2022

Annual Report of the

BERMUDA DRUG INFORMATION NETWORK

(BerDIN)

GOVERNMENT OF BERMUDA

Department for National Drug Control

Authors:
Kyla Raynor, DrPH CHES, Senior Research Officer/Policy Analyst, Department for National Drug Control
Stephanie Tankard, Research Officer, Department for National Drug Control

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P. O. Box 480, HM CX, Bermuda

Telephone: (441) 292-3049
Fax: (441) 295-2066

E-mail: dndc@gov.bm
Website: www.gov.bm

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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

"It is literally true that you can succeed best and quickest by helping others to succeed."
~ Napolean Hill

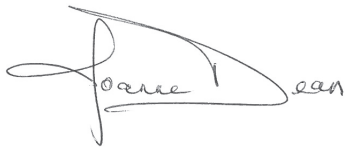
This year marks 12 years of the Annual Report of the BerDIN. The lingering effects of the COVID-19 crisis has resulted in more unemployment and inequalities, creating conditions that leave more people susceptive to substance use and engaging in criminal activity. During this time, a number of people in need of treatment could not get it. Furthermore, disparities in access to essential services, for vulnerable groups, such as adolescents and dual-diagnosed persons, remain a harsh reality.

There is often a substantial disconnect between real risks and public perception. Despite the evidence linking regular cannabis use to health problems, particularly in young people, and despite the correlation between potency and harm, perceptions of harm resulting from use have declined considerably over the past 10 years. The United Nations Office of Drugs and Crime research has shown that perceptions of cannabis harms have decreased in areas where the drug has been legalized and reports that 40% of countries said cannabis is the drug related to the greatest number of drug use disorders. In the year ahead, legislative changes in our drug control policies through cannabis reform, will require us to assess the potential impact of decriminalization and regulation on the environment and our community.

In the face of these issues, collectively we need to continue to care for our residents. This begins with providing evidence-based prevention and addressing perceptions and misperceptions of risk, including taking a hard look at the messages our society is sending to young people. The Department for National Drug Control (DNDC) continues to promote science-based interventions as an absolute necessity to reduce the demand and supply of drugs. Providing adequate treatment is one of the core tenets of drug control. Reducing the supply of drugs on the local market is another. Both cannot be accomplished without the support and cooperation of our strategic partners.

The Department for National Drug Control (DNDC) continues to promote science-based interventions as an absolute necessity to reduce the demand and supply of drugs.

The Annual Report of the BerDIN seeks to offer the data and insights from our joint efforts. This year's edition, highlights the gender differences in substance misuse especially when it comes to treatment. It is my hope that this report serves as a basis for effective responses to the Island's drug problem, and assists policy makers with taking action and saving lives.



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 (U.S.)
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	Coeducational
DAST	Drug Abuse Screening Test
Detox	Detoxification
dl	Decilitres
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 Counselor
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
NADO	National Anti-Doping Organisation
NAMLC	National Anti-Money Laundering Committee
NBC	Nelson Bascome Centre
NDCMP	National Drug Control Master Plan
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
SSATS	Survey of Substance Abuse Treatment Services
TAAD	Triage Assessment for Addictive Disorders
TC	Therapeutic Community
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

The data in this year's publication provides a summary of important drug-related indicators over the past 12 years. It mainly compares the years 2020 and 2021 over 11 chapters and is contributed by key industry stakeholders. This introductory section features a short analytical comment on some of the key themes emerging from the most recent year's data. With the COVID-19 pandemic now entering its third year, our success will stem from how well we adjust our programmes for long-term impact.

With the COVID-19 pandemic now entering its third year, our success will stem from how well we adjust our programmes for long-term impact.

This publication demonstrates the vastness and expansion of the data collection system that is available to the BerDIN and, at the same time, serves to garner continued support in the areas of overall integration of research and data gathering into the everyday processes of Network members. In terms of improving the current research and data gathering infrastructure, this publication strongly advocates for fostering greater interaction and integration across the sector by bringing together researchers and other stakeholders from within the network to explore the viability of developing a common identity and collective purpose. In addition, it advocates for building on the relationships formed in the initial Network meetings over 10 years ago, that sought to develop a national coordinating body to provide ongoing support for infrastructural development, advance research strategies, and advise and liaise with government agencies, network partners, and stakeholders on key new research development.

The data in this publication has 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.

Special Point of Interest: Gender and Substance Use

Gender-related substance abuse treatment should not only consider biological differences, but also social and environmental factors, all of which can influence the motivations for substance use, the reasons for seeking treatment, the types of environments where treatment is obtained, the treatments that are most effective, and the consequences of not receiving treatment. Factors unique to women that can influence the treatment process include issues around how they come into treatment, financial independence, and preganancy and child care.

Majority of people who use drugs in Bermuda are men; however, women use some drug types nearly as much as men, although women continue to be underrepresented in substance use treatment.

