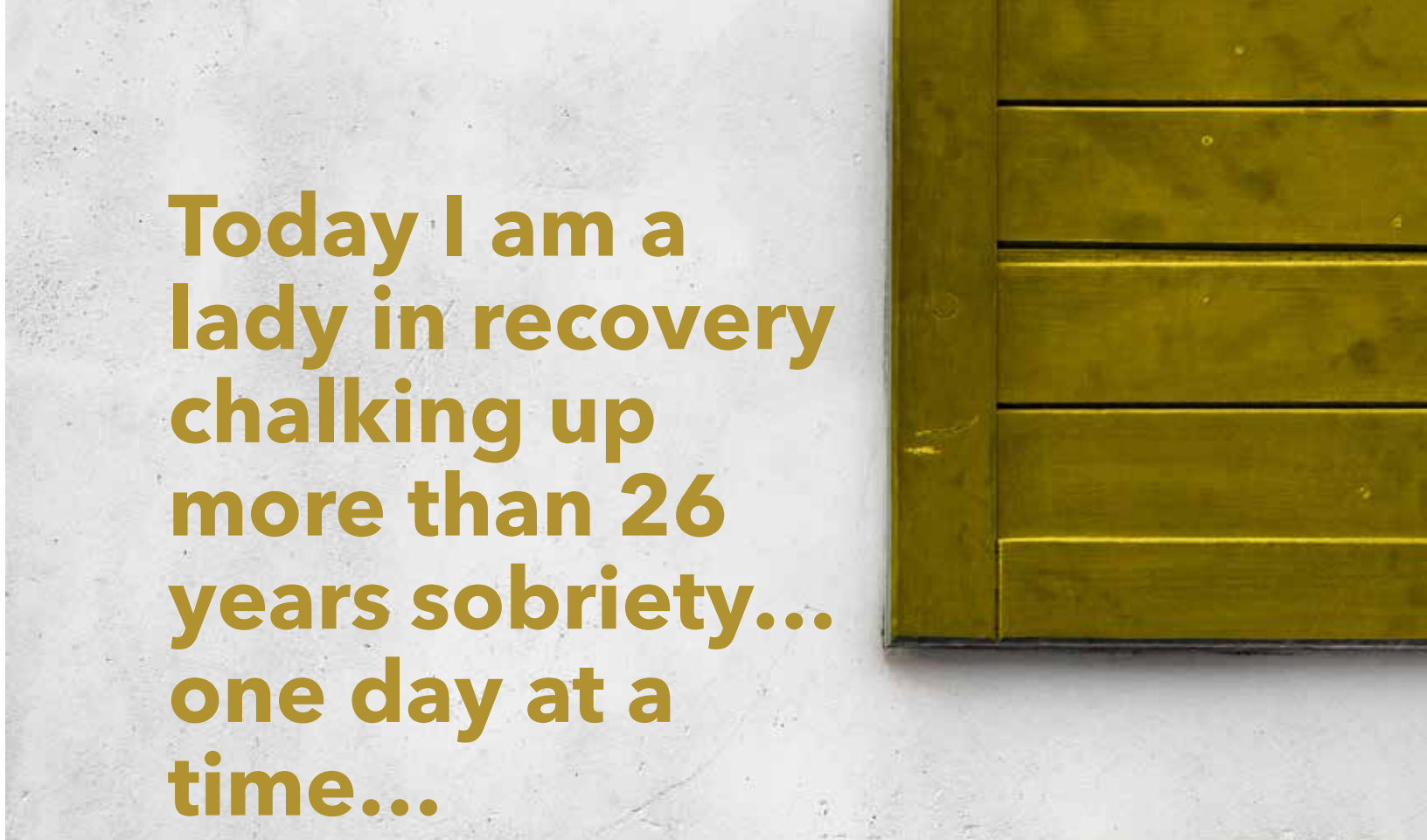
and the wife and I smoked and drank. We quickly established a routine of partying mid-week and on weekends. This continued for over three years and my children were often alone as I spent most evenings "next door". I rationalised my behaviour by saying that my children were older than her two year old so he could not be left alone. It was towards the end of this period that I became pregnant with my last child. Sadly, I compromised his health and well-being because I was unable to maintain abstinence. This is one aspect

of the insanity and powerlessness of the disease. Currently, my son remains affected. His parents are addicts and he experienced withdrawals symptoms at birth.

Three years later we moved and I had the same notion - this time I will get my life together. I was thirty four with five children; the youngest was two years old. It was not long before I was introduced to crack cocaine and my love for that form of the drug was reignited. Research shows that this disease is progressive and I picked up where I left off six years prior. The pleasure centre in my brain immediately uploaded the memory of freebase cocaine and I was out of control from the first use. I quit both marijuana and alcohol as the obsession to smoke crack increased. I quit my job because I was too drugged out to get up early to go work. I neglected myself and my children and to make matters worse or more convenient my husband was away on a temporary assignment. I began engaging in behaviours that were surprising to me. Such as pawning our valuables, writing cheques to pay our bills but would find myself at an ATM withdrawing money until it was all gone. I learned how to write cheques for over the amount of the purchase and I even

Currently, my son remains affected. His parents are addicts and he experienced withdrawals symptoms at birth.

wrote cheques on closed accounts. I pawned my rings to the drug dealer and I shiver now to think that I could have gotten to a point of prostitution, which is a way out for some women. In short my life became unmanageable and I kept doing the same thing over and over again. It was not long before my husband's Commanding Officer got wind of the bad cheques I had written and strongly suggested that he send me to treatment. This was the turning



Today I am a lady in recovery chalking up more than 26 years sobriety... one day at a time...

point of my life. I was educated in terms of what addiction is. I was informed that I was suffering from this dreadful disease and my only option was abstinence. I was introduced to a twelve step programme and encouraged to attend aftercare. I left treatment and promptly returned to my old behaviour after only two weeks out of treatment. Thank God this is not the end of my story! Today I am a lady in recovery chalking up more than 26 years sobriety...one day at a time... living a full and rewarding life while contributing in a meaningful way to the recovery community.

A Bajan Family in the Recovery Community

Al Layne



When we contemplate the idea of a community a number of things come to mind. We think of people with common interests and shared values working together. In fact, communities develop in order to pursue goals that are important to their commonwealth and survival. Similarly, when we think about a recovery community we envision people coming together to advance the core interests of its members, which are sobriety, fraternity, and cooperation. Every year recovery communities across the globe celebrate their journey from the inevitability of addiction with their unique stories of escape to sobriety and brand new ways of life.

Bajan families are beginning to join in this rich heritage of celebration and advocacy for family members who have made safe harbour, and for those who still battle the storm of addiction. In this article we will explore the experiences of one Bajan family who made the journey from addiction to recovery.

