2023

Annual Report of the

BERMUDA DRUG INFORMATION NETWORK

(BerDIN)

GOVERNMENT OF BERMUDA

Department for National Drug Control

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BERDIN'S MISSION

The BerDIN is committed to providing the evidence that allows for discussions and decisions to be informed by sound, centrally available, local data, on a wide range of issues that increase understanding of the complex, dynamic, and evolving nature of the Island's drug problem.

FOREWORD

If everyone is moving forward together, then success takes care of itself. ~ Henry Ford

Drug use disorders are harming health, including mental health, safety, and well-being. Different drugs pose different burdens on health and health-care systems. Stigma and discrimination make it less likely that people who use drugs will get the help they need. Global research suggests fewer than 20 per cent of people with drug use disorders are in treatment. Locally, most drug use disorders are related to alcohol, cannabis, and cocaine, which are also the drugs that lead most people to seek drug treatment.

The importance of addressing mental health in efforts to prevent, as well as treat, drug use disorders needs to be given greater priority.

The availability and accessibility of mental health services, including drug use disorder treatment services, remain a challenge. The importance of addressing mental health in efforts to prevent, as well as treat, drug use disorders needs to be given greater priority.

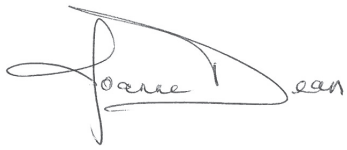
The coronavirus (COVID-19) pandemic negatively impacted service provision between 2019 and 2021 by leaving some without access to treatment or other services. Most countries that reported treatment delivery aggregates to the United Nations Office on Drugs and Crime (UNODC) before and after the pandemic noted a decline in the number of persons in drug treatment between the periods 2018–2019 and 2020–2021 with further declines within the period of 2021 to 2022

Bermuda was no different. There were notable differences in the number of people in residential treatment services prior to and after the COVID-19 pandemic. The decline in client admissions was partly the result of health policies or restrictions resulting in a temporary suspension in admissions.

Putting people first requires policymakers and service providers to actively protect the human rights of all by demolishing barriers to evidence-based, voluntary services across the continuum of care; dispelling gender, age, and other biases, and focusing on rehabilitation and reintegration instead of punishment.

Early prevention is crucial and communities must invest more in education to build resilience and give young people the information they need to make healthy, smart choices about their lives. Thoughtful regulation that prioritizes public health can help to ensure access and availability where needed, while keeping commercial pressures in check and reducing the risks of diversion and non-medical use.

Political and financial commitments are needed to scale up interventions that address structural and economic inequalities, harmful sociocultural norms, gender-based inequalities and gender-based violence that may be associated with people who use drugs. Without financial support, we risk losing the advances that have been made over the last two decades.



Joanne Dean
Director
Department for National Drug Control

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DATA NOTES

ACAD	Associate Alcohol and Drug Counsellor
ADS	Alcohol Dependence Scale
APP	Associate Prevention Professional
ATOD	Alcohol, Tobacco, and Other Drugs
BAC	Blood Alcohol Concentration
BACB	Bermuda Addiction Certification Board
BARC	Bermuda Assessment and Referral Centre
BPCS	Bermuda Professional Counselling Services
BPS	Bermuda Police Service
BSADA	Bermuda Sport Anti-Doping Authority
BYCS	Bermuda Youth Counselling Services
CAF	Confiscation Assets Fund
CAPS	Customs Automated Processing System
CARF	Commission on Accreditation of Rehabilitation Facilities
CARIDIN	Caribbean Drug Information Network
CBD	Cannabidiol
CBP	Customs and Border Protection (US)
CCS	Certified Clinical Supervisor
CCES	Canadian Center for Ethics in Sport
CICAD	Inter-American Drug Abuse Control Commission
CLSS	Counselling and Life Skills Services
CPS	Certified Prevention Specialist
Co-Ed	Co-educational
Detox	Detoxification
dl	Deciliters
DNDC	Department for National Drug Control
DPP	Department of Public Prosecutions
DSM	Diagnostic and Statistical Manual of Mental Disorders
DTC	Drug Treatment Court
DUI	Driving Under the Influence
EAP	Employee Assistance Programme
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ER	Emergency Room
FCU	Financial Crime Unit
FIA	Financial Intelligence Agency
FY	Financial/Fiscal Year
FOB	Free on Board
g	Grams
GBH	Grievous Bodily Harm
HCl	Hydrochloride
HM	Her Majesty
ICADC	International Certified Alcohol and Drug Counsellor
IC&RC	International Certification and Reciprocity Consortium
ICD	International Statistical Classification of Diseases and Related Health Problems
IDU	Injecting/Intravenous Drug User
IOP	Intensive Outpatient Programme
JIU	Joint Inspection Unit of the United Nations
kg	Kilograms
L	Litre
LA	Litre of Alcohol
LLA	Liquor Licence Authority
LST	LifeSkills Training Programme
MDMA	Methylenedioxy-Methamphetamine
mg	Milligrams
MT	Men's Treatment
n	Number
NAMLC	National Anti-Money Laundering Committee
NPT/S	Non-Prescription Tranquilisers/Stimulants
OAS	Organisation of American States
OECD	Organised and Economic Crime Department
OID	Inter-American Observatory on Drugs
PATHS	Promoting Alternative THinking Strategies
POCA	Proceeds of Crime Act
PWC	Professional Worldwide Controls
Q	Quarter
r	Revised
RLH	Right Living House
SAR	Suspicious Activity Report
SI	Specialist Investigations
TAAD	Triage Assessment for Addictive Disorders
TC	Therapeutic Community
TCU	Texas Christian University
THC	Tetrahydrocannabinol
TIPS	Training for Intervention Procedures by Servers of Alcohol
u	Units
UKAD	United Kingdom Anti-Doping
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
USADA	United States Anti-Doping
WHO	World Health Organisation
WTC	Women's Treatment Centre
%	Percentage
000	Thousands
-	Zero or unit less than 0.1
$	Bermuda Dollar
..	Not Applicable
...	Not Available

Percentage totals may not add to 100% because of rounding. The data and estimates presented in this report are the best approximations available and are subject to revision with the availability of more accurate and revised numbers with improvements in information systems related to drug control. In some instances, data was revised from previous publications.

INTRODUCTION

Post the COVID-19 pandemic, our success will stem from how well we adjust our programmes for long-term impact

The 2023 BerDIN report highlights important drug-related indicators over the past 12 years. It mainly compares the years 2021 and 2022 over 11 chapters and is contributed by key industry stakeholders. Post the COVID-19 pandemic, our success will stem from how well we adjust our programmes for long-term impact. Greater diversity in drug availability and use is also creating new challenges for the development and implementation of services to reduce harms. These services are needed to help mitigate health risks arising from more complex consumption patterns, new substances and mixtures of substances.

The data in this publication have been collated to aid the reader's understanding of the interrelated elements that comprise drug control. Caveats and qualifications relating to the data are found in each chapter of this report. Also included in each chapter, are detailed information on methodology, qualifications on analysis, and comments on the limitations in the available information. Some of the information contained within this report is derived from self-reported data provided in surveys, while other information is based on record review, psychometric testing, and biological screening results. No one piece of information stands alone. As such, in its totality, the data presented in this report seeks to inform the reader of the current drug situation in Bermuda.

A growing concern is the implications of the inadvertent consumption of potent substances or mixtures of substances, such as with fentanyl and opiates. Key policy considerations here include the risk behaviours, which harm reduction services target, the evidence base that supports their work, and what constitutes standards for quality of care. There is also a parallel need to develop effective risk communication strategies to alert consumers and demand reduction stakeholders to the evolving risks in this area, particularly those associated with new substances, drug interactions, high-potency products, or routes of administration. The National Drug Control Master Plan 2019-2024, calls for the establishment of an early warning system in order to meet this need.

Although the BerDIN has collected an arrary of information from various sources over the years, in many ways, the ongoing success of the BerDIN has been hindered recently with significant gaps and, in this year, there are gaps in data related to crime, drug seizures, prosecutions, and health. Currently, these sources are not sufficiently available, which inhibits our understanding of important issues, such as the complex drug market and the health risks arising from more complex consumption patterns. Additionally, toxicology information and forensic data are needed on a regular basis in order to inform policies and actions, especially given the appearance of novel substances onto the drug market, particularly cannabis products, some of which are synthetically derived.

Coordination Mechanism

The Annual Report of the BerDIN is produced by the Department for National Drug Control's (DNDC) Research Unit. This report is comprised of national focal points from agencies offering drug-related interventions and services. Under the responsibility of their respective organisations, the focal points are the indicators collected by each agency and provided to the DNDC on either a monthly, quarterly, or annual basis. Data provided to the DNDC for publication is screened for consistency to ensure the provision of valid, reliable, and comparable information is reported on an annual basis.

This publication of the BerDIN aims to broadly disseminate and inform the public of the magnitude of the drug problem and, in turn, identify ways to improve the general infrastructure and support for applied research in this sector; thereby increasing both the quantity and quality of outputs. To become a Network member, agencies must be working with drug-related information in Bermuda. As is expected, a variety of coordination approaches has been adopted, depending on the priority given to the drug problem within each member agency.

Stability of the BerDIN relies strongly on the participation and cooperation of respective agencies. This 2022 Annual Report marks the twelfth year in which over 17 sources of drug-related information were provided to inform the drug situation in Bermuda (see Appendix I). The information continues to be presented in table format and represents the most up-to-date data on the Island in this field. Reporting agencies submitted data by May 15th of the current year to allow sufficient time for data cleaning, verification, and follow-up in preparation for pre-press layout and design.

BERMUDA DRUG INFORMATION NETWORK (BerDIN)

The establishment of the BerDIN resulted from the 1998 United Nations General Assembly Special Session (UNGASS) meeting where the United Nations Drug Control Programme (UNDCP), now the United Nations Office on Drugs and Crime (UNODC), was mandated to provide assistance for data comparability. This meeting resulted in the Lisbon Consensus where the UNDCP and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) established a Global Programme on Drug Abuse.

However, as a regional response, the Inter-American Observatory on Drugs (OID) was created in 2000 as part of the Inter-American Drug Abuse Control Commission (CICAD) within the Organisation of American States (OAS). It operates at the hemispheric level and assists countries within the Americas and Caribbean to build and promote its respective national drug information network or observatory and to utilise standardised data and methodology.These national networks should offer objective, reliable, up-to-date, and comparative information so that the organisation's member states can better understand, design, and implement policies and programmes to confront the drug phenomenon in all its dimensions. Subsequently, as part of this mechanism, a regional surveillance network – the Caribbean Drug Information Network (CARIDIN) – was formulated for countries within the Caribbean region. It held its first meeting in 2001.

Although Bermuda is not a member of the OAS, it has been involved in numerous meetings held regionally, and benefits from the expertise shared at these meetings in developing and expanding its national network.

Definition of the BerDIN

The Bermuda Drug Information Network is a group of people, who represent either themselves or an agency, whose aim is to provide Bermuda with factual, objective, and comparable information concerning drugs and drug addiction, and their consequences; for the purpose of monitoring trends, developing policy, and implementing appropriate programmes and responses. (Adopted from the EMCDDA-CICAD-OAS's Joint Handbook)

Mission of the BerDIN

The BerDIN is committed to providing the evidence that allows for discussions and decisions to be informed by sound, centrally available, local data, on a wide range of issues that increase understanding of the complex, dynamic, and evolving nature of the Island's drug problem.

Importance of the BerDIN

Historically, drug use is a difficult and complex phenomenon to monitor. For a comprehensive understanding of the current drug situation in Bermuda, a multi-source or multi-indicator system was established – the BerDIN – to provide insight into the different aspects of the drug problem. It brings together institutions and individuals working in the areas of drug prevention, education, treatment, rehabilitation, counselling, control, health, and law enforcement to exchange drug-related information. This multi-stakeholder initiative, where all parties seek to collaborate and support each other's efforts at national drug control, provides a mechanism to monitor and evaluate the implementation of the National Drug Control Master Plan over the life of the Master and Action Plans.

Reliable, accurate, and up-to-date data on drug prevalence are needed to guide the development of demand reduction strategies and implementation of their activities. At the community level, data may be able to identify trends within communities, which may lead to identification of shortcomings at an early stage and control measures can be put in place. Regular assessment of the status of the drug use and abuse problem can also serve as an early warning system for new and emerging trends in drug abuse.

Purpose of the BerDIN

The BerDIN serves a critical role in the assessment and evaluation of the Island's drug situation. Its main objective is to provide information essential for policy making, allocation of resources, organisation of drug-related services and programmes, and on drug-related issues of interest. It was set up to:

- Identify existing drug abuse patterns (different time periods and population groups);
- Identify changes in drug abuse patterns (types of drugs, characteristics of drug users);
- Monitor changes to determine if they represent emerging drug problems;
- Provide a detailed analysis of the drug situation in Bermuda through report and dissemination of information;
- Raise awareness of drug-related problems;
- Guide the development of primary prevention, public education, and treatment programmes and policies;
- Stimulate further discussions on drug demand reduction or drug supply restriction policies and challenges; and
- Serve as a useful methodology for integrating agencies involved in drug reduction or control.

Core Functions of the BerDIN

To meet the main objective, the BerDIN performs the following three core functions:

1. Data collection and monitoring at the national level;
2. Analysis and interpretation of information collected; and
3. Report and dissemination of information Contribution to Programme Development

The information collected provides a background for:

- Local prevention, treatment, and control strategies.
- At the national level, strategies are increasingly focused on demand reduction, which must be based on reliable and valid epidemiological data.
- Countries where national data are regularly collected are able to participate better in international discussions on drug issues.
- The regular assessment of the status of drug use and abuse can also serve as an early warning system that will alert other countries, as new trends in drug abuse have the tendency to cross national borders and spread to neighbouring countries.

Network Members

The BerDIN was formed in 2008. Its creation was sanctioned by Cabinet in 2006 as a Throne Speech initiative. To date, it has representation from the following agencies, whether directly or indirectly involved in the area of drug control, and some of which are outside the sphere of government:

1. Bermuda Hospitals Board
    i. King Edward VII Memorial Hospital
    ii. Turning Point Substance Abuse Programme
2. Bermuda Police Service
3. Bermuda Sport Anti-Doping Authority
4. Counselling and Life Skills Services
5. CADA
6. Department of Corrections
    i. Westgate Correctional Facility
    ii. Right Living House
7. Department of Court Services
    i. Bermuda Assessment and Referral Centre
    ii. Drug Treatment Court
8. Department of Health
    i. Central Government Laboratory
    ii. Epidemiology and Surveillance
9. Department for National Drug Control
    i. Men's Treatment
    ii. Research and Policy Unit
    iii. Women's Treatment Centre
10. Financial Intelligence Agency
11. HM Customs
12. Liquor License Authority
13. Supreme Court

Common Sources of Data

Data is usually obtained from a variety of quantitative and qualitative sources:

Quantitative

- Government records/secondary sources
- Primary surveys/studies
- Psychometric tests
- Biological screens
- Indirect estimation or derivation

Qualitative

- Focus groups
- One-on-one meetings
- Treatment and prevention forums
- Expert Opinion

(See Summary of Sources and Data in Appendix I)

Data Gaps

Stakeholders faced several challenges over the past year. The global pandemic has resulted in staff reassignments, leaving some agencies without personnel to complete data requests. Despite the continued challenges facing Network member agencies, the provision of information continues, even if delayed. Other notable gaps that remain relate to the environment in which substance use occurs; alcohol and drug use; prevention, treatment, and support activities; criminal justice; and drug-related harms. Information gaps in these areas include, but are not limited to, the drug market in terms of the availability of synthetic drugs; trafficking activities and routes; concealment methods; the adulteration steps; the distribution from wholesale all the way down to the retail level; consumption in terms of problem drug use in the general population; the contribution of drugs to the social and economic environment; and the social outcomes related to treatment programmes.

The Drug Abuse Monitoring Programme was planned for implementation on April 1, 2022. However, this monitoring programme of reception inmates has been delayed as a result of COVID-19 restrictions.

Indicators Not Reported in the 2023 Report

The information for the following tables were not made available for the 2023 Report:

- Number and Proportion of Crimes by Type of Crime and Annual Absolute and Percentage Change
- Number of Crimes against Person, Community, and Property by Type of Crime and Annual Absolute Change
- Drug Seizures by Type of Drug, Total Count, and Total Weight
- Drug Enforcement Activity by Type of Activity
- Criminal Trials for Drug-Related Offences by Sex of Offender
- Criminal Trials for Alcohol-Related Offences by Sex of Offender
- Criminal Acquittals for Drug-Related Offences by Sex of Offender
- Criminal Acquittals for Alcohol-Related Offences by Sex of Offender
- Criminal Convictions for Drug-Related Offences by Sex of Offender
- Criminal Convictions for Alcohol-Related Offences by Sex of Offender
- Unknown Results for Drug-Related Offences by Sex of Offender
- Unknown Results for Alcohol-Related Offences by Sex of Offender
- Triage Assessment for Addictive Disorders Results by Number of Participants
- Primary Diagnoses of Inpatient Drug-Related Cases
- Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances
- Secondary Diagnoses of Inpatient Drug-Related Cases
- Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances
- Primary Diagnoses of Emergency Room Drug-Related Cases
- Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances
- Secondary Diagnoses of Emergency Room Drug-Related Cases
- Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances

DNDC's Role

In addition to conducting primary drug-related research and providing technical assistance, the DNDC facilitates and coordinates the BerDIN by collecting, collating, producing, and disseminating updated reports on drug facts and related anti-social behaviours as part of its on-going effort to standardise the drug literature dissemination mechanisms and processes on the Island (technical reports, posters, brochures, and other educational materials). All information provided to the DNDC is treated with confidentiality and are usually reported in an aggregated form.

Organisational Challenges

From year to year, the BerDIN has relied heavily on the ability of Member agencies to provide topic-specific information in a timely and organised manner. Organisations that dedicate time, resources, and human capital for the long-term utilisation and maintenance of that information often provide timely, accurate, and reliable data. During 2022, the organisational challenges were multifactorial, resulting from budgetary constraints. Waiting lists for services and a reduction is programing continued through 2021. The DNDC continues to work with organisations to build capacity that will allow them to organise, maintain, and effectively utilise data gathered to inform polices and programme direction.

Joining the BerDIN

Any agency that produces drug-related data can join the BerDIN by contacting the Research and Policy Unit of the Department for National Drug Control at 292-3049.

Meeting 2022

The 2022 Annual Meeting of the Bermuda Drug Information Network (BerDIN) was held on the 4th of November, 2022, at the Bermuda Underwater Exploration Institute (BUEI).

Rentha Francis, a BerDIN Member who represented the Department of Health – Laboratory, called the meeting to order and extended a welcome to the meeting's participants and invited guests. Mrs. Joanne Dean, Director of the Department for National Drug Control, brought Opening Remarks to the meeting. She noted that the year 2022 marked the 12th publication produced by BerDIN and that the BerDIN has evolved into a central source of drug-related information that serves a critical role in informing policy makers and the public about the drug situation in Bermuda. Mrs. Dean shared that the year's theme, centered on the impacts gender differences have on substance use in our community, will highlight the need for more inclusive treatment intake processes.

Mr. Kalvin Nhan, Financial Crime Analyst, Bermuda Police Services, informed the participants of the meeting's objectives: to update the BerDIN members on the current

drug situation and to provide a forum for dialogue on drug-related special interest topics. In the interest of keeping the agenda items as scheduled, participants were then asked to briefly introduce themselves, followed by the adoption of the agenda.

The main focus of the 2022 Annual meeting was on how gender impacts substance misuse in our community. The agenda, therefore, comprised of various presentations that sought to provide a background on gender differences and how they impact the use of substances. There were notable issues discussed in how both males and females are impacted by substance use and, in turn, receive treatment at different rates.

The meeting received a presentation from Dr. Kyla Raynor, BerDIN Coordinator and Senior Research Officer/Policy Analyst of the DNDC, on the current drug situation in Bermuda. Dr. Raynor provided a snapshot of Bermuda's drug situation as presented within the 2022 Annual Report of the BerDIN. The BerDIN's accomplishments were highlighted and the members were thanked for their continual support. Highlights were given specific to gender differences and substance use reported throughout the eleven chapters of the Report.

The DNDC representative, Mrs. Stephanie Tankard, Research Officer, provided the meeting with a presentation that highlighted gender-specific data, which was collected in the 2019 National School Survey and the 2021 National Household Survey. The presentation also shared the impacts of gender differences on substance use from a global perspective, whilst presenting some suggested solutions to remedy the issues discussed.

The meeting then received a presentation discussing the value of a variety of different illegal drugs being seen in Bermuda from Mr. Roger Saints, Sergeant and Narcotics Expert of the Bermuda Police Service. He noted that the prices he shared were captured from multiple sources, for example; conversations with persons who sell drugs, seizure reports, and other BPS databases. The drug prices presented were for: cannabis, hash, shatter, crumble, cocaine, crack, heroin, and molly.

Dr. Shawnee Basden, Clinical Psychologist at the Bermuda Hospitals Board, gave a very interesting presentation on the following: gender differences in addiction, discussing age as a moderator, gender differences – what we know from animal studies, and gender barriers and strengths. Her in-depth presentation gave participants insight into why women react differently to substance use from initiation to treatment versus men. Dr. Basden shared that it is imperative that the Network look at treatment accessibility and treatment response when it comes to ensuring the best plan is put in place for either gender to get into the recovery stage.

A presentation lead by Mrs. Angria Bassett, Programme Manager of the Men's/Women's Treatment Center, informed the participants of the large amount of research published that discussed the inequalities between men and women in relation to receiving treatment for substance use disorders.

Mrs. Shirley Place who is the Clinical Director of Turning Point, informed the meeting of who the female clients are at Turning Point, by sharing some demographic information, the social circumstances which the female clients are facing, and the type of substances being used. Mrs. Place aslo shared a case study of a female client, which caused participants to pause and consider all of the things that impact female clients who are attempting to seek treatment.