Locally, the majority of people who use drugs in Bermuda are men; however, women use some drug types nearly as much as men, although women continue to be underrepresented in substance use treatment. Research shows that women who use drugs tend to progress to drug use disorders faster than do men. The National Household Survey 2021 showed that males were more likely to have higher rates of cigarette use, cannabis (marijuana), cocaine, and crack. Although cannabis, the easiest drug to access on Island, is used more by men than women, the gender gap is narrowing. For example, the data shows that pregnant women test positive for THC when presenting for prenatal care over the past two years.

The gender gap is marginal when evaluating alcohol prevalence. In the same study, more females said that they tried alcohol at least once and were almost as likely as their male conterparts to have used alcohol in the past 30 days, although males were slightly more likely to consume high content alcohol and binge drink. When it came to drinking during pregnancy, just over a quarter of woman said they had a drink containing alcohol since being pregnant.

Different types of drugs pose different demands on the healthcare system. When it comes to mental health, slightly more females admitted to having a mental health issue in the past and the vast majority considered themselves to be in recovery from their mental health problem. Females were also more likely to admit to seeing a health professional because of their substance use, emotional problems, or behaviour problems.

Although the BerDIN has collected a vast arrary of information from various sources, there remains a gap in our understanding of the role of sex and gender in pathways to drug use and drug-use disorders in relation to different drugs. Collecting more comprehensive data would allow practitioners to better inform prevention and treatment strategies that effectively respond to vulnerabilities and risk factors specific to women. To accomplish this, an expansion or modification of indicators may be necessary in order to better monitor and evaluate the impact of sex and gender on substance use trends in our community.

Demand and Supply Reduction Activities and Initiatives During 2021

During 2021, there were a number of supply and demand reduction activities implemented. In many cases, services have been reduced due to funding challenges. Other activities, especially those of supply reduction, may be captured elsewhere as a part of the respective agencies' annual reports.

Management and Coordination by the DNDC

- Successfully implemented the COVID-19 Health and Safety Policies and Procedures. The treatment staff were deemed essential workers, which allowed for treatment services to remain open to provide uninterrupted services to clients. The Head Office staff pivoted to remote working and were able to work at full capacity.
- The DNDC operated within budget limits for fiscal year 2021-2022 with all financial processes completed within financial instructions.
- All performance appraisals were completed and submitted prior to the set deadline.
- The Annual Budget and Business Plan were drafted as per government requirements and submitted for approval.
- The National Drug Control Masterplan 2019-2024 was developed with extensive stakeholder and community input. As per the National Drug Control (NDC) Act 2013, a plan is to be renewed every five years. This National Plan is overdue. Ministerial Statements have been provided to Minister. Still awaiting release of National Plan.
- A Cabinet Memo was drafted and submitted to gain drafting instructions for regulations to guide the licensing of Treatment Centres/Facilities and Registering Prevention Progammes, as per the NDC Act 2013. Approval is still outstanding. Regulations to guide the TIPS programme under the Liquor Licensing Act are also outstanding.
- Ministerial Statements for CARF Accreditation, the Release of the National Drug Control Masterplan 2019-2023, and the BerDIN report have been submitted and are awaiting release.
- Grant funding was disbursed to FOCUS, CADA, PRIDE, Salvation Army, and BACB at a 10% reduction, as a result of COVID-19. Grants were not disbursed until the second quarter due to delays related to COVID-19.
- Recruitment of qualified clinical staff remained a challenged. There were two staff resignations adding to the already existing vacancies. Three posts were filled this fiscal year leaving four vacancies. Recruitment approval was gained for three of the four posts. These post will be filled in FY 2022-2023.

Substance Abuse Treatment

- Turning Point (MWI) – CARF Quality Improvement Plan reports have been submitted quarterly.
- NBC, CARF Quality Improvement Plan reports have been submitted quarterly.
- Next CARF survey for Turning Point and NBC is in 2023.
- Accucare: BARC 0% utilization; MTC at 100% utilization; WTC at 50% utilization; FOCUS at 10% utilization; Salvation Army Harbour Light at 100% utilization; and RLH at 100% utilization
- September, Recovery Month planning took place. Press Release, NBC Completion Ceremony, movie night, RLH Recovery fun day BBQ, Salvation Army Recovery walk, FOCUS bake sale and tag days.
- 11 facilities submitted their registration documents to the DNDC.
- MT census – admissions ran at 63% for the fiscal year.
- MT staff participated in weekly Drug Court staffing and courts.
- Ongoing completion of CARF Accreditation-Conformance to quality standards for MT and WTC.
- WTC census – admissions were at 25% for the fiscal year.
- WTC staff participated in weekly Drug Court staffing and courts.
- NBC completed Strategic Planning for 2022-2027 with staff and stakeholders.
- Assisted BACB in presenting evidence-based workshops to local treatment and prevention professionals.
- Training for Non-Violent Crisis Intervention (NCI) procedures for NBC staff and on--call contract workers.
- CPR-AED/First Aid training held.