The Brathwaites are a family of six. Jeffrey is a chartered accountant and Sandra is a housewife. Their four children are grown up with Mark and Anne married and living overseas and Shawn and Margaret still living at home. The interview occurs with the family sitting at the round table with an interviewer.

The Family Interview:

Interviewer: So, Jeffrey you were 35 and doing well in your career, Sandra was 30 and taking care of three children when addiction hijacks the Brathwaite family. How did this happen?

Jeffrey: Actually, addiction hijacked our family much earlier, we were just too afraid to call it by that name.

Interviewer: When did it start?

Jeffrey: I grew up seeing my father and his friends drinking. Occasionally, Dad would over-do-it and pass out. In many ways my father was a very serious man, maybe even a little depressed. However, as children, I remember that he would tell us jokes and make us laugh. He was very funny when he drank but I also remember the fights that he and my mother would get in about money and coming in late at night. So, these are my earliest memories of addiction in our family.

Interviewer: Sandra, when did you first notice that addiction was creeping into your relationship with Jeffrey?

Sandra: When we started getting into fights about his drinking I knew that something was wrong. Then the lies and the late nights, and I started to find empty rum bottles around the house. I kind of knew that something was wrong, but like Jeffrey said, we wouldn't dare use the word addiction.

Interviewer: So, when did you start to use the word addiction?

Sandra: May 24, 2001. My oldest son Mark disappeared for about 3 days. He was always quiet and spent a lot of time in his room listening to music or at his grandparents. (tears begin to swell up in Sandra's eyes).

The Family Interview:

Interviewer: May 24, 2001?

Shawn: That's the day our grandparents died.

Sandra: Jeff and I had a terrible fight the Wednesday night before because of his drinking. He stormed out of the house and would not answer his phone. We didn't know where he was. That Thursday morning Jeff was late picking up Mark for school so at the last minute grand-dad took Mark to school before granny's doctor appointment. At 9.00 am that morning my 16 year old son called to say that his grandparents were in an accident and he couldn't reach his father. That's when we started calling it addiction.

Interviewer: How did your family get through that?

Sandra: I still don't know! It was unimaginable! I was in shock, angry with my husband, and for three days I can't find my son. That's a whole different episode. This family has survived a lot.

Interviewer: Margaret, I am inspired by your family's resilience and the hope you give to others. What do you wish someone had said to you in the midst of the storm, and what would have been the message of hope you needed?

Margaret: Stay connected! I was very young and I saw my family being torn apart. I noticed the change when mom and dad shared our family's experience at church. People we did not even know had similar problems started to speak up.

The Family Interview:

Interviewer: Shawn?

Shawn: I don't know how old I was but I distinctly remember our first Al-Anon meeting. A few families were there and they all seem to understand what we were going through. There was a feeling in the room that I never forgot.

Interviewer: Jeffrey, what would have been your message of hope?

Jeffrey: There is an important piece of the story that's missing, and that's Mark's story. He witnessed the death of both grandparents and for three days he smoked marijuana. He was admitted to the psychiatric hospital and almost missed the funeral. That has been a separate journey, but a special one.

Interviewer: How has your journey been special?

Jeffrey: We started riding together and camping on weekends which got a little boring, after a while. One day Mark asked me if he could invite a friend. One friend grew into two, and pretty soon we had a number of fathers and sons riding and hiking with us, some of whom were also struggling. I have seen grown men cry after Mark shared about his grandparents and our new found friendship. I am so thankful to God. I just hate to think about what it cost our family.

The Family Interview:

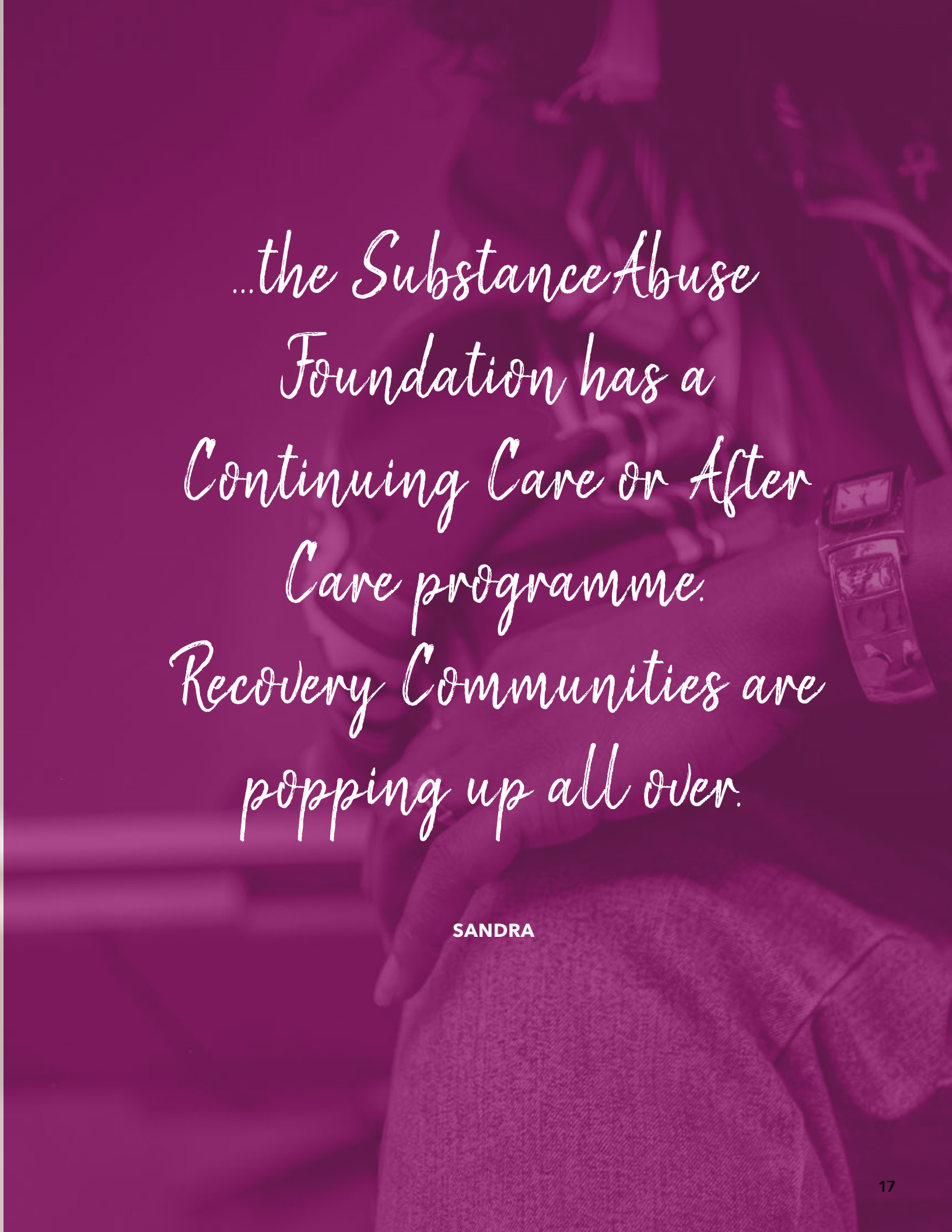
Interviewer: Sandra, what has been your experience with recovery communities in Barbados?

