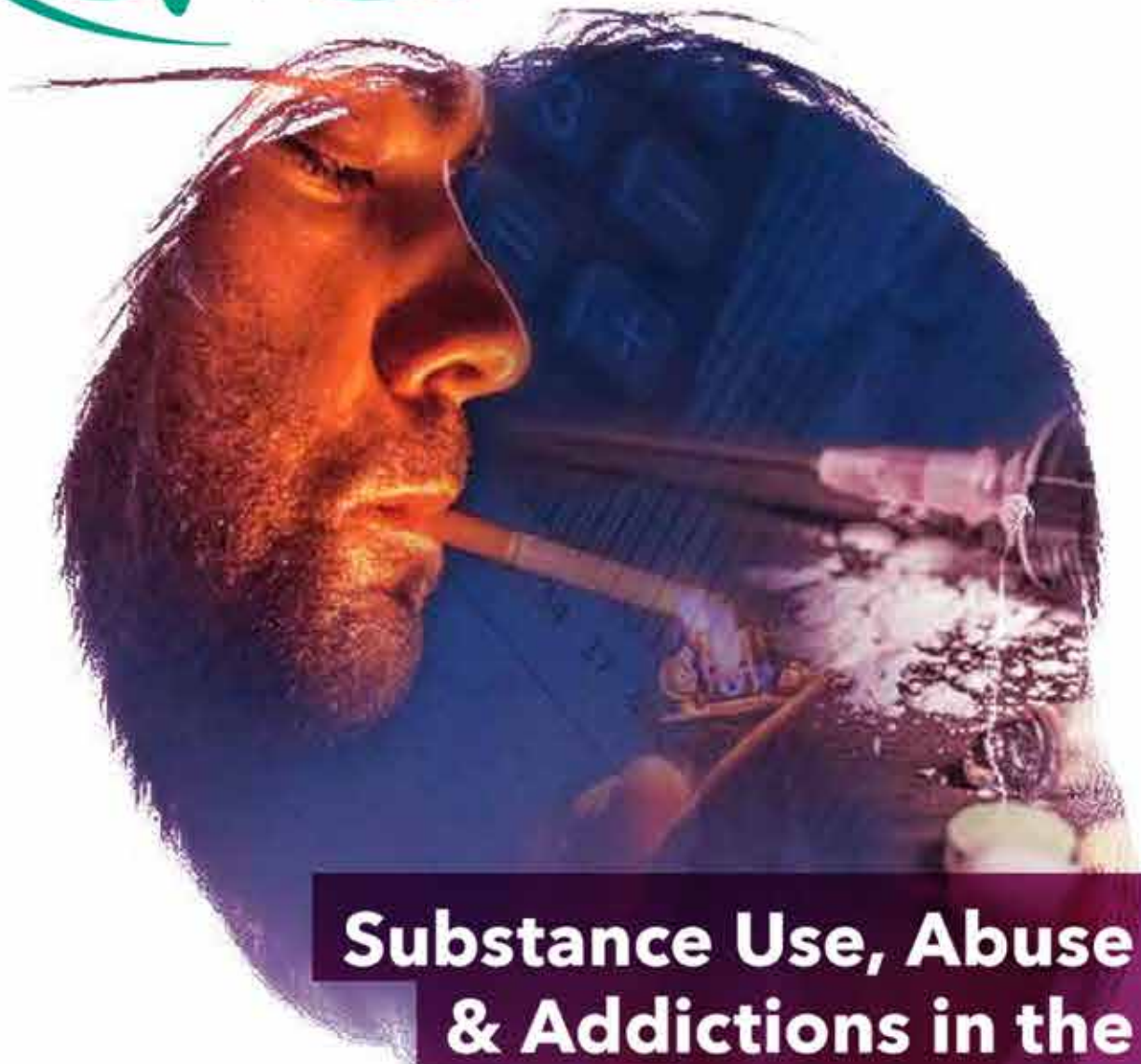


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Vol 5 | ISS.1 | 2018

RENEW



Substance Use, Abuse & Addictions in the Workplace





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Message from the Editor & Chief Executive Officer

Marietta Carrington



Substance misuse, abuse and addiction are a global problem. It affects every profession, race, culture and organisation. Many countries around the world are expressing concern about the problem. In the United States of America (USA) for example, commentators and analysts are bringing attention to this global phenomenon. Recent reports indicate that the Federal Government and the business community are also concerned about the problem within their country as it relates to the negative impact of substance abuse on the US economy and the labour force.

The report entitled "How Illicit Drug Use Affects Business and the Economy" supports the detrimental effects not only on the healthcare systems, but on business productivity and global competitiveness. A review of the information indicates that as at 2007, the economic cost of drug abuse in the USA was estimated at \$193 billion. Of this amount, \$120 billion was attributable to loss in productivity mainly due to labour participation costs, participation in drug abuse treatment, incarceration and premature deaths. These are mind-boggling statistics.

Further review of the same source is even more concerning. It is reported that in 2009, the majority (67%) of current drug users over the age of 18 were employed either full time (47%) or part-time (19%), with

the unemployed accounting for 13% and the remaining 21% not accounted for in the labour force.

This is also a Caribbean problem. It is a Barbados problem. While we don't have the same level of sophisticated, quantitative or documented evidence available as in more developed countries, there is a range of research, anecdotal reports and observations that suggest that a similar situation is present in Barbados. Indeed, information gleaned from The Substance Abuse Foundation Inc.'s documented records collected over several years and the growing number of enquiries indicate that over the past few years, there has been a steady and notable increase in the number of forward-thinking, progressive organisations seeking us out for interventions and treatment for employees presenting with suspected alcohol and other drug addiction problems.

Within recent times, a number of businesses and organisations have hosted seminars and workshops focussed on mental health and by extension have also highlighted this problem.

These employers know that workplaces where employees are not operating at peak levels, that their companies will not be able to maintain high levels of productivity thereby compromising competitiveness and or profitability.

Our captains of industry and commerce, - managers, supervisors, HR practitioners,

team members - all need to equip themselves with the appropriate level of knowledge to help them better identify when there are substance use and abuse problems presenting in the workplace. They also need to feel comfortable to seek out help for themselves or their workmates and not be paralysed by the stigma associated with mental health and addiction issues. Often times, it is the terrible stigma associated with addiction that discourages individuals from getting the help they need and deserve early.

In this issue, we have provided information that we hope will provide a compelling case for employers to take on board the need to seriously address problems associated with mental health and addiction. Doing nothing is not a good option. Addiction negatively impacts on families, communities, workplaces and the Barbados brand. ▲

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National Council on Alcoholism and Drug Dependence, Signs and Symptoms Retrieved from <https://www.ncadd.org/about-addiction/signs-and-symptoms/signs-and-symptoms>

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Verdun House Management Systems

Impact on Employee Functioning

What to look for.
Know the signs.