Mr. Leslie Grant, of FOCUS Counseling Services, presented data from the DNDC's National School Survey, which highlighted the current trends in substance use among the youth population in Bermuda. He then shared information on the young clients that FOCUS has seen recently and some of the mitigating factors that have contributed to their substance use.

The meeting had the opportunity to hear the testimonies of four past and current clients of FOCUS Counseling Services. These emotional testimonies highlighted the journey of each of these men – from first using substances to what made them choose recovery and a healthy lifestyle. The clients each concluded their testimonies by thanking FOCUS for the support the agency has provided to them along their journey.

Mr. Michael Baker, Public Relations Officer for Narcotics Anonymous (NA), shared what NA was, their mission and objectives, along with how persons can join a meeting. He opined that they truly do work in relation to assisting in one's sobriety. Mr. Baker closed his presentation by giving the meeting insight into his own personal journey and how big of a role NA played in getting and maintaining his sobriety.

The meeting then received a presentation from Ms. Julita Peniston and Mrs. Fredericka Brangman of Child & Family Services. The presentation opened with the pair giving the history of the Bermuda Youth Counselling Services (BYCS), then highlighting the organizational structure and the services BYCS provides. The meeting was then given data on Counselling and Life Skills Services (CLSS) assessment and counseling figures for 2021 and 2022.

The Executive Director, Mrs. Latisha Lister-Burgess, from the Employee Assistance Programme (EAP) gave participants a two-hour presentation on the importance of helping ourselves, while we are helping others. This presentation was well received by participants, as many could relate to

the lack of self-care each of them face as they work, whilst also appreciating the keys to success that were shared to avoid burnout and other issues that can come from the lack of helping ourselves.

The meeting concluded with Dr. Raynor thanking everyone for their participation in yet another successful meeting. Dr. Raynor encouraged participants to continue the collaboration and bilateral meetings beyond the day's meeting.

Chapter 1
Criminal and Suspicious Activity

- Drug Seizures
- Financial Intelligence
- Financial Crime

1.1 DRUG SEIZURES

There have been several changes to crime and drug seizure data over the past 12 years. The number and proportion of drug enforcement activities was last collected in 2015, along with drug seizure locations (street, port, overseas) and arrests. During the same year (2015), the street dollar value for all drugs that were seized was last provided. In 2016, data on drug seizures was modified by the BPS. Since that time, drug seizure information has been reported by type of drug, total count, and total weight. The change in legislation in November 2019, together with a delay in procuring the THC equipment, lead to underreporting of 2021 data related to cannabis, both plants and products. The reported data below should, therefore, be interpreted with caution.

In 2022, the BPS recovered a combined weight of 240,243.31 grams of drugs (Table 1.1.1), significantly more than the quantity of drugs seized in 2021 (33,367.72 grams). Cannabis drugs continued to be the most common drug type seized, with a total of 214.9 thousand grams (see Table 1.1.1). When it came to narcotic drug seizures, crack cocaine and heroin/diamorphine drugs were the most seized drugs in 2022. During the same year, there were seizures of cannabinoid products which are also considered controlled substances and include products such as deodorant and cosmetics, to name a few.

Cannabis drugs continued to be the most common drug type seized.

Table 1.1.1
Drug Seizures by Type of Drug, Total Count, and Total Weight, 2021 and 2022

DRUG	2021		2022	
	TOTAL COUNT (n)	TOTAL WEIGHT (g)	TOTAL COUNT (n)	TOTAL WEIGHT (g)
Cannabis (Plant Material)	118	95,793.40	322	199,081.00
Cannabis (Resin)	28	4,261.33	82	15,795.95
Cannabis (Seeds)	18	-	5	20.44
Cannabis (Plants)	60	-	365	-
Miscellaneous Cannabis Products	10	372.26	100	7,838.47
Hemp products	-	-	64	8,913.67
Inconclusive for Hemp/Cannabis	-	-	123	62.6
Crack Cocaine	44	394.94	41	403.78
Cocaine HCl	14	2,450.38	11	2,258.41
Cocaine	-	-	3	1.84
Heroin/Diamorphine drugs	12	1,547.44	13	1,501.86
Not a controlled substance	111	11,342.73	105	3,973.56
Designer Drugs:				
Fentanyl	-	-	2	111.12
MDMA	9	31.57	12	169.821
Amphetamine	-	-	1	-
Methamphetamine	-	-	3	110.79
Third Schedule drugs (Pharmacy and Poisons Act 1979)	7	-	10	-
TOTAL	**310[r]**	**33,367.72[r]**	**1262**	**240,243.31**

Source: Dept. of Health, Central Government Laboratory
r= revised

1.2 FINANCIAL INTELLIGENCE

The FIA was established by the Financial Intelligence Agency (FIA) Act 2007 to be an independent agency authorised to receive, gather, store, analyse, and disseminate information relating to suspected proceeds of crime and potential financing of terrorism received in the form of Suspicious Activity Reports (SARs). (The Act became operable in November 2008). The FIA may also disseminate such information to the Bermuda Police Service and foreign financial intelligence authority.[1] In addition to the FIA Act, it is guided by other legislations such as: Proceeds of Crime Act 1997, Proceeds of Crime Regulations (Anti-Money Laundering and Anti-Terrorist Financing Supervision and Enforcement) Act 2008, Anti-Terrorism (Financial and

[1] FIA website: http://www.fia.bm/index-2.html

Other Measures, Business in Regulated Sector) Order 2008, Proceeds of Crime (Designated Countries and Territories) Order 1998, Anti-Terrorism (Financial and Other Measures) Act 2004, and Proceeds of Crime Appeal Tribunal Regulations 2009.

Data on financial intelligence showed a significant increase (81.9%) in the SARs received, up from 514 in 2021 to 935 in 2022 (see Table 1.2.1). Activities within banks and digital assets (business exchange of cryptocurrency) accounted for the bulk of the SARs in 2022. Other increased SARs were from long-term insurers and investment providers. Also, in 2022, local disclosures (225) remained higher than overseas disclosures (20) and contained information from 721 SARs that were disclosed compared to 286 disclosures in 2021, representing a 152 per cent increase from the previous year.

Activities within banks and digital asset (business exchange of cryptocurrency) accounted for the bulk of the SARs in 2022.

Table 1.2.1
Suspicious Activity Reports (SARs) by Sector, 2021 and 2022

SECTOR	2021					2022					ANNUAL PERCENTAGE CHANGE (%)
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
SARs Received											
Banks (includes a Credit Union)	48	66	47	59	220	71	72	58	82	283	28.6
Investment Providers	8	25	11	15	59	16	21	19	12	68	15.2
Money Service Businesses	6	10	5	16	37	7	6	20	7	40	8.1
Corporate Service Providers	3	-	3	2	8	4	2	1	0	7	-12.5
Law Firm	2	2	2	1	7	2	3	1	3	9	28.5
Trust Company	2	2	-	1	5	0	0	0	1	1	-80.0
Local Regulators	1	-	-	1	2	3	0	0	1	4	100.0
Long-Term Insurers	53	18	35	18	124	18	3	3	84	108	-12.9
Fund Administrators	1	1	2	1	5	3	-	1	2	6	20.0
Insurance Company/Manager	3	13	8	6	30	1	11	17	20	49	63.3
Real Estate	-	1	2	-	3	-	-	-	1	1	-66.6
Digital Asset Business	2	9	3	-	14	4	94	106	147	351	2407.14
Investment Funds	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	2	-	1	-	3	**
TOTAL SARs RECEIVED	129	147	118	120	514	132	213	227	363	935	
ANNUAL PERCENTAGE CHANGE	2.4	56.4	10.3	-3.2	14.0	2.3	44.8	92.3	202.5	81.9	
Total Local and Overseas Disclosures	34	31	46	32	143	70	57	43	75	245	71.3
Local Entities	32	23	38	30	123	67	51	41	66	225	82.9
Overseas Entities	2	8	8	2	20	3	6	2	9	20	0
Total SARs Disclosed	18	97	130	76	286	144	145	108	324	721	152.1

Source: Financial Intelligence Agency
**undefined

1.3 FINANCIAL CRIME

In 2019, the Bermuda Police Service reorganised the structure of departments and, as a result, the Organised and Economic Crime Department (OECD) was amalgamated into the newly named Specialist Investigations (SI). The SI encompasses: drug crime, financial crime, organised crime, corruption, and cyber-crime.

As part of its role, SI deals with all cash and/or property seized under the provisions of Section 50 of the Proceeds of Crime Act (PoCA) 1997. These are civil powers and are additional to the criminal powers provided by the Misuse of Drugs Act 1972 and the Proceeds of Crime Act 1997. The key difference is that the burden of proof under the civil legislation is based on 'the balance of probabilities', whilst the criminal burden of proof is 'beyond a reasonable doubt'.

Under Section 50 of the PoCA, an officer can seize any cash and/or property (that is, high value watches, jewelry, gold

bars, diamonds, etc.) that directly or indirectly represents any person's proceeds of criminal conduct or is intended by any person for use in any criminal conduct. Most of these cases originate following searches either by Customs Officers at the airport or by Police Officers involved in street or house searches, which are often drug related.

The legislation requires that within 48 hours of the seizure, an application must be made to a Magistrate for a Detention Order which, if granted, authorises its further detention for up to three months, after which time SI must either re-apply for another Detention Order or return the property. Upon completion of the investigation, and if there is sufficient evidence, a civil forfeiture hearing is held. If the case is proven, the Magistrate signs a Forfeiture Order, ordering the property to be sold or the cash to be paid into the Confiscation Assets Fund (CAF).

To be effective in its operations, SI conducts Section 50 PoCA training for BPS personnel, the Customs and Police Joint Intelligence Unit, the Customs Cruise Ship Enforcement Team, and the United States Customs Border Patrol. This is with the aim of promoting awareness and enhancing knowledge of the legislation to assist with the prevention of criminal assets being laundered.

Confiscation proceedings take place after criminal conviction in cases primarily involving drug-trafficking and/or money laundering. The Judge can make a Confiscation Order in monetary terms after a hearing in relation to all known assets (for example, houses, cars, jet skis, etc.) held by the person, if those assets represent the proceeds of crime. The onus is then on the person to satisfy that Order or face a term of imprisonment in default, with interest added, until the Confiscation Order is satisfied. If the person fails to comply, the Judge can order all assets to be seized and sold with the funds to be paid into the CAF.

SI has working relations with the Practitioners Sub-Committee of the National Anti-Money Laundering Committee (NAMLC) and continues to aid law enforcement partners, including the Financial Action Task Force, the International Criminal Police Organisation, the United States Department of Justice, and the United Kingdom National Crime Agency.

SI has reported a total of five seizures in 2022, amounting to $2,335,740.50 w (see Table 1.3.1). Of all seizures during 2022, most were cash seizures valued at $2,335,740.50 compared to cash that was forfeitured at $21,741.00 for a total of just over $2.3 million.

Table 1.3.1
Cash Seizures, 2021 and 2022

YEAR/QUARTER	NUMBER OF SEIZURES	SECTION 50 CASH SEIZURES ($)	FORFEITURE ($)	CONFISCATION ($)	TOTAL ($)
2021					
Q1	-	-	-	-	-
Q2	-	-	-	-	-
Q3	2	25,736.00	9,224.00	16,512.00	51,472.00
Q4	1	50,382.00	-	50,382.00	100,764.00
Total	**3**	**76,118.00**	**9,224.00**	**66,894.00**	152,236.00
2022					
Q1	1	-	9,000.00	-	9,000.00
Q2	-	-	-	-	-
Q3	4	2,335,740.50	12,741.00	-	2,348,481.5
Q4	-	-	-	-	-
Total	**5**	2,335,740.50	**21,741.00**	**-**	**2,357,481.5**

Source: OECD, Bermuda Police Service

Chapter 2
Imports, Exports, and Licensing

- Quantity and Value of Alcohol for Domestic Consumption
- Quantity and Value of Tobacco for Domestic Consumption
- Duty Collected on Alcohol and Tobacco
- Liquor Licences

2.1 IMPORTS AND EXPORTS

Quantity and Value of Alcohol and Tobacco Available for Domestic Consumption and Duty Collected for the Domestic Economy

The importation of alcohol and tobacco provides an indication of the availability of these products and the environment in which residents are surrounded. During 2018, taxes related to the importation of alcohol and tobacco increased. An increased duty was levied on imported cigarettes, from $0.37 to $0.40 per stick, while $31.35 was the duty charged on two litres of hard liquor.[2] However, there were varying rates of duty applied to different alcoholic beverages and tobacco products (see Appendix III). These rates have been revised and became effective as of April 1, 2021, and reamined the same in 2022.

According to the Liquor Licence Authority, there are over 300 establishments licenced to serve or sell alcohol in Bermuda. There is no available data on the number of establishments that sell cigarettes and other tobacco products, although many supermarkets and gas stations carry these products.

Alcohol and tobacco use continue to be a trend evidenced in Bermuda's society and the Island continues its trade, more so, the importation of alcohol and alcoholic beverages as well as tobacco and its products. It may be argued that most of these imported products are for tourists' consumption. However, this does not mean that Bermuda residents do not consume a portion of the imported alcohol and tobacco. However, Bermuda laws prohibit the sale or supply of these products to minors (under 18 years). According to the Tobacco Products (Public Health) Act 1987, a photo identification is required if a person appears to be under 25 years.[3]

Of importance is the quantity and value of alcohol and alcoholic beverages available for domestic consumption (that is, used by persons on the Island, whether they are residents or tourists). This usually is comprised of quantities imported in the given year in addition to the amount removed from bonded warehouses valued at the 'free on board' (FOB) basis (not inclusive of handling and freight costs, taxes and duties, and mark-up for profit).

In 2021, 6.2 million litres of alcohol, valued at $25.5 million, was available for local consumption and contributed $20.0 million to customs duty (see Table 2.1.1). Whereas, in 2022, 6.0 million litres of alcohol, valued at $30.7 million, was available for local consumption and contributed $20.9 million to customs duty. Beer and wine in containers holding 2 litres or less continued to account for a significant portion of the beverages available for consumption.

An additional 1.4 million litres, valued at $13.1 million, were placed in bonded warehouses upon importation for future consumption in 2021 when compared to 2.2 million litres in 2022, valued at $18.4 million that was placed in bonded warehouse (see Table 2.1.2). Rum and other spirits distilled from sugar cane, wine in containers holding more than 2 litres, and beer accounted for the bulk of alcohol and alcoholic beverages placed in bonded warehouses in both 2021 and 2022.

The year 2022 saw 677 thousand litres of alcohol and alcoholic beverages exported from bonded warehouses, valued at $2.8 million, with $3,737.92 received in customs duty (see Table 2.1.3). On the other hand, in 2021, there were fewer litres of alcohol and alcoholic beverages, 560 thousand, exported from bonded warehouses, valued at $2.6 million.

The value of tobacco and tobacco products available for domestic consumption was approximately $2.2 million in 2021 compared to $1.8 million in 2022 (see Table 2.1.4). This resulted in a significant decrease in the duty received from $9 million in 2021 to $6.5 million in 2022. The major component of tobacco imports is that of cigarettes, with 28.5 thousand kilogram, valued at $1.9 million, which were brought to the Island or removed from bonded warehouses during 2021 and contributed $8.6 million towards customs duty. However, in 2022, over 14 thousand kilograms, valued at $1.4 million, were brought to the Island or removed from bonded warehouses, contributing $6.1 million towards customs duty. In 2022, there were no tobacco or tobacco products were removed from bonded warehouses.

[2]Customs Department. (2017). Bermuda Customs Tariff 2017. Government of Bermuda.

[3]Laws of Bermuda. Tobacco Products (Public Health) Act 1987. p. 5

Table 2.1.1
Quantity, Value, and Duty of Alcohol and Alcoholic Beverages for Home Consumption (Imports and Removals from Bonded Warehouses), 2021 and 2022

Tariff Code	Description	2021			2022		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	3,651,090.83	6,517,207.47	4,965,482.80	3,496,153.91	6,156,900.70	4,754,769.32
2204.100	Sparkling Wine	119,993.36	1,962,063.91	719,312.16	118,691.20	2,004,742.61	711,256.20
2204.210	Wine in containers holding 2 litres or less	1,118,898.02	12,582,608.88	6,708,933.24	1,121,739.99	12,683,452.64	6,729,194.34
2204.220	Wine in containers holding more than 2L but not more than 10L*	175.75	5,317.84	1,054.50	3,544.50	27,892.57	21,267.00
2204.290	Wine in containers greater than 2 litres	52,430.67	1,034,425.86	314,584.02	59,672.31	1,038,090.27	358,015.86
2204.300	Other Grape Must	4,526.17	166,920.59	27,157.02	3,162.45	40,660.51	18,974.70
2205.100	Vermouth in containers holding 2 litres or less	3,034.00	22,235.93	18,204.00	2,476.50	17,047.17	14,832.00
2205.900	Vermouth in containers holding greater than 2 litres	62.00	32,119.16	372.00	1,271.00	10,828.44	7,626.00
2206.000	Other Fermented Beverages	368,316.10	876,315.54	500,910.12	299,302.94	689,389.94	407,052.16
2207.100	Undenatured Ethyl Alcohol	283.57	2,522.35	6,214.72	238.84	1,182.76	4,633.60
2207.200	Denatured Ethyl Alcohol	739.94	465.44	2,217.26	2,342.75	7,061.54	373.27
2208.200	Brandy and Cognac	46,857.28	1,028,578.55	587,478.72	42,925.40	1,007,114.24	556,733.76
2208.300	Whiskies	84,789.75	36,465.39	1,075,557.13	97,460.65	1,660,889.67	1,246,418.24
2208.400	Rum and Other Spirits Distilled from Sugar Cane	135,760.52	55,162.24	1,713,401.28	175,161.14	1,234,718.77	2,143,478.40
2208.500	Gin and Geneva	32,566.78	14,361.78	432,380.80	36,145.86	460,653.53	498,130.88
2208.600	Vodka	154,047.34	1,121,249.00	1,632,736.00	148,987.18	1,344,348.29	1,864,367.04
2208.700	Liqueur & Cordials	45,208.63	11,527.37	362,708.80	54,863.99	622,778.87	448,158.08
2208.900	Other Spirituous Beverages	357,818.67	27,818.29	883,240.64	383,319.30	1,673,091.50	1,126,967.36
9801.103	Accompanied personal goods: Alcoholic beverages: Other spirits	-	-	-	29.00	112.00	373.81
9801.104	Accompanied personal goods: Alcoholic beverages: Other wine	-	-	-	36.00	804.75	216
9801.109	Accompanied personal goods: Alcoholic beverages: Other	-	-	-	42.00	150.15	37.54
9801.172	Goods imported by post or courier: Wine of fresh grapes	-	-	-	40.00	5,177.84	240.00
	TOTAL	**6,176,599.38**	**25,497,365.59**	**19,951,945.21**	**6,047,606.91**	**30,687,088.76**	**20,913,115.56**

Source: HM Customs

Table 2.1.2
Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2021 and 2022*

Tariff Code	Description	2021		2022	
		Litreage	Value ($)	Litreage	Value ($)
2203.000	Beer	19.80	87.19	221,562.00	460,293.38
2204.100	Sparkling Wine	72,218.56	1,425,091.48	96,354.93	1,522,906.98
2204.210	Wine in containers holding 2 litres or less	537,942.62	6,125,499.94	607,957.79	7,422,536.12
2204.220	Wine in containers holding more than 2 litres but not more than 10 litres	21.00	1,243.83	6.00	290.08
2204.290	Wine in containers greater than 2 litres	5,584.50	46,277.10	6,368.70	60,172.12
2205.100	Vermouth in containers holding 2 litres or less	1,963.50	12,308.09	2,395.50	16,056.01
2206.000	Other Fermented Beverages	25,296.30	64,351.35	3,920.46	36,600.75
2208.200	Brandy and Cognac	32,957.22	777,928.21	55,651.30	1,444,064.47
2208.300	Whiskies	35,625.30	642,069.30	83,384.90	1,549,418.04
2208.400	Rum and Other Spirits Distilled from Sugar Cane	611,722.15	2,407,103.62	863,594.00	2,969,780.72
2208.500	Gin and Geneva	19,583.50	321,653.22	32,724.40	495,044.05

Table 2.1.2 cont'd

Quantity, Value, and Duty of Alcohol and Alcoholic Beverages Exported from Bonded Warehouses, 2021 and 2022*

Tariff Code	Description	2021		2022	
		Litreage	Value ($)	Litreage	Value ($)
2208.600	Vodka	57,631.40	548,814.40	105,522.70	1,178,914.29
2208.700	Liqueur & Cordials	27,768.30	313,865.36	40,830.60	454,563.69
2208.900	Other Spirituous Beverages	18,492.15	402,367.74	59,291.65	759,139.83
	TOTAL	**1,446,826.30**	**13,088,660.83**	**2,179,564.93**	**18,369,780.53**

Source: HM Customs

Notes:

* Goods placed into a bonded warehouse are in duty suspension and no duty is collected until such time that the goods are removed from the bonded warehouse.

** There is no correlation between the figures for the goods placed into Bond and the figures for goods being removed from Bond. Goods being removed from Bond may have arrived in Bermuda at any time in the past.