Sandra: I think many Bajan families suffer their pain silently, and I understand. There is still this ridiculous stigma and hypocrisy - everybody drinks and smokes but the moment you become addicted you are an outcast. I know that sometimes it is hard to overcome the shame and guilt but there are online family support groups that you can join from your living room or bedroom. There is NA, AA, CA Al-Anon, and I understand that the Substance Abuse Foundation has a Continuing Care or After Care programme. Recovery communities are popping up all over. I have even recommended women that I know.

Interviewer: What would be your final message to Bajan families who are struggling with addiction?

Jeffrey: Find a recovery community and as Sandra said, it's not hard. My experience is that recovery happens within the group. Whether it is AA, NA, CA, or Al-Anon. Find the village, or the community, or go out there and start one.

NOTE: The names were changed to protect the identities of the interviewees. ▲

A close-up photograph of a person's hand holding a small, white, pill-shaped object. The hand is wearing a watch with a metal link band. The background is blurred, showing what appears to be a person's face and other hands, suggesting a clinical or medical setting. The entire image has a purple tint.

*...the Substance Abuse
Foundation has a
Continuing Care or After
Care programme.
Recovery Communities are
popping up all over.*

SANDRA

What is a Recovery Community

Renee Napoleon



For some persons in recovery from drug and alcohol addiction, their journey first begun by seeking help or treatment in a residential facility such as Verdun or Marina House. Within that environment, which promotes healing, the client receives the type of support which is conducive to their recovery. However, when the client leaves residential treatment, they still need continuous support that will aid in their quest for long term sobriety. Treatment is the first step in the wider view of recovery, and

having a network of support outside of the treatment setting is paramount.

This network is called a recovery community.

The recovery community consists of many facets, including but not limited to recovery-based groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Gamblers Anonymous (GA), Women for Sobriety (WFS) and non-recovery based organisations that cater to the needs of people in recovery. The phrase “it takes a village” does not only pertain to children; it applies to anyone in recovery, and this village is the recovery community.

Any environment where the recovering person frequents will either have a positive or negative impact on their recovery. Recovery support within the recovery community is provided through services, and community-based programmes by behavioural health care providers, peer providers, family members, employers, friends and social networks, the faith community, and people with experience in recovery. Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, enable the individual to stay engaged in the recovery process, and help them to live full, purposeful lives.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts



to advance the behavioural health of the nation.

SAMHSA has delineated four major dimensions that support a life in recovery:

- ▶ **Health -**
Overcoming or managing one's disease(s) or symptoms - for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem - and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.
- ▶ **Home -**
Having a stable and safe place to live.
- ▶ **Purpose -**
Conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- ▶ **Community -**
Having relationships and social networks that provide support, friendship, love, and hope.

Being involved in a recovery community has many advantages for the recovering addict which include but are not limited to:

1. Always having emotional support.
2. Having someone to hold them accountable when challenges arise.
3. Having peers who relate to them and understand their plight.
4. Always having people who are a source of motivation especially when things appear difficult.
5. Most importantly, not being alone in this journey.

Recovery requires personal commitment but it also requires positive support, which is what the recovery community provides. It is important for the recovering addict to know where to turn when they are fearful or when challenges arise. The recovery community is impactful and essential because it focuses on long term recovery maintenance and all that it entails.

Remember - It takes a Village! ▲

SAMHSA's working definition of recovery updated

Posted at <http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated>

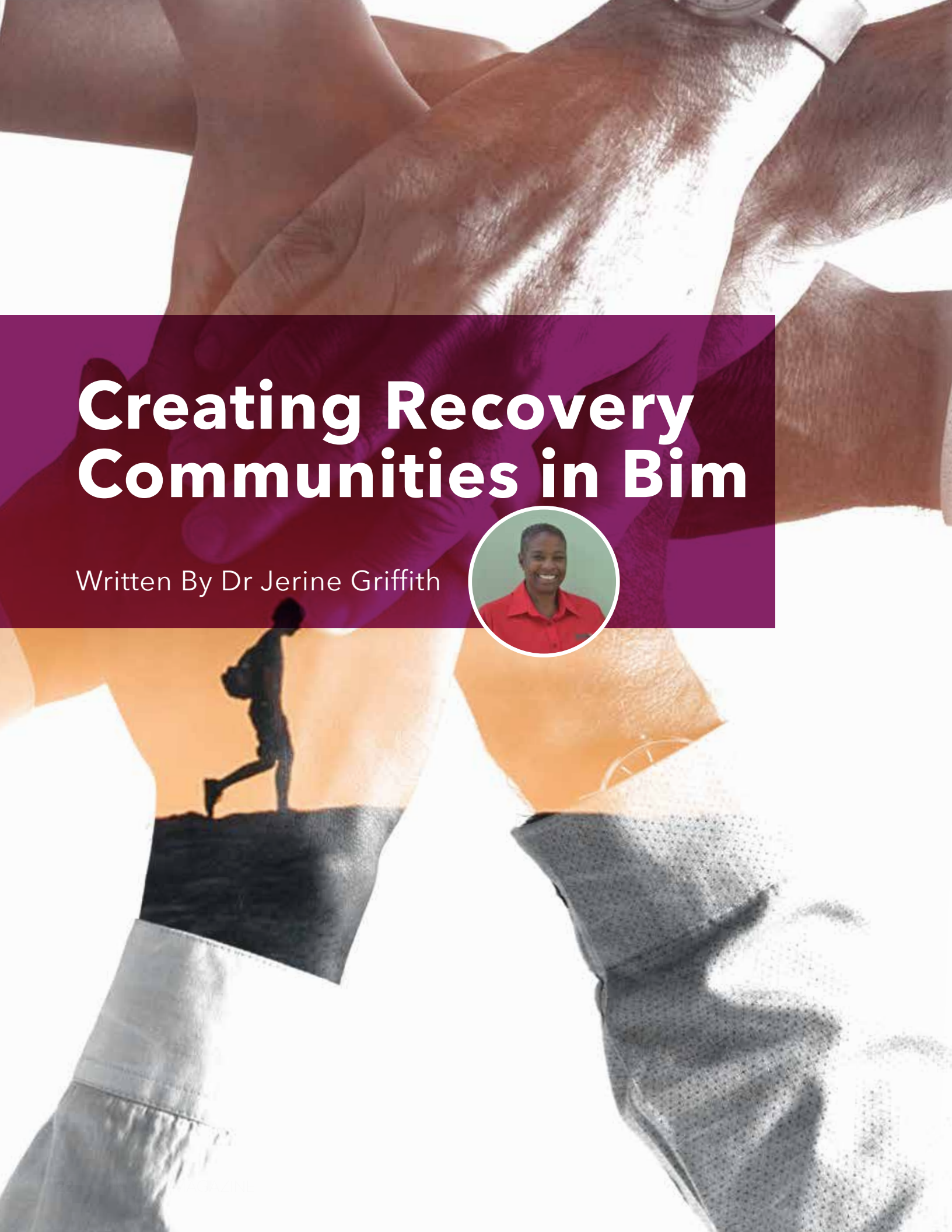
Valentine, P., White, W. & Taylor, P. (2007) The recovery community organization: Toward a definition.