Substance Abuse Prevention

- The evidence-based Parent's Toolshop programme was delivered to a total of four residents and one staff person from the Teen Services programme.
- During alcohol awareness month 2022, drug prevention advertisements to raise awareness of the dangers associated with alcohol abuse and the short- and long-term risks and effects of alcohol consumption ran in the Royal Gazette (RG) and on social media sites.
- Al's Pals Kids Making Healthy Choices, revised program kits delivered to the DNDC for the 21/22 School year. A

total of 277 young students aged 3 to 5 years participated in 46 interactive lessons of the Al's Pals programme as part of the schools' creative curriculum.

- During the month of July 2021, the Prevention Unit incorporated Experiential Education to prevention programming and into the DNDC's Camp Connect 2021 summer camp.
- Education campaigns were created in the format of three tele-commercials targeted at teens and adult parents of teens to educate on the harms of underage marijuana use.
- In collaboration with the Bermuda Addiction Certification Board, online trainings on the treatment and prevention of substance abuse for professional practitioners were implemented on numerous relevant content.
- Worked with IC&RC to develop and maintain IC&RC's Prevention Specialist certification exam.
- Information on the services and programmes that the DNDC support and provid was updated and redesigned to a more innovative format, which includes social media sites and contact information in the Bermuda Telephone/ Yellow Pages Directory.
- Teen Peace substance abuse prevention afterschool programme operated in the second term of the school year, due to COVID restrictions. Participating schools were Clearwater, Whitney, and Dellwood. There were 47 participants.
- Drug education was provided on alcohol, marijuana, and other drugs in print, audio, and social media outlets, including the daily RG and RG Back to school supplement, Inter Island Communications, Bermuda Broadcasting, Crimson Multi-media, and Bernews.

Research

- DNDC held virtual BerDIN annual meeting, November 2021.
- Commissioned the Omnibus Survey on public amenity.
- Drafted, published, and disseminated the 2021 Annual Report of the Bermuda Drug Information Network.
- Institutionalized Training for Intervention Procedures (TIPS) for all servers and waiters of alcohol in licensed establishments continues to be tracked and monitored.
- Continued quality monitoring and reporting of programmes that received grants and contributions.
- Increased quality improvement mechanisms with the implementation of Consumer Feedback Survey and Stakeholder Surveys at Men's Treatment, Women's Treatment Center, and the Right Living House.
- Implemented the Employee Climate Survey with DNDC staff.
- Facilitated significant collaboration with stakeholder agencies with respect to programme implementation support and data gathering (e.g., record reviews).

Coordination Mechanism

The Annual Report of the BerDIN is produced by the DNDC's 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 and reliable 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.

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 intended to be implemented April 1, 2022. This monitoring programme, of reception inmates, has been delayed as a result of covid-19 restrictions.

Indicators Not Reported in the 2021 Report

The following tables are not reported in the 2021 Report because the information is not available (they were last reported in the 2020 Report for the year 2019):

- Drug Enforcement Activity by Type of Activity
- 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
- Primary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases
- Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases
- Secondary Diagnoses of Mid-Atlantic Wellness Institute Inpatient Cases of Poisoning and Toxic Effects of Substances Cases

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 2021, 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 2021

The 2021 Annual Meeting of the BerDIN was held on the 19th of November, using the Webex virtual platform.

The focus of the 2021 Annual meeting was the impact of alcohol on residents and families in Bermuda. The agenda, therefore, comprised of various presentations that sought to provide a background on the consequences of alcohol misuse. There were notable health and safety issues resulting from alcohol misuse that were shared with the meeting participants.

For the first time, the presentations were prerecorded by Crimson Multimedia to facilitate a smoother transition when sharing them via the online platform used to host the 2021 BerDIN Meeting.

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 2021 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 alcohol misuse; on the unchanging drug situation with alcohol and marijuana being the most common drugs of choice.

The DNDC representative, Mrs. Stephanie Tankard, Research Officer, provided the meeting with an update on the Department's survey initiatives since the last meeting. She presented the findings, mainly surrounding alcohol use, from the National Household Survey on Drugs and Health, which was conducted in February 2021.

The Chairman of the Road Safety Council, Mr. Dennis Lister III J.P. M.P, brought the keynote address. His presentation focused on the Council's work and the impact of alcohol on the community. Mr. Lister discussed the Council's main role of providing road safety education and awareness for youth within the schools and throughout the community; he mentioned having a presence on the radio where the Council provides tips for road users. He further discussed the other functions of the Council – promoting road safety measures and advocating for road safety legislation.

The meeting then received a presentation discussing alcohol-related programmes that CADA implements, LifeSkills and the Training for Intervention ProcedureS (TIPS) programmes, from Mr. Anthony Santucci, Chief Executive Officer. TIPS, a legislated programme, provides mandatory training to businesses serving alcohol. During the pandemic the programme moved to an online platform. Advocacy is another function of CADA's focus, especially on social media. Mr. Santucci ended his presentation by encouraging all of the members to do their part to educate the public about the health dangers of alcohol misuse.

The BerDIN members were provided with an interesting presentation lead by Mr. Raoul Ming of the Bermuda Police Service, who has the responsibility for the functioning and maintenance of the Intox Alco analyzer machines used for breathalyzer testing. He talked about the mechanics of the breathalyzer machine and provided a demonstration.