Table 2.1.3

Quantity, Value, and Duty of Alcohol and Alcoholic Beverages Exported from Bonded Warehouses, 2021 and 2022*

Tariff Code	Description	2021			2022		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2204.100	Sparkling Wine	-	-	-	275.25	3,007.90	7.01
2204.210	Wine in containers holding 2 litres or less	1,647.00	9,622.00	-	378.00	1,551.40	47.7
2208.200	Brandy and cognac	543,816.00	2,499,772.76	-	1,026.20	39,470.87	256.69
2208.300	Whiskies	-	-	-	206.55	4,533.33	43.93
2208.400	Rum and Other Spirits Distilled from Sugar Cane	543,816.00	2,499,772.76	-	660,218.45	2,796,187.12	2,133.21
2208.500	Gin and Geneva	-	-	-	67.00	745.31	16.75
2208.600	Vodka	-	-	-	92.00	1,200.29	23
2208.700	Liqueur & Cordials	-	-	-	2,610.25	13,810.10	652.61
2208.900	Other Spirituous Beverages	-	-	-	2,352.50	13,826.65	557.02
9803.172	Wine of fresh grapes	5,545.00	27,533.00	-	-	-	-
9803.173	Spirituous Beverages	9,000.97	45,655.54	-	-	-	-
	TOTAL	**560,008.97**	**2,582,583.30**	**-**	**667,226.20**	**2,874,332.97**	**3,737.92**

Source: HM Customs

Notes:

* There is no correlation between the figures for the goods placed into Bond and the figures for goods being removed from Bond. Goods being removed from Bond for the purposes of export may have arrived in Bermuda at any time in the past.

The duty figures provided reflect the amount of duty collected by HM Customs. These figures are composed of varying rates of duty depending on the Customs Procedure Code ("CPC") that was applied when the goods were declared. In certain instances, the applicable rate of duty imposed by a CPC may be either 0.0% or $0.00 per litre, even though the "full" import duty in the Bermuda Customs Tariff is different. In cases where the value of duty is 0, the product is duty free.

Table 2.1.4

Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2021 and 2022

Tariff Code	Description	2021			2022		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2401.100	Tobacco, Not Stemmed / Stripped	0.30 kg -	121	150.00	1.96 kg -	126.46	980.00
2401.200	Tobacco, Partly or Wholly Stemmed / Stripped	.45 kg -	25.99	225.00	-	-	-
2402.100	Cigars, Cheroots, etc. Containing Tobacco	3,505.58 kg -	265,872.38	93,047.59	2,470.93 kg -	233,040.95	78,064.43
2402.200	Cigarettes Containing Tobacco	28,547.63kg -	1,850,973.54	8,576,360.00	14,682.53 kg 15,350,800 u	1,350,928.51	6,140,320.00
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	544.40 kg -	49,571.37	17,349.99	433.25 kg -	95,626.36	33,463.30
2403.110	Water Pipe Smoking Tobacco	2.50 kg -	139.92	1,250.00	3.75 kg -	122.59	1,875.00

Table 2.1.4 cont'd

Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2021 and 2022

Tariff Code	Description	2021			2022		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2403.190	Other Smoking Tobacco	643.25 kg -	30,045.35	321,625.00	420.06 kg -	18,751.00	210,030.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	3.05 kg 40 u	469.38	1,525.00	4.1 kg -	39.28	2,050.00
2403.990	Tobacco Extracts and Essences; Other Manufac-tured Products of Tobacco	7.54 kg 9 u	1,876.69	3,770.00	16.26 kg -	4,018.32	8,130.00
2404.120	Products intended for inhalation without combus-tion: Other, con-taining nicotine				933.0 kg -	85,916.18	21,479.06
2404.190	Products intended for inhalation without combus-tion: Other				98.3 kg -	6,263.49	1,565.96
2404.910	Other nicotine containing products intended for the intake of nicotine into the human body: Other: For oral application				5.48 kg -	396.7	59.51
2404.920	Other nicotine containing products intended for the intake of nicotine into the human body: Other: For transdermal application				2.0 kg -	163.76	40.95
2404.990	Other nicotine containing products intended for the intake of nicotine into the human body: Other				16.0 kg -	247.25	61.82
9801.309	Cigarettes containing tobacco [Other]	1.00 kg -	90.13	31.55	-	-	-
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	784.00 kg -	18,234.75	6,382.20	- 130 u	6,010.60	2,103.72
9803.164	Smoking Tobacco	11.25 kg -	1,219.00	5,625.00	0.45kg -	23.74	225
9803.171	Cigarettes Containing Tobacco	1,200 kg 6 u	618.00	480.00	9.0 kg 8,400 u	3,506.00	3,360.00
	TOTAL	**35,250.95 kg 55 u**	**2,219,258.30**	**9,027,821.33**	**29,097.07 kg 15,359,330 u**	**1,798,181.19**	**6,503,808.75**

Source: HM Customs

Table 2.1.5

Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arrival**, 2021 and 2022*

Tariff Code	Description	2021		2022	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	603.60 kg	24,166.87	68 kg	6,100.60
2402.200	Cigarettes Containing Tobacco	1,440.72 kg 1,110,000 u	85,258.20	1,827.12 kg 1,380,000 u	105,909.20
2403.190	Other Smoking Tobacco	2,116.32 kg 1,110,000 u	3,283.20	1,955.12 kg 1,380,000 u	3,105.00
	TOTAL		**112,708.27**		**115,114.80**

Source: HM Customs

Notes: * Goods placed into a bonded warehouse are in duty suspension and no duty is collected until such time that the goods are removed from the bonded warehouse.
** There is no correlation between the figures for the goods placed into Bond and the figures for goods being removed from Bond. Goods being removed from Bond may have arrived in Bermuda at any time in the past.

2.2 LIQUOR LICENCES

Licensing of Establishments for Sale of Intoxicating Liquor

According to the Liquor Licence Act of 1974, persons or businesses engaged in the sale of intoxicating liquor, whether retail or wholesale, must first be licensed. Otherwise, there may be legal actions in the form of imprisonment or fines instituted by the Liquor Licence Authority.[4] In addition, the sale of liquor by establishments is in respect of the type of licence granted (Class A, Class B, Tour Boat, Nightclub, Restaurant, Hotel, Member's Club, Permit for Association or Organisation).[5] Data is not currently collected on the number of new licences issued. However, the trend over the years has mainly been the renewal of licences by existing establishments rather than new or existing establishments applying for first-time licence. Data on liquor licences granted by the Liquor Licence Authority (LLA) to the various establishments located across the Island provides a representation of the ease of availability of, and access to, alcohol by residents. As of 2019, the LLA no longer classifies the type of license by district (western, eastern, central), but instead provides the overall number of licences issued in the Island for any given year.

There has been a 5.8 per cent increase in the number of licences issued to establishments between 2021 and 2022, from 310 to 328; the vast majority consisted of renewed liquor licences. Applications for licences primarily consisted of persons or companies that already had licences for other businesses. Therefore, in most instances, the LLA was satisfied that applicants were fit to manage a licensed premise.

The LLA has also issued occasional liquor licences, which inreased by 183.6%, from 61 in 2021 to 173 in 2022. There were more licences issued over the past year for tour boats, night clubs, restaurants, and al fresco (outdoors) events. Overall, an increase in the number of licences issued during 2022 was observed, that is, from 371 in 2021 to 501 in 2022.

Overall, an increase in the number of licences issued during 2022 was observed

[4] Laws of Bermuda. Liquor Licence Act 1974. p. 5.

[5] Ibid. p. 9.

Table 2.2.1
Liquor Licenses Issued by District and Type of Licence, 2021 and 2022

Districts and Type of Licence	2021	2022
Class 'A'	102	105
Class 'B'	13	13
Tour Boat	25	28
Nightclub	6	11
Restaurant	85	88
Hotel	15	15
Member's Club	33	34
Alfresco	29	31
Proprietary club license	2	1
Permit for Association or Organisation	-	2
Total Licences Issues to Establishments	**310**	**328**
Annual Percentage Change in Total Licences Issued to Establishments (%)	**-7.7**	**5.8**
Total Occasional Liquor Licences Island-Wide	**61**	**173**
Annual Percentage Change in Total Occasional Liquor Licences Island-Wide (%)	**-55.5**	**183.6**
Total Licences Issued	**371**	**501**
Annual Percentage Change in Total Licences Issued (%)	**-21.6**	**35.0**
Annual Percentage Change in Total Licences Issued (%)	**12.1**	**37.5**

Source: Liquor Licence Authority, Magistrate's Court

Notes:
1. Data is no longer collected by district (central, western, eastern).
2. Class A Licence is for the sale on the premises in respect of which the licence is granted of intoxicating liquor not to be consumed on such premises.
3. Class B Licence is for the sale on the premises in respect of which the licence is granted of intoxicating liquor to be consumed on such premises.
4. Hotel Licence is for the sale on the premises in respect of which the licence is granted of intoxicating liquor to be consumed on such premises.
5. Restaurant Licence is for the sale on the premises in respect of which the licence is granted of intoxicating liquor to be consumed on such premises.
6. Night Club Licence is for the sale on the premises in respect of which the licence is granted of intoxicating liquor to be consumed on such premises.
7. Proprietary Club Licence is for the sale on the premises in respect of which the licence is granted to bona fide members of the proprietary club of intoxicating liquor to be consumed on such premises.
8. Members' Club Licence is for the sale on the premises in respect of which the licence is granted to bona fide members of a members' club, and guests introduced by them, of intoxicating liquor to be consumed on or off such premises.
9. Tour Boat Licence for the sale on the boat (being a boat equipped to carry not fewer than ten passengers) in respect of which the licence is granted, of intoxicating liquor to be consumed on the boat.
10. A Class A or Restaurant Licence may be limited to the sale of beer and wine only and any such limitation shall be endorsed on the licence.
11. A holder of one class of licence is not precluded from obtaining concurrently a different class of licence in respect of the same premises.

Chapter 3
Training Intervention ProcedureS (TIPS)

- Sessions
- Participants
- Outcomes

3.1 ALCOHOL SALES, SERVICE TRAINING, AND CERTIFICATION

CADA is responsible for the Training for Intervention ProcedureS (TIPS) programme. The TIPS programme is funded through a grant received from the Government of Bermuda, which is disbursed by the DNDC.

TIPS is the premier responsible alcohol sales and service training and certification programme. The programme trains and equips participants to be able to spot underage drinkers and prevent alcohol sales to minors; intervene quickly and assuredly in potential problem situations; understand the difference between people enjoying themselves and those getting into trouble with alcohol; handle alcohol-related situations with greater confidence; and use proven strategies to prevent alcohol related problems.

As of June 2011, TIPS certification became mandatory for managers, supervisors, and persons in-charge of bars at on-premises licensed facilities. This mandate was given in Section 39B of the Bermuda Liquor Licence Amendment Act 2010. All TIPS trainings take place at the Leopards Club on Cedar Avenue, a community partnership for which CADA is grateful.

In 2022, there was a decrease, of 9.1%, in the number of TIPS training sessions from the previous year (down from 22 to 20), while the number of participants also declined, from 571 in 2021 to 450 in 2022. Even though the number of session and participants were fewer in 2022, the number of participating establishments saw an increase of 9.4% from 2021 (see Table 3.1.1). During 2022, participants (managers, owners, and supervisors) were from 140 licenced establishments (an establishment could have been represented by different participants over the year and, hence, the number of establishments is not unique) compared to 128 licenced establishments in the previous year; averaging 23 participants per session in 2022. It is important to note that the TIPS programme can train anywhere from 10 to 22 persons per session. In terms of training outcome, fewer persons (435) passed the TIPS training in 2022 than in 2021 (540). At the same time, the number of failures reported in 2022 was lower than in 2021 (15 versus 31). The new web-based session, introduced in 2021, continued to assist with the completion certificate process by allowing CADA to get an electronic copy of a participant's completion certificate within five minutes of successfully completing the exam.

Table 3.1.1
Training for Intervention ProcedureS (TIPS) Programme Statistics, 2021 and 2022

Year/Quarter	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
2021	**22**	**571**	**26**	**540**	**31**	**128**
Q1	7	152	22	146	6	39
Q2	6	175	30	162	13	37
Q3	5	166	33	156	10	31
Q4	4	78	20	76	2	21
2022	**20**	**450**	**23**	**435**	**15**	**140**
Q1	4	80	20	76	4	24
Q2	7	159	23	152	7	39
Q3	4	97	24	96	1	32
Q4	5	114	23	111	3	45

Source: CADA

Chapter 4
Substance Abuse Treatment and Counselling

- BARC Statistics
- CLSS Statistics
- Drug Treatment Court Statistics
- Drug Abuse Among Men and Women in Treatment
- Drug Abuse Among Turning Point Clients
- Right Living House Statistics
- Salvation Army Harbour Light and Community Life Skills Programme Statistics
- Focus Counselling Services Programme Statistics
- Clients in Treatment

4.1 BARC STATISTICS

Treatment Assessment and Referral

Individuals referred to the Bermuda Assessment and Referral Centre (BARC) are assessed to determine if there is an issue with substance misuse, abuse, or dependence. The assessment is done to identify and decide on the level of care clinically indicated for the client and, where specified, the Case Manager will facilitate entry into treatment. The assessment is a one- to two-hour process. At times, collateral contacts with others are necessary. The questions asked address the "whole" person in areas such as employment, education, family history, legal history, spirituality, previous treatment, mental health, medical, financial, and drug and alcohol history. In addition to the battery of questions, two screening tests are conducted, urinalysis performed, and ongoing support and monitoring are offered.

The number of new persons who accessed services at BARC decreased in 2022 by 6.0%, over the previous year. BARC saw 67 new clients in 2022 compared to 72 new clients in 2021 (see Tables 4.1.1 and 4.1.2). At the same time, the number of existing or repeat cases (assessments and referrals of clients who previously accessed services at BARC) decreased slightly by 5.2%, from 96 in 2021 to 91 in 2022 (see Table 4.1.2). In other words, in both years, repeat clients accounted for the greater proportion of all referrals.

In both years under review, males represented the majority of the total referrals, by a significant margin, compared to females (see Tables 4.1.1 and 4.1.2). Males were also more likely to re-enter the system seeking assessment for treatment services than their female counterparts. Neither of the two years saw any client being assessed more than once within that year. Most of the persons being referred in 2022 considered themselves Black (89 or 56.3%) (Tables 4.1.1 and 4.1.2). The largest proportion (42.9%) of existing clients were between the ages of 46-60 years compared to new referrals who mostly ranged between 31-45 years (38.8%) (see Tables 4.1.1 and 4.1.2).

Similar to previous years reported, most of the new and existing referrals tended to consume two drugs. There were also instances where persons reported the use of three or more drugs; where reports of more than two drugs in use were likely to be seen among repeat clients (see Tables 4.1.1 and 4.1.2), who also reported use at times of greater than three drugs. When it came to clinical diagnosis of abuse or dependence, new clients were likely to have a "mild to moderate" diagnosis, with a majority indicating alcohol as their drug of choice. Existing clients were likely to have a "severe" diagnosis with cocaine being their drug of choice, followed closely by alcohol. A greater number of referrals to BARC was made through the DUI Court or Magistrates' Court. There were some persons who were not referred to any agency for treatment. Both new and existing clients were mainly referred to the Turning Point Substance Abuse Programme for substance abuse treatment.

When it came to clinical diagnosis of abuse or dependence, new clients were likely to have a "mild to moderate" diagnosis, with a majority indicating alcohol as their drug of choice.

The Alcohol Dependence Scale (ADS) test administered to clients showed that most new and existing clients had "low" substance abuse or dependence (see Tables 4.1.5 and 4.1.6). Further assessment of clients using the Texas Christian University (TCU) tool, showed that most existing clients had severe substance use disorders, whereas new clients ranged from "mild" to "severe" substance use disorders. The TCU has replaced the use of the DAST.

Table 4.1.1
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2021 and 2022

	2021	2022
TOTAL NEW REFERRALS	**72**	**67**
Annual Percentage Change	**33.3**	**-6.9**
SEX:		
Males	65	52
Females	7	15
AGE (YEARS):		
17-30	13	19
31-45	35	26
46-60	14	16
61-75	9	6
Not Available	1	-
RACE:		
Black	34	31
White	9	5
Portuguese	1	1
Mixed	3	6
Other	3	-
Not available	22	24
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION		
One Drug	8	7
Two Drugs	29	29
Three Drugs	9	9
More than three drugs	1	4
Not Stated	4	-
Not Available	21	18
LEVEL OF CARE:		
Level I – Outpatient	14	16
Level II – IOP	15	15
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	1	3
Not Stated/ No Show	6	6
Not Available	19	13
No Treatment/Level of Care Recommended	14	6
Education	2	8
Relapse Prevention	1	-

Source: Bermuda Assessment and Referral Centre

Table 4.1.1 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2021 and 2022

	2021	2022
REFERRED FROM:		
Corrections	1	-
EAP	11	5
Family Court	2	3
Family Services	7	4
Financial Assistance	1	-
Magistrates Court	15	13
Parole Board	1	-
Self-referral	5	5
Supreme Court	1	2
Mental Health Court	1	4
DUI Court	16	18
Court Services*	10	7
Other Community	1	6
REFERRED TO:		
Court Services*	1	2
None	18	7
Private Practice	3	4
Turning Point	16	17
WTC	-	2
Not Available	23	18
Not Stated / No Show	6	6
Focus	5	11

Source: Bermuda Assessment and Referral Centre

Note: *Referrals labled "Court Services" can be from the Drug Treatment Court, Probation Team or Parole Officer.

Table 4.1.2
Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2021 and 2022

	2021	2022
TOTAL EXISTING REFERRALS	**96**	**91**
Annual Percentage Change	**2.1**	**-5.2**
SEX:		
Males	83	78
Females	13	13
AGE (YEARS):		
17-30	17	15
31-45	25	31
46-60	41	39
61-75	13	6
RACE:		
Black	74	58
White	8	7
Mixed	1	2
Other	-	3
Not Stated	-	2
Not Available	13	19
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION:		
One Drug	9	3
Two Drugs	31	22
Three Drugs	20	25
More than three drugs	12	19
Not Available	24	22
LEVEL OF CARE:		
Level I – Outpatient	10	8
Level II – IOP	21	23
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	28	28
None	19	-
Not Stated/ No Show	8	8
Not stated	-	15
No Treatment/Level of Care Recommended	9	9
Relapse Prevention	1	-

Source: Bermuda Assessment and Referral Centre

Table 4.1.2 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2021 and 2022

	2021	2022
REFERRED FROM:		
Corrections	-	3
Court Services*	30	16
EAP	1	3
Family Court	3	3
Family Services	2	2
Financial Assistance	4	-
Magistrates Court	26	21
Mental Health Treatment Court	5	-
Self-referral	18	18
Supreme Court	-	2
Turning Point	-	3
Other Community	1	5
DUI Court	6	8
REFERRED TO:		
Court Services*	3	3
Focus	2	2
Harbour Light	12	9
Men's Treatment	13	16
None	36	7
Turning Point	18	20
WTC	3	3
Not Stated / No Show	9	5

Source: Bermuda Assessment and Referral Centre

Note: *Referrals labled "Court Services" can be from the Drug Treatment Court, Probation Team, or Parole Officer.

Table 4.1.3
Clinical Diagnosis of New and Existing Clients' Drug Use by Drug(s) of Choice, 2021

Drug of Choice	Mild		Moderate		Severe	
	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	5	7	14	13	7	18
Cannabis	9	19	1	7	1	2
Cocaine	-	4	2	7	-	20
Heroin	-	2	-	-	-	9
MDMA/Ecstasy	-	-	-	-	-	-
Methadone	-	1	1	1	-	-
Other	1	-	-	-	1	-
TOTAL	**15**	**33**	**18**	**28**	**9**	**49**

Source: Bermuda Assessment and Referral Centre

Note: A client can be counted in more than one category of drug of choice or have no drug of choice indicated. This table excludes those clients classified as unspecified (when the client appears to meet one criteria for a substance use disorder but not the full criteria) or no criteria met.

Table 4.1.4
Clinical Diagnosis of New and Existing Clients' Drug Use by Drug(s) of Choice, 2022

Drug of Choice	Mild		Moderate		Severe	
	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	10	9	11	16	4	16
Cannabis	4	8	3	10	3	2
Cocaine	1	6	3	7	5	21
Heroin	-	-	-	1	2	10
MDMA/Ecstasy	-	2	-	-	-	-
Methadone	-	-	-	-	-	-
Other	2	-	-	3	1	1
TOTAL	**17**	**25**	**17**	**37**	**15**	**50**

Source: Bermuda Assessment and Referral Centre

Note: A client can be counted in more than one category of drug of choice or have no drug of choice indicated. This table excludes those clients classified as unspecified (when the client appears to meet one criteria for a substance use disorder but not the full criteria) or no criteria met. There were xx new and xx existing unspecified cases.

Table 4.1.5
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of New Clients from the Bermuda Assessment and Referral Centre Programme, 2021 and 2022

		Number of Clients	
	Level of Severity (ADS Score)	2021	2022
Substance Abuse or Dependence	None (0)	4	3
	Low (1-13)	15	10
	Intermediate (14-21)	-	-
	Substantial (22-30)	1	-
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

Table 4.1.6
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of Existing Clients from the Bermuda and Assessment Referral Centre Programme, 2021 and 2022

		Number of Clients	
	Level of Severity (ADS Score)	2021	2022
Substance Abuse or Dependence	None (0)	5	-
	Low (1-13)	10	4
	Intermediate (14-21)	2	2
	Substantial (22-30)	6	3
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

Table 4.1.7
TCU Drug Screen V Results (Number of Clients by Score) of New Clients from the Bermuda Assessment and Referral Centre, 2021 and 2022

		Number of Clients	
	Level of Severity (ADS Score)	2021	2022
Substance Abuse or Dependence	None (0)	26	13
	Mild Substance Use Disorder (Score of 2-3)	6	13
	Moderate Substance Use Disorder (Score of 4-5)	9	7
	Severe Substance Use Dis-order (Score of 6 or more)	6	12
	Not Administered/Unknown	24	22

Table 4.1.7
TCU Drug Screen V Results (Number of Clients by Score) of New Clients from the Bermuda Assessment and Referral Centre, 2021 and 2022

		Number of Clients	
	Level of Severity (ADS Score)	2021	2022
Substance Abuse or Dependence	None (0)	14	10
	Mild Substance Use Disorder (Score of 2-3)	9	7
	Moderate Substance Use Disorder (Score of 4-5)	12	6
	Severe Substance Use Dis-order (Score of 6 or more)	23	31
	Not Administered/Unknown	38	25

4.2 COUNSELLING AND LIFE SKILLS SERVICES STATISTICS

Youth Counselling

The Counselling and Life Skills Services (CLSS) remains a unit within the Department of Child and Family Services (DCFS). It is the only addiction counselling agency developed to address the drug counselling, drug educational, and drug rehabilitative needs for Bermuda's youths and their families. CLSS does not provide substance abuse treatment services for adolescents. Eligibility to the programme is consistent with the Department's mandate under the Children Act 1988, which caters to persons zero to 18 years of age. Referrals to CLSS are received from schools, parent(s)/guardian(s), the courts, other agencies within the community, as well as concerned individuals. The CLSS offers a range of services from assessments and treatment planning to referral, community programmes, and aftercare. It also offers the Al-a-teen programme (a 12-step recovery programme for adolescents affected by an adult alcoholic) as part of its services.