Posted at http://www.facesandvoicesofrecovery.org/pdf/valentine_white_taylor_2007.pdf

***YOU
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Creating Recovery Communities in Bim

Written By Dr Jerine Griffith





Abstinence is not drinking or using drugs. Recovery is a lifestyle change. That means one's daily activities, social activities and social contacts must transform if long-term sobriety and recovery are to be maintained. The question remains however, in a relatively small country such as Barbados where family and social connections are usually intimate and long-standing, how does someone who is seeking transformation start anew? One solution is recovery communities.

According to William White (2007), the main goals of recovery organisations are to

"organise recovery-focused activities, carry out community education and outreach programmes, advocate for policy change and provide peer-based recovery support services".

He further asserts that recovery communities include people in long-term recovery, their families, friends and allies. Recovery communities are not treatment programmes nor do they promote one particular pathway to recovery. Recovery communities

embrace multiple pathways of recovery and are open to all men and women who want to sustain long-term change. White says that the goal of recovery communities is to replace the stigma and pessimism of addiction with the hope of long-term recovery. This is certainly needed in Barbados.

For those of us who are new to the idea, the first step to building sustainable recovery communities is to focus on peer-based recovery support services (P-BRSS) which are essential aspects of recovery communities. There is considerable evidence of the effectiveness of peer-based recovery support activities (White, 2007). Staying engaged with like-minded people increases one's sense of belonging and promotes commitment to one's own personal development. P-BRSS can range from telephone support to sober social activities. However, the truth is that organising sober social activities is actually not as easy as one might think in a culture where drinking is practically considered the norm among the general population. If recovery communities are to catch on in our society, then individuals must obliterate the idea that having fun must be accompanied by drinking or smoking.

Here are twenty sober activities that are a great way to build a recovery community:

1. Recovery Walks - Go for a walk in the country with a small group of recovery allies.
2. Find your Tribe: Sober Retreats - Organise a one day retreat or a weekend staycation with a group of allies who just need a change of scenery.
3. What's Right with You: Couples Sober Retreats
4. Recovery Art Projects - Engage in a group art project and donate it to an organisation of your choice to beautify their space.
5. Recovery Community Service Events - Get a group together to help out at an animal shelter; read to children in the hospital or the elderly in a geriatric home.
6. One activity that occurs every September in the United States is the observance of National Alcohol and Drug Addiction Recovery Month. A great way to start is to participate in a run or walk fundraiser as a recovery group during the month of September.
7. Football/Cricket Sober Limes.
8. Host a Sober Music Fete.
9. Tour the island - There are zillions of places in Barbados to visit for free with a group and learn more about the country.
10. Sports Day in the Park - Organise a family outing with sport events for children, family members and friends of those in recovery.
11. Youth in Recovery Mixer - This activity for persons age 18 to 25 provides social gatherings that reinforce the decision to disengage from addictive behaviours.
12. Domino Tournaments.
13. Frisbee on the Beach.
14. Connect via a video chat app with a recovery community overseas and have a video mixer.
15. Tai Chi - Request a group rate and meet regularly outdoors to participate in this incredibly relaxing activity.
16. Create a Recovery Garden - Find an available space and plant flowers. Meet regularly to tend to the garden as a group.
17. Host a Recovery Book Club - Read inspirational books and meet to share your thoughts.
18. Host a Spoken Word/Poetry Night.

19. Find a volunteer to teach a one day class on jewellery making or basket weaving or crochet.
20. Create a "Recovery Meet-up" chat on WhatsApp.

The list of ideas is infinite. It's all about having new experiences and taking risks to meet new people. Some of the most successful events started with a burning desire to just make it happen. There are several recovery communities overseas that would be willing to offer direction to newly formed groups, so don't hesitate to reach out. Our hope is that a thriving recovery community will become a prominent feature in the landscape of our beautiful Barbados. If you or your organisation would like to sponsor or support a recovery community activity, please contact Renee Napoleon at renee@verdunhouse.com or Marietta Carrington at marietta@verdunhouse.com.

Six Steps to Hosting a Recovery Activity

If you are considering hosting a sober event and forming a recovery community, here are six simple steps that can get you started.

1. Choose an idea.
2. Get Help. Invite at least two other allies to help you organise the event.
3. Preparation is key. Choose a date and a location. Determine if funding is needed.
4. Spread the Word. Share your event in a WhatsApp chat or on other forms of social media.
5. Reach out to treatment providers and organisations that might want to provide support in some way whether financial or by promoting the events to those in recovery.
6. Meet up and have fun!

Valentine, P., White, W. & Taylor, P. (2007) The recovery community organization: Toward a definition. Posted at http://www.facesandvoicesofrecovery.org/pdf/valentine_white_taylor_2007.pdf

It takes
Courage to be
Happy



Creating a supportive environment in the workplace for persons in recovery

Charmaine Napoleon-Ramsay
(Holistic HR Professional)

As the workforce becomes more diverse, the range of human resource matters to be addressed by the employer continues to widen. While the employer/employee relationship has undergone a lot of transition over the years, both parties still have an obligation to fulfill to make the relationship work. The issue of addiction in the workplace presents its own unique challenges, and with alcoholism and other forms of addiction now being categorised as a disease, like any other form of illness, organisations have to respond in a more structured manner.

Many organisations already have in place policies to address absenteeism, and provide for employees to be “covered” for periods of certified and uncertified sick leave. There is also provision in some policies for extended leave, special leave, and no-pay leave to address

those circumstances which may arise, but do not strictly fit the definition of sick leave under the policy, or require more time off than specified in these policies. The latter policies present an avenue to protect employees who may be struggling with addiction, and have taken the bold step to seek rehabilitation.

In some cases when the employer becomes aware of an employee's struggle with addiction, the employer assists by giving time off for rehabilitation, or even offers the option of rehabilitation as a condition of continued employment. In both cases, this type of action sends the message that the employer is willing to give the employee a chance to retain their employment once they seek the help they need to get them back on track. What happens however once the employee has completed the programme towards recovery and is ready to go back to work? This is an important question as the challenge of staying on track and avoiding relapse will still threaten the employee/employer relationship. A proper, post-treatment return to work programme is essential in overcoming this major obstacle.