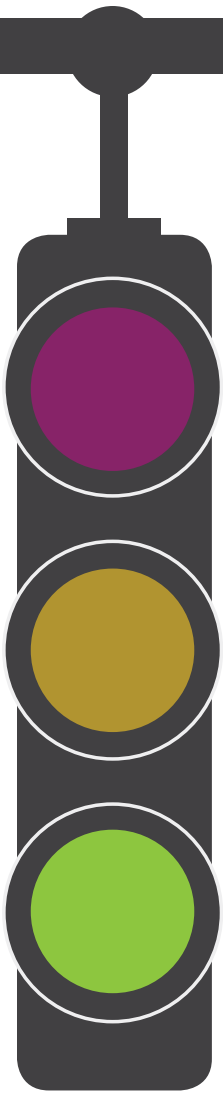
Angela Sealy
Director of Clinical Services

Understanding the impact of substance abuse on the workplace and the benefits of facilitating workers' access to treatment can help employers build a healthier workforce and a healthier bottom line in their organisation.

The impact of alcoholism and drug dependence in the workplace often focuses on four major issues:

- ▶ Premature death/fatal accidents
- ▶ Injuries/accident rates
- ▶ Absenteeism/extra sick leave
- ▶ Loss of production

Some additional problems can include, but are not limited to the following: theft, tardiness, sleeping on the job, poor decision-making, and loss of efficiency to name a few. Work can be an important and effective place to address alcoholism and other drug issues by establishing or promoting programmes focused on improving workers' health. Many individuals and families face difficulties closely associated with substance use which quite often spill over into the workplace. Firstly, our culture fuels addiction in the work place and due to the fear of bringing attention to a colleague's situation, most times it is not mentioned to the Human



Resource department. However, by encouraging and supporting treatment, employers can dramatically assist in reducing the negative impact of substance use in the workplace.

Regardless of the size of a business, it is still necessary for owners, managers and directors to be aware of the effects of substance abuse at work. The statistics speak for themselves and it is obvious that drugs and alcohol can have a severe impact on how an office, factory or store operates and functions. In the US, the 2006 National Survey on Drug Use and Health found that nearly 75 per cent of all illicit drug users were employed. Back then, this equated to a total of around 13.4 million people, which indicates that there was a fairly high chance of actually working with someone who abused drugs. In the same study, it was found that around 80 per cent of adult binge drinkers were employed in either full or part-time positions. In Australia, the 2004 National Drug Strategy Household Survey found that 4.4 per cent of all employees went to work affected by alcohol and around 2 per cent went to work affected by illicit drugs. On top of that, 6 per cent of

survey participants stated that the workplace was where they typically consumed alcohol on a regular basis.

Below are some of the issues that can occur when an employee continues to work under the influence of substance(s) -

- Loss of Productivity
- Termination of Employment
- Impaired Judgment and Decision-making
- Poor Team Morale and Staff Relations
- Unwanted Legal Complications

Costs of Substance Abuse in the Workplace.

Studies have also been done to determine the monetary costs of substance abuse when it comes to workplace productivity. The White House Office of National Drug Control Policy (ONDCP) conducted a survey in 2001 which showed that illicit drug use cost the country around US\$121 billion in the year 2000 with 60 per cent of that being due to lost workplace productivity. The definitions within the study

meant that this number also included losses from other matters such as healthcare costs and legal fees. The total loss of productivity due to drug use within the survey actually stood at US\$25 billion, which is still quite a substantial amount.

However, additional studies have to be done in this area to determine the actual cost. This is because most studies do not directly measure the connection between substance abuse and loss in workplace productivity. Instead, these statistics are usually inferred through other means and a better method must certainly be found in order to determine the full extent of how these harmful activities then affect the average working environment.

Preventative Measures for Enhanced Workplace Productivity.

As a result of the above studies, numerous offices and factories have implemented drug-free workplace programmes to develop and maintain a safer, happier working environment. Typically, this type of approach requires five key components in order to fully improve workplace productivity. These are listed below:

- ▷ An extensive policy
- ▷ Supervisor coaching
- ▷ Employee training
- ▷ Employee assistance
- ▷ Drug testing

However, it is this last factor which can easily encroach on an employee's privacy, so such measures must be carefully implemented. Fortunately, there are numerous agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Division in the US which can provide guidance on how to properly set up and maintain a drug-free workplace programme for any type of business.

As can be seen from the piece above, substance abuse and productivity in the workplace can be detrimental to the working health of any organisation unless all employers/owners are willing to assist in the training or rehabilitation of their employees rather than stigmatising or firing them from their jobs.

Over the years, The Substance Abuse Foundation Inc. have provide direct and indirect assistance to companies (large and small) to employees who suffer from the disease of addiction. We advocate for treatment because we know that it works. We are always willing and open to assisting employers when they reach out to us. ▲

Reference: AlcoholRehab.Com

Facing Facts:

High Functioning Employees with Addiction.

Dr Jerine Griffith

Severe addiction is only experienced by those people we see walking around aimlessly in the street, right? Wrong. There are people suffering from moderate to severe addiction hiding in plain view. They are the men and women who go to work, support their families, attend religious services, and pretty much function like "normal" human beings. However, they still might drink alcohol every night after work, overuse painkillers to numb out, or use marijuana or cocaine every weekend without fail. Their coworkers and family members would never in a million years deem them as an "addict" and so they never get help. Unfortunately, the length of time that sufferers of addiction will remain high-functioning has an expiration date. When we conceptualize an individual who we might deem as a "high-functioning addict" we must first understand denial. Denial is not only experienced by individuals, but it also can affect an entire system, whether it is a family system, a work environment, a church community or a neighborhood.

Denial

There are basically two types of denial that can impact individuals and workplaces. One type of denial is when a person truly does not believe that they have the disease of chemical addiction despite overwhelming evidence to the contrary. Another type of denial is when a person on some level knows that he or she has an illness, but employs rationalization, excuse-making and a range of other mental techniques to suppress facing the truth.

It's amazing what the brain can and will do so that one does not have to make significant changes in his or her behavior. Watching from the outside, it seems as though the person is actually trying to con themselves. Sometimes it borders on being completely illogical. However, from the inside, denial is powerful. The lens from which one views him or herself and the rest of the world is distorted. Trying to distinguish from what is real and what is not

can be challenging when your body physically craves the substance. What occurs for the individual can also occur for the entire workplace. Everyone's view becomes distorted and what was once view as abnormal behavior become normal. Denial, however, does not work alone. It is coupled with our perspective of what addiction is. That's where stereotypes come into play.

Breaking Stereotypes

Stereotypes feed workplace denial. When we cling to our stereotypes about addiction and refuse to budge, we are unable to see the effects of addiction on an individual even though it might be right in our face. For example, if we believe that the cocaine addict is someone who cannot work, who is unkempt in his or her appearance, or roaming the streets looking for his or her next hit, then when our colleague constantly comes to work late after the weekend, irritable, unable to focus, and mentions "partying all weekend," we don't blink an eye or ask further questions. We might say to other staff, "Of course, Kim isn't an addict, she comes to work!" Or if our friend who goes to EVERY happy hour every day after work and has to drink a minimum of seven beers

to even feel an affect, we assume that, "Jeffery just has high tolerance. He's a party animal and fun to hang around." We don't even consider that Jeffery might not be able to go a day without drinking and actually needs help to stop drinking.