CLSS facilitates two groups based on clients' needs and referral trends. There is also a four-session Active Parenting of Teens group, which provides the guidance and support parents need to turn the challenges of raising a teenager into opportunities for growth. The curriculum also covers

pressures, such as social media, bullying, and substances, geared toward increasing parents' awareness. The other, which is a six-session Cooperating Parenting and Divorce group, provides divorced or separated parents education about dealing with conflict and shifting their focus onto their child while building a positive co-parenting alliance.

In 2022, CLSS, like many agencies, slowly recovered from the restrictions placed upon them due to the COVID-19 pandemic. During 2022, CLSS received 121 referrals compared to 114 in 2021. Of all the 121 referrals, 48 were substance referrals of which 15 had substance abuse assessments (see Table 4.2.1). Overall, there was a decrease in clients seen and the number of assessment conducted. CLSS also offers substance education groups that are short-termed, ranging from eight to 10 sessions, using evidence-based curriculums tailored to the needs of its clients. There was one group in 2022 compared to none in the previous year.

Table 4.2.1
Counselling and Life Skills Services Statistics, 2021 and 2022

Year	2021	2022
Number of Referrals	114	121
Number of Substance Referrals	31	48
Other Referrals	83	73
Number of Clients Seen	102	28
Number of Readmissions	2	3
Number of Assessments	47	51
Other Assessments	29	36
Substance Assessment	18	15
Number of Discharges	63	45
Number of Groups	-	1
Number of Group Participants	1	9

Source: Department of Child and Family Services - Counselling and Life Skills Services (CLSS)

4.3 DRUG TREATMENT COURT STATISTICS

Drug Treatment Court

The Drug Treatment Court (DTC) programme is an intense, comprehensive, case management programme for offenders with substance abuse issues, and not strictly a substance abuse treatment programme. Referrals are considered to be the number of persons who were sent to the programme for consideration. These are usually made by the courts. Admissions, on the other hand, are the number of persons who were accepted into the programme. Some persons may have been referred by another magistrate but may be found ineligible or unsuitable for the programme, so they are not admitted.

The DUI Court Programme is a component of the DTC Programme, the flagship programme of the Alternatives to Incarceration (ATI) initiative, the aim of which is to lower the rates of both crime and incarceration in the community by promoting sustained rehabilitation and long-term sobriety. The purpose of the DUI Court Programme is to help reduce the incidence of driving under the influence of substances. The components of the programme include DUI education, treatment (substance use and other), as well as community supervision and case management for persons who have been convicted of DUI offences.

In 2022, the DTC received six referrals to the programme compared to 29 in 2021 (see Table 4.3.1). Of the six referrals received, three persons were admitted into the programme. During 2021, there were four terminations, one person completed Phase IV, and two persons completed phase V. When it came to the DUI programme, there were 13 refferals made to the programme, which saw 11 persons being admitted. On the other hand, during 2022, there was one termination and four persons completed Phase V (see Table 4.3.2).

Table 4.3.1
Drug Treatment Court (DTC) Statistics, 2021 and 2022

	2021	2022
New referrals	29	6
Programme Admissions	6	3
Terminations from Programme	5	4
Successful Completion Phase IV	7	1
Successful Completion Phase V	1	2

Source: Drug Treatment Court

Table 4.3.1
Driving Under the Influence (DUI) Statistics, 2021 and 2022

	2021	2022
New referrals	26	13
Programme Admissions	14	11
Terminations from Programme	2	1
Successful Completion Phase V	8	4

Source: Drug Treatment Court

4.4 MEN'S TREATMENT STATISTICS

Drug Abuse among Men in Treatment

Men who were screened included all men who were admitted for services in addition to those who were still receiving treatment in the years under review. Drug screening is done randomly, on suspicion of drug use, for clients going on outings or requiring day passes, for work detail, and for Drug and Mental Health Treatment Court programmes.

Men's Treatment (MT) collected a total of 65 urine samples from its clients to test for drug use during 2022, decreasing from the 148 recorded in the previous year (see Table 4.4.1). This corresponded to 780 drug screens in 2022, down from 1,776 drug screens in 2021 (each test consists of 12 substances). While there were no positive results in 2021, 3.1% were positive in 2022. In 2022, alcohol and heroin continued to be the primary drugs used by men prior to treatment (see Table 4.4.2). The year 2022 saw poly drug use continue to a lesser extent, with the drugs in highest combination being heroin and crack (see Table 4.4.3).

Table 4.4.1
Drug Screening Results among Men in Treatment, 2021 and 2022

	2021	2022
Total Samples	148	65
Total Screens	1,776	780
Number of Positive Screens		
Diluted or Substituted Specimen	-	-
Total	-	**2**
% POSITIVE SCREENS	-	**3.1**

Source: Men's Treatment

Table 4.4.2
Primary Drug Used by Men Prior to Treatment, 2021 and 2022

Drug	Number of Men	
	2021	2022
Alcohol	6	3
Crack	5	2
Heroin	4	3
TOTAL CLIENTS	**15**	**8**

Source: Men's Treatment

Note: Primary drug is drug of choice is self-identified by the client upon admission to treatment.

Table 4.4.3
Number of Cases of Poly Drug Use among Clients at Men's Treatment, 2021 and 2022

Combinations	Number of Clients	
	2021	2022
Three-Drug Combination:		
Heroin, Crack, THC	-	1
Alcohol, Crack, THC	1	1
Crack, Heroin, Alcohol	1	-
Crack, Cannabis, Alcohol	1	-
Heroin, Crack, Alcohol	2	-
TOTAL		
Two-Drug Combination:		
Alcohol, THC	1	-
Alcohol, Crack	3	1
Crack, THC	1	-
Heroin, Crack	3	2
Heroin, Alcohol	1	-
TOTAL	**9**	**3**

Source: Men's Treatment

4.5 WOMEN'S TREATMENT CENTRE STATISTICS

Drug Abuse among Women in Treatment

Women who were randomly screened encompass: women referred for services but not admitted, women who entered WTC for treatment, women in transitional care, and those in after-care. During 2022, six women entered the Women's Treatment Centre (WTC) for substance abuse treatment. The total number of random urine screens conducted by the WTC, which test for alcohol and illicit drug use, decreased from 1,188 in 2021 to 696 in 2022 (see Table 4.5.1). There were two (3.4%) positive screens for opiates during 2022. At the same time, cocaine was the primary drug used by most of the women prior to treatment in 2022 (same in 2021) followed by alcohol (see Table 4.5.2). There were no cases of poly drug use during 2022 (see Table 4.5.3).

Table 4.5.1
Drug Screening Results among Women in Treatment, 2021 and 2022

	2021	2022
Total Samples	99	58
Total Screens	1,188	696
Number of Positive Screens		
Opiates	1	2
Buprenorphine	-	1
Total	**1**	**3**
% POSITIVE SCREENS	**0.08**	**0.43**

Source: Women's Treatment Centre

Table 4.5.2
Primary Drug Used by Women Prior to Treatment, 2021 and 2022

Drug	Number of Women	
	2021	2022
Alcohol	3	2
Cocaine	4	3
Heroin	2	1
Marijuana	1	1
TOTAL	**10**	**7**

Source: Women's Treatment Centre

Note: Primary drug is that drug of choice that is self-identified by the client upon admission to treatment.

4.6 TURNING POINT SUBSTANCE ABUSE PROGRAMME STATISTICS

Drug Abuse among Turning Point Clients

Turning Point Substance Abuse Treatment Programme received a total of 4,375 specimens in 2022, a decrease from the 5,080 specimens in collected in 2021 (see Table 4.6.1). Of the total specimens provided in 2022, 2,841 or 64.9% tested positive for illicit drugs compared to 57.5% (2,922) in 2021.

The number of positive specimens excludes those specimens that tested positive for prescribed medications, such as opiates, benzodiazepines, and methadone. In both years, male clients provided the larger number of tested specimens (4,695 in 2021 and 4,106 in 2022) compared to females (385 in 2021 and 269 in 2022). The majority of positive specimens tested positive for only one drug (48.3% in 2021 and 42.4% in 2022), while the remainder tested positive for poly drug use of two or more drugs, inclusive of prescription medication.

In both years, the drug most often found in positive screens was opiates (heroin) (41.5% in 2021 and 40.1% in 2022), cocaine (31.5% in 2021 and 30.5% in 2022), and THC (marijuana) (17.9% in 2021 and 23.2% in 2022) (see Table 4.6.3).

Over the two-year period under review, the total number of methadone clients slightly decreased from an average of 99 in 2021 to 89 in 2022 (see Table 4.6.4). Inpatient detoxes decreased from 60 in 2021 to 49 in 2022, while, at the same time, there were no outpatient detoxes.

Table 4.6.1
Proportion of Positive Drug Screens and Poly Drug Use by Turning Point Clients, 2021 and 2022

		2021	2022
Total Specimens Requested		5,473	4,780
	from Females	432	346
	from Males	5,041	4,434
Total Specimens Provided		5,080	4,375
	by Females	385	269
	by Males	4,695	4,106
Total Positive Specimens for Illicit Drugs*		2,922	2,841
% Positive Specimens Of Total Specimens Provided		57.5	64.9
Positive Specimens for Drugs+			
	for One Drug	1,412	1,206
Poly Drug Use	for Two Drugs	1,132	1,168
	for Three Drugs	346	432
	for More than Three Drugs	32	35

Source: Turning Point Substance Abuse Programme

Notes: * Exclude positive urine results with substances such as opiates, benzodiazepines, methadone, creatinine, suboxone, due to prescribed medication.
+ Includes alcohol and medically prescribed drugs.
Only specimens for active patients are counted (pre-admission tests and tests that are unable to be obtained are ignored).

Table 4.6.2
Positive Screens as a Proportion of Total Specimens Provided by Year and Type of Drug Detected at Turning Point, 2021 and 2022

Drug	2021	2022
Alcohol	210 (4.3%)	108 (2.5%)
Benzodiazepines	40 (9.3%)	53 (1.2%)
Cocaine	1,526 (34.9%)	1,502 (34.3%)
Marijuana	870 (19.9%)	1,158 (26.5%)
Methadone	63 (1.4%)	57 (1.3%)
Opiates	2,014 (46.0%)	1,998 (45.7%)
Oxycontin	38 (0.9%)	21 (0.5%)
Other	88 (2.0%)	91 (2.1%)

Source: Turning Point Substance Abuse Programme

Table 4.6.3
Positive Screens as a Proportion of Total Positive Screens by Year and Type of Drug Detected at Turning Point, 2021 and 2022

Drug	2021	2022
Alcohol	210 (7.2%)	108 (3.8%)
Benzodiazepines	40 (1.4%)	53 (1.8%)
Cocaine	1,526 (52.2%)	1,502 (52.9%)
Marijuana	870 (29.8%)	1,158 (40.8%)
Methadone	63 (2.2%)	57 (2.0%)
Opiates	2,014 (68.9%)	1,998 (70.3%)
Oxycontin	38 (1.3%)	21 (0.73%)
Other	88 (3.0%)	91 (3.2%)

Source: Turning Point Substance Abuse Programme

Table 4.6.4
Number of Methadone Clients, Inpatient, and Outpatient Detoxifications at Turning Point, 2021 and 2022

Year	Methadone Clients*	Inpatient Detoxes	Outpatient Detoxes
2021	99	60	-
2022	89	49	-

Source: Turning Point Substance Abuse Programme

Note: *Average

4.7 RIGHT LIVING HOUSE STATISTICS

Mandatory Drug Treatment

The Right Living House (RLH) originated as part of a Throne Speech commitment by the then Governor of Bermuda, in 2007. It received its first residents on January 7, 2010. Offenders are referred through the Department of Corrections, Court Services, and the Parole Board. The Right Living House treatment cottage formerly housed the Commissioner of Corrections and is a self-contained property located on the Prison Farm and housed separately from general population.

The Right Living House is a nine- to 12-month residential therapeutic community (TC), followed by six months of aftercare subsequent to the resident reentering society. The overall goal is to reduce recidivism. All offenders directed toward the full TC continuum must be within 12-18 months of Earliest Release Date (ERD) or parole eligibility date at the time of admission to the programme. In addition, they should have sufficient time (six to nine months) remaining on post-release conditions of parole in order to benefit from the community-based, outpatient (aftercare) component of the treatment continuum.

During 2021 and 2022. the RLH had an average of eight and nine residents in care, respectively (see Tables 4.7.1 and 4.7.2). There was, on average, one person placed on the waiting list for the past two years. Aftercare saw up to six persons in 2021 and four persons in 2022. Drug screens were conducted over the two years at various intervals including: at random, after outings and day passes, after work detail, and on suspicion. In total, 107 screens were conducted in 2022 compared to 85 screens in 2021. In both years under review, no positive result was found in any of the screens.

Table 4.7.1
Right Living House Programme Statistics, 2021

Programme Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number of Residents	12	10	9	8	8	8	7	7	6	8	7	9	8*
Total Programme Admissions	1	-	-	-	-	-	-	-	-	2	-	2	5
Number of Discharges	-	2	1	-	2	1	-	1	-	-	1	-	8
Number of Substance Abuse Tests													
Random Tests	9	10	6	7	9	6	6	6	5	5	7	9	85
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	-	-	-
Wait Listed for Admission	1	1	1	-	-	-	-	-	1	2	-	-	1*
Residents in Aftercare	2	3	5	5	5	7	7	7	8	8	9	6	6*

Source: Right Living House

Note: *Average

Table 4.7.2
Right Living House Programme Statistics, 2022

Programme Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number of Residents	9	8	9	8	9	8	8	10	8	8	7	6	9*
Total Programme Admissions	-	1	1	-	1	-	1	3	3	-	-	-	-
Number of Discharges	1	1	-	1	1	-	-	-	2	-	1	1	1
Number of Substance Abuse Tests													
Random Tests	10	10	8	8	9	8	11	9	10	8	9	7	107
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	-	-	-
Wait Listed for Admission	-	-	1	-	1	-	2	-	-	-	-	-	1*
Residents in Aftercare	6	6	6	5	5	3	3	2	2	2	2	1	4*

Source: Right Living House

Note: *Average

4.8 SALVATION ARMY TREATMENT PROGRAMMES

The Salvation Army Harbour Light programme is a six to 12-month residential substance abuse treatment and rehabilitation programme for adult males based on individual need. This programme is motivated by the Christian philosophy of love for God and our fellow man and exists to offer support, understanding, guidance, and healing to its clients. It recognises the need to minister to the 'whole person'. On completion of the programme, it is expected that clients will be ready to be reintegrated into society, continue to develop healthy lifestyles, acquire the moral and spiritual principles of conduct, and have responsible work habits.

The Community Life Skills Recovery programme, also offered by Salvation Army, supports and provides services to persons in the community, who are referred from either inpatient or outpatient treatment services or both. It accepts clients who might be in any of the various stages of recovery but who are in need of life skills training or relapse prevention counselling. This programme understands that life skills training is an important treatment modality in helping both adult males and females become productive citizens and provides services for its clients with a holistic approach.

Table 4.8.1 shows the performance of the Harbour Light programme over the last two fiscal years. During this time, the total number of clients who participated in the programme ranged from seven to 10 clients in FY 2022/2023. In contrast, the program saw six to seven client in FY 2020/2021, with up to four of them being drug court clients. During the past year, between 16 and 53 life skills individual sessions were conducted. Table 4.8.2 provides information related to the Community Lifeskills Recovery Progamme. There were few clients (one to two) who received crisis intervention in the 2022/2023 fiscal year, while two families received relapse prevention education. The programme's success was evident as it saw up to five clients successfully reintegrated with their families and into the community. At the same time, there was one client in a stable committed relationship and a few clients made regular payments towards outstanding bills in the FY 2022/2023. Most importantly, is the number of clients who abstained from substance use, while enrolled in the programme. The data shows that the majority did, in fact, abstain from drug use while in the programme, with only two clients testing positive for drugs, over the last two years under review.

Table 4.8.1
Salvation Army Harbour Light Residential Treatment Programme Performance, 2021/2022 and 2022/2023

Programme Indicators	FY 2021/2022				FY 2022/2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intakes/Screenings/Assessments	6	8	4	5	3	6	3	5
Enrollment	3	5	1	2	2	4	-	3
Completions	3	-	-	1	-	2	2	2
Total Clients	7	7	7	6	7	10	9	9
Random Drug Tests	11	9	10	11	3	32	7	15
Positive Drug Tests	-	-	-	2	-	2	-	-
NA/AA Meetings (Mandatory)	36	36	36	36	36	39	39	39
Community Outreach: Volunteer Days+	3	2	2	6	-	2	-	8
Community Outreach: Number of Client's Volunteering+	7	7	7	7	-	8	-	8
Community Outreach: Other Activities+	1	-	-	-	-	2	-	7
Enquiries re HL Programe+	-	-	-	-	20	31	14	7
Referrals to HL from Outside Agencies+	-	-	-	-	6	16	7	11
Referrals from HL to Outside Agencies+	-	-	-	-	5	8	7	3
Number of Drug Court Residents+	-	-	-	-	3	2	2	4
Number of Probation/Parole Residents+	-	-	-	-	1	1	2	3
Discharge Against Clinical Advice+	-	-	-	-	3	4	1	1
External Client Sessions+	-	-	-	-	19	18	20	2
Doctors Appointments+	-	-	-	-	13	30	26	22

Source: Salvation Army

Note: + new indicator

Table 4.8.2
Salvation Army Community Life Skills Recovery Programme Performance, 2021/2022 and 2022/2023

Programme Indicators	FY 2021/2022				FY 2022/2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total number of clients who participated in the programme	5	4	4	4	4	5	5	2
Number of new clients referred	2	-	1	-	2	0	0	1
Number of intakes / screenings / assessments	5	-	1	-	2	1	0	1
Number of evening groups	14	13	13	13	13	13	11	18
Clients who received crisis intervention	2	2	1	1	1	1	2	2
Families who received relapse prevention	1	-	-	-	2	0	2	0
Clients who reintegrated with families, employment, education, community	4	4	3	4	4	5	5	2
Clients who were in stable committed relationships	-	-	-	-	0	0	0	1
Clients who obtained financial stability (financial planning and banking)	2	2	3	3	3	4	4	2
Clients who opened and reactivated bank accounts	2	-	-	1	0	0	0	0
Clients with secured savings in bank accounts	2	2	3	4	4	4	4	1
Clients who made regular payments towards outstanding bills	-	-	1	2	1	1	0	0
Clients who abstained from substance abuse	4	4	4	4	4	5	5	2
New Care Plan	8	6	2	6	3	4	1	1
Care Plan Review	4	4	2	4	2	5	4	1
Life Skills Individual Sessions	73	48	54	98	53	46	46	16
Case Management Sessions	10	12	14	12	13	10	10	6
Referrals for Outside Services	9	10	6	5	10	4	9	5
NA/AA Meetings (Mandatory)	36	36	36	36	36	39	39	39
Community Outreach: Number of Clients Volunteering	3	3	-	1	2	3	2	1
Community Outreach Volunteer Days	89	98	-	44	38	83	57	10
Assisting Clients With Medical	-	-	-	-	-	-	1	-
Assisting Clients With Housing	-	-	-	-	3	3	3	-
External Visits	-	-	-	-	-	-	1	-
Random Drug Testing	-	-	-	-	-	13	6	2
Negative Random Drug Test	-	-	-	-	-	13	6	2
Positive Drug Test	-	-	-	-	-	-	-	-
Drug Court Client	-	-	-	-	-	1	-	-
Clients Who Completed Life Skills	-	-	-	-	-	-	3	-
Clients Who Self Discharged	-	-	-	-	-	-	-	1

Source: Salvation Army

Note: + new indicator

4.9 FOCUS COUNSELLING SERVICES SUPPORTIVE RESIDENCY PROGRAMME

Focus' Supportive Residency programme, otherwise known as Transitional Housing or Accommodation, houses men who have completed a residential substance abuse treatment programme and who want to rebuild their lives. Residents are expected to work and pay a portion of their earnings towards the rent. They are also expected to attend weekly meetings and submit to random drug testing.

Table 4.9.1 shows the performance of the programme over the last two fiscal years. During FY 2022/2023, the programme operated one house with a 12-bed capacity, similar to the previous year. In FY 2022/2023, the programme accommodated an average of eight clients. There were 13 aftercare sessions in 2022/2023. Each of these aftercare sessions provided services to between five and seven clients. Random drug tests of clients showed positive results for THC, opiates, and cocaine.