In my work with Verdun House I had the opportunity to speak to some of the

clients who were being prepared for reintegration into society. One individual actually shared that his biggest point of anxiety was returning to work, as his major triggers were present in his work environment. This was a powerful admission and a real eye-opener, as employers may not consider that their environment can significantly contribute to employee addiction.

For employers to positively impact returning recovering addicts, they must understand what factors can negatively impact the returning employee. Three common relapse triggers are:

- ▶ **Emotions-** Excessive anxiety or depression is usually behind a relapse. Part of the reason most people turn to an addictive substance is to avoid or cover up these destructive feelings.
- ▶ **Happy Occasions-** Parties and celebrations are opportunities for an addict to let their hair down and can lead to relapse into whatever substance abuse existed previously.
- ▶ **Uncomfortable Social Situations-** Undue stress, such as associating with "undesirables" or people from past relationships, can trigger an addictive relapse.

To assist with the reintegration into the organisation employers can:

1. **Develop Policies and Procedures for Returning to Work-** This can also be called a “fitness-for-work” programme, and will articulate a step-by-step process for reintegration, monitoring, retraining and generally assisting a worker to make that difficult transition.
2. **Enact an Employee Assistance Programme (EAP)-** A structured Employee Assistance Programme will provide counselling for employees and their family, and will go a long way in assuring both the employee and their family that the organisation is willing to do what is necessary (within reason) to assist with the reintegration of the employee into the organisation.
3. **Facilitate Meeting and Support Services-** Regular communication with a person returning to work after addiction treatment is also the responsibility of the employer - not just the employee. A set plan with dates and milestones should be established. This creates accountability, helps monitor the worker’s progress, and is a safeguard for signs of relapse. In addition, affording the employee adequate time off to attend support group meetings shows

that the employer is invested in the process, and recognises that continuing care is an important link in the recovery chain. Therefore allowing the employee time to attend Narcotics Anonymous or Alcoholics Anonymous meetings, individual, group and family sessions and the like are important for the employee to achieve long term sobriety, and serves to preserve the employee/employer relationship.

4. **Establish Clearly Articulated Parameters-** It is important for these to be established as they govern the reintegration process. These parameters should include Minimum Acceptable Performance Standards (MAPS) that must be met to justify continuing the employment relationship. A key metric in this regard is the number of incidents, accidents and near misses involving the reintegrated employee to monitor their level of negligence in the performance of their duties and ensure they are not showing signs of relapse.

While this is by no means an exhaustive list of initiatives an employer can undertake, it is certainly a positive start towards assisting the employee during this difficult transition. ▲

The role of Alcoholics Anonymous (AA) in the Recovery Community

Yvonne B

What is your drug of choice and how long have you been sober?

My drug of choice is alcohol and I have been sober for thirty one (31) years, one day at a time.

How have you maintained your sobriety over those thirty one years?

I maintained my sobriety a day at a time by first admitting I am powerless and unmanageable, secondly, admitting that I am insane, and thirdly by turning my will and my life over to the God of my own understanding every morning and at night, thanking him for a good day. I also maintain my sobriety by going to AA meetings. In the beginning, I used to make up to eighteen (18) meetings a week. I was living right in front of my 'watering hole' and I would leave home early and get back home late. I had to get a Sponsor and I needed a support system like Alcoholics Anonymous because I did not know how to live without alcohol.

What challenges did you face early in your recovery?

Back then, most of the challenges were emotional and what I thought about myself. I had a lot of shame, guilt and resentments. I had to learn to share my feelings honestly to get the help that I needed to stay sober one day at a time. I did not work in my first year being sober because I did not know how to work without alcohol. Any challenges I had, I would call my Sponsor or another AA member. I started to work my steps with my Sponsor which allowed me to grow. I started to love myself, I started to accept myself and I started working with others in the fellowship. I also started doing service by giving back. I would go to the Psychiatric Hospital and help clients in Tamarind House and the St. Joseph Hospital when the rehab was there. I did that for nine years.

What challenges do you continue to face in your recovery?

I don't have many challenges now. The longer I stay sober, the easier it gets. I still keep away from people, places and things that would draw me back into that lifestyle unless I have a calling to be there. I still continue to go to AA meetings and stay connected to the fellowship of Alcoholics Anonymous. Meeting-makers make it. I can only keep it by giving it away - a term that is familiarly known to members of the fellowship and working the twelve steps in my life.

What is Alcoholics Anonymous?

Alcoholics Anonymous or AA is a fellowship of men and women who share their experience, strength and hope with each other. It is a living programme, teaching us how to live a good life, a day at a time. AA is my life. I can't put any person before it. AA is not a religious programme, it is a spiritual programme. Thanks to my Higher Power there are no dues or fees to get in the programme or I would still be out there if I wasn't dead. AA is my life. Without it, the fellowship, the twelve steps and the slogans, I could not stay sober.

What role does AA play in your life and the lives of other alcoholics?

The role that AA plays in my life and the life of others is helping us to stay sober a day at a time. Getting a God of our own understanding. Someone more powerful than the drug of our choice that could restore us to sanity. I can't stay in recovery without AA. I would have no direction and would get complacent and return to drinking alcohol. AA plays a role in the recovery community because it is part of the support network for alcoholics especially when they leave residential treatment. The AA fellowship has been an important part of my life for the past thirty one years. It is like a family and I would not have made it this far - one day at a time - without the care and teachings of the fellowship.

What message would you like to share with the readers about addiction and the recovery process?

Addiction is a family disease and this disease does not discriminate. It affects at least five people close to us. We are not bad people. We are sick people walking the road. This disease is cunning, baffling and powerful. Without help it is too much for us, but there is one who has all power and that one is God. ▲



"I have found that
the process of
discovering who I
really am begins
with knowing
who I really don't
want to be."

ALCOHOLICS
ANONYMOUS

What to expect in the first thirty days after leaving residential treatment.

Through the eyes of a recovery person -
Edward O

Without a doubt, being in residential treatment is the first step in a long journey. However, what a lot of people don't realise is that the real challenges come when we as clients leave residential treatment and return to our various environments. This could be home with family, returning to work, returning to school or starting over completely.

Most of the challenges however are emotional - managing cravings, wrestling with different thoughts, mixed emotions and sometimes just feeling lost. For me, in the first thirty days after leaving Verdun House, I experienced feelings of fear, anger and anxiety. Fear of not being able to deal with my thoughts; fear of the future; fear of how people would perceive me; and fear of relapsing.

There were times that I was just angry,



but at myself mostly. Angry that I put myself through this pain and anguish; angry that I have only myself to blame. The anxiety came when the realisation hit that I have to rebuild my life. I was anxious about finding a job, not being trusted by family, not being able to hang out in old familiar places and anxious about that lifestyle that I still miss at times.

The challenges will be many but what I can share are some tips that may guide you through the process.