The Hon. Magistrate Juan Wolffe, who also serves as the Island's coroner, spoke to the meeting participants about the DUI Court. He mentioned that the number of participants in the DUI programme declined over the past few years; however, up until 2019, drunk driving rates were increasing. This programme, a pilot programme, was created as an amendment to Section 68 of the Criminal Code Act 1907. Magistrate Wolffe provided programme details, such as the criteria for admittance and suitability of candidates, which the DUI Court Team evaluate. This voluntary programme has five phases with an average duration of at least 18 months. The DUI Court has been in place for the past two years with a completion rate of 80%.

The next presentation was from Mrs. Tina Laws, of the Women's Resource Centre, who gave the audience information on the Centre and the resources available to families, especially during the pandemic. Mrs. Susan Richardson of the Family Centre spoke about the impact of COVID on alcohol use, children, and their families. She highlighted a variety of trends that the Family Centre have been seeing in relation to these issues. Lastly, Mrs. Richardson shared that there is an increased need in the community for counselling services during the pandemic and informed participants of the services that the Family Centre provides.

The meeting was given an update from Mr. Leslie Grant, Chief Executive Officer of FOCUS. He informed participants about the Driving Under the Influence (DUI) programme that his agency is offering to those who require it. Mrs. Nadine Kirkos, Senior Analyst from the Government Health Laboratory gave the meeting participants an update on what the Governmnt Laboratory has recently seen in terms of types/ forms of drugs being brought into Bermuda or have been confiscated on the streets.

The meeting concluded with Dr. Raynor having a moment of silence for a BerDIN colleague who recently passed away, Ms. Shirmelle Gomes. She was remembered as a reliable and loyal member of the BerDIN. Finally, Dr. Raynor provided brief remarks and thanked the participants for contributing to, what she deemed as, 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

- Crimes
- Drug Seizures
- Prosecutions
- Financial Intelligence
- Financial Crime

1.1 CRIMES

The Bermuda Police Service (BPS) records, collates, and monitors information related to criminal offences on the Island. Analyses include statistics related to patterns or trends in criminal activity as well as incidences of specific categories of offences. This information, reported quarterly and annually, provides the basis from which criminal activities are quantified. Data reported is aggregated and reported by year, gender, and type of offence. The year 2018 represents the last year crime data was made available to the BerDIN and, therefore, this publication includes a comparison of three years, 2018, 2019 and 2020. The BPS reports that 2021 crime statistics will be available to the public sometime in 2023.

Between 2018 and 2020, Bermuda saw a decrease in overall crime by 4.4% (2018-2019) and 13.9% (2019-2020); with crime against the person decreasing by 1.8% between 2018-2019 and 18.1% in 2019-2020; against the community decreasing by 10% between 2018-2019 and increasing by 4.6% in 2019-2020; and against property decreasing by 2.4% and 22.1%, respectively (see Table 1.1.1).

In all three years, there were mostly crimes against property, characterised predominantly by burglary (non-residential), and the category fraud and deception (see Table 1.1.2). However, overall, crimes against property saw the largest decline from 2019 to 2020 (117 fewer cases). There were significant decreases observed in all categories except for "Burglary (non-residential)", which increased by 17 cases. Regarding offences against the person, 'other assaults' have significantly decreased over the period 2019-2020, while murder has increased during the same period. In terms of crimes against the community, the category 'antisocial behaviour' saw the largest increase in the number of offences by 32 additional cases from 2019 to 2020.

In all three years, there were mostly crimes against property, characterised predominantly by burglary (non-residential), and the category fraud and deception.

Table 1.1.1
Number and Proportion of Crimes by Type of Crime and Annual Absolute and Percentage Change, 2018, 2019, and 2020

CRIMES	2018		2019		ANNUAL CHANGE (2018-2019)		2020		ANNUAL CHANGE (2019-2020)	
	n	%	n	%	n	%	n	%	n	%
Against The Person	332	27.3	326	28.1	7	-1.8	267	26.7	59	-18.1
Against The Community	341	28.1	307	26.4	34	-10.0	321	32.1	14	4.6
Against Property	542	44.6	529	45.5	13	-2.4	412	41.2	117	-22.1
Total- All Crimes	**1,215**	**100.0**	**1,162**	**100.0**	**53**	**-4.4**	**1000**	**100.0**	**162**	**-13.9**

Source: Bermuda Police Service

Table 1.1.2
Number of Crimes against Person, Community, and Property by Type of Crime and Annual Absolute Change, 2018, 2019, and 2020

CRIMES	2018	2019	ANNUAL ABSOLUTE CHANGE (2018-2019)	2020	ANNUAL ABSOLUTE CHANGE (2019-2020)
AGAINST THE PERSON	**332**	**326**	**-6**	**267**	**-59**
Indecency	12	15	3	8	-7
Manslaughter	-	1	1	-	1
Murder	11	5	-6	21	16
Offences Against Children	23	9	-14	12	3
Robbery	24	17	-7	18	1
Serious Assaults	36	35	-1	27	-8
Sexual Assault	28	26	-2	21	-5
Other Assaults	198	218	20	160	-58
AGAINST THE COMMUNITY	**341**	**307**	**-34**	**321**	**14**
Animal Offences	-	4	4	2	-2
Antisocial Behaviour	140	121	-19	153	32
Disorder Offences	131	127	-4	103	-24
Firearm Offences	24	10	-14	16	6
Other Weapon Offences	46	45	-1	47	2