Table 4.9.1
Focus Counselling Services Supportive Residence Programme Performance, 2021/2022 and 2022/2023

Programme Indicators	FY 2021/2022				FY 2022/2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Houses	1	1	1	1	1	1	1	1
Number of Beds	12	12	12	12	12	12	12	12
Average Number of Clients/ Occupancy	5	5	8	11	7	7	9	9
Number of Drug Tests	60	60	96	132	28	28	14	14
THC	-	-	3	-	-	-	-	1
Opiates	-	-	-	-	-	-	1	-
Cocaine	-	-	-	-	-	-	1	-
Alcohol	-	-	2	-	-	-	-	-
Number of Pre-Treatment Clients	2	-	-	1	-	-	-	-
Number of After-Care Sessions	10	8	12	12	13	13	13	13
Average Number of Participants in Aftercare	3	3	5	6	5	5	7	7
House meetings	4	4	4	4	13	13	13	13
Number of residents employed	1	1	3	4	2	3	3	4
Number of Drug Court clients	1	1	2	2	1	1	1	1
Number of Probation/Parole clients	-	1	2	1	-	-	-	-
Number of Individual Counseling	36	36	60	60	20	20	28	28

Source: Focus Counselling Services

4.10 CLIENTS IN TREATMENT

Tables 4.10.1 and 4.10.2 show the number of 'unique' individuals admitted to treatment and provides an indication of access to and availability of treatment services in Bermuda for persons with substance abuse and dependence problems. Further, they can serve as an indication as to whether or not persons assessed and referred by BARC are actually engaged in the recommended level of care. These numbers do not include any person who sought treatment or were in treatment more than once in the given year. It should be noted, however, that there were in fact a few repeat clients who received treatment services.

Clients received publicly- or grant-funded services from any one of the seven programmes listed on the tables below. This list of facilities/programmes has remained unchanged for the past several years with no new service provider added. These programmes offered three major types of care: outpatient, including the opioid treatment programme, inpatient, or residential (including in-prison) non-hospital services to residents of Bermuda. Persons usually receive treatment for three broad categories of substance abuse problems: both alcohol and drug abuse, drug abuse only, or alcohol abuse only. However, there are clients known to have co-occurring disorders; but data using this level of disaggregation is currently not collated, though available.

The year 2022 saw a decrease in the total number of new treatment admissions by 24 persons and a decrease in the number of admissions of persons who had a previous episode of treatment (repeaters) (see Tables 4.10.1 and 4.10.2). Specifically, the number of new clients admitted to treatment in 2022 was 63 (52 men and 11 women) and the number of persons who were not new to treatment, which includes any person(s) still in treatment from a previous year, together with the newly admitted persons, totaled to 262 (225 men and 37 women). As is quite noticeable, the number of males in treatment far outweighed their female counterparts. This does not mean that there were no females who needed treatment; it may simply mean that fewer women accessed treatment services available to them for any number of reasons. It is, however, known that women face certain distinctive barriers to treatment than do men. At the same time, treatment facilities also conduct intake and assessment of persons seeking services, but who may not meet the criteria for admission into a programme and those who do meet the criteria, but cannot be accommodated because of the facility's capacity, are placed on a waiting list. These numbers are not accounted for on the tables below. In terms of capacity and utilisation of the treatment services, the majority was seen by Turning Point.

In terms of capacity and utilisation of the treatment services, the majority was seen by Turning Point.

Table 4.10.1
Number of New Treatment Admissions, 2021 and 2022

Treatment Agency	2021			2022		
	Male	Female	Total	Male	Female	Total
WTC	-	12	12	-	4	4
MT	11	-	11	5	-	5
Turning Point (Methadone, Inpatient, Outpatient/Detox)	29	4	33	12	6	18
Salvation Army Harbour Light	15	-	15	17	-	17
Salvation Army Life Skills	1	-	1	5	-	5
Focus	10	-	10	5	1	6
RLH	5	-	5	8	-	8
TOTAL	71	16	87	52	11	63

Source: Treatment Agencies

Table 4.10.2
Number of Persons in Treatment, 2021 and 2022

Treatment Agency	2021			2022		
	Male	Female	Total	Male	Female	Total
WTC	-	12	12	-	6	6
MT	15	-	15	3	-	3
Turning Point (Methadone, Inpatient, Outpatient/Detox)	272	51	323	196	30	226
Salvation Army Harbour Light*	15	-	15	9	-	9
Salvation Army Life Skills	5	-	5	2	-	2
Focus	13	-	13	7	1	8
RLH	12	-	12	8	-	8
TOTAL	332	63	395	225	37	262

Source: Treatment Agencies

Notes: * Number includes those in aftercare outpatient treatment.

Chapter 5
Drug Screening Surveillance

- Illicit and Anti-Doping Tests
- Drug Screening Among Criminal Offenders

5.1 BERMUDA SPORT ANTI-DOPING AUTHORITY STATISTICS

Anti-Doping and Illicit Drug Use in Sports

The Bermuda Sport Anti-Doping Authority (BSADA) has the responsibility of ensuring sports bodies in Bermuda are compliant with the World Anti-Doping Code and the Illicit Policy through the implementation and management of the Bermuda Government Policy Paper on Anti-Doping. This is accomplished by meeting the needs of all stakeholders in achieving a doping free and drug-free sporting environment by providing education and information programmes; athlete testing; intelligence management and exclusive results management for anti-doping rule violations.

It is important to note that BSADA offers two programmes – World Anti-Doping Agency (WADA) Programme and the Illicit Drug Programme. The first is anti-doping or performance enhancing testing, which is carried out in accordance with the World Anti-Doping Code and is a global initiative. The other is the illicit drug programme carried out in accordance with the Illicit Drug Policy and is solely a Bermuda-based initiative put in place by the various stakeholders. In addition to testing for illicit drugs and anti-doping in sports, the BSADA also provides drug prevention information to its athletes attending sport and anti-doping education sessions. Athletes, ranging from less than 13 years to 50 years and their parents or guardians attended these sessions.

The year 2022 saw an increase in the number of illicit drug tests administered by BSADA (see Table 5.1.1) from 57 in 2021 to 66 in 2022. There were no positive tests for illicit substances in 2022. The number of anti-doping tests (of both urine and blood) decreased by one from 43 in 2021 to 42 in 2022 and none tested positive.

The figures in Table 5.1.2 show the breakdown of illicit drug tests conducted in each sport for the years 2021 and 2022. Most of these tests were done for the sports of bicycling, criket, and volleyball. On the other hand, BSADA administered most of the anti-doping tests for competition purposes(see Tables 5.1.3 and 5.1.4). There were no positive tests for performance enhancing drugs in 2021 or 2022 (see Table 5.1.1). In competition and out of competition testing were for a number of sports, but mainly for athletics and triathlon in both years under review (see Tables 5.1.5 and 5.1.6).

Table 5.1.1
Drug Testing Results at BSADA, 2021 and 2022

Year	Illicit Tests		Anti-Doping Tests	
	Number of Tests	Number of Positive THC	Number of Tests	Positive
2021	57	1	43	-
2022	66	-	42	-

Source: BSADA

Table 5.1.2
Illicit Drug Tests by Sport, 2021 and 2022

Sport	2021	2022
Archery	1	-
Athletics	1	12
Bicycling	11	-
Bowling	7	
Cricket	11	
Football	-	34
Lawn Tennis	6	2
Sailing	20	
Swimming	-	8
Volleyball	-	10
Total	**57**	**66**

Source: BSADA

Table 5.1.3
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2021

National Anti-Doping Organisations/Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Bermuda Sport Anti-Doping Authority (BSADA)	5	11	-
United States Anti-Doping (USADA)	-	4	3
Professional Worldwide Controls (PWC)	-	5	2
United Kingdom Anti-Doping (UKAD)	-	2	1
Canadian Center for Ethics in Sport (CCES)	-	2	1
Clearidium	-	4	3
Total	**5**	**28**	**10**

Source: BSADA

Table 5.1.4
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2022

National Anti-Doping Organisations/Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Bermuda Sport Anti-Doping Authority (BSADA)	7	7	-
United States Anti-Doping (USADA)	-	10	5
Professional Worldwide Controls (PWC)	-	2	-
United Kingdom Anti-Doping (UKAD)	-	2	1
Canadian Center for Ethics in Sport (CCES)	-	3	1
Clearidium	-	3	1
Total	**7**	**27**	**8**

Source: BSADA

Table 5.1.5
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2021

National Anti-Doping Organisations/Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Aquatics	-	1	1
Athletics	5	5	3
Cycling	-	5	1
Equestrian	-	3	1
Paralympic Sport	-	2	1
Rowing	-	2	1
Sailing	-	2	-
Squash	-	1	-
Triathlon	-	7	2
Total	**5**	**28**	**10**

Source: BSADA

Table 5.1.6
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2022

National Anti-Doping Organisations/Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Aquatics	-	1	1
Athletics	3	6	2
Cycling	-	5	1
Equestrian	-	2	-
Paralympic Sport	-	3	1
Rowing	-	1	1
Sailing	-	2	-
Squash	-	1	-
Triathlon	4	6	2
Total	**7**	**27**	**8**

Source: BSADA

5.2 DEPARTMENT OF CORRECTIONS STATISTICS: WESTGATE CORRECTIONAL FACILITY

Drug Use among Criminal Offenders

Provision of urinalysis screening results from the Westgate Correctional Facility[6] has yielded data that allows for comparison of patterns of use amongst offenders. The data is analysed according to type of drug used and whether or not persons were first-time or repeat offenders.

In 2022, 81.9% of reception inmates were screened for illicit drugs (see Table 5.2.1), 15.1% refused to participate in screening (7.4% refused in 2021), and five persons were released prior to specimen collection (five in 2021). Drug screening of offenders on reception increased in 2022 to 136, up from 95 in the previous year. The overall number of positive screens for illicit drugs increased in 2022 to 87 compared to 52 in 2021 (see Table 5.2.2). Screening results indicated that marijuana, cocaine, and opiates, in sequential order, remained the most prevalent drugs amongst this population (see Tables 5.2.3 and 5.2.5). Random urine results provided evidence of THC (marijuana) presence at the time of screening in 2022 and opiates in 2021, among offenders serving a sentence at Westgate Correctional Facility (see Table 5.2.4).

Of the reception inmates, the number of first-time offenders increased slightly from 21 in 2021 to 29 in 2021 (see Table 5.2.6). The proportion of repeat offenders received into Westgate also increased, moving from 87 (81.0%) in 2021 to 137 (82.5%) in 2022 (see Table 5.2.6). The urinalysis screens revealed that most first-time and repeat offenders used THC, while cocaine and/or opiates were used by repeat offenders (see Table 5.2.7). The highest prevalence-of-use was recorded for marijuana, followed by cocaine and opiates (heroin) in both years under comparison. Most poly drug users were repeated offenders in 2022.

The highest prevalence-of-use was recorded for marijuana, followed by cocaine and opiates (heroin) in both years under comparison. Most poly drug users were repeated offenders in 2022.

[6] The Westgate Correctional Facility is a maximum and medium security prison that houses adult males with a capacity for 228 inmates.

Table 5.2.1
Screening Results at Reception by Number and Proportion of Inmates, 2021 and 2022

Year	Reception Inmates	Screened	Refused	Released
2021	108	95 (88.0)	8 (7.4)	5 (4.6)
2022	166	136 (81.9)	25 (15.1)	5 (3.0)

Source: Westgate Correctional Facility

Table 5.2.2
Percentage of Positive Illicit Drug Screens among Prison Reception Inmates, 2021 and 2022

Year	Number of Positive Illicit Drug Screens	Percentage of Total Screens
2021	52	48.1
2022	87	64.0

Source: Westgate Correctional Facility

Table 5.2.3
Drug Prevalence (Urinalysis) at Reception by Number and Proportion of Screened Offenders, 2021 and 2022

Year	Marijuana	Cocaine	Opiates	Meth*	Poly Drug Use
2021	38 (40.0)	26 (27.4)	7 (7.4)	1 (1.1)	17 (17.9)
2022	65 (47.8)	30 (22.1)	10 (7.4)	2 (1.5)	21 (15.4)

Source: Westgate Correctional Facility

Note: Drug prevalence is derived from the number of positive results in each category compared to the overall number of offenders who were screened.
*MTH means methamphetamines.

Table 5.2.4
Random Positive Urine Screens by Substance and Number and Proportion of Inmates, 2021 and 2022

	2021	2022
Overall Positive	**1 (0.9)**	**2 (1.2)**
Marijuana	-	2 (1.2)
Opiates	1 (0.9)	-

Source: Westgate Correctional Facility

Table 5.2.5
Drug Prevalence at Reception by Number and Proportion of Positive Illicit Drug Screens, 2021 and 2022

Year	Marijuana	Cocaine	Opiates	Meth*	Poly Drug Use
2021	38 (73.1)	26 (50.0)	7 (13.5)	1 (1.9)	17 (32.7)
2022	65 (74.7)	30 (34.5)	10 (11.5)	2 (2.3)	21 (24.1)

Source: Westgate Correctional Facility

Note: Drug prevalence is derived from the number of positive results in each category compared to the overall number of offenders who were screened.
*MTHmeans methamphetamines.

Table 5.2.6
Number and Proportion of First-Time and Repeat Offenders by Year, 2021 and 2022

Year	Category of Offenders		
	Reception inmates	First time offenders	Repeat offenders
2021	108	21 (19.4)	87 (80.6)
2022	166	29 (17.5)	137 (82.5)

Source: Westgate Correctional Facility

Table 5.2.7
Any Illicit Drug Prevalence (Urinalysis) by Number and Proportion of First-Time and Repeat Offenders, 2021 and 2022

Year	Offender	Marijuana	Cocaine	Opiates
2021	Repeat offender	29 (33.3)	26 (29.9)	8 (9.2)
	First-time offender	9 (42.9)	-	-
2022	Repeat offender	53 (31.9)	28 (16.9)	8 (4.8)
	First-time offender	13 (7.8)	2 (1.2)	2 (1.2)

Source: Westgate Correctional Facility

Table 5.2.8
Number of First-Time and Repeater Offenders with Poly Drug Use, 2021 and 2022

Year	First-Time Offender	Repeat Offender
2021	-	17
2022	2	20

Source: Westgate Correctional Facility

5.3 DEPARTMENT OF CORRECTIONS STATISTICS: PRISON FARM

Drug Use among Criminal Offenders

The Prison Farm is a correctional facility in Bermuda that houses adult males in a minimum-security setting, with capacity for 111 inmates. During 2022, the Prison Farm requested and collected 20 urine specimens, which was less than the number (63) requested in 2021 (see Tables 5.3.1 and 5.3.2). These specimens were collected at intervals for various types of drug tests, including randomly conducted drug tests, tests done for day or work release, and those done if drugs are suspected to be in use, among other reasons. Of those specimens provided, none tested positive for an illicit substance in both 2021 and 2022.

Table 5.3.1
Drug Screening Results for Persons at the Prison Farm, 2021 and 2022

Random Test	Specimens Requested	Specimens Provided
2021	63	63
2022	20	20

Source: Department of Corrections

5.4 DEPARTMENT OF CORRECTIONS STATISTICS: CO-ED FACILITY

Drug Use among Criminal Offenders

The Co-Ed is a correctional facility in Bermuda that houses females and juvenile offenders in a minimum-security setting. During 2022, the Co-Ed facility requested and collected 20 urine specimens compared to 33 specimens in 2021 (see Tables 5.4.1 and 5.4.2). As with the Prison Farm, these specimens were collected at intervals for various types of drug tests, such as randomly conducted drug tests, tests done for day or work release, and those done if drugs are suspected to be in use. Of those specimens provided, none was found to be positive for an illicit substance in both years.

Table 5.4.1
Drug Screening Results for Persons at the Co-Ed Facility, 2021 and 2022

Random Test	Specimens Requested	Specimens Provided
2021	33	33
2022	20	20

Source: Department of Corrections

Note: No test was completed for day release, suspicion, work detail, or work release.

Chapter 6
Impaired Driving

- Breathalyser Results
- Failed BAC Readings
- Limits of BAC Readings
- Impaired Driving Education Programme Statistics

6.1 BLOOD ALCOHOL CONCENTRATION

Blood Alcohol Levels of Motorists

The proportion of alcohol to blood in the body is expressed as the blood alcohol concentration (BAC). In the field of traffic safety, BAC is expressed as the percentage of alcohol in deciliters of blood, for example, 0.08 percent (that is, 0.08 grams per deciliter or 80 mg/100 dl). Research has documented that the risk of a motor vehicle crash increases as BAC increases and that the more demanding the driving task, the greater the impairment caused by low doses of alcohol. Compared with drivers who have not consumed alcohol, the risk of a single-vehicle fatal crash for drivers with BAC between 0.02 and 0.04 percent is estimated to be 1.4 times higher; for those with BAC between 0.05 and 0.09 percent, 11.1 times higher; for drivers with BAC between 0.10 and 0.14 percent, 48 times higher; and for those with BAC at or above 0.15 percent, the risk is estimated to be 380 times higher.[7]

Alcohol, a very simple molecule, is probably the most widely used drug in the world. It is distributed to all the organs and fluids of the body, but it is in the brain that alcohol exerts most of its effects. Like other general anesthetics, alcohol is a central nervous system depressant. In general, its effects are proportional to its concentration in the blood. Alcohol is rapidly absorbed from the gastrointestinal tract into the bloodstream and from there it is distributed throughout the other bodily fluids and tissues. It is principally metabolised by the liver into acetaldehyde, with the remainder being excreted in the urine.

On average, it takes the liver about an hour to break down one unit of alcohol – the amount typically found in 12 ounces of beer, four ounces of wine, or one ounce of 50-proof hard liquor. Blood alcohol levels decline at a fixed rate irrespective of the amount consumed. The more consumed, the longer it takes to be metabolised. Additionally, blood levels are greatly, and inversely, influenced by body weight. The thinner one is, the greater the alcohol blood level for any given amount of alcohol consumed. Because of these factors, blood levels may remain elevated for many hours after the last drink.

On September 2018, the BPS initiated roadside sobriety testing. In 2022, 114 persons were stopped to undertake a breathalyser test (see Table 6.1.1). During this reporting period, all of the persons who were stopped agreed to undertake the breathalyzer test. For those persons who are categorized as not classified, according to the BPS, they are considered as a refusal since they only gave one breathalyser sample instead of the two samples required to proceed to prosecution. Breathalyser testing is not mandatory, not even when there has been an accident.

In 2022, more males (96) provided a sample for testing compared to females (18); similarly, overall, more males were stopped than females. In general, most persons failed the breathalyser test, irrespective of whether they were male or female. For instance, of those who provided a breathalyser sample in 2022, 72 out of the 114 failed, whilst only six passed the breathalyser test.

In general, most persons failed the breathalyser test, irrespective of whether they were male or female.

Overall, the mean BAC reading for all samples provided decreased over the reporting periods under review; from 170 mg/dl to 160 mg/dl (see Table 6.1.2). Similarly, the mean BAC reading for individuals who failed the breathalyser test decreased from 174 mg/dl in 2021 to 168 mg/dl in 2022. In instances where there were accidents, the average BAC was significantly above the legal limit. In 2021, the mean failed BAC, in cases where there were accidents, was recorded at 151 mg/dl and slightly higher at 163 mg/dl during the current reporting period. There were 33 instances recorded in 2022 where accidents occurred, and the average BAC was under the legal limit. As a reminder, the alcohol limit in Bermuda is less than 80 mg/dl. Breathalyser readings, nonetheless, ranged from 94 to 221 mg/dl in 2021 and 93 to 342 mg/dl in 2022; the upper end of the range in 2022 is equivalent to over four times the legal limit. On average, most persons (35) who failed the breathalyser test were one to two times above the legal limit in 2022 (see Table 6.1.3). Of those who were tested in 2022, only six were within the legal limit when compared to three in 2021. There was one instance each in 2021 and 2022 where an accident occurred and the corresponding breathalyser reading was as much as three to four times above the legal limit, while two persons were recorded as being four or more times over the legal limit in 2022.

[7] National Highway Traffic Safety Administration. (1995). Traffic safety facts 1994: A compilation of motor vehicle crash data from the fatal accident reporting system and the general estimates system. Washington, DC: NHTSA, August 1995. p. 10.

Table 6.1.1
Impaired Driving Incidences by Sex and Breathalyser Results, 2021 and 2022

Year	Number of Persons Stopped	Gave Sample[b]						Male			Female		
		Total	Male	Female	Failed	Passed	Not Classified[c]	Failed	Passed	Not Classified	Failed	Passed	Not Classified
2021		**80**	**67**	**13**	**41**	**2**	**37**	**35**	**1**	**31**	**6**	**1**	**6**
Q1	19	19	17	2	11	-	8	10	-	7	1	-	1
Q2	26	26	18	8	13	-	13	8	-	10	5	-	3
Q3	21	21	19	2	8	2	11	8	1	10	-	1	1
Q4	14	14	13	1	9	-	5	9	-	4	-	-	1
2022	114	114	96	18	72	6	36	62	4	30	10	2	6
Q1	15	15	11	4	10	1	4	8	-	3	2	1	1
Q2	36	36	33	3	20	1	15	19	1	13	1	-	2
Q3	38	38	32	6	29	2	7	25	1	6	4	1	1
Q4	25	25	20	5	13	2	10	10	2	8	3	-	2

Source: Bermuda Police Service

Notes:
[a] The difference between the number of persons stopped and the total number of persons who gave a sample represents those persons who were sent to the hospital to give a blood sample.
[b] For persons who gave a sample, they did so using the breathalyser machine.
[c] Not classified includes persons who the BPS deemed as refused since they only gave one breathalyser sample. Two samples must be given for a person to be prosecuted.

Table 6.1.2
Breathalyser Readings for Impaired Driving Incidences, 2021 and 2022*

	2021					2022				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mean Reading: All Breathalyser Samples	167	190	144	179	**170**	162	151	170	155	**160**
Mean Reading: Failed Breathalyser Samples	167	197	156	176	**174**	169	154	180	169	**168**
Mean Reading: Failed Breathalyser Samples of Males	161	192	156	176	**171**	172	154	215	174	**179**
Mean Reading: Failed Breathalyser Samples of Females	214	197	-	-	**103**	166	158	192	150	**167**
Mean Reading: Accident with Failed Breathalyser Samples	151	196	112	143	**151**	167	138	167	178	**163**
Mean Reading: Accident with Passed Breathalyser Samples	-	79	76	-	**39**	-	-	-	33	**8**
Range of Reading: Failed Breathalyser Samples	123-203	94-221	117-196	142-200	**94-221**	107-231	93-306	103-342	104-245	**93-342**
Range of Reading: Passed Breathalyser Samples	-	0-79	0-75	-	**0-79**	-	0-18	0-60	21-50	**0-60**

Source: Bermuda Police Service

Notes:
Readings in mg/dl.
*The persons deemed not classified were included in the breathalyser readings table. Not classified includes persons who the BPS deemed as refused since they only gave one breathalyser sample. The one breathalyser sample given was included in the table above.