If we as a society are to create healthier workplaces, we must begin to broaden our perspective of addiction and face the fact that the prevalence of addiction in Barbados is more extensive than we would like to admit.

The term "High-functioning Addict" might stir some emotions up for some of us or conjure up images of the rich and famous who struggle with addiction but always seem to bounce back with very little long-term effects. We cannot assume however, that because people still function while struggling with addiction that there are no long term effects. Because addiction is chronic and progressive, the degree of functioning will ultimately be impaired the longer the person uses.

When we assess for addiction, we evaluate levels of functioning. Impaired functioning will come in one or several areas be it physical health, emotional well-being, social relationships, work performance or financial and legal difficulties. Rarely does one go unscathed.

On the flip side, some people come to a point that he or she cannot function at all without using or drinking. This is problematic. Imagine a teacher or a bank officer who has to “snort a little something before going to work just to get through the stress of the day.” Yes, he might be able to function, be super active and productive, but ultimately, his level of use will increase.

Who is the High-Functioning Addict?

High functioning sufferers might have a great deal of family support which keep them from experiencing the natural consequences of their use. They also might be in a position that if exposed would cause a great deal of embarrassment to their workplace so everyone then takes an unspoken oath to stay hushed. They are the individuals who can manage well enough so that the scale between taking the risk of addressing the addiction and maintaining the status quo is not yet uncomfortably unbalanced. Some high-functioning addicts are able to maintain the façade for years and they enlist their families, friends and coworkers into their dangerous charade.

Workplaces who do not address the issue of their employees fuel the addiction. No one is addressing it whether it's because of fear, or just not wanting to get involved in the murk of another's life. The affects, however, are not just on the individual. Other staff must pick up the slack or deal with the mood swings, or have to cover for the employee. And worst case scenario, an incident will happen that forces the system to face facts and deal with the addiction. That's when we hear, “I suspected something was wrong, but I didn't ask. I didn't want to embarrass her or seem like I was being a busybody.”

My advice is to be a busybody if it means asking the difficult questions. Alert the HR professional at your workplace to have a conversation with the person. Request an organization-wide training on addiction. And if you yourself, think that you might be struggling with your use of alcohol, drugs or prescription medication but think that you're functioning just fine, get some outside input or get a consultation with a healthcare professional. First and foremost is to be honest with yourself. It's simple, but not easy. ▲





Prevention & Intervention At Work. It's Everyone Business.

Renee Napoleon

Addiction in the workplace is a growing problem that not only affects the person misusing the substance, but it also impacts the entire organisation. It is imperative that employers are informed and equipped to handle issues concerning alcohol and drug misuse among their employees. In order for early intervention to occur, employers must be aware of the warning signs associated with addiction in the workplace. These signs may include, unexplained or unauthorised absences from work; frequent tardiness; excessive use of sick leave; patterns of absence such as the day after payday; or frequent Monday absences; taking long lunches or frequent breaks; and numerous work-related accidents or injuries. Performance problems may include missed deadlines, frequent errors, incomplete assignments and low productivity.

Relationship problems may include conflicts with other employees, aggressive or short-tempered behaviour or the employee may become isolated. Some of the physical warning signs may include redness of eyes, glassy eyes, alcohol or marijuana odour on the person, poor hygiene and appearance, exhaustion, staggering or unsteady gait, sleeping on duty and excessive use of mouthwash or breath mints. Alcoholics who may have stopped drinking alcohol after a long period of heavy drinking, may experience a form of alcohol withdrawal called Delirium Tremens (DTs). Symptoms of



DTs may include body tremors or shakes; nausea, anxiety, irritability, disorientation, depression and seizures.

In most cases, other employees may be the first to recognise that their co-worker may be struggling with an addiction. Employees often become enablers by covering and making excuses for their co-worker, in fear of being responsible for the co-worker being reprimanded or fired by management. Unfortunately, the impact is far reaching as it creates an atmosphere of mistrust, conflict in the workplace, other employees having to work harder, and safety concerns, depending on the role of the employee with the addiction.

Employers are responsible for providing an environment conducive to the wellbeing of all of their employees. Therefore the workplace should be a

source of help to employees struggling with addiction, and employers should implement or reinforce policies to ensure assistance is provided. Policies that are designed to protect the employer and employee include a Code of Professional Conduct, a Drug Free Workplace Policy, a Drug and Alcohol Testing Policy, Paid Time Off Policy and Short Term Disability Policy.

Employers can only affectively provide support if they are educated and informed. Managers and supervisors should be trained to recognise and adequately assist employees who may present with an alcohol or drug addiction. Organisations such as The Substance Abuse Foundation (SAF) can educate employers and employees by conducting workshops and seminars about addiction. This may initiate earlier interventions when an employee exhibits signs of an alcohol or drug problem. Employers need to provide a

supportive organisational culture which makes it easier for employees to seek assistance or admit to needing help. One of the most effective ways in assisting employees with substance abuse is having a well-established and developed Employee Assistance Programme (EAP). EAPs are paramount to employee emotional and physical wellness. Employees should be aware that the organisation has an EAP, and they should know the services provided. EAPs are usually managed by a third party company that offers specialised services. EAPs for alcohol and drug addiction should offer

Employers are responsible for providing an environment conducive to the wellbeing of all of their employees.

assessments, individual counselling, referrals to residential treatment facilities such as Verdun House and Marina House, and follow up services.

Employees usually don't access EAP services because they don't think it's confidential; they feel there is a stigma attached to reaching out for help; they feel ashamed of having a problem; they think they have to ask permission from their boss, they don't know EAPs exist or they fear being fired.

Employees who accessed residential treatment should be provided with a

return to work reintegration plan. This plan would allow the employee to have a smooth transition back to work with an understanding of what is required of them. This plan may include a fitness for duty certification from a general practitioner; evidence of completion of a residential treatment programme and counselling or other recovery support services. Employee hours may need to be adjusted in order for the employee to attend aftercare individual and group sessions. Also, the employee may not be ready to handle full-time work responsibilities and may need to work less hours, gradually returning to full-time status. Allowances to attend Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings may also be needed.