Table 1.1.2 cont'd
Number of Crimes against Person, Community, and Property by Type of Crime and Annual Absolute Change, 2018, 2019, and 2020

CRIMES	2018	2019	ANNUAL ABSOLUTE CHANGE (2018-2019)	2020	ANNUAL ABSOLUTE CHANGE (2019-2020)
AGAINST PROPERTY	**542**	**529**	**-13**	**412**	**-117**
Burglary (Residential)	63	68	5	63	-5
Burglary (Non-Residential)	77	62	-15	79	17
Criminal Damage	57	68	11	43	-25
Fraud and Deception	99	73	-26	54	-19
Motor Vehicle Theft	61	84	23	40	-44
Theft of Property	185	174	-11	133	-41

Source: Bermuda Police Service

Note: Absolute change is the total numeric change in quantity between two numbers, that is, the numerical difference from one period/year to the next.

1.2 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.

In 2021, the BPS recovered a combined weight of 116,194.05 grams of drugs (Table 1.2.1), significantly more than the quantity of drugs seized in 2020 (33,789.20 grams). The change in legislation in November 2019, together with a delay in procuring the THC equipment, lead to underreporting of 2020 data related to cannabis, both plants and products. The reported data below should, therefore, be interpreted with caution.

During 2021, cannabis drugs continued to be the most common drug type seized, with a total of 100.4 thousand grams (see Table 1.2.1). When it came to narcotic drug seizures, Cocaine HCl and heroin/diamorphine drugs were the most seized drugs in 2021. During the same year, there were seizures of non-eidible cannabinoid products which are also considered controlled substances andinclude products such as deodorant and cosmetics, to name a few.

During 2021, cannabis drugs continued to be the most common drug type seized.

Table 1.2.1
Drug Seizures by Type of Drug, Total Count, and Total Weight, 2020 and 2021

DRUG	2020		2021	
	TOTAL COUNT (n)	TOTAL WEIGHT (g)	TOTAL COUNT (n)	TOTAL WEIGHT (g)
Cannabis (Plant Material)	86	26,069.98	118	95,793.40
Cannabis (Resin)	22	5,210.98	28	4,261.33
Cannabis (Seeds)	4	1.57	18	-
Cannabis (Plants)	15	-	60	-
Cannabis Concentrates	-	-	10	372.26
Inconclusive for Hemp/Cannabis	52	105.18	-	-
Crack Cocaine	30	49.79	44	394.94
Cocaine HCl	7	139.79	14	2,450.38
Heroin/Diamorphine drugs	17	349.98	12	1,547.44
Not a controlled substance	62	792.67	111	11,342.73
Designer Drugs:				
Fentanyl	1	0.48	-	-
MDMA	7	647.30	9	31.57

Table 1.2.1 cont'd

Drug Seizures by Type of Drug, Total Count, and Total Weight, 2020 and 2021

DRUG	2020		2021	
	TOTAL COUNT (n)	TOTAL WEIGHT (g)	TOTAL COUNT (n)	TOTAL WEIGHT (g)
Amphetamine	-	-	-	-
Methamphetamine	-	-	-	-
Synthetic cathinone derivative	-	-	-	-
Third Schedule drugs (Pharmacy and Poisons Act 1979)	7	-	-	-
TOTAL	**310[r]**	**33,367.72[r]**	**424**	**116,194.05**

Source: Bermuda Police Service

1.3 PROSECUTIONS

Information on criminal prosecutions is reported by the Registrar of the Supreme Court through its Information Systems Administrator. The composition and constitution of the Supreme Court is defined by the Bermuda Constitution; and its jurisdiction governed by the Supreme Court Act 1905 and various other laws. The Supreme Court hears more serious criminal cases, which are tried by judge and jury.

Criminal trials were for such offences as possessing drugs, possessing drugs with intent to supply, handling drugs with intent to supply, supplying drugs, importing or trafficking, conspiring to import other drugs, possessing drug equipment, cultivating cannabis, and several trials for alcohol-related offences (see Tables 1.3.1 and 1.3.2). Criminal trials for drug-related offences decreased from 94 in 2020 to 70 in 2021 (Table 1.3.1).

For the thrid year in a row, there was a decrease in the number of criminal trials for alcohol-related offences in 2021, although the breakdown differs by the sex of the offender (see Table 1.3.2). During 2021, criminal trials resulting from impaired driving of a motor vehicle decreased to 93 from 109 in 2020. Excessive alcohol in operating a motor vehicle and refusing the breathalyser test also decreased in 2021.

There were far fewer convictions in 2021 for both criminal drug- and alcohol-related offences when compared with 2020.