Table 6.1.3
Number of Breathalyser Sample Readings by Limit, 2021 and 2022*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2021	**3**	**14**	**21**	**2**	**-**
Q1	-	5	5	1	-
Q2	1	3	7		-
Q3	2	4	4	-	-
Q4	-	2	5	-	-
Male	**1**	**14**	**19**	**3**	**-**
Female	**1**	**2**	**5**	**1**	**-**
Accident	**1**	**12**	**6**	**1**	**-**

Table 6.1.3 cont'd
Number of Breathalyser Sample Readings by Limit, 2021 and 2022*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2022	**6**	35	24	4	2
Q1	1	4	6	-	-
Q2	1	12	4	2	-
Q3	2	13	9	1	2
Q4	2	6	5	1	-
Male	**5**	**35**	**20**	**3**	**2**
Female	**1**	**3**	**6**	**-**	**-**
Accident	**2**	**10**	**10**	**1**	**-**

Source: Bermuda Police Service

Note:
*The persons deemed not classified were included in the breathalyser readings limit table. Not classified includes persons who the BPS deemed as refused due to the fact that they only gave one breathalyser sample. The one breathalyser sample given was included in the table above.

6.2 IMPAIRED DRIVING PROGRAMME STATISTICS

Counselling and Treatment for DUI Offenders

Focus Counselling Services provides The Flex Module Impaired Driving Series approved by the Government of Bermuda in accordance with Section 35 (K) of the Road Traffic Act 1947.

This program satisfies the courts to make an order for the reduction in the period of disqualification under Section 4 of the Traffic Offences (Penalty) Act 1976 of a DUI/Impaired driving offender, upon successful completion.

The Flex Module Impaired Driving Series is a flexible version of the most widely replicated model for impaired driving offender intervention education. Certified addictions counsellors provide this participant-focused, user-friendly curriculum that offers a personalized road map for good decision-making; aligns with local impaired driving education standards; includes a personal change plan that can being integrated across the course; emphasizes personal responsibility and commitment to change drinking and driving behaviour; and moves beyond basic education to application of effective strategies for behaviour change.

The program runs for a six-week cycle totalling 12 hours with two hours per session and is held on Wednesday evenings from 5:30 pm to 7:30 pm at cost of $425. Full payment is required prior to programmme participation. The cost of the programme includes all materials. A certificate of completion is provided to all participants who complete the full programme along with application for reduction in disqualification period. The programme is geared toward Impaired Driving offenders and offender prevention. All participants will complete a comprehensive alcohol and drug assessment to determine if they could benefit from other services provided by Focus Counselling Services or one of its many referral partners.

Participants will explore the following:

- Why Am I Here? Invites participants to explore their arrest experiences and how they can make positive changes to their driving behaviour.
- Use, Misuse, and Problem Use, where participants explore different relationships to substances, including non-use, responsible use, misuse, and problem use and evaluate their own relationships with substances.
- Feelings and Behaviour explores how events can lead to self-talk, which leads to feelings, which ultimately lead to behaviour.
- Change vs. Consequences explores financial, legal, and social consequences of impaired driving.

In this reporting period, there were seven programme participants in comparison to the 11 in 2021 (see Table 6.2.1). Most of the participants in either year were males and between the ages of 36 to 40 and 50+ years old (see Table 6.2.2).

The programme uses the Triage Assessment for Addictive Disorders (TAAD) to assess participants for chemical dependency and addictive behaviours. The results of the TAAD showed that most of the programme participants in 2022 were diagnosed as 'no diagnoses'. Specifically, in 2022, 14.3% (one) of the participants were diagnosed as mild, another 14.3% (one) as moderate, and 71.4% (five) were reported to have no diagnosis (see Table 6.2.3). Each person received a certificate for programme attendance and completion, indicating that he/she has completed all aspects of the DUI Programme.

Table 6.2.1
Imparied Driving Education Classes' Inquiries and Participants, 2021 and 2022

	2021	2022
Number of Inquiries	23	15
Number of Participants	11	7

Source: FOCUS

Table 6.2.2
Impaired Driving Programme Participants' Statistics, 2021 and 2022

Year	Sex		Age							
	Male	Female	17 – 21	22 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	50+
2021	10	1	-	-	-	1	3	3	1	3
2022	6	1	-	-	-	-	2	2	1	2

Source: FOCUS

Table 6.2.3
Triage Assessment for Addictive Disorders Results (TAAD) by Number of Participants, 2021

TAAD Scores		2021	2022
No Diagnosis		2	5
Mild		7	1
Moderate		2	1
Severe	Early Dependence	-	-
	Mid to Late Dependence	-	-
TOTAL		**11**	**7**

Source: FOCUS

Chapter 7
Health

- Drug-Related Infectious Disease
- Mortality
  - » Toxicology Screens
  - » Substances Detected
- Prenatal Drug Use

SPECIAL NOTE

As of early 2021, the world was struck by a deadly global pandemic, COVID-19. This pandemic has caused the world to rethink the way it conducts business across juridictions and within the boarders of individual countries. Many can agree that the health industry has perhaps been known as one of the hardest hit sectors, from the shortage of medical personnel to the overworked healthcare information systems, COVID-19 has had a negative impact on every country's infrastructure.

In relation to the healthcare system in Bermuda, the impacts have been felt in several areas. Consequenlty, the 2023 BerDIN Report is void of 2022 data from the King Edward VII Memorial Hospital and Mid-Atlantic Wellness Institute. This can be attributed to the backlog of their inpaitent coding for the year under review and the lack of staffing resources.

7.1 DRUG-RELATED INFECTIOUS DISEASES

One of the more serious health consequences of the use of illicit drugs and, in particular, of drug injection, is the transmission of HIV and other infectious diseases, notably hepatitis B and C. They may have the largest economic impact on health care systems of all consequences of drug use, even in countries where HIV prevalence in intravenous drug users (IDUs) is low. The relationship between intravenous drug use and the transmission of infection is well established. Reducing intravenous drug use and the sharing of injecting equipment has therefore become a primary goal of public health interventions in this area. Studies also point to a relationship between drug use and high-risk sexual activity; this suggests a growing importance in linking drug use interventions with public health strategies aimed at sexual health.[8]

This key epidemiological indicator collects data on the extent of infectious diseases – primarily HIV/AIDS, hepatitis B, and hepatitis C infection – among people who inject drugs for non-medical purposes (intravenous drug users or IDUs).

[8] EMCDDA. (2006). Annual Report 2006: The State of the Drug Problem in Europe. Luxembourg: Office for Official Publications of the European Communities. p. 75.

The Epidemiology and Surveillance Unit of the Department of Health collects data for this indicator and tracks it on an ongoing basis through the monitoring of routine diagnostic testing for HIV, hepatitis B, and hepatitis C infection.

Prevalence of drug-related infectious diseases was only existent in 2021. In particular, the Epidemiology and Surveillance Unit reported one drug-related case of hepatitis C in 2021. Reports on these cases indicate a history or current use of injection drugs. In 2022, there were three cases of HIV and three cases of AIDS reported, in comparison to the four HIV cases and one case of AIDS recorded the previous year (see Table 7.1.1).

Monitoring of this indicator needs to be strengthened to make it more reliable and further improve the comparability of prevalence data in IDUs; especially in the areas where data is not available, that is, to know whether other infectious diseases, such as chlamydia, Gonorrhoea, herpes, and syphilis, were as a result of injected drug use. In addition, there may also be under-reporting of some of these infections.

Monitoring of this indicator needs to be strengthened to make it more reliable and further improve the comparability of prevalence data in IDUs.

Table 7.1.1
Drug-Related Infectious Diseases, 2021 and 2022

Infection	2021		2022	
	Number of Cases	Number of ATOD-Related Cases	Number of Cases	Number of ATOD-Related Cases
HIV	4	-	3	-
AIDS	1	-	3	-
Hepatitis B[a]	2	-	-	-
Hepatitis C[b]	1	1	-	-
Chlamydia	199	-	207	-
Gonorrhoea	17	-	20	-
Herpes[c]	26	-	62	-
Syphilis	3	-	2	-
Total	253	1	297	-

Source: Epidemiology & Surveillance Unit

Notes: [a] Hepatitis B is a vaccine-preventable disease in Bermuda and is in Bermuda's immunization schedule; therefore, the vast majority of hepatitis B cases is imported from countries where hepatitis B is endemic and is not related to local drug-use.
[b] Almost all (>90%) of Hepatitis C cases are local and related to injection drug use.
[c] Data on genital herpes should not be used for trends as there were differences in reporting practices from prior years.

7.2 MORTALITY: SUSPICIOUS DEATHS

Toxicology Screening Results

The Government Analyst performs toxicology screenings to determine the presence or absence of drugs. In 2022, 59 cases were screened (see Table 7.2.1). Most of the cases forwarded for screening were for males, 48 in 2022. In addition, the majority of the cases screened were of older persons, in particular persons between 46-60+ years.

Ethanol, in excess of the legal limit and drugs (illegal or psychoactive medicines above therapeutic range), was detected in some of the cases screened in 2022. For instance, 62.7% of the cases (37 of 59) screened positive for excess ethanol or illegal or non-prescribed drugs. Drugs, for example, THC, cocaine, codeine, morphine, and others, as well as drugs in combination with others, were more often detected than excess alcohol. In other instances, ethanol was detected, but the quantity was below the legal limit or no substance at all was detected (9 of 59).

Table 7.2.1
Toxicology Screens and Substances Detected, 2022

	2022
Total Number of Toxicology Screens	59
By Sex:	
Males	48
Females	11
By Age Group:	
< 18 Years	1
18 – 25 Years	8
26 – 35 Years	3
36 – 45 Years	5
46 – 60 Years	25
60+ Years	17
Substances Detected in Toxicology Screens (Number of Cases)	
Ethanol[a] (>80 mg)	9
Drugs[b]	15
Ethanol and Drugs	13
None/<80 mg Ethanol/Drugs in Therapeutic Range	22

Source: Central Government Laboratory and Epidemiology and Surveillance

Notes:
[a] Whether in blood, vitreous, or urine.
[b] Drugs whether in blood, vitreous, urine, or liver and include: 6-MAM, amitriptyline, benzoylecgonine, BZE, cocaine, codeine, diphenhydramine, hydrocodone, ibuprofen, midazolam, morphine, paracetamol, THC, THC-OH, THC-COOH, or a combination.

7.3 PRENATAL DRUG USE

Drug Use among Pregnant Women

Public health and child advocates agree that substance abuse by pregnant mothers raises numerous complexities and poses a threat to the welfare of the mother, but especially the newborn.

Many pregnant women sometimes use medications without prior consideration to the adverse effects of these substances on their unborn children. Pregnant women who use drugs during their pregnancy pass the drugs along to the baby through the placenta. Women who smoke marijuana while they are pregnant are more likely to have low birth-weight, premature babies. These conditions can both lead to developmental delays and respiratory problems. Another obstacle these babies face is withdrawal symptoms for almost a week after birth. The most common long-term effect on these infants is that they may have a shorter attention span than a child not exposed to the drug. These problems are more prevalent in women who smoke more than six times per week.[9] At birth, the baby may experience drug withdrawal, depending on the amount of drug the mother used and when the drug was last consumed. The American Academy of Pediatric explains that if a week or more elapses between the mother's last use of the drug and delivery of the baby, the risk that the baby will develop drug withdrawal is, however, low. Drugs such as heroin, oxycodone, cocaine, alcohol, marijuana and even inhalants such as glue, gasoline, and paint thinner can all cause newborns to experience drug withdrawal.[10]

[9] P.A. Fried & J. E. Makin. (1987). Neonatal behavioural correlates of prenatal exposure to marijuana, cigarettes and alcohol in a low risk population. Neurotoxicology and Teratology. p. 5.

[10] B. Zuckerman, D.A. Frank, R. Hingson, H. Amaro, et al. (1989). Effects of maternal marijuana and cocaine use on fetal growth. New England Journal of Medicine, 32, 762-768. p. 765.

In Bermuda, no national legislation exists for newborn drug screening laws. The baby may be screened for illicit substances at birth if the mother is suspected to be a substance user or has a history of illicit drug use. Over the years, illicit substances were found in at most three newborns (in 2008). In other years, there were only one or two reported cases of newborns who screened positive for drugs at birth. Drugs present included cocaine or a combination of drugs, for example, cocaine and cannabis.

The data reported by the Maternal Health Clinic in Bermuda (see Table 7.3.1) only represents a proportion of pregnant women receiving pre-natal care and shows that one or more than one illicit drugs was present in their bodies over their gestational cycle. In 2022, 10 of the 25 tests administered confirmed positive for marijuana. During this reporting period, the majority (five) of the woman who tested positive for marijuana did so in their third trimester compared to three women in 2021 in the same trimester.

Table 7.3.1
Drug Screening for Marijuana among Pregnant Women Attending the Maternal Health Clinic, 2021 and 2022

	Number of Pregnant Women	
	2021	2022
Total Number of Tests	**32**	**25**
Total Number of Positive Tests	**7**	**10**
Positive Tests by Gestation		
First Trimester	2	3
Second Trimester	2	2
Third Trimester	3	5

Source: Maternal Health Clinic

Chapter 8
Drug Prevention Programmes

- PRIDE Bermuda's LifeSkills Training
- PATHS Programme

8.1 BOTVIN'S LIFESKILLS TRAINING PROGRAMME

Botvin's LifeSkills Training (LST) is a research-validated substance abuse prevention programme proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviours. It is recognised as a model or exemplary programme and has been adopted for use in Bermuda in the past few years by drug prevention partners PRIDE Bermuda and CADA. The LST programme runs in selected classrooms at the primary, middle, and high school levels during the school year at either scheduled class times or times dedicated for this curriculum. This comprehensive programme provides adolescents and young teens with the confidence and skills necessary to handle successfully challenging situations. Rather than merely teaching information about the dangers of drug abuse, Botvin's LST consists of three major components – drug resistance skills, personal self-management skills, and general social skills – that cover the critical domains found to promote drug use. These skills help to promote healthy alternatives to risky behaviours through activities designed to: teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs; help students to develop greater self-esteem and self-confidence; enable students to effectively cope with anxiety; increase their knowledge of the immediate consequences of substance abuse; and enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviours.

PRIDE, as part of its programme performance monitoring, compile LST programme data. The data in Table 8.1.1 shows that in the 2021/2022 school year the programe was implemented at the primary, middle, and high school levels, whereas in the 2022/2023 school year the programe was implemented at the primary and middle school levels. Specifically, in the 2021/2022 school year, the LST programme was implemented in 15 classrooms across five primary schools, one middle, and one high school. Similarly, the LST programme coverage in the 2022/2023 school year spanned 13 classrooms across seven schools, six primary and one middle school. A number of students dropped out of the programme during both school years, 12 in 2021/2022 across all school levels and 58 in 2022/2023 at the primary school level. A total of 186 primary, middle, and high school students and 129 students at the primary and middle school levels completed the programme, during the two academic years in review, respectively.

LST programme coverage in the 2022/2023 school year spanned 13 classrooms across seven schools, six primary and one middle school.

Across all participating classrooms, there were 141 sessions for students in 2021/2022 at the primary, middle and high school levels and 95 sessions in 2022/2023 for primary and middle school students. The average pre-test score for the students at the primary, middle, and high school levels was 71% in 2021/2022 and 75% for the post-test versus 65% for the pre-test and 79% for the post-test in 2022/2023 for the primary and middle school levels. This is equivalent to an average gain score (difference between post-test and pre-test scores) of 14% for primary and middle level students during the 2022/2023 reporting period.

During this reporting period, PRIDE did not collaborate with CADA in relation to the undertaking of CADA's Lifeskills Programme for the middle and high school level students.

Table 8.1.1
PRIDE Bermuda's LifeSkills Programme Statistics, 2021/2022 and 2022/2023

Programme Indicators	School Year and Level				
	2021/2022			2022/2023	
	Primary	Middle	High	Primary	Middle
Number of Schools Participated	5	1	1	6	1
Number of Classes Participated	13	1	1	12	1
Number of Students Engaged	180	10	4	176	11
Number of Students Dropped Out	5	3	4	58	-
Number of Students Retained	175	7	4	118	11
Number of Sessions	121	13	7	84	11
Number of Modules Completed	104	14	7	84	11
Total Number of Modules	104	14	7	96	15
Proportion of Curriculum Completed (%)	100	100	100	88	73
Average Pre-Test Score (%)	59	71	82	58	72
Average Post Test Score (%)	70	80	75	71	86
Total Number of Cycles Completed	**13**	**1**	**1**	**9**	**1**

Source: PRIDE Bermuda

8.2 PROMOTING ALTERNATIVE THINKING STRATEGIES PROGRAMME

The Promoting Alternative THinking Strategies (PATHS) curriculum is a model social and emotional learning programme that was designed to help children develop self-control, positive self-esteem, emotional awareness, and interpersonal problem-solving skills; and it has been recognised for its effectiveness. An evaluation tool is used to assess the PATHS lessons to see how well students received these lessons. Students are evaluated at two different time points: at the beginning of the school year (pre-curriculum) with a pre-test and then again at the end of the school year (post curriculum) with a post test to monitor the progress that they have made during the school year. Both the pre- and post tests contain questions on three key behavioural areas (aggression/disruptive behaviour, concentration or attention, and social and emotional competence). Students are evaluated using a numerical rating scale of 0 to 5 (never or almost never, rarely, sometime, often, very often, and almost always) on a total of 31 (Primary 1 level) and 30 (Primary 2 level) individual behaviours.

PRIDE Bermuda coordinates the PATHS programme. In the 2022/2023 academic year, the curriculum was delivered to four primary schools, similar to the 2021/2022 academic year. However, the PATHS Developer indicated that, going forward, the number of students assessed should be reduced to alleviate the burden on teachers to assess each student. There were challenges noted with teachers being able to complete assessments for all of their students. Therefore, the suggestion from the PATHS Developer to randomly select eight students per class began during the 2017/2018 school year and has continued to the school years under review. The data on Table 8.2.1 shows that four schools at each of the six primary levels participated in the 2022/2023 school year. The curriculum was delivered two times each week with each session being approximately 30 minutes in length. A total of 396 students at the six primary levels were engaged for the entire programme in 2022/2023, decreasing slightly by 1.5% from 402 students at the six primary levels in 2021/2022 (see Tables 8.2.1 and 8.2.2). The students at the Primary 1 level completed 85 of the 182 modules in 2021/2022 (47% curriculum completion) and 160 of the 200 modules (80%) in 2022/2023. The Primary 2 level saw completion rates of 33% in both 2021/2022 and 2022/2023. At the Primary 3 level, the classes completed 45% of the curriculum in 2021/2022 and 40% in 2022/2023. For the 2021/2022 school year, Primary 4 completed 55% of the curriculum, Primary 5 completed 47%, and Primary 6 completed 37%. In contrast, in the 2022/2023 school year, Primary 4 completed 40% of the curriculum, Primary 5 completed 20%, and Primary 6 completed 67%.

In terms of behavioural maturity, for 2022/2023, the average change results (difference between the posttest and pre-test scores) showed that, in most instances, more than half of the students showed improvement in the three key behavioural areas with the largest proportion of students showing improvement in social and emotional competence for Primary 2. At the same time, there was a fraction of the students who showed no change, on average, in any of the behaviours assessed or whose behaviours actually became worse (negative change). Students at the higher grades were more likely to show a negative average change on

aggression/disruptive behaviours. For instance, in 2022/2023, 76% of the Primary 6 students, and 57% of the Primary 4 students, showed a negative change on aggression/disruptive behaviours, which include elements such as fights, handling disagreements negatively, and getting angry when provoked, among others. This indicates that, for these students, their behaviours on this component worsened.

Table 8.2.1
PRIDE Bermuda's PATHS Programme Statistics, 2021/2022

Programme Indicators	2021/2022					
	Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6
Number of Schools	4	4	4	4	4	4
Number of Classes Participated	7	5	5	6	6	6
Number of Students Engaged	77	61	62	66	64	72
Number of Students Dropped Out	2	2	-	-	-	1
Number of Students Retained	75	59	62	66	64	71
Number of Sessions	85	43	58	86	73	58
Number of Modules Completed	85	43	58	86	73	58
Number of Modules Taught	26	26	26	26	26	26
Total Number of Modules	182	130	130	156	156	156
Proportion of Curriculum Completed (%)	47	33	45	55	47	37
Number of Students Evaluated	(n=47)	(n=29)	(n=31)	(n=48)	(n=46)	(n=45)
Evaluation of Behaviours						
Improvement (% of students)						
Aggression/Disruptive Behaviours	31	45	19	8	17	16
Concentration/Attention	44	52	16	17	28	20
Social and Emotional Competence	42	62	23	2	15	7
Negative Change (% of students)						
Aggression/Disruptive Behaviours	48	52	29	8	17	16
Concentration/Attention	27	31	19	17	28	20
Social and Emotional Competence	40	28	19	2	15	7
No Change (% of students)						
Aggression/Disruptive Behaviours	21	3	29	8	17	16
Concentration/Attention	29	21	19	17	28	20
Social and Emotional Competence	19	10	19	2	15	7

Source: PRIDE Bermuda

Note: The total Number of Modules is variable and is calculated by multiplying the Number of Classes Particpated by the Number of Modules Taught for each year level.