Addiction is a disease that not only affects the individual misusing the substance(s), but it also affects everything and everyone around them. It affects their mental, physical and emotional health; family life; and work life. Addiction prohibits individuals from being fully responsible and productive members of society, which in turn stops organisations affected from realising their true potential. Thus, a collaborative effort is needed to prevent persons from succumbing to this disease and support those who have already crossed that threshold. ▲

Stigma & Fears... Barriers To Treatment


Diana Tucker

Over the years, the concern for the overwhelming havoc that is being created by drug addiction has been met with education and ever improving treatment methods. However, the fact that alcohol and other drug addiction is classified as a disease is often rejected by our society. Most people can accept that diabetes, cancer and to a lesser extent some types of mental illnesses are diseases but addiction is considered a self-inflicting problem. This belief is further entrenched because unlike diabetics, cancer patients or persons with mental health illnesses; there is no visible medication such as insulin, oral pills, or any other type of medical treatment for addiction. This lack of physical or psychiatric medication allows society to form pervasive negative beliefs about people suffering from addiction.

The Merriam-Webster dictionary defines stigma as "a set of negative and often unfair beliefs that a society or group of people

have about something". Unfortunately, the stigma associated with addiction predates the research related to proving that addiction is a chronic disease of the brain. Therefore, addicts, as they are referred to, are subjected to stigmatisation and are more likely to be ostracised by society. They are often feared, shunned by family members, and looked upon as "drunks, parros, worthless and no good", to list a few negative connotations used to describe them. Furthermore, these unfair and negative beliefs continue to persist in spite of the findings of scientific research. Addiction does not discriminate. There are many high functioning addicts who are employed and are suffering with this progressive disease because they fear what others will say about them.

They are hesitant to confide in their employers because they are afraid that they will lose their jobs. Clearly, it is not just a disapproval of the behaviors associated



with addiction, but rather an assumption or belief that something is inherently wrong with individuals who are struggling with this disease. Over time and without treatment, the disease progresses and affected individuals begin to believe this unfair societal perception of themselves. The sense of shame and feelings of hopelessness that can be produced by stigmatisation delay access to the help that is readily available. These feelings can create a sense of fear that once they admit they are addicted to alcohol and or other drugs, they will be stuck with the negative labels for life.

Families are also impacted and may experience shame and hopelessness as they become unable to cope with the issues that accompany this disease. Yet, they are afraid of exposure because of the associated stigma. Unlike other diseases, treatment for addiction means:

- Admitting a loss of control over thoughts and behavior and
- Expressing a willingness to seek the help needed to regain control over obsessive and compulsive thought processes.

Unfortunately, the stigma associated with the disease coupled with the fear

of admitting to loss of control present a barrier to receiving the treatment that is so desperately needed.

Fortunately, advances in treatment methods and a surge to get communities educated about the disease of addiction is gaining ground. Treatment facilities are recording some successes regarding people in long term recovery which demonstrates that treatment works. Professionals are trained to be supportive and respectful and the phrase “there but for the grace of God, go I” is employed to bring perspective to a human condition for which there is little respect. Many people with the disease of addiction remain in recovery status after receiving professional treatment. Continued engagement in community support groups such as Alcoholics Anonymous, Narcotics Anonymous, and/or other spiritual practices, increases the chance of long term recovery. Families can receive assistance through engaging in Al-Anon or Nar-Anon. Fully engaging in the recovery process provides hope for people affected by this chronic disease and in time, recovering addicts gain the ability to overcome the barriers created by stigma and fear. ▲



Health and Wellness - A Workplace Issue

Charmaine Napoleon-Ramsay
(Holistic HR Professional)

As a Human Resources Management practitioner in today's dynamic environment, there is a broad spectrum of knowledge that is required. The issue of addiction presents its own unique challenges, as it is difficult sometimes to recognise and assess, and even more difficult to approach the individual.

Persons can mask the signs for quite some time before the relevant authorities become aware of the issue. In addition, in many cases co-workers also help the affected person to hide the problem by covering for them in instances where they are away from their workstation and frequently either cannot be found, or cannot deliver the results required of them.

It is clear that 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.

So, first being able to recognise the signs is vital. Having worked in a health care environment before, I had the opportunity to come face to face with the challenge of addressing addiction with an employee. I was most surprised to discover that this individual had a problem as my encounters with them were always positive and professional. In fact it was the family of the individual who came to meet with us seeking help. After some investigation, it was revealed that co-workers were aware there was a problem, but no one reported their concerns or highlighted what they observed.

Symptoms to look for, some of which were certainly exhibited in this case, include:

- Unusual aggression
- Giggling and laughing even when not merited
- Change in weight
- Loss of interest in appearance and hygiene

- ▷ Willingness to sell property priced for quick sale
- ▷ Frequent absence from the workstation
- ▷ Increased absenteeism
- ▷ Inability to concentrate and complete tasks
- ▷ Sleeping at the workstation

The course of action chosen was to make a case on the employee's behalf to be granted time away from work to be rehabilitated at Verdun House. However, this was only possible because the employee was ready to admit that there was a problem, and was therefore ready to get help.

What is clear however is that employee health and wellness is becoming a major component of managing the human resource. Addiction is but one area where intervention is required, but other areas include:

- ▷ Trauma situations from an incident at the workplace.
- ▷ Trauma situations outside of work, as they can affect employee performance and wellbeing.
- ▷ Family crises.
- ▷ Preparation for retirement which can prove to be traumatic.
- ▷ Preparation for general changes in employment status.
- ▷ The effects of health matters in general.

The implementation of an overall health and wellness programme is certainly an avenue through which the emotional and social needs of employees can be addressed. This

programme can include but not necessarily be limited to:

- ▷ A structured Employee Assistance Programme (EAP) to provide counselling for employees and their family.
- ▷ A structured communication programme to convey information on health alerts and general tips on health and wellness.
- ▷ A periodic magazine to allow peer-to-peer sharing of information on health and wellness.
- ▷ Periodic educational sessions on health and wellness issues.
- ▷ An exercise and nutrition programme sponsored by the organisation.
- ▷ Team participation in charity walks and similar activities.
- ▷ A "suggestion box" to solicit ideas from employees to assist with addressing health and wellness.

This can either be a physical box or be facilitated through the intranet or electronic bulletin boards.

The reality is that a healthier workforce is a more productive workforce. We need to recognise that employee health is not only physical but also mental and emotional, therefore any strategy for addressing health and wellness must do so holistically. ▲

Working to Use

A Male Client's Journey

Only after finding recovery did I realise how cunning, baffling and insidious the disease of addiction is. I worked at a multinational conglomerate corporation and I came up through the ranks, being promoted with good work reviews. Smoking a joint at lunch and attending "Happy Hours" after work seemed not to hinder my performance.

Dishonesty and lying were becoming a way of life.

I paid my bills and saved some money, but was living pay cheque to next pay cheque always being able to make ends meet until I was introduced to desperation. My appetite for drugs became greater as I started to frequent places and meet people who fed my addiction. Slowly I started to smoke a joint coming to work, at lunch (not eating), and drinking after work with company friends like myself. However, they knew when to stop and I always wanted more. All I wanted to do was party all the time!