When it came to drug-related offences, most of the acquittals in 2021 were for possession of cocaine with intent to supply (four in 2020) (see Table 1.3.3), while for alcohol-related offences, there were seven acquittals for the category of impaired driving of a motor vehicle (see Table 1.2.4) in 2021. There were far fewer convictions in 2021 for both criminal drug- and alcohol-related offences when compared with 2020 (see Tables 1.3.5 and 1.3.6). Drug-related convictions were mainly for possession of cocaine with intent to supply (five) and possession of cannabis with intent to supply (four). Criminal convictions for alcohol-related offences, on the whole, decreased considerably from 118 cases in 2020 to 103 cases in 2021. For the second consecutive year, impaired driving of a motor vehicle, refusing the breath test, and excess alcohol motor vehicle, represented the highest proportions of alcohol-related criminal convictions. Males were more likely to be tried for most of the drug related crimes. However, females, were more likely to be tried for crimes such as, importation of other drugs and possession of other drugs with intent to supply (see Table 1.3.1). As such, females were also more likely to be convicted for these offences than males (see Table 1.3.5).

Lastly, there were some drug- and alcohol-related cases in which the result of the case was classified as 'unknown', meaning that the result of the case (conviction or acquittal) was not recorded. The number of drug-related unknown cases decreased from 13 cases in 2020 to 12 cases in 2021 (see Table 1.3.7). Likewise, when it came to alcohol-related cases, fewer cases were classified as 'unknown' in 2021 96 cases) compared to 2020 (117 cases).

Table 1.3.1
Criminal Trials for Drug-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	12	1	-	13	6	1	-	7
2301	Possession of Cannabis Resin	1	-	-	1	4	-	-	4
2304	Possession of Cocaine	12	-	1	13	5	-	1	6
2308	Possession of Diamorphine	2	-	-	2	1	-	-	1
2312	Possession of Other Drugs	2	2	-	4	3	-	-	3
2313	Possession of Other Drugs with Intent to Supply	1	-	-	1	1	2	-	3
2316	Possession of Cannabis with Intent to Supply	10	-	-	10	2	3	-	5
2317	Posession of Cannabis Resin with intent to supply	6	-	-	6	1	2	-	3
2320	Possession of Cocaine with Intent to Supply	6	-	-	6	10	-	-	10
2324	Possession of Diamorphine with Intent to Supply	-	-	-	-	1	-	-	1
2332	Handle cannabis with intent to supply	1	-	-	1	-	-	-	-
2364	Import Cannabis	-	-	-	-	-	1	-	1
2365	Import Cannabis Resin	2	-	-	2	-	1	-	1
2373	Import Other Drugs	-	-	-	-	-	2	-	2
2380	Conspiracy to Import Other Drugs	3	-	-	3	1	2	-	3
2388	Possession of Drug Equipment	14	1	1	16	10	-	-	10
2392	Possession of Drug Equipment Prepare	8	-	1	9	8	1	-	9
2396	Cultivate Cannabis	2	-	-	2	1	-	-	1
2400	Permit on Premises Drug Use	1	2	1	4	-	-	-	-
2404	Obstruction	1	-	-	1	-	-	-	-
TOTAL TRIALS: DRUG-RELATED OFFENCES		**84**	**6**	**4**	**94**	**54**	**15**	**1**	**70**

Source: Supreme Court

Table 1.3.2
Criminal Trials for Alcohol-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	96	9	4	109	82	9	2	93
3061	Care and Control of Motor Vehicle Whilst Impaired	11	3	1	15	9	1	-	10
3062	Refuse Breath Test	45	10	3	58	50	3	2	55
3063	Impaired Driving Drug In Body	1	-	-	1	1	-	-	1
3064	Excess Alcohol Motor Vehicle	66	4	2	72	43	7	-	50
3065	Impaired Driving- GBH	-	-	-	-	3	-	-	3
3842	Excess Alcohol – Power Craft	-	-	-	-	-	-	-	-
3843	Impaired Driving – Power Craft	-	-	-	-	-	-	-	-
4020	Drunk and Incapable	-	-	-	-	-	-	-	-
4022	Drunk in Public Street	1	-	-	1	-	-	-	-
3841	Ref Breath Test Powercraft	-	-	-	-	-	-	-	-
TOTAL TRIALS: ALCOHOL-RELATED OFFENCES		**220**	**26**	**10**	**256**	**188**	**20**	**4**	**212**

Source: Supreme Court

Table 1.3.3
Criminal Acquittals for Drug-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020			2021		
		Male	Female	Total	Male	Female	Total
2300	Possession of Cannabis	4	-	4	2	-	2
2301	Possession of Cannabis Resin	-	-	-	1	-	1
2304	Posession of Cocaine	1	-	1	-	-	-
2308	Posession of diamorphine	-	-	-	1	-	1
2312	Posession of other drugs	-	-	-	2	-	2
2313	Possession of other drugs with intent to supply	-	-	-	1	2	3
2316	Possession of Cannabis with Intent to Supply	2	-	2	2	2	4
2317	Possession of resin with intent to supply	2	-	2	1	2	3
2320	Possession of Cocaine with Intent to Supply	4	-	4	5	-	5
2364	Import Cannabis	-	-	-	-	1	1
2365	Importation of Cannabis Resin	-	-	-	-	1	1
2373	Importation of other drugs	-	-	-	-	2	2
2380	Conspiracy to Import Other Drugs	2	-	2	-	1	1
2392	Possession of Drug Equipment Prepare	2	-	2	2	1	3
TOTAL ACQUITTALS: DRUG-RELATED OFFENCES		**17**	**-**	**17**	**17**	**12**	**29**