Table 8.2.2
PRIDE Bermuda's PATHS Programme Statistics, 2022/2023

Programme Indicators	2022/2023					
	Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6
Number of Schools	4	4	4	4	4	4
Number of Classes Participated	5	6	5	5	5	6
Number of Students Engaged	71	71	67	63	61	63
Number of Students Dropped Out	1	-	4	1	2	2
Number of Students Retained	70	71	63	62	59	61
Number of Sessions	170	184	127	143	121	188
Number of Modules Completed	160	102	98	82	40	144
Number of Modules Taught	40	51	49	41	40	36
Total Number of Modules	200	306	245	205	200	216
Proportion of Curriculum Completed (%)	80	33	40	40	20	67
Number of Students Evaluated	(n=28)	(n=36)	(n=27)	(n=35)	(n=34)	(n=42)
Evaluation of Behaviours						
Improvement (% of students)						
Aggression/Disruptive Behaviours	43	64	30	31	41	21
Concentration/Attention	50	58	56	51	41	40
Social and Emotional Competence	46	78	44	66	47	43
Negative Change (% of students)						
Aggression/Disruptive Behaviours	54	28	52	57	50	76
Concentration/Attention	43	28	22	40	44	50
Social and Emotional Competence	54	19	41	29	41	45
No Change (% of students)						
Aggression/Disruptive Behaviours	4	8	19	11	9	2
Concentration/Attention	7	14	22	9	15	10
Social and Emotional Competence	19	10	19	2	15	7

Source: PRIDE Bermuda

Note: The total Number of Modules is variable and is calculated by multiplying the Number of Classes Particpated by the Number of Modules Taught for each year level.

Chapter 9
Certified Professionals

- Occupation
- Type of Certification

9.1 CERTIFIED TREATMENT AND PREVENTION PROFESSIONALS

The Bermuda Addiction and Certification Board (BACB) is responsible for ensuring the availability of a highly skilled and professionally credentialed workforce, governed by uniform professional standards. In other words, men and women who work to prevent and counsel addiction-related problems meet rigorous, quality standards reflecting competency-based knowledge, skills, and attitudes. The BACB has been a member board of the International Certification and Reciprocity Consortium (IC&RC) since 1997 and believes that the IC&RC credentialing process is based on the highest standards set by professionals in the addiction field, which requires specific education, training, and supervised practice as preparation for a written examination and a case presentation oral examination. This certification process enables Bermuda's alcohol and other drug clinicians, clinical supervisors, and prevention specialists to be recognised as able to demonstrate the professional practical competencies necessary to provide quality substance abuse services.

Certification of treatment and prevention professionals occurs every two years, ending in May, at which time persons must be recertified. Statistics from the BACB showed that the fields of drug treatment and prevention saw a decrease, by one professional, since the last report. Specifically, in 2022, there were 66 certified persons in substance abuse treatment and prevention occupations, compared to 67 professionals in 2021; most of whom are alcohol or drug counsellors followed by clinical supervisors (see Table 9.1.1). This means that most persons are holders of the ICADC (International Certified Alcohol and Drug Counsellor) certification, a few of whom may also be CCS (Certified Clinical Supervisor) certified (see Table 9.1.2). The number of clinical supervisors decreased by one in 2022, while the number of prevention specialists remained the same over the last two years. It should be noted that there are also private and other practitioners who have not yet been certified by the BACB.

...in 2022, there were 66 certified persons in substance abuse treatment and prevention occupations, compared to 67 professionals in 2021; most of whom are alcohol or drug counsellors followed by clinical supervisors.

Table 9.1.1
Certified Treatment and Prevention Professionals by Occupation, 2021 and 2022

Occupation	2021	2022
Treatment		
Alcohol/Drug Counsellors	48	48
Associate Counsellors	4	4
Clinical Supervisors	11	10
Prevention		
Prevention Specialists	4	4
Associate Prevention Professional	-	-
Total	**67**	**66**

Source: Bermuda Addiction Certification Board

Table 9.1.2
Certified Treatment and Prevention Professionals by Type of Certification, 2021 and 2022

Field of Certification	2021	2022
Treatment		
ICADC	48	48
CCS	11	10
ACAD	4	4
Prevention		
CPS	4	4
APP	-	-
Total	**67**	**66**

Source: Bermuda Addiction Certification Board

Chapter 10
Survey Data

- Public Perceptions of Crime and Health
- Treatment Demand Indicators

10.1 PUBLIC PERCEPTIONS OF CRIME AND HEALTH

Concerns relating to crime, drug prevalence, and health have been common issues for Bermuda's residents in recent years. The DNDC utilised the second quarter 2023 Omnibus Survey, a representative sample survey of 404 residents, to evaluate the community's perceptions of issues regarding safety in neighbourhoods, crime committed in neighbourhoods, and the perception of respondents' overall health.

Safety in Neighbourhood

...the perception of feeling extremely safe was at the highest it has been since tracking began in 2012.

Feelings of safety persisted with virtually all residents feeling safe in their neighbourhood (98%; up 1 point from 2022). Furthermore, an increasing number of residents felt extremely safe (44%; up 7 points). Once again, residents feeling unsafe in their neighbourhood was extremely low (2%; unchanged). Notably, the perception of feeling extremely safe was at the highest it has been since tracking began in 2012 (see Table 10.1.1). The perception of safety in one's neighbourhood was similar across gender, parish, and age. Black residents were more likely to report feeling extremely safe, while white residents more commonly felt mostly safe.

Consistent with previous findings, eight in 10 Bermuda residents report they felt as safe as they did six months ago (79%; up 4 points). Furthermore, one in 10 indicated they felt safer (12%; down 3 points) and slightly fewer reported they felt less safe now (8%; down 1 point). Notably, results have seen little change since 2021. Those with lower household incomes (<$75k) more commonly reported they felt safer than they did six months ago compared to those with higher incomes. Black residents report they felt safer than six months ago, while white residents were more likely to report feeling less safe.

Crimes Committed in Neighbourhood

Residents were most aware of a theft (30%; up 1 point) or a breaking and entering (29%; up 3 points) event in their neighbourhood, followed closely by people openly selling or using drugs.

Awareness of crimes were relatively consistent with recent years. Residents were most aware of a theft (30%; up 1 point) or a breaking and entering (29%; up 3 points) event in their neighbourhood, followed closely by people openly selling or using drugs (25%; up 4 points). Slightly fewer reported awareness of crimes committed with guns (13%; down 4 points) and few continue to report knowing of an assault (9%; unchanged) or a murder (9%; unchanged) in their area. Men were more likely to be aware of breaking and entering, while women were more commonly aware of crimes committed with guns. White residents were more likely to be aware of breaking and entering compared to black residents. Bermudians were less commonly aware of a theft, breaking and entering, or an assault compared to non-Bermudians. Awareness of breaking and entering or a theft increased with household income. Similar to recent years, one-half of Bermuda residents indicated knowledge of some sort of crime in their neighbourhood in the past 12 months. Nearly two in 10 residents reported knowing of at least three to six instances of criminal activities in the last year. Residents ages 35-54 were least likely to be aware of any crimes in their neighbourhood in the past 12 months.

Perception of Overall Health

Overall, a large majority of Bermuda residents consistently expressed high satisfaction with their overall health, encompassing both physical and mental well-being.

Overall, a large majority of Bermuda residents consistently expressed high satisfaction with their overall health, encompassing both physical and mental well-being. Six in 10 residents rated their health as good (60%; up 2 points), while one-third reported it as very good (34%; down 3 points). Positively, only five per cent of residents perceived their overall health as poor (see Table 10.1.3). Results across parishes, gender, age, and race did not vary with statistical significance. Non-Bermudians were more likely to assess their overall health as very good compared to Bermudians.

Table 10.1.1

How safe do you feel in your neighbourhood? (Do you feel extremely safe, mostly safe, mostly unsafe, or extremely unsafe?)

(n = 404)

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Extremely Safe	44	48	38	43	48	43	45	41	42	51	46	44	42	52	32	43	49
Mostly Safe	55	49	62	55	51	56	54	58	56	49	52	55	55	47	67	55	49
Mostly Unsafe	2	2	1	2	1	2	1	1	2	1	2	1	2	1	1	2	1
Extremely Unsafe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Don't Know/No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Weighted Sample Size (#)	**404**	**91**	**109**	**100**	**101**	**187**	**214**	**103**	**158**	**118**	**84**	**158**	**162**	**205**	**119**	**354**	**50**
Unweighted Sample Size (#)	**404**	**90**	**104**	**102**	**106**	**172**	**229**	**109**	**154**	**114**	**50**	**159**	**195**	**229**	**105**	**357**	**47**
% Exremely/Mostly Safe	98	98	99	98	99	98	99	99	98	99	98	99	98	99	99	98	99
% Mostly/Extremely Unsafe	2	2	1	2	1	2	1	1	2	1	2	1	2	1	1	2	1

Source: DNDC's Commissioned Questions in 2nd Quarter 2023 Bermuda Omnibus Survey©

Table 10.1.2

Which of the following types of crimes do you know to have occurred in your neighbourhood in the past 12 months? Do you know of:

People openly selling or using drugs?

(n = 404)

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Yes	25	24	23	29	24	27	24	24	31	19	22	30	22	24	24	25	28
No	74	75	76	69	76	73	75	75	68	80	78	70	75	75	74	74	72
Don't Know	1	1	1	2	-	1	2	1	1	1	-	-	3	-	2	1	-
Weighted Sample Size (#)	**404**	**91**	**109**	**100**	**101**	**187**	**214**	**103**	**158**	**118**	**84**	**158**	**162**	**205**	**119**	**354**	**50**
Unweighted Sample Size (#)	**404**	**90**	**104**	**102**	**106**	**172**	**229**	**109**	**154**	**114**	**50**	**159**	**195**	**229**	**105**	**357**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2023 Bermuda Omnibus Survey©

A theft (auto or personal property) having occurred?

(n = 404)

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Yes	30	28	38	30	22	34	27	25	30	37	28	39	22	25	34	28	46
No	69	72	62	67	77	65	72	74	69	63	72	61	76	75	66	71	54
Don't Know	1	-	-	3	1	-	1	2	1	-	-	-	2	1	-	1	-
Weighted Sample Size (#)	**404**	**91**	**109**	**100**	**101**	**187**	**214**	**103**	**158**	**118**	**84**	**158**	**162**	**205**	**119**	**354**	**50**
Unweighted Sample Size (#)	**404**	**90**	**104**	**102**	**106**	**172**	**229**	**109**	**154**	**114**	**50**	**159**	**195**	**229**	**105**	**357**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2023 Bermuda Omnibus Survey©

Breaking and entering to steal personal property?

(n = 404)

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Yes	29	30	30	24	31	34	25	22	28	36	16	37	29	22	37	28	40
No	71	70	70	76	68	66	74	78	72	64	84	63	71	78	63	72	60
Don't Know	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	-
Weighted Sample Size (#)	**404**	**91**	**109**	**100**	**101**	**187**	**214**	**103**	**158**	**118**	**84**	**158**	**162**	**205**	**119**	**354**	**50**
Unweighted Sample Size (#)	**404**	**90**	**104**	**102**	**106**	**172**	**229**	**109**	**154**	**114**	**50**	**159**	**195**	**229**	**105**	**357**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2023 Bermuda Omnibus Survey©

Table 10.1.2 cont'd

Which of the following types of crimes do you know to have occurred in your neighbourhood in the past 12 months? Do you know of:

Crimes committed with guns? **(n = 404)**

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Yes	13	6	18	19	8	9	16	15	13	13	5	18	12	9	15	12	22
No	87	93	82	81	92	90	84	85	87	86	95	82	86	91	85	88	76
Don't Know	1	1	1	-	-	1	-	-	1	1	-	-	2	-	1	-	2
Weighted Sample Size (#)	**404**	**91**	**109**	**100**	**101**	**187**	**214**	**103**	**158**	**118**	**84**	**158**	**162**	**205**	**119**	**354**	**50**
Unweighted Sample Size (#)	**404**	**90**	**104**	**102**	**106**	**172**	**229**	**109**	**154**	**114**	**50**	**159**	**195**	**229**	**105**	**357**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2023 Bermuda Omnibus Survey©

Table 10.1.3

Overall, how would you rate your own health in terms of physical and mental well-being? **(n = 404)**

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Very Good	34	27	43	32	35	33	36	32	34	36	42	33	32	33	34	32	53
Good	60	67	54	60	59	61	58	60	61	59	54	63	60	61	62	62	45
Poor	5	5	1	8	5	5	5	7	4	4	3	3	7	5	4	5	2
Very Poor	1	1	1	-	-	1	-	-	1	1	-	1	1	-	-	1	-
Refused	-	-	1	-	1	-	1	1	-	-	1	-	-	-	-	-	-
Don't Know/No Answer	-	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	-
Weighted Sample Size (#)	**404**	**91**	**109**	**100**	**101**	**187**	**214**	**103**	**158**	**118**	**84**	**158**	**162**	**205**	**119**	**354**	**50**
Unweighted Sample Size (#)	**404**	**90**	**104**	**102**	**106**	**172**	**229**	**109**	**154**	**114**	**50**	**159**	**195**	**229**	**105**	**357**	**47**
% Very Good/Good	94	94	96	92	94	94	94	92	95	95	96	96	92	94	96	94	98
% Poor/ Very Poor	5	6	2	8	5	6	5	7	5	5	3	4	8	5	4	6	2

Source: DNDC's Commissioned Questions in 2nd Quarter 2023 Bermuda Omnibus Survey©

10.2 TREATMENT DEMAND INDICATORS

Demand for treatment services and the characteristics of problem drug use is being monitored by an on-going survey developed by the DNDC and administered by each treatment agency on the Island. Although some of the agencies are still unable to demonstrate full coverage, the data in this report mainly reflect the responses of clients seeking treatment at four agencies: Men's Treatment, Women's Treatment Centre, Salvation Army Harbour Light, and FOCUS.

This section of the report contains data on the clients who sought treatment from January 2022 to December 2022. There were 15 persons who sought substance abuse treatment over this period at these treatment facilities and for whom a questionnaire was completed. A total of 11 males and four females required inpatient (including residential) and outpatient treatment services. Most persons (eight) were clients of Salvation Army's HarbourLight.

Persons requiring treatment services ranged from 35 years to 64 years with the majority (40.0%) of these clients being 57 and 63 years old. These persons who sought treatment were more likely to be self-referred (60.0%). There were 80.0% of clients who sought treatment during this period who have received treatment sometime in the past, from as early as the year 2014 to as recent as 2022.

In terms of the primary drug of impact for which persons sought treatment, just over three in 10 (33.3%) of them sought treatment for alcohol use, while four persons each sought treatment for use of heroin and crack, and one person who sought treatment for cannabis and cocaine, respectively.

...of the primary drug of impact for which persons sought treatment, just over three in 10 (33.3%) of them sought treatment for alcohol use, while four persons each sought treatment for use of heroin and crack, and one person who sought treatment for cannabis and cocaine, respectively.

Most of the persons (93.3%) have reported daily use of drugs, whereas 6.6% indicated that they have used drugs two to six days per week or less prior to seeking treatment. Smoking/inhaling (40.0%) was reported as the main method of administering the drugs, followed by eating/drinking (26.7%).

The age of first use of the identified primary drug ranged from 10 years to 24 years, with an average age of onset being 16.9 years. However, most (33.3%) of the persons

who sought treatment indicated that they first used their primary drug between the ages of 13 to 17 years. Apart from the main drug of choice, some persons also reported the use of a secondary drug, for which the age of initiation ranged from an average of 14.0 years for cannabis to 21.0 years for heroin. The average age at which alcohol use began was 14.7 years.

The drug market is still operational in Bermuda as reflected by the demand for and availability or supply of drugs. Most persons who sought treatment did not report the availability of their primary drug. For those who did, they noted that their primary drugs, cannabis, was "always available" (33.3%) and alcohol was "always available" (60.0%), with more than half (60.0%) indicating that they purchased their drugs from a regular supplier. At the same time, most persons (53.3%) stated that they did not make money or obtain drugs by selling illegal drugs or being involved in the manufacture or transportation of drugs.

Persons also specified the way(s) in which the various drugs were usually packaged for sale, utilising paper, plastic, or foil in which drugs are wrapped or twisted, and quantities can be sold for any dollar value in demand; but some common denominations are $10, $20, $50, and $100. Reported prices paid for drugs still seemed volatile and, hence, were not included in this publication until they can be reliably validated, possibly from other sources or treatment agencies.

Chapter 11
Financing Drug Control

- Drug Treatment and Prevention Expenditure
- Enforcement and Interdiction Expenditure

11.1 DRUG CONTROL EXPENDITURE

The DNDC funds and oversees the majority of Bermuda's demand reduction programmes and activities. The Department directly funds a few treatment and prevention programmes, while it supports other initiatives through an annual grant provision to community-based partners and stakeholders.

Overall, allocation of funding for drug control demand and supply reduction efforts has seen a decrease of $425 thousand. In total, the government expended approximately $15.42 million on drug control in Bermuda in FY 2022/2023, less than the previous FY 2021/2022, where drug control expenditure stood at $15.85 million. Of the overall drug control expenditure, demand reduction activities received the larger proportion of the allocated resources in both years under review when compared to the allotment given to supply reduction for the years under review (see Tables 11.1.1 and 11.1.2).

...disparity in allotment continued to exist between treatment and prevention, with treatment receiving the greater proportion of funding.

On the demand reduction side, in particular, disparity in allotment continued to exist between treatment and prevention, with treatment receiving the greater proportion of funding. Funding for treatment services, in general, decreased by 4.1% from FY 2021/2022 to FY 2022/2023; similarly, funding for prevention services also decreased by 4.3% over the years under review (see Table 11.1.1).

In both fiscal years under review, HM Customs received the majority allocation of the supply reduction budget for its interdiction efforts and the BPS received a smaller proportion for its drugs and intelligence division (see Table 11.1.2). Government expenditure on supply reduction, which entails enforcement, interdiction, and intelligence, saw a decrease of 0.4% year over year.

Sufficient evidence exists that point to the fact that Bermuda continues to witness a constant presence of illicit drug use and drug-related criminal activities, such as violence and illicit trafficking. In response to this growing threat, the Government of Bermuda has initiated and continued to operationalise a complementary battery of measures to combat the problem, on both the demand and supply reduction sides. With the technical support from the DNDC and through the implementation of the National Drug Control Master Plan and Action Plan for 2019-2024, the Government will continue to make a commitment to, and have a strategy for, the adequate funding of substance abuse prevention and drug addiction treatment and rehabilitation.

Table 11.1.1
Government Expenditure on Drug Treatment and Prevention, 2021/2022 and 2022/2023

	2021/2022 ACUTAL ($000)	2022/2023 REVISED ($000)
TREATMENT	**9,078**	**8,710**
% Change	5.4	-4.1
DNDC (MT, WTC, Treatment Unit)	2,454	3,613
Grantees		
Salvation Army	100	50
FOCUS Counselling Services	300	230
Other (BACB)	**100**	**100**
Other Agencies		
BARC	483	420
CLSS	1,210	975
Drug Treatment Court	439	453
Mandatory Drug Treatment (RLH)	1,305	1,036
Turning Point Substance Abuse Programme+	2,687	1,933

Table 11.1.1 cont'd
Government Expenditure on Drug Treatment and Prevention, 2021/2022 and 2022/2023

	2021/2022 ACUTAL ($000)	2022/2023 REVISED ($000)
PREVENTION	**774**	**741**
% Change	**-0.6**	**-4.3**
DNDC (Prevention Unit & Community Education)	491	492
Grantees		
PRIDE	183	169
CADA	100	80
TOTAL DEMAND REDUCTION	**9,852**	**9,451**
% Change	**-4.9**	**-4.1**

Source: Government of Bermuda Budget

Notes: + Sourced directly from Turning Point Substance Abuse Programme.

Table 11.1.2
Government Expenditure on Enforcement and Interdiction, 2021/2022 and 2022/2023

	2021/2022 ACUTAL ($000)	2022/2023 REVISED ($000)
ENFORCEMENT AND INTERDICTION		
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	2,247	2,252
Customs – Interdiction	3,746	3,717
TOTAL SUPPLY REDUCTION	5,993	**5,969**
% Change	**-6.3**	**-0.4**

Source: Government of Bermuda Budget

LOOKING AHEAD

The COVID-19 crisis has impacted many facets of drug control worldwide. Local data indicates that there have been decreases in the availability of intervention and or treatment services; however, harmful patterns of substance use likely increased during the pandemic. Historically, substance misuse has been correlated with a number of morbidity and mortality cases on the Island over the past several years. The BPS report record numbers of persons being stopped and administered the breathalyzer test during 2022, and with toxicology reports indicating an increase in deaths due to substance overuse, Bermuda is in the midst of a public health crisis that has not been seen before.

Statements below represent a snapshot of the current drug situation, based on indicators provided in this report.

Key Facts:

- Most Bermudians rate their health in terms of both physical and mental well-being as "very good or good".
- Residents feel extremely safe in their neighbourhoods.
- Alcohol remains available, affordable, and consumed by residents.
- The LLA saw an almost two hundred per cent increase in ccasional licenses over the past year; at the same time, there was an increase in TIPs certifications by 9%.
- Of all persons who gave a sample for the breath test, over half failed.
- The number or substance abuse referrals for youth increased by 48%.
- Admissions at treatment centers declined over the past year.

This report seeks to offer the data and insights to inform our joint efforts. Whole-of-society approaches are needed to ensure that people, young people most of all, have the information and develop the resilience to make good choices and can access science-based treatment and services for drug use disorders. There can be no effective prevention or treatment without recognition of the problem and the necessary funding to address the problem. Public resources are stretched to the limit by competing demands, but we cannot afford to let commitment wane.