All of a sudden work became a real job - calling in sick on Mondays; getting

paid and disappearing on pay days; getting paid on Friday and broke by Monday - a vicious cycle was started. Denial became my best and only friend. Dishonesty and lying were becoming a way of life. I added cocaine to my resume of bad habits and degradation became more visible in my life. Writing bad cheques and borrowing money from anyone I could get cash from. I was a king for a day and a bum all night. I was working sixty to seventy hours a week. Drugs and ego were my only reward. First the lights got disconnected, the car repossessed, then I was evicted from my apartment. I became homeless with a job. Still I refused to believe my life was unmanageable.

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. ▲



Restaurant Highs: "I No Longer Drink"

Reflecting On My Drug Use At Work A Female Client's Journey

I used to wait until after I finished work to get high. There was a time when I couldn't function if I went to work high, so I waited until after my shift ended. It gradually became, that I couldn't function at work without being high.

It started with the interview. I've had so many. It's amazing how many I've been on, how many times I've had to start over, and then do the same thing again. The panic starts the moment they say they want to see me. I feel unsure of myself. I'm scared. I doubt everything and I feel I will fail, even though I manage not to take a hit before the interview. My thoughts are already there because the whole point of the job, is to get money so I can pay for my habit.

I get the job like always and I'm more panicked than before. It's like constant anxiety. Everything causes me to panic, to feel fear - looking for work clothes, worrying if they will have a problem with the shirt I bought. Panicking about how long my health certificate will take. Worrying how I will mess up the first day.

I'm already thinking about how to calm myself with a drink before I actually start.

I can't get through the day without drinking or drugging. I'm on my way to work and all I can think about is how I can get something before work. Even if I do, it won't last. I have to stop serving these guests and start planning how I can escape from my shift or get the dealer to come to me at work.

I'm flustered because I'm jittery from the last high and anxious because I'm craving the next. I'm paranoid about my co-workers seeing how messed up I am. I feel like everyone is watching me. In my mind I'm saying, "I gotta get 'sain' now!" I'm breaking a shot glass, my hands are shaking. I decided I need a drink to calm down.

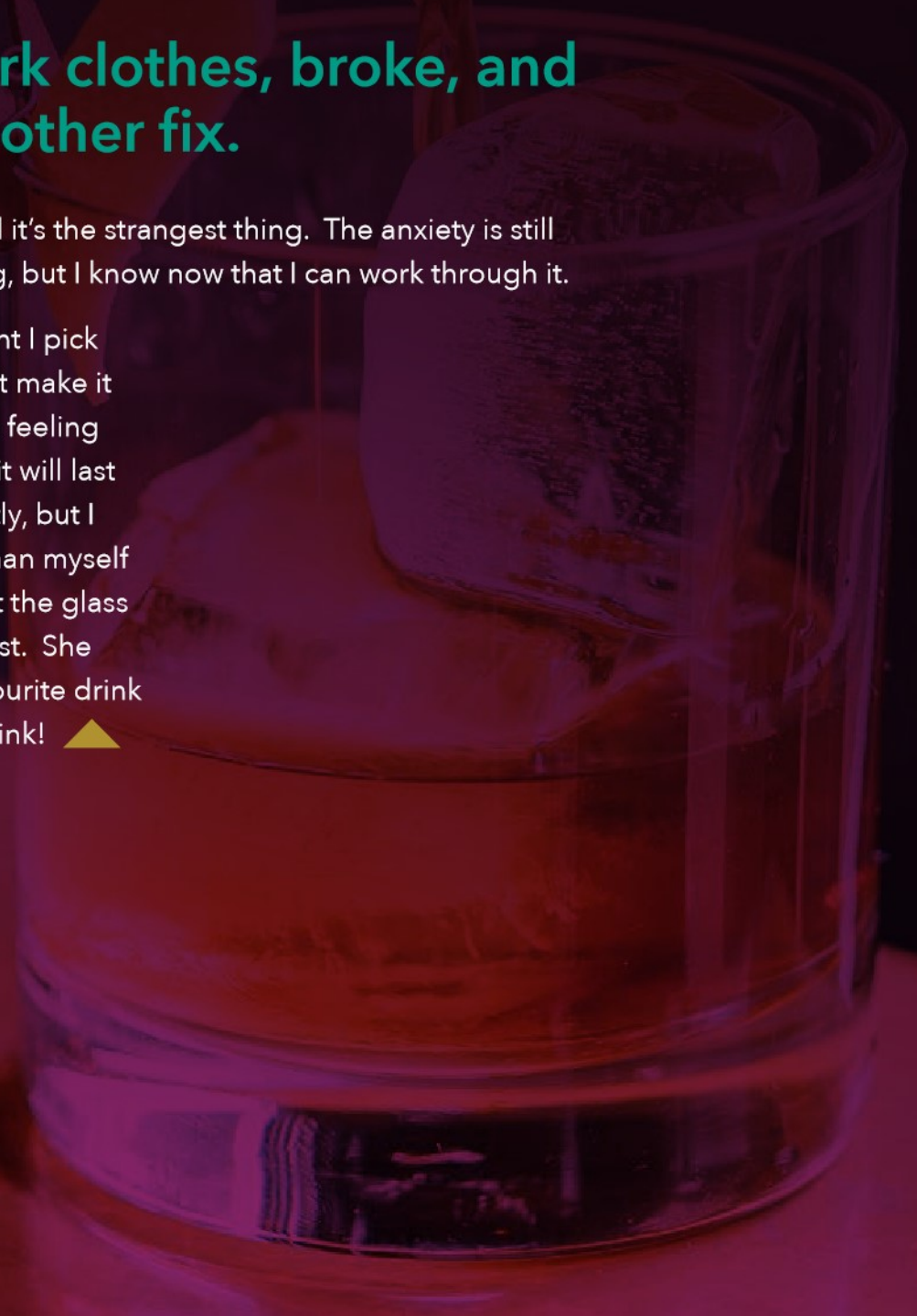
Of course I can't have a glass, I drink half a bottle of the company's liquor and fill it back up with water. I'm drunk now but I'm still begging my dealer to hurry. Just a couple more hours to get through and I can't get through them. I'm high by the next hour and wasted. I think I've done

good. I broke down at the restaurant or at least I think I did, and no one knows. But now I can't get home, because I can't go home like this. I tell myself I will be fine, I just chill for another hour. But of course, I chill at a bar. Repeat cycle and it's the next day.

Still in my work clothes, broke, and I still need another fix.

I'm working sober now and it's the strangest thing. The anxiety is still there and I'm still panicking, but I know now that I can work through it.

I know now that the moment I pick up a drink or a drug, I won't make it home. I know now that the feeling passes. It always feels like it will last forever. I feel fear constantly, but I rely on someone greater than myself to get me through; and not the glass of wine I'm serving my guest. She just asked me what my favourite drink is. I told her, I no longer drink! ▲



Treatment Options. Recovery Is Possible.