- ▶ Set a schedule by rebuilding your life around your recovery.
- ▶ Find a balance. Follow and maintain a routine, for example:
 - ▶ Daily meditation for spiritual growth.
 - ▶ Eating meals on time.
 - ▶ Physical exercise and activity.
 - ▶ Spending quality time with family.
 - ▶ Attending Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.
 - ▶ Attending Continuing Care - both individual and group sessions.
 - ▶ Maintain regular contact with your Sponsor.
 - ▶ Going to work or school.
 - ▶ Looking for a job.
 - ▶ Find a hobby or engage in healthy activities that relaxe you.
 - ▶ Sleep.
- ▶ Keep a journal. It is a relief when you can express your thoughts and feelings on paper.
- ▶ Be aware of your feelings.
- ▶ Be honest. Lies may begin small, but can lead to a destructive pattern.
- ▶ Do not test yourself; you will fail.
- ▶ Keep away from people, places and things that are associated with your active use. There are events such as Crop Over that we addicts need to be very careful around. If you do attend, go with someone else who will be able to support your best interest and your recovery.
- ▶ Set achievable goals and keep obligations to a minimum to avoid being overwhelmed.
- ▶ Don't isolate yourself.
- ▶ Avoid having expectations that are too high; this may lead to disappointments.

Remember it is life on life's terms. No one said it was going to be fair. Sometimes it will not be easy but it will always be simple. DON'T PICK UP. ▲



Things That Matter

Sir Henry Fraser



Many Barbadians may know nothing about Verdun - either Verdun in Barbados or Verdun in France. Tucked away in the countryside in the middle of the rural parish of St. John, just past the abandoned, derelict Pool plantation of CLICO, everyone going to St. John's Parish Church would have passed it without a second thought. From 1958 to 1989 it was the Presentation College, but when the school closed it was slowly becoming derelict until it was rescued by the Substance Abuse Foundation to become a place of healing, and its current role is a most appropriate evolution for a place with such a rich history.

Verdun House was the "great house" of a small plantation called "The Attempt". It is South of Small Town and close to Small Hope, Endeavour, Industry and Venture. These names, all so close together, are typical of the names given by the Quakers, that passionately fundamentalist, hard-working Christian group that was quite strong in Barbados in the 17th and 18th centuries. Verdun is an early nineteenth century house, built in classic Caribbean Georgian style after the 1831 hurricane. It was embellished with beautiful plaster ceilings and wall decorations by Mr. Rutter of Windsor Castle and Sam Lord's Castle fame. It was owned by one John McCollin



Norman Simpson renamed the property Verdun, after the longest and most bloody battle of the First World War

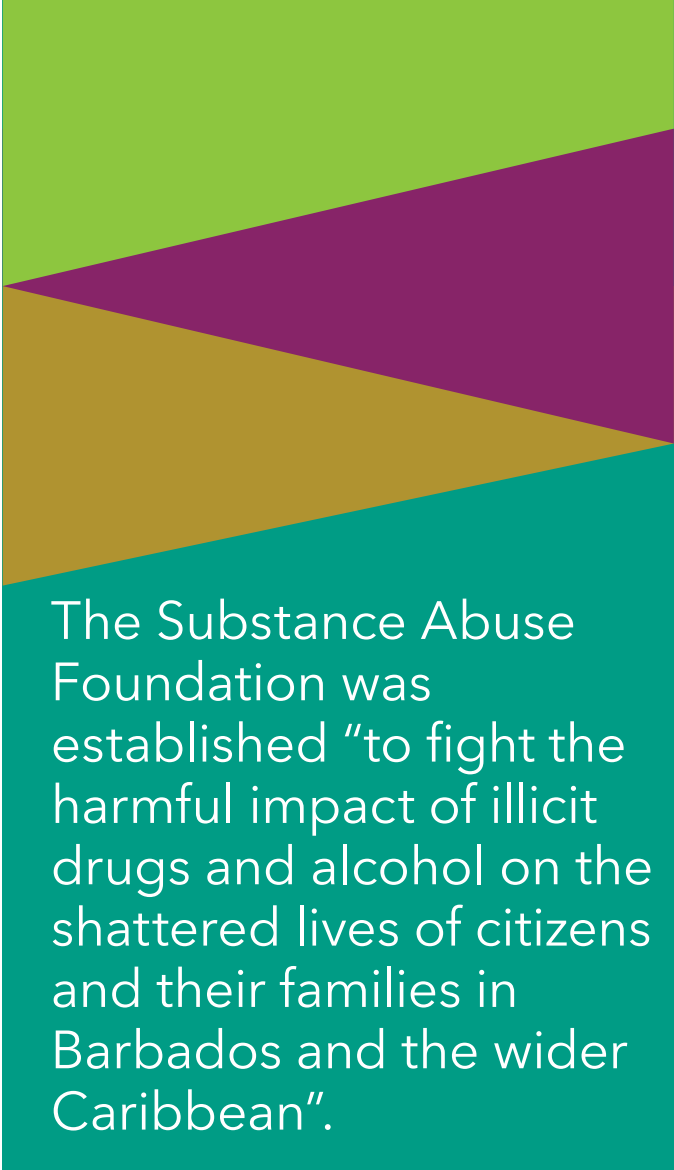
in 1847, and passed through his daughter Elisabeth to the Toppin family; his granddaughter married Robert Parkinson, father of the famous photographer Henry Walter Parkinson. It was purchased in 1916 by Mr. Norman DeLisle Simpson of Guinea Plantation. His wife Elizabeth, described by Sir Alexander Hoyos as “the chatelaine of Verdun”, was a Roman Catholic and a

philanthropist, giving part of the land and funds to build the Roman Catholic chapel, The Church of Our Lady of the Rosary, and then passing the property to the Catholic College Committee. It then became the site of Presentation College. Norman Simpson renamed the property Verdun, after the longest and most bloody battle of the First World War or indeed any war, lasting from February to December, 1916, and in which nearly a million people lost their lives. Verdun’s role today as a place of healing, giving lives back, is richly symbolic.

The Substance Abuse Foundation was formed as a charity in 1996 and Verdun

was opened as a residential treatment centre for men in 2000. The school building became the primary centre and the great house the secondary centre - the accommodation for the second phase of the rehab programme. Restoration work was carried out by Homex to a very high standard, and was funded by the Rausing family, major supporters of the Foundation. The first CEO was Peter Boos, who remains now as chairman of the Board.

The great house sits on 13 acres of land, most of which is used for farming. It's surrounded by beautiful lawns and magnificent trees, giving residents a most gorgeous and peaceful landscape. A chance meeting with a member of the Board of Directors, Barbara Trieloff-Deane, a few days ago led to my visiting with my wife and friends Robert and Rhoda Green (Bajans in Charleston). Marietta Carrington, who became CEO two years ago, gave us a splendid tour of both Verdun and the more recently established Marina House for ladies, situated in the hills of Newcastle, below St. John's Church and overlooking Bath. I understand that Marina House is funded largely by the Maria Holder Memorial Trust.