SUMMARY OF SOURCES AND DATA

SOURCES	DATA
1. Bermuda Addiction Certification Board	Certified Professionals
2. Bermuda Hospitals Board	
– Turning Point Substance Abuse Programme	Drug Screening Results Methadone Clients Outpatient Detoxifications Clients in Treatment
3. Bermuda Police Service	Crimes (including Financial Crimes) Drug Seizures Breathalyser Results and Blood Alcohol Concentration
4. Bermuda Sport Anti-Doping Authority	Illicit and Anti-Doping Tests
5. CADA	Training for Intervention ProcedureS
6. Department of Child and Family Services	
– Counselling and Life Skills Services	CLSS Programme Statistics
7. Department of Corrections	
– Westgate Correctional Facility	Drug Screening Results (Reception and Random) Drug Prevalence First-Time and Repeat Offenders Poly Drug Use
– Prison Farm	Drug Screening Results
– Co-Ed Facility	Drug Screening Results
– Right Living House	Residents, Admissions, Discharges, Drug Tests & Results
8. Department of Court Services	
– Bermuda Assessment and Referral Centre	New and Existing Referrals to Treatment Drug Abuse and Dependence Level of Severity of Substance Abuse (DAST and ADS Results)
– Drug Treatment Court	Referrals, Admissions, Completions
9. Department of Health	
– Central Government Laboratory	Mortality - Toxicology Results Road Traffic Fatalities
– Epidemiology and Surveillance	Drug-Related Infectious Diseases, Cause of Deaths ATOD-Related Deaths
– Maternal Health Clinic	Pre-natal Drug Use
10. Department for National Drug Control	
– Research and Policy Unit	Public Perceptions* National Household Survey* Treatment Demand* Government Expenditure on Drug Prevention and Treatment; Enforcement and Interdiction
– Men's Treatment	Drug Screening Results Primary Drug of Impact Poly Drug Use Clients in Treatment
– Women's Treatment Centre	Drug Screening Results Primary Drug of Impact Poly Drug Use Clients in Treatment
11. Focus Counselling Services	Programme Outcomes Clients in Treatment Impaired Driving Educational Programme Statistics
12. Financial Intelligence Agency	Suspicious Activity Reports
13. HM Customs	Alcohol and Tobacco Imports and Exports Duty Collected on Alcohol and Tobacco Imports
14. Magistrate's Court	
– Liquor Licence Authority	Licensing of Establishments
15. PRIDE Bermuda	Drug Prevention Education: Botvin's LifeSkills Programme Drug Prevention Education: PATHS Programme
16. Salvation Army	Programme Outcomes Clients in Treatment
17. Supreme Court	Prosecutions

* Updated/Expanded indicators.

DUTY RATES FOR ALCOHOL, ALCOHOLIC BEVERAGES, TOBACCO, AND TOBACCO PRODUCTS

TARIFF CODE	DESCRIPTION	2019 (From April 1, 2019)	2021 (From April 1, 2021)
2202.910	Non-alcoholic beer	15% per L	15% per L
2202990	Other	15% per L	15% per L
2203.000	Beer	$1.36 per L	$1.36 per L
2204.100	Sparkling Wine	$6.00 per L	$6.00 per L
2204.210	Wine in Containers Holding 2 Litres or Less	$6.00 per L	$6.00 per L
2204.290	Wine in Containers Greater Than 2 Litres	$6.00 per L	$6.00 per L
2204.220	Wine in containers holding more than 2 l but not more than 10 l	$6.00 per L	$6.00 per L
2204.300	Other Grape Must	$6.00 per L	$6.00 per L
2205.100	Vermouth in Containers Holding 2 Litres or Less	$6.00 per L	$6.00 per L
2205.900	Vermouth in Containers Holding Greater Than 2 Litres	$6.00 per L	$6.00 per L
2206.000	Other fermented beverages (for example, cider, perry, mead, saké); mix-tures of fermented beverages and mixtures of fermented beverages	$1.36 per L	$1.36 per L
2207.100	Undenatured Ethyl Alcohol	$32.00 per LA	$32.00 per LA
2207.200	Denatured Ethyl Alcohol	$0.75 per LA	$0.75 per LA
2208.200	Brandy and Cognac	$32.00 per LA	$32.00 per LA
2208.300	Whiskies	$32.00 per LA	$32.00 per LA
2208.400	Rum and Other Spirits from Sugar Cane	$32.00 per LA	$32.00 per LA
2208.500	Gin and Geneva	$32.00 per LA	$32.00 per LA
2208.600	Vodka	$32.00 per LA	$32.00 per LA
2208.700	Liqueur and Cordials	$32.00 per LA	$32.00 per LA
2208.900	Other Spirituous Beverages	$32.00 per LA	$32.00 per LA
9801.104	Accompanied Personal Goods:Wine of Fresh Grapes	$6.00per L	$6.00 per L
9801.103	Accompanied Personal Goods: Spirituous Beverages	$12.89 per L	$12.89 per L
9803.172	Wine of Fresh Grapes	$6.00per L	$6.00per L
9803.173	Spirituous Beverages	$12.89 per L	$12.89 per L
2401.100	Tobacco, Not Stemmed/Stripped	$500.00 per KG	$500.00 per KG
2401.200	Tobacco, Partly or Wholly Stemmed/Stripped	$500.00 per KG	$500.00 per KG
2401.300	Tobacco Refuse	$500.00 per KG	$500.00 per KG
2402.100	Cigars, Cheroots, etc. Containing Tobacco	35.0%	35.0%
2402.200	Cigarettes Containing Tobacco	$0.40 per U	$0.40 per U
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	35.0%	35.0%
2403.110	Water Pipe Smoking Tobacco	500.00	500.00
2403.190	Other Smoking Tobacco	500.00	500.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	500.00	500.00
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	500.00	500.00
9801.209	Accompanied Personal Goods: Cigarettes Containing Tobacco	$80.00 per 200 U	$80.00 per 200 U
9801.309	Accompanied Personal Goods: Cigars Containing Tobacco	35.0%	35.0%
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	35.0%	35.0%
9803.164	Smoking Tobacco (Imported by Post or Courier)	$500.00 per KG	$500.00 per KG
9803.171	Cigarettes Containing Tobacco (Imported by Post or Courier)	$80.00 per 200 U	$80.00 per 200 U

Notes:
[1] Goods that are removed from a bonded warehouse for local sale are charged duty at the rate that is in effect at the time when the goods are removed from the bonded warehouse regardless of when the goods were placed into the bonded warehouse, e.g., a case of wine that was bonded in 2010 and then exbonded in 2014 will attract the 2014 duty rate.
[2] The categories of goods that start with the digits "**98**" as the tariff code are for items that either arrive with passengers (**9802.xxx**); or are shipped through the post or courier (**9803.xxx**).
[3] Except for **9803.163**, the statistical volume/value data for the other "**98**" tariff codes are not shown individually, as the goods they represent and the rates of duty being imposed allow for them to be included with the "proper" tariff code classification, e.g., volume/values for **9802.001** are included within the figures for **2204.210**.
[4] Since the **9803.163** category amalgamates different goods that would be classified separately, those figures are provided individually, as the volumes/values could not be separated into the "proper" tariff codes.

DEFINITIONS OF TERMS AND CONCEPTS

TADS: The Alcohol Dependence Scale (ADS) provides a quantitative measure of the severity of alcohol dependence symptoms consistent with the concept of the alcohol dependence syndrome. It is widely used as a research and clinical tool, and studies have found the instrument to be reliable and valid. The ADS is a 25-item pencil and paper questionnaire, or computer self-administered or interview that takes approximately 10 minutes to complete and five minutes to score. The 25 items cover alcohol withdrawal symptoms, impaired control over drinking, awareness of a compulsion to drink, increased tolerance to alcohol, and salience of drink-seeking behaviour among clinical adult samples and adults in the general population and correctional settings. The printed instructions for the ADS refer to the past 12-month period. However, instructions can be altered for use as an outcome measure at selected intervals (e.g., 6, 12, or 24 months) following treatment. ADS scores have proven to be highly diagnostic with respect to a DSM diagnosis of alcohol dependence and have been found to have excellent predictive value with respect to a DSM diagnosis. A score of nine or more is highly predictive of DSM diagnosis of alcohol dependence. The ADS can be used for treatment planning, particularly with respect to the level of intervention and intensity of treatment as well as in basic research studies where a quantitative index is required regarding the severity of alcohol dependence. For clinical research, the ADS is a useful screening and case-finding tool. It is also of value with respect to matching clients with the appropriate intensity of treatment and for treatment outcome evaluations.

ANNUAL/PAST YEAR PREVALENCE: the proportion of survey respondents who reported using a named drug in the year prior to the survey. For this reason, last year prevalence is often referred to as recent use and also classified as lifetime prevalence.

ATODs: Alcohol, Tobacco, and Other Drugs. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs, of which there is non-medical use in addition to medical use. Caffeine, tobacco, alcohol, and other substances in common non-medical use are also drugs in the sense of being taken at least in part for their psychoactive effect.

BLOOD ALCOHOL LEVEL: The concentration of alcohol (ethanol) present in blood. It is usually expressed as a mass per unit volume, e.g., mg/100 dl. The blood alcohol concentration is often extrapolated from measurements made on breath or urine or other biological fluids in which the alcohol concentration bears known relationship to that in the blood.

COVID-19: The Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus, which caused worldwide shut down of countries as of March 2021.

CURRENT/LAST MONTH (PAST 30 DAYS) PREVALENCE: The proportion of survey respondents who reported using a named drug in the 30-day period prior to the survey. Last month prevalence is often referred to as current use; and also classified as lifetime and recent prevalence. A proportion of those reporting current use may be occasional (or first-time) users who happen to have used in the period leading up to the survey – it should therefore be appreciated that current use is not synonymous with regular use.

DEMAND REDUCTION: A broad term used to describe a range of policies or programmes directed at reducing the consumer demand for psychoactive drugs. It is applied primarily to illicit drugs, particularly with reference to educational, treatment, and rehabilitation strategies, as opposed to law enforcement strategies that aim to interdict the production and distribution of drugs.

DETOXIFICATION: Detox for short. (1) The process by which a person who is dependent on a psychoactive substance ceases use, in such a way that minimises the symptoms of withdrawal and risk of harm. In other words, the individual is withdrawn from the effects of a psychoactive substance. (2) It is a clinical procedure, the withdrawal process carried out in a safe and effective manner, such that withdrawal symptoms are minimised. The facility in which this takes place may be variously terms a detoxification centre, detox centre, or sobering-up station. Typically, the individual is clinically intoxicated or already in withdrawal at the outset of detoxification. Detoxification may or may not involve the administration of medication. When it does, the medication given is usually a drug that shows cross-tolerance and cross-dependence to the substance(s).

DOPING: Defined by the International Olympic Committee and the International Amateur Athletic Federation as the use or distribution of substances that could artificially improve an athlete's physical or mental condition, and thus his or her athletic performance. The substances that have been used in this way are numerous and include various steroids, stimulants, beta blockers, antihistamines, and opioids.

DRUG: Any chemical substance that produces physical, mental, emotional, or behavioural changes in the user.

DRUG ABUSE: The use of a chemical substance for purposes other than medical or scientific, including use without prescription, in excessive dose levels, or over an unjustified period of time in such a fashion that it impacts on or impairs an individual in a physical, psychological, behavioural, or social manner.

DRUG MISUSE: Use of any drug (legal or illegal) for a medical or recreational purpose when other alternatives are available, practical or warranted, or when drug use endangers either the user or others with whom he or she may interact.

DRUG TESTING: Toxicology analysis of body fluids (such as blood, urine, or saliva) or hair or other body tissue to

determine the presence of various psychoactive substances (legal or illegal). Drug testing is employed to monitor abstinence from psychoactive substances in individuals pursuing drug rehabilitation programmes, to monitor surreptitious drug use among patients on maintenance therapy, and where employment is conditional on abstinence from such substances.

DSM-IV: The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, better known as DSM-IV, is used to categorise psychiatric diagnoses. The manual is published by the American Psychiatric Association and covers all mental health disorders for both children and adults. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis as well as some research concerning the optimal treatment approaches. The DSM uses a multi-axial or multidimensional approach to diagnosing because rarely do other factors in a person's life not impact their mental health. It assesses five dimensions: Axis I – Clinical Syndromes; Axis II – Developmental Disorders and Personality Disorders; Axis III – Physical Conditions which play a role in the development, continuance, or exacerbation of Axis I and II Disorders; Axis IV – Severity of Psychosocial Stressors; and Axis V – Highest Level of Functioning.

DSM-V: The Diagnostic and Statistical Manual of Mental Disorders, Fifith Edition, better known as DSM-V, is used to categorise psychiatric diagnoses. The manual is published by the American Psychiatric Association and covers all mental health disorders for both children and adults. The DSM-5 contains a number of significant changes from the earlier DSM-IV. Perhaps most notably, the DSM-5 eliminated the multiaxial system. Instead, the DSM-5 lists categories of disorders along with a number of different related disorders. Example categories in the DSM-5 include anxiety disorders, bipolar and related disorders, depressive disorders, feeding and eating disorders, obsessive-compulsive and related disorders, and personality disorders.

ENFORCEMENT: Detect, monitor, and counter the production, trafficking, and use of illegal drugs.

ICD: The International Classification of Diseases, published by the WHO, is the standard diagnostic tool for epidemiology, health management, and clinical purposes. It promotes international comparability in the collection, classification, processing, and presentation of mortality data. It organises and codes health information that is used for statistics and epidemiology, health care management, allocation of resources, monitoring and evaluation, research, primary care, prevention, and treatment. It helps to provide a picture of the general health situation of countries and populations. It is used to monitor the incidence and prevalence of diseases and other health problems, as well as to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological, and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.

ILLICIT (OR ILLEGAL) DRUG: A psychoactive substance, the production, sale, or use of which is prohibited. Strictly speaking, it is not the drug that is illicit, but its production, sale, or use in particular circumstances in a given jurisdiction. "Illicit drug market", a more exact term, refers to the production, distribution, and sale of any drug outside the legally sanctioned channels.

INPATIENT TREATMENT: A type of treatment in which a patient is provided with care at a live-in facility. Both psychiatric and physical health assistance are included in this treatment. In most cases, patients will stay at inpatient treatment facilities for months at a time. Before becoming accepted to this type of high-maintenance treatment, various assessments must be taken. In inpatient treatment, constant medical supervision is placed over each resident.

INTERDICTION: A continuum of events focused on intercepting illegal drugs smuggled by air, sea, or land. Normally consists of several phases – cueing, detection, sorting, monitoring, interception, handover, disruption, endgame, and apprehension – some of which may occur simultaneously.

LICIT DRUG: A drug that is legally available by medical prescription in the jurisdiction in question, or sometimes, a drug legally available without medical prescription.

LIFETIME PREVALENCE: The proportion of survey respondents who reported ever having used the named drug at the time they were surveyed; that is, at least once. A person who records lifetime prevalence may – or may not – be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future.

OUTPATIENT TREATMENT: a type of care used to treat those in need of drug rehabilitation. These types of programmes can be very useful to those who must continue to work or attend school. Programmes for outpatient treatment vary depending on the patient's needs and the facility but they typically meet a couple of times every week for a few hours at a time.

POLY DRUG USE: The use of more than one psychoactive drugs either simultaneously or at different times. The term is often used to distinguish persons with a more varied pattern of drug use from those who use one kind of drug exclusively. It usually is associated with the use of several illegal drugs. In many cases, one drug is used as a base or primary drug, with additional drugs to leaven or compensate for the side effects of the primary drug and make the experience more enjoyable with drug synergy effects, or to supplement for primary drug when supply is low.

PREVALENCE: The terms prevalence refers to the proportion of a population who has used a drug over a particular time period. Prevalence is measured by asking respondents to recall their use of drugs. Typically, the three most widely used recall periods are: lifetime (ever used a drug), last year (used a drug in the last twelve months), and last month (used a drug in the last 30 days).

PREVENTION: A proactive process that attempts to prevent the onset of substance use or limit the development of problems associated with using psychoactive substances. Prevention efforts may focus on the individual or their surroundings and seeks to promote positive change. It typically focuses on minors – children and teens.

SCREENING TEST: An evaluative instrument or procedure, either biological or psychological, whose main purpose is to discover, within a given population, as many individuals as possible who currently have a condition or disorder or who are at risk of developing one at some point in the future. Screening tests are often not diagnostic in the strict sense of the term, although a positive screening test will typically be followed by one or more definitive tests to confirm or reject the diagnosis suggested by the screening test.

SUBSTANCE ABUSE: The excessive use of a substance, especially alcohol or a drug. The taking into the body of any chemical substance that causes physical, mental, emotional, or social harm to the individual.

SUBSTANCE DEPENDENCE: commonly known as addiction, is characterised by physiological and behavioural symptoms related to substance use. These symptoms include the need for increasing amounts of the substance to maintain desired effects, withdrawal if drug-taking ceases, and a great deal of time spent in activities related to substance use.

SUPPLY REDUCTION: A broad term used to refer to a range of activities, policies, or programmes designed to stop the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of illicit drugs.

SUSPICIOUS ACTIVITY REPORT: is a report made by a financial institution to the Financial Intelligence Agency regarding suspicious or potentially suspicious activity of money laundering or fraud.

SYNTHETIC DRUGS: are man-made drugs created to mimic the effects of controlled substances.

TAAD: The Triage Assessment for Addictive Disorders is a brief structured face-to-face interview or triage instrument designed to identify current alcohol and drug problems related to the DSM-IV criteria for substance abuse and dependence. The interview consists of 31 items and takes 10 minutes to administer and 2-3 minutes to score. The TAAD addresses both alcohol and other drug issues to discriminate among those with no clear indications of a diagnosis, those with definite, current indications of abuse or dependence, and those with inconclusive diagnostic indications. The user can document negative findings for those who deny any problems or focus further assessment on positive diagnostic findings.

Texas Christian University (TCU): a widely used instrument for identifying substance use problems, was originally developed based on Diagnostic and Statistical Manual of Mental Disorders III-R criteria.

THERAPEUTIC COMMUNITY: A structured environment in which individuals with psychoactive substance use disorders live in order to achieve rehabilitation. Such communities are often specifically designed for drug-dependent people and operate under strict rules. They are characterised by a combination of "reality testing" (through confrontation of the individual's drug problem) and support for recovery from staff and peers.

TOXICITY: The extent to which a substance has the potential to cause toxic or poisonous effect. Any substance in excessive amounts can act as a poison or toxin. With drugs, the margin between the dosage that produces beneficial effects and the dosage that produces toxic or poisonous effects varies with the drug and the person receiving it.

TREATMENT: The process of that begins when psychoactive substance abusers come into contact with a health provider or any other community service and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached. More specifically, treatment may be defined as a comprehensive approach to the identification, assistance, and health care with regard to persons presenting problems caused by use of any psychoactive substance. Essentially, by providing persons, who are experiencing problems caused by use of psychoactive substances, with a range of treatment services and opportunities which maximise their psychical, mental, and social abilities, these persons can be assisted to attain the ultimate goal of freedom from drug dependence and to achieve full social integration. Treatment services and opportunities can include detoxification, substitution/maintenance therapy, and/or psychosocial therapies, and counselling. Additionally, treatment aims at reducing the dependence on psychoactive substances, as well as reducing the negative health and social consequences caused by, or associated with, the use of such substances.

URINALYSIS: Analysis of urine samples to detect the presence of psychoactive substances a person may have ingested, or for other medical or diagnostic purposes. Different drugs can be detected in the urine for different time periods. Heroin and amphetamines can only be detected in the urine at most within a few days of last ingestion in persons who have been long-term heavy users. In recent years, the analysis of saliva, blood, sweat, and hair strands has also become available for detection of past drug use.

REFERENCES

Corporate Research Associates Inc. & Total Research Associates Limited (2023). *Bermuda Omnibus Survey. A syndicated quarterly survey of the Bermuda community. Results for Department of National Drug Control.*

Customs Department. (2019). *Bermuda customs tariff 2019*. Government of Bermuda.

Customs Department. (2021). *Bermuda customs tariff 2021*. Government of Bermuda.

EMCDDA. (2006). *Annual report 2006: the state of the drug problem in Europe*. Luxembourg: Office for Official Publications of the European Communities.

EMCDDA. (2009). Statistical Bulletin 2008. *Drug related deaths – methods and definitions*. Retrieved September 13, 2012, from http://www.emcdda.europa.eu/stats08/drd/ methods

EMCDDA. (2012). *Building a national drugs observatory: a joint handbook*. Luxembourg: Publications Office of the European Union.

Fried, P. A. & Makin, J. E. (1987). Neonatal behavioural correlates of prenatal exposure to marijuana, cigarettes and alcohol in a low-risk population. *Neurotoxicology and Teratology.* p. 5.

Ministry of Legal Affairs & The Attorney General's Chambers. (1987). *Laws of Bermuda. Liquor Licence Act 1974*. Retrieved August 20, 2014, from http://www.bermudalaws.bm

National Highway Traffic Safety Administration (NHTSA). (1995). *Traffic safety facts 1994: A compilation of motor vehicle crash data from the fatal accident reporting system and the general estimates system*. Washington, DC: NHTSA, August 1995.

Rehm, J., Gerhard, G., Sempos, C. T., & Trevisan, M. (2003). *Alcohol-related morbidity and mortality*. National Institute on Alcohol Abuse and Alcoholism.

United Nations Office for Drug Control and Crime Prevention & Commonwealth Department of Health and Aged Care. (2000). *Demand reduction. A glossary of terms*. New York: United Nations.

World Health Organisation. (1994). *Lexicon of alcohol and drug terms*. Geneva, WHO.

World Health Organisation. (2021). *Coronavirus*. Retrieved August 7, 2021, from http://www.who.int/health-topics/coronavirus#tab=1

United Nations. (2022). *World Drug Report 2022*. (United Nations publication, Sales No. E.22.XI.8). United Nations Office on Drugs and Crime. Retrieved August 12, 2021, from World Drug Report 2022 (unodc.org)

Zuckerman, B., Frank, D. A., Hingson, R., Amaro, H., Levnson, S. M., Kayne, H., Parker, S., Vinci, R, Aboagye, K., Fried, L. E., Cabral, H., Timperi, R., & Bauchner, H. (1989). Effects of maternal marijuana and cocaine use on fetal growth. *New England Journal of Medicine,* 32, 762-768. p. 765.

OTHER NETWORK PUBLICATIONS