Source: Supreme Court

Table 1.3.4
Criminal Acquittals for Alcohol-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	9	2	-	11	6	-	1	7
3062	Refuse Breath Test	4	1	-	5	2	-	1	3
3064	Excess Alcohol Motor Vehicle	3	-	-	3	3	-	-	3
TOTAL ACQUITTALS: ALCOHOL-RELATED OFFENCES		**21**	**3**	**-**	**24**	**11**	**-**	**2**	**13**

Source: Supreme Court

Table 1.3.5
Criminal Convictions for Drug-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	6	-	-	6	2	-	-	2
2301	Possession of Cannabis Resin	1	-	-	1	1	-	-	1
2304	Possession of Cocaine	11	-	-	11	-	-	-	-
2308	Possession of Diamorphine	2	-	-	2	1	-	-	1
2312	Possession of Other Drugs	2	1	-	3	2	-	-	2
2313	Possession of Other Drugs with Intent to Supply	1	-	-	1	1	2	-	3
2316	Possession of Cannabis with Intent to Supply	8	-	-	8	2	2	-	4
2317	Possession of cannabis resin with intent to supply	2	-	-	2	1	2	-	3
2320	Possession of Cocaine with Intent to Supply	2	-	-	2	5	-	-	5
2324	Possession of Diamorphine with Intent to Supply	-	-	-	-	2	-	-	2
2364	Import Cannabis	-	-	-	-	-	1	-	1
2365	Import Cannabis Resin	2	-	-	2	-	-	-	-
2373	Import Other Drugs	-	-	-	-	-	2	-	2
2380	Conspiracy to Import Other Drugs	1	-	-	1	-	1	-	1
2388	Possession of Drug Equipment	14	1	1	16	-	-	-	-
2392	Possession of Drug Equipment Prepare	5	-	1	6	2	1	-	3
2396	Cultivate Cannabis	2	-	-	2	-	-	-	-
TOTAL CONVICTIONS: DRUG-RELATED OFFENCES		**59**	**2**	**2**	**63**	**19**	**11**	**-**	**30**

Source: Supreme Court

Table 1.3.6
Criminal Convictions for Alcohol-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	49	2	2	53	41	7	-	48
3061	Care and Control of Motor Vehicle Whilst Impaired	4	1	1	6	9	1	-	10
3062	Refuse Breath Test	20	8	2	30	27	1	1	29
3063	Impaired Driving Drug In Body	1	-	-	1	1	-	-	1
3064	Excess Alcohol Motor Vehicle	23	2	2	27	11	1	-	12
3065	Impaired Driving- GBH	-	-	-	-	3	-	-	3
4022	Drunk in Public Street	1	-	-	1	-	-	-	-
TOTAL CONVICTIONS: ALCOHOL-RELATED OFFENCES		**98**	**13**	**7**	**118**	**92**	**10**	**1**	**103**

Source: Supreme Court

Table 1.3.7
Unknown Results for Drug-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	2	1	-	3	2	-	-	2
2301	Possession of Cannabis Resin	-	-	-	-	2	-	-	2
2304	Possession of Cocaine	-	-	1	1	-	-	-	-
2312	Posesseion of Other Drugs	-	1	-	1	-	-	-	-
2317	Possession of Cannabis Resin with intent to supply	2	-	-	2	-	-	-	-
2320	Posession of Cocaine with Intent to Supply	-	-	-	-	3	-	-	3
2388	Possession of Drug Equipment	-	-	-	-	2	-	-	2
2392	Possession of Drug Equipment Prepare	1	-	-	1	3	-	-	3
2400	Permit on premises drug use	1	2	1	4	-	-	-	-
2404	Obstruction	1	-	-	1	-	-	-	-
TOTAL UNKNOWN RESULTS: DRUG-RELATED OFFENCES		**7**	**4**	**2**	**13**	**12**	**-**	**-**	**12**

Source: Supreme Court

Table 1.3.8
Unknown Results for Alcohol-Related Offences by Sex of Offender, 2020 and 2021

JEMS Code	Description	2020				2021			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	38	5	2	45	35	2	1	38
3061	Care and Control of Motor Vehicle Whilst Impaired	5	2	-	7	-	-	-	-
3062	Refuse Breath Test	21	1	1	23	21	2	-	23
3064	Excess Alcohol Motor Vehicle	40	2	-	42	29	6	-	35
TOTAL UNKNOWN RESULTS: ALCOHOL-RELATED OFFENCES		**104**	**10**	**3**	**117**	**85**	**10**	**1**	**96**

Source: Supreme Court

1.4 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 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 (14%) in the SARs received, up from 451 in 2019 to 514 in 2021 (see Table 1.4.1). Activities within banks and long-term insurers account for the bulk of the SARs in 2021. Other increased SARs were from insurance companies/managers and digital asset businesses. There was a considerable decrease in the SARs received from the category "local regulators" (80%) and "money service businesses" (61.1%) in 2021.