The Substance Abuse Foundation was established "to fight the harmful impact of illicit drugs and alcohol on the shattered lives of citizens and their families in Barbados and the wider Caribbean".

Its founders were a number of socially aware, committed men and women who recognised the urgent need to help these victims with appropriate professional rehabilitation, in an enabling environment that meets internationally accepted standards of accommodation and treatment. In fact it is accredited by EATA, the European Association for the Treatment of Addictions, as of 21 August 2009.

The facilities are impressive: sixty bed accommodation at Verdun and fifteen at Marina House, group rooms, dining room, meditation room, lounges,

medical office, library, computer lab and learning centre, beautiful lawns and a spacious sports field.

Its work and achievements are inspiring. Programmes include individual counselling, 12 Step facilitation and lectures, mental health & addiction counselling, medical, psychiatric and psychological services, group therapy, family therapy and family support groups, art therapy, spirituality, health & wellness support, life skills and work training placements, work therapy in a "greening" environment, professional development programmes and structured continuing care for up to 12 months. The operation is partly self-sustaining, with the farming and husbandry (sheep and poultry) feeding the clients; and the meals are said to be extremely good! Clients take part in all of the support operations - farming, vegetable gardening, the bakery and so on, and on our tour we sampled the coconut muffins which were mouth-watering!

The operation is partly self-sustaining, with the farming and husbandry (sheep and poultry) feeding the clients; and the meals are said to be extremely good!

Programmes begin with a 90-day abstinence-based, 12 Step-oriented residential treatment programmes, followed by a second stage programme where the clients live on the property and begin the process of integration back into



The Substance Abuse Foundation at Verdun House and Marina House is one of the great, unsung success stories of Barbados.

society. The family programme is geared to heal the broken or strained relationships with an addict member and to prepare the family as a unit to support the recovery process. That's a most critical part of the whole rehab process - as well as combating the stigma associated with addiction, which is no respecter of persons - colour, class, creed, wealth or nationality.

More than 500 people have benefitted from the SAF programmes, with 40 to 50 people passing through the programmes each year. Most are Barbadian, but some are from the Caribbean and beyond. Success rates, with graduates returning to a productive life, are somewhere between 50 and 80 per cent and improving. A research initiative has been established to systematically study treatment programmes, analysing previously collected data and administering follow up questionnaires to alumni. A newsletter "Renew" is published, which can be found on the website, and I quote from a client's moving testimony: "Finally, after deprivation and degradation became a way of life, I surrendered to seeking



treatment at Verdun House. There I was introduced to the Twelve Step recovery programme. There I found hope! A new way to live and a new life. For that I am eternally grateful."

The Substance Abuse Foundation at Verdun House and Marina House is one of the great, unsung success stories of Barbados. For families with a member who has suffered from addiction these successes do seem like miracles. And Verdun's role is such a rich symbol of the history of the property - from a modest



“Attempt” - then named after the most horrendous battle ever, at Verdun in France, where nearly a million lives were lost - to the home of a spiritually committed philanthropist Mrs. Simpson, then the home of a church, then of a spiritually guided boys school and now a place of healing. Congratulations to the dedicated staff, directors and generous donors who are making this possible. ▲

The Substance Abuse Foundation is a registered Barbados Charity No. 206.

Contacts are: Telephone 1-246-433-3488,

Website: www.thesafinc.com

email: clinicalservices@thestafinc.com

Acknowledgements: I would like to acknowledge the assistance of Mr. Peter Boos, Mrs. Marietta Carrington and others for assisting me with information about Verdun and Marina House, and Mr. Don Mayers, for the historical background in his paper on the history of “The Attempt”.

Bouquet: To Shane Brathwaite for bringing home gold from Columbia and silver from Germany.

Keep punching above our weight, Shane!

Professor Fraser is Past Dean of Medical Sciences, UWI and Professor Emeritus of Medicine & Clinical Pharmacology. Website: profhennyfraser.com

From Inside the Circle - A Charity Event Sponsored by Mount Gay Distilleries Ltd.

FLOW TV **FROM INSIDE THE CIRCLE PRESENTS** **LIVE IN CONCERT** **AUGUST 11, 2018**

CONCERT WILL BE FILMED AS PART OF A NEW TV SERIES

Lennox Krisirie

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Performances by:
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Concert will be followed by a small plates reception hosted by three Executive Chefs
Complimentary alcoholic and non-alcoholic cocktails by best Mount Gay mixologists

LOCATION: Mount Gay Distillery (Spring Garden Hwy, Bridgetown, Barbados)
DOORS: 6:00PM | SHOW: 7:00PM
TICKETS: BD\$100

ALL PROCEEDS TO GO TO THE SUBSTANCE ABUSE FOUNDATION INC.
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Canada **FLOW TV** **SAF**

PLEASE DRINK RESPONSIBLY

In July of 2018, the management of Mount Gay Distilleries Ltd reached out to The Substance Abuse Foundation (The SAF) through its director Pauline Tully indicating that Mount Gay was interested in naming The SAF as a beneficiary of a charity concert entitled "Inside the Circle". Our initial reaction was similar to that of many. An addiction treatment centre partnering with an organization that produces and sells wines and spirits? What a contradiction it seemed to be at first glance?

Our dialogue with CEO Raphael Grisoni of Mount Gay soon revealed the unique opportunity that this partnership could bring in supporting a powerful message around responsible drinking and driving. This partnership would also provide the opportunity to be at the Mount Gay Distilleries table offering our expertise and voice to an area that is consistent with Mount Gay's corporate social

responsibility. This is indeed true alignment. Our collective goal is to ensure a healthier and safer Barbados and Region for all.

On Saturday, the warehouse and bond at the Spring Garden home of Mount Gay was transformed into a concert space that featured a live concert centered on the TV show Inside the Circle. The concert was filmed by a Canadian-based television production company and had the full backing of the Ministry of Culture. On stage were some of the best of local entertainers that included The Mighty Gabby, Indra Rudder and Emile Straker who formed part of the songwriter circle while Kristen Walker and Lennox performed live. Patrons constituted the television audience and were first treated to an epic concert and this was followed by a post-concert reception, complimentary small plate food featuring three Executive Chefs and beverages with non-alcoholic options.

The \$20,000 that was raised will go directly to support our Renewable Energy project that funds our various rehabilitation programmes.

From the bottom of our hearts we say thanks to the amazing team at Mount Gay, CEO Raphael Grisoni, Anies Jordan, Mrs. Anies Jordan, Operation Manager - Mount Gay Visitor Centre

and others. To the over 200 persons, including "Friends of The SAF" who purchased tickets and attended, a resounding THANK YOU! The organizers and all of the organizations and individuals who contributed to making the event such a success - thank you.