Ryan Celius

According to the American Society of Addiction Medicine (ASAM), "Addiction is characterized by an inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems

Drug addition, like most chronic diseases, is characterised by cycles of relapse and remission.

with one's behaviors and interpersonal relationships, and a dysfunctional emotional response." Drug addition, like most chronic diseases, is characterised by cycles of relapse and remission. Addiction is progressive and if not arrested can lead to disability, institutionalisation, or even death.

The disease of drug addiction has far-reaching, systemic consequences for the persons battling it as well as their families and close friends. Continuous use of drugs and or alcohol drastically affects the natural chemical balance in the human brain, replacing

healthy desires with a compulsive, constant desire to be intoxicated. As a result of these changes, desires and behaviours are negatively affected, leading to detrimental consequences such as increased absenteeism from employment and higher health care costs. In terms of interpersonal negative consequences, drug addiction can lead to failed marriages, broken homes and severe emotional problems.

With the increased emergence of unfamiliar drugs such as crystal meth and ecstasy in the Caribbean, the potential for addiction to narcotics has increased exponentially. If true recovery is to be a possibility, there must be an increase in the availability of rehab, aftercare programmes and treatment facilities. True recovery is not only abstaining from using drugs and alcohol, but a wholistic change of life. Addressing the behaviours, mindsets, coping skills and habits that perpetuate drug use are the quintessential components of recovery.

Some addicts, by sheer willpower, can abstain from using drugs and

alcohol for a period of time. However, without accurate information about how addiction works and the tools to combat the disease, most addicts return to using drugs and alcohol. If true and lasting recovery from addiction is to be attained, addicts need systemic treatment that attacks and aids in arresting the disease in every area of life.

One place that provides treatment opportunities for persons battling addiction is The Substance Abuse Foundation (SAF). The SAF provides residential treatment in the form of Marina House and Verdun House, for women and men respectively. In some cases, The SAF provides assistance with aftercare, as well as family therapy sessions. Family sessions give the families of addicts the opportunity to learn about addiction and how they can best assist their loved ones.

Another agency that also provides assistance in the battle against addiction is the National Council on Substance Abuse (NCSA). Some of the services offered by the NCSA are drug education to primary and secondary schools and community groups, community-based projects aimed at reducing the demand for drugs, research on drug abuse, counselling to drug addicts and family members, drug rehabilitation at correctional institutions and the provision of drug education materials

Along with these agencies, Barbados also has a large number of alcoholics and narcotics anonymous meetings, which provide a powerful social support system for addicts who do not undertake residential treatment.

While it is true that drug addiction cannot be cured and is a devastating circumstance that traumatically affects both the person battling the

Addiction does not discriminate.

disease and the ones close to them, it is possible through treatment to arrest this progressive brain disease and bring about a level of healing, restoration and normalcy. Recovery may seem impossible to an addict who has never entered treatment, however, as with most personal challenges, all things are possible with the right support system and change of mindset and environment.

Recovery is possible. ▲

References

http://www.ncsa.org.bb/index.php?option=com_content&view=article&id=2&Itemid=29

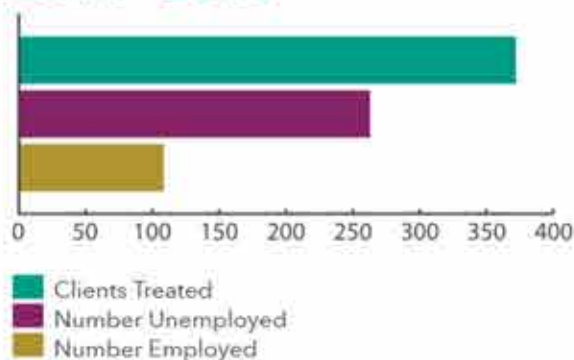
<https://www.asam.org/resources/definition-of-addiction>

Work & Recovery

Ramon Manning

In reviewing the successes of our clients over a period of years it has become clearly evident that self-sustaining employment is vital if they are to maintain a sober lifestyle. Being aware of this we have for many years operated small micro-businesses and have introduced skills training, whether in-house or through external institutions, to improve the employability of those individuals in our client population with little or no skills.

Employment Statistics for the five year period 2011 - 2016



An analysis of our graduates' employment history over the five-year period 2011 to 2016 shows that of the 372 clients coming through our programme, 109 clients or 29% were able to find employment.

Although this is a notable success it does show that a significant number were still unemployed and can be at risk of relapse.

Despite the economic struggle we face as a society, it is important, where at all possible, for us as a community to assist those in recovery in securing gainful employment. We continue to work with groups of community minded individuals and corporations who have supported many of our clients over the years by providing them with employment opportunities. Indeed there are many success stories of individuals who have participated in Verdun House and Marina House treatment programmes and who have returned to their communities as productive citizens. However, given the statistics of those not employed, 71% we are reaching out to the community and asking for your help in giving our clients a second chance or a third by creating the space where they can see and believe that there are opportunities for them to work. ▲

SAF NEWS

Angela Sealy at the Clinical Steering Wheel.



Renew Magazine is pleased to announce the appointment of Angela Sealy to the most senior clinical role as Director of Clinical Services. Sealy assumed responsibility on April 1, 2017 and succeeded Jacqui Lewis, a co-founder and member of the Executive Team who retired from the Foundation effective July 1, 2017.

As Director of Clinical Services, Sealy will focus on continuing and improving our tradition of outstanding client care. She will have responsibility for providing clinical leadership, ensuring that clients continue to receive world class treatment and therapeutic services, including integration of the multidisciplinary team, individual and group clinical supervision, monitoring of quality trends and implementation of quality improvement initiatives.

In welcoming Sealy to the Foundation, CEO Marietta Carrington stated:

“The Foundation is indeed delighted to have someone of Angela’s calibre and experience in the field of addiction and mental health lead our Clinical Services. Angela has over 40 years experience in the human services field, with 15 of those years working with women, children and families.

She has worked in many different clinical settings that include in-patient residential addiction facilities, out-patient, criminal justice entities and community-based mental health and addiction treatment centres. She has extensive experience using various methods of counselling modalities and working with clients/patients with co-occurring disorders.”

Sealy is a Barbadian who has lived and worked in the USA and Canada for most of her adult life before deciding to return to Barbados. Within the last several years, Sealy has held several senior level clinical positions, the most recent being Clinical Justice Liaison in an US-based treatment

centre with over 500 employees that housed 66 females and over 150 male clients.

Angela holds a Masters in Marriage and Family Therapy and is a certified Addiction Counsellor. She also holds an Associate Degree in Personnel & Industrial Relations, two Bachelor of Arts degrees - one in Liberal Arts and the second in Behavioural Studies. Over the years she attended many workshops, seminars, conferences and training fora, all designed to ensure that she remains at the cutting edge of addiction and mental health treatment. ▲

Jacqui Lewis Retires

After more than two decades with The Substance Abuse Foundation Inc., the charity that manages Verdun House and Marina House, Jacqui Lewis has decided that it is time to retire. In April of 2016, Lewis relinquished the role of Clinical Director, a position she held for 12 years and assumed the position of Director - Referrals and Community Liaison as part of her transition towards retirement. Now, 14 months later, Lewis has come to the end of that transition and officially entered into retirement.