Our partnership is only just beginning in supporting a safer and healthier Barbadian and Caribbean community for all.

This is a call-out for persons who donated or purchased tickets valued at \$500.00 or more.

Alleyne, Ritchie

Carmichael, Sir Trevor KA, LVO, QC

Cidel Bank & Trust

Clarke Gittens & Farmer (Nicola Berry & Gillian Clarke)

Cutts, John & Justyna

Stollmeyer, Scott (CGM Gallagher

Insurance Brokers (Barbados) Ltd.) ▲

CIBC First Caribbean Assists Ladies At Marina House.

Thanks to CIBC FirstCaribbean clients of Marina House will now have a bit more privacy when their families and children visit, after the installation of a number of picnic tables.

The tables which were recently donated are being used especially on weekends, as they will offer an additional level of privacy for mothers and their children. With the acquisition of the picnic tables, families can get together and meet, as the tables have been strategically placed on the spacious and breezy lawn of the facility.

Banking officials Michelle Whitelaw Head of Retail Banking Channels and Barrington Watson Director of Corporate Investment Banking were taken on a tour of the ultra-modern female treatment centre.

“We are very happy to donate these tables to Marina House and I am looking forward to being of even more assistance to the ladies here as I plan to discuss some further assistance with my colleagues at the bank” stated Michelle Whitelaw as she handed over the tables.

Marietta Carrington explained that the

Foundation is always grateful for any help and encouraged other corporate entities and individuals to make donations to assist with the running of the House and the ladies there. “No donation is too small, even a bar of soap can help.”

The bank has also donated three of the tables to Verdun House and has been a consistent and valuable contributor to the ongoing work of The Foundation. ▲



From Left: Marietta Carrington, Barrington Watson, Diane Tucker, Michelle Whitelaw and Pearl Bradshaw test out two of the tables just after the presentation.

VISITS TO OUR HOUSES



◀ From left to right: Sharon Moaze, Letitia Wiltshire, Renee Napoleon, Diana Tucker (Marina House staff), Her Excellency Linda S. Tagliatela, Ambassador of the United States of America to Barbados, Eastern Caribbean and the OAS, Marietta Carrington, CEO, Angela Sealy, Director of Clinical services and Robert H.A. McDonald, Program Specialist International Narcotics and Law enforcement of the Embassy of The United States of America.



▲ Ambassador Adam E. Namm, Executive Secretary, Inter-American Drug Abuse Control Commission, and His Excellency Francis McBarnett OAS Representative, Barbados of the Organization of American States (OAS) on a recent visit to Verdun House and Marina House. Chief Executive Officer Marietta Carrington and Director of Clinical Services Angela Sealy explain The Foundation's treatment options that are available.

Media Launch and official signing of the Memorandum of Agreement between The SAF and UNOPS GEF Small Grants Programme of the UNDP. From left to right: Dr. Barbara Trieloff-Deane, SAF Director for Resource Acquisition, Marietta Carrington, CEO, David Bynoe National Co-ordinator GEF Small Grants Programme - Barbados and Peter N. Boos, Chairman.



▲ The Very Reverend Dean Douglas Stoute, Rector of St. Hilda's Anglican Church, Toronto, Canada after making a financial donation of Cdn\$8,000 (Bds\$12,414.00) to The SAF Solar Roof top project. In the photo are from left to right Dr. Barbara Trieloff-Deane, Director, Marietta Carrington, CEO and Angela Sealy, Director of Clinical Services.



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Microbusiness - Farm	Qty	Price	Total
Ducks		\$ 50.00	
Chickens		\$ 40.00	
Turkeys		\$ 80.00	
Sheep		\$ 400.00	
Goat		\$ 500.00	
Microbusiness - Verdun Bakery	Qty	Price	Total
Dehydration Equipment		\$ 500.00	
Food Processor		\$ 500.00	
Commercial Blender		\$ 500.00	
Microbusiness - Lawn & Garden	Qty	Price	Total
Fuel		\$ 500.00	
Weed Wacker		\$ 500.00	
Lawnmower		\$ 500.00	
Safety Boots		\$ 100.00	
Fertilizer		\$ 500.00	
Garden Hoses		\$ 200.00	
Clinical & Therapeutic Programmes	Qty	Price	Total
Help where we need it most		\$1000.00	
Education	Qty	Price	Total
Books		\$ 500.00	
Tuition		\$ 500.00	
Trade Tool Kit		\$ 500.00	
Toiletries & Clothes	Qty	Price	Total
Women's Toiletries Kit		\$ 50.00	
Women's Dress		\$ 100.00	
Men's Toiletries Kit		\$ 50.00	
Men's Shirt & Pants		\$ 100.00	
Shoes		\$ 75.00	
Health	Qty	Price	Total
Dental Hygeine Kit		\$ 50.00	
Dental Check Up		\$ 75.00	
Medical Check Up		\$ 75.00	
Fist Aid Supplies		\$ 100.00	

TOTAL



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Pauline Tully- Board Member
& Organizer of the Tournament

Guy Beauvais

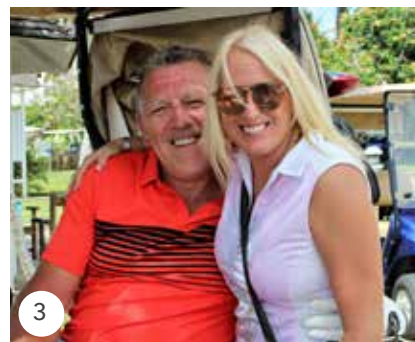
Isabelle Goodman

Irene Mac Donald

Ruth-Ann King

Marietta Carrington

Barbara Trieloff-Deane



1. Sean & Charles Edey
2. Andy Freeman & Bobbie Freeman
3. Graham Kent and Irene MacDonal
4. Golf players registering
5. Joe MacDonald, Nearest to the Pin Winner
6. Charles Edey
7. First runners up, Tony Reid, Fiona

- Rickard, Sally Schofiled & Nicky Morris with Pauline Tully
8. Emily Odwin, Longest Drive Winner with Bill Longmuir
9. Member of The SAF Team- Diane Tucker, Marina House Co-ordinator



10



11



12



13



14



15







16



17

10. Pauline Tully, Bill Weir, Crohan O'Shea & Fabrice Cornic
11. 2018 Winners, TD Reinsurance Team, Desmond Haynes, Charles Edey, Sean Edey and Peter Barrett with Pauline Tully
12. Massy Team, David Smith, Oziah Layne, Trevor Tasker & Jason Sambrano
13. Second Runners up, Alex Sandeman, JP Magnier, Max Wachman & Tom Wachman with Pauline Tully
14. Crohan O'Shea & Bill Weir
15. Ciara Corinc & Desmond Haynes
16. Bill Weir, Crohan O'Shea Andy Thornhill, Joseph Harris & William Chambers
17. Marietta Carrington - CEO of The Substance Abuse Foundation

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