The SAF therefore takes this opportunity to acknowledge Lewis’ exceptional work as she embarks on her retirement. Everyone at The SAF, as well as the wider community, owes a debt of gratitude to Jacqui for her more than 16 years of selfless giving. Over the years, her caring, non-judgemental approach and her competence as a clinician have served as a magnet for the individuals and families she has helped. Many clients in Barbados and throughout the Caribbean and their families often say that it was her intervention,

counselling skills and non-judgemental approach to treatment that have helped them heal from their disease of addiction. The staff she nurtured and moulded over the years have emerged as clinicians who stand tall among international clinical service providers.

Lewis has been a part of The SAF from inception, first as a founding member, a Board member and then as an Addiction Counsellor. Her pioneering work in the delivery of chemical dependency treatment services and the treatment model adopted were supported by many years of international consultations, supervision and continuing education by the most respected treatment centres in the United Kingdom (Action on Addiction) and the United States of America (Hazelden Betty Ford).

In commenting on her retirement, Chairman Peter Boos had this to say: "Jacqui has worked tirelessly, giving everything she had and then some to the work she has done for more than two decades. Our communities are healthier and safer. We know that even in retirement she will continue to devote some of her time to helping individuals and their families recover from the disease of addiction.

As we look to the future, we know that the relationships and friendships that have been established and concretised over the years will continue to flourish. In this regard, Jacqui will continue on with us in a 'partnership' arrangement that is mutually beneficial." ▲

Visits to our houses



Her Excellency Marie Legault Canadian High Commissioner to Barbados (fourth from left)



The Hon. Sir Marston Gibson K.A. Chief Justice of Barbados (second from left)

Marina House in Tucker's capable hands.

In May 2017, Marina House welcomed Diana Tucker as its Co-ordinator. Tucker has over 24 years' experience in the mental health and addiction field and is a lady in recovery, chalking up 26 years of sobriety - one day at a time. She will therefore strengthen the clinical discussions, as she brings a unique perspective to the table.

This masters level professional holds a Master of Science/Psychology degree from the University of Phoenix and a BA in Psychology with emphasis in Social Work from the College of New Rochelle, New York (Summa cum Laude). Added to these qualifications - she is also an Internationally Certified Drug and Alcohol counsellor (ICDAC), a Qualified Substance Abuse Professional (QSAP) and a Qualified Mental Health Professional (QMHP).

Diana has a strong proficiency in the 12 step philosophy and a proven track record in coaching, mentoring and supervising both clients and staff. Among her many professional accomplishments has been the assistance, leadership and implementation of a mental health programme for children ages 4 - 12 years, with the added responsibility for marketing the programme and co-



ordinating staff to meet the needs of the children - a significant success story for that particular organisation.

Throughout her career she has accumulated extensive experience working with women, children and the homeless populations in several different clinical settings, and she previously worked with The SAF for two years during the period November 2012 - November 2014. With such a wealth of experience under her belt, the women, children and their families in Barbados are indeed fortunate to have someone with Diana's experience and competence leading Marina House. ▲

Meet our new Chief Executive Officer

Marietta Carrington

Signalling a changing of the guard, the Board of Directors of The Substance Abuse Foundation Inc, (The SAF), unanimously approved the appointment of Marietta Carrington as their new Chief Executive Officer. This move forms part of The SAF's overall strategic succession plan.

Marietta, who joined the Foundation in July 2013 and has been part of the Executive Team, serving in the role of Director - HR, Communication & Client Development, assumed responsibility as CEO on April 1, 2017. She succeeds Peter Boos, a co-founder who has been the director of The SAF from its inception in 1996 and Volunteer CEO from 2004. He will continue to serve as Chairman of The SAF.

During her tenure, she has spearheaded the development of a 21st century HR function, and got Verdun House approved by the TVET Council as a Second Chance Institution



(Assessment Centre), while being responsible for assisting the Clinical team in preparing clients for skills development and job placements, resource acquisition (fundraising), marketing & communications projects, and strengthening the charity's micro businesses.

In welcoming Marietta to this new role, Chairman Peter Boos indicated that her main priorities will be spearheading initiatives for short and long term

sustainability, as well as expanding the organisation's reach in the Caribbean so that men, women and their families can have greater access to addiction and mental health treatment of international standards.

addiction and mental health field. She has participated in an extensive, specialised professional in residence programme at the Hazelden Betty Ford campus in Minnesota - the most respected treatment centre and

“It is her results-oriented approach, compassion for the most vulnerable in our society and the ability to think and act strategically that will be most valuable to the organisation at this time,” Boos stated.

In commenting about the appointment, Carrington noted: “Having spent most of my career within the business and corporate arena, I can't think of anywhere else that I would rather be at this time than within the therapeutic environs of Verdun House and Marina House. This is more than a job. It is painful and sometimes frustrating work but I get the opportunity to experience modern day miracles every time I see men, women, children and families heal and go back to communities as productive members. The personal satisfaction and rewards simply cannot be measured.”

Carrington is a seasoned business manager with broad experience in strategic planning, HR Management, marketing management, business development, client care and customer service management. She has spent the last four years strengthening her knowledge of, and gaining valuable experience in the

addiction graduate school in the USA.

She has also undergone a similar programme at Action on Addiction, one of the UK's most respected treatment centres. She holds a degree in marketing, a postgraduate diploma in management and has attended many seminars, workshops and conferences over her extensive career. She has successfully completed certifications in Addiction and Co-occurring Disorders; Ethics in Counselling from Hazelden Betty Ford Graduate School in the USA; and Fundamentals of Addiction from the University of the West Indies, Open Campus in Trinidad & Tobago. She has also participated in a number of workshops and seminars on mental health and addiction. ▲

Solar System Crowdfunding Project Receives Design Support from the Barbados Investment and Development Corporation (BIDC)

The Design Unit of the BIDC is a dynamic team of design professionals committed to providing BIDC clients with comprehensive and innovative design solutions. The SAF's solar photovoltaic (PV) system project was one such opportunity for the BIDC to contribute design, advisory and creative services to help the SAF realize its goals of a fundraising campaign to purchase and install 502 solar panels in order to become more self-sustaining.

The project, which began in August of 2017, was a reflection of the SAF's commitment to being socially responsible, environmentally conscious and demonstrating high governance standards. The task of fundraising for the venture was mammoth. A crowdfunded fundraising campaign was the selected method and the BIDC Design Unit was engaged to provide design, advisory and creative support for the campaign.

The BIDC CEO, Mrs. Sonja Trotman, praised the SAF saying, "I applaud the Foundation's work aimed at improving the wellbeing of persons through education and practical assistance in the area of substance abuse. The efforts being made to embark on this project must be commended as through this project they demonstrate a high level of awareness for our environment, while taking steps to reduce their cost of operation"

Longstanding SAF volunteer and BIDC Design Adviser Ms. Debbie Estwick commented that, "Working on this project with the SAF team has been a great experience. Design can make such a significant difference in creating the solutions we need and the SAF has always been eager to capitalize on design in both their strategic approach and the creation of promotional materials for print

and online use. It's been great to see the campaign for the SAF's "Sun, Sustainability & Healing from Addiction" fundraiser come together to help them meet this goal."

Commenting on the project, SAF CEO, Mrs. Marietta Carrington said, "The Substance Abuse Foundation Inc. (Verdun House & Marina House) is more than thrilled to be partnering with the Barbados Investment & Development Corporation (BIDC) and to be a beneficiary of their services to our Charity. When we approached them for technical assistance in helping us with a fundraising campaign - they readily agreed and put the "best" at our disposal in the persons of Stella Hackett and Debbie-Ann Estwick.

What an example of a national organization demonstrating in a tangible way that they are serious about helping a charity who is dedicated to making Barbados healthier and safer for all".

The BIDC is an agency of the Barbados Government committed to boosting the resilience of local businesses and moving Barbados closer to the goal of being one of the most innovative small states in the world, before 2030. ▲

We're going greener!

Help us purchase and install 502 solar panels and help our women, men and families recover from addiction.

heal • grow • love



Renew

A Charity Fundraising Event

t h e
tides
r e s t a u r a n t

Renew - Heal. Grow. Love. A Charity Fundraising Event held in partnership with Tammie & Guy Beasley - owners of The Tides Restaurant - took place on Saturday, June 10, 2017.

Our guests have told us that they enjoyed a great guest experience - The Tides Restaurant setting, their staff, food, beverages, entertainment, effective and impactful presentations, variety of auction items available, all contributing to a night to remember for a great cause.

Our objective was to support Mothers with minor children, Education and Skills Training for our clients, and our Microbusiness that provide work arrangements.



We have raised over \$250,000 (and counting) towards an aspirational goal of \$300,000. We are delighted to say that 100% of these funds raised will go towards our objectives as 100% of costs were covered through generous donations and sponsorships of entertainment, food, beverages, venue, staff, audio-visual and auction items. This means that we achieved our financial efficiency and effectiveness measures.





We could not have done this without the support of our sponsors and donors and the amazing partnership of Tammie & Guy Beasley who represent corporate social responsibility at a best practice standard by offering to help, donating their restaurant, engaging sponsors and putting on a show that was truly memorable.



Thank you for helping make Barbados a safer, healthier and more productive home for all of us! Your assistance of our efforts is heart-warming

We thank you for your support for Marina and Verdun Houses. ▲



With Thankful Hearts -
You helped us raise

\$255,000

Tammie & Guy Beasley of The Tides Restaurant
The Management & Staff of The Tides Restaurant
Verdun House & Marina House Alumni
Friends of Verdun House & Marina House

A & B Music Supplies

Accra Beach Hotel

All Connect

Ali, Katherine & Jacob

Animal Flower Cave

Apes Hill Club

Ashok, Merai

Atkinson, Arthur

Bailey, Bruce

Barbados Beach Club

Barbados Today

Berry, Nicola & Michael

Boos, Peter & Jan

Boos, Robert

Boosy Surf School

British Women's Club

Browne, Derek

Bryan, Khalil

Brydens Stokes

Burke, Michael

Bushy Park Barbados

C & M Farms

Café Luna/Little Arches

Camp Moorings

Capital Media

Caribbean Catalyst

Caribbean Wax Museum

Carmichael, Sir Trevor

Cave Shepherd & Co. Ltd.

CBC Mornin Barbados

Chase, Dr Ronald

Clifton Hall

Concepts SRL Caribbean

Continental Foods

Cool Runnings IV Luxury Catamaran

COT Printery

Cox, Richard

Cozier, Patrick

Cutts, Mr. & Mrs. John

Daphne's

Dear, Kirsten

Diamonds International

Divi Southwinds

Dodson, Ann

Edghill, Diana

Edwards, Art

Edwards, Sandra

Elegant Hotels Colony Club

Every, Donna

Events Unusual

Farmer, Christine

Fednav

Fields, Sir Allan

Fieldtech Staging Solutions

Firgos (Eastern Caribbean) Ltd.

Fish Pot Restaurant

Flindt Barbados

Forter, Catherine

Foster And Ince

Franchise, Massimo

Fraser, Sir Henry

Frontline Trading

Gibbs, Christian

Gill, Tessha

Gittens, Don & Vivian-Anne

Gonsalves, Francis & Marie Ann

Grant, Dr. Morris

Grape Vine

Hammel-Smith, Christopher

Hanschell Inniss

Harbour Lights

Harper, Christopher

Honeyjam

Hotel Food Supplies

Housing Concepts SRL Caribbean

Thank you

Hunte, Hal
Hunte's Auto Spares
Hutton, Maisha
Ince, Ruth & Ed
Innovative Security
I-Shop Barbados
Khan, Zarina
L'anse Aux Epines - Grenada
Mango Bay
Marcadon
Massy Barbados
Meniaud, Isabelle
Midas Magic Auto Valet
Miller Publishing Co. Ltd.
Miller, Cindy
Mount Gay Rum Distilleries Ltd.
Nelson Gay Luxury Villas
Nishi Restaurant
Niven Trading Co. Ltd.
Novelty Gift Basket - Natural Soaps
Nspiration Plus
One Stop Garden Shop
Osbourne, Sandra
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Platinum Wines
Pooler, Bernard
Port St. Charles
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Premium Imports
Premium Seafoods
R L Mark & Co. Ltd.
R. L. Seale & Co. Ltd.
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Seaduced Luxury Charters
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The Sandpiper Inn
Thorpes International Produce
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Company Registration Number - 12928
 Charity Registered Number – 206

Registered Office
 c/o EY
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Choose Gift Items

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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Gerry Houlihan
The Williams Group





1- Guy Beauvias and Yvonne Brewer
 2- Alberto Martinez and Dr. Geoffrey De Caires
 3- Crohan O'Shea
 4- Team Sagicor, Charlie Pack, David Allan, David Wright and Andrew Marryshaw
 5- The Cornic's
 6- Fabrice Cornic and John Howard
 7- Joan Hargreaves & Janice Brookes
 8- Charles Edey








9- Sean Edey, assistant Pro and Bill Longmuir Golf Pro
 10- Nigel Lyall and Janice Brooke's
 11- Muffin Stollmeyer and Trevor Tasker
 12- Allyssa Gittens and Markus Clarke
 13- Peter Harris
 14- Charlie Packer and David Allan
 15- Crohan O' Shea's winning team Bill Weir, Crohan O'Shea and David Gill with Royal Westmoreland Pro Bill Longmuir, John Lincoln, Pauline Tully (The SAF) and Carson Springer and Adeline Lister Diamonds International





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