Activities within banks and long-term insurers account for the bulk of the SARs in 2021.

Also, in 2021, 143 local and overseas disclosures contained information from 286 SARs compared to 187 disclosures from 326 SARs in 2020, representing a 12.3% decrease in total SARs disclosed.

Table 1.4.1
Suspicious Activity Reports (SARs) by Sector, 2020 and 2021

SECTOR	2020					2021					ANNUAL PERCENTAGE CHANGE (%)
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
SARs Received											
Banks (includes a Credit Union)	49	26	49	45	169	48	66	47	59	220	30.2
Investment Providers	8	27	20	15	70	8	25	11	15	59	-15.7
Money Service Businesses	39	24	11	21	95	6	10	5	16	37	-61.1
Corporate Service Providers	3	2	1	6	12	3	-	3	2	8	-33.3
Law Firm	3	3	-	5	11	2	2	2	1	7	-36.4
Trust Company	2	-	-	1	3	2	2	-	1	5	66.7
Local Regulators	4	1	1	4	10	1	-	-	1	2	-80.0
Long-Term Insurers	9	6	18	19	52	53	18	35	18	124	138.5
Fund Administrators	4	2	1	1	8	1	1	2	1	5	-37.5
Insurance Company/Manager	5	1	5	4	15	3	13	8	6	30	100.0
Real Estate	-	2	-	2	4	-	1	2	-	3	-25.0
Digital Asset Business	-	-	-	-	-	2	9	3	-	14	100.0
Investment Funds	-	-	-	1	1	-	-	-	-	-	-100.0
Other	-	-	1	-	1	-	-	-	-	-	-100.0
TOTAL SARs RECEIVED	126	94	107	124	451	129	147	118	120	514	14.0
ANNUAL PERCENTAGE CHANGE	5.9	3.3	9.2	49.4	15.3	2.4	56.4	10.3	-3.2	14.0	
Total Local and Overseas Disclosures	57	43	64	23	187	34	31	46	32	143	-23.5
Local Entities	43	9	16	1	147	32	23	38	30	123	-16.3
Overseas Entities	14	9	16	1	40	2	8	8	2	20	-50.0
Total SARs Disclosed	58	127	127	14	326	18	97	130	76	286	-12.3

Source: Financial Intelligence Agency

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

1.5 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 13 seizures in 2021, amounting to $168,649 compared to a lower number of seizures in 2020 (9) amounting to $136,254.40 (see Table 1.5.1). Forfeiture information was not available for 2021 by the publishing deadline.

Table 1.5.1
Cash Seizures, 2020 and 2021

YEAR/QUARTER	NUMBER OF SEIZURES	SECTION 50 CASH SEIZURES ($)	FORFEITURE ($)	TOTAL ($)
2020				
Q1	2+	58,799.00	2,349.00	61,148.00
Q2	3+	33,355.40	5,052.00	38,407.40
Q3	4+	44,100.00	-	44,100.00
Q4	-+	-	-	-
Total	**9**	**136,254.40**	**7,401.00**	**143,655.40**
2021				
Q1	1	8,000.00	-*	8,000.00
Q2	3	41,802.00	-*	41,802.00
Q3	1	16,420.00	-*	16,420.00
Q4	8	102,427.00	-*	102,427.00
Total	**13**	**168,649.00**	-*	**168,649.00**

Source: OECD, Bermuda Police Service

+COVID-19 restricted travel and movement during this period.
*Curernt data on the status of forfeitures are not availiable.

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, 2020, and reamined the same in 2021.

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 2020, 5.3 million litres of alcohol were available for local consumption, valued at $25.2 million and contributed $18.1 million to customs duty. However, 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). Beer and wine in containers holding 2 litres or less accounted for a significant portion of the beverages available for consumption.

An additional 1.6 million litres in 2020, valued at $11.9 million, when compared to 1.4 million litres in 2021, valued at $13.1 million, were placed in bonded warehouses upon importation for future consumption (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 2020 and 2021.

The year 2021 saw 677 thousand litres of alcohol and alcoholic beverages exported from bonded warehouses, valued at $2.7 million, with $2,006.63 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 $2.7 million in 2020 and $2.2 million in 2021 (see Table 2.1.4). This resulted in a slight increase in the duty received from $8.4 million in 2020 to $9 million in 2021. The major component of tobacco imports is that of cigarettes, with 27.0 thousand kilograms, valued at $2.4 million, being brought to the Island in 2020 or removed from bonded warehouses, contributing $8.0 million towards customs duty. In comparison, the year 2021 saw slightly more cigarette imports at 28.5 thousand kilogram, valued at $1.8 million, which were brought to the Island or removed from bonded warehouses, contributing $8.6 million towards customs duty.

[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), 2020 and 2021

Tariff Code	Description	2020			2021		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	3,027,580.93	5,384,338.86	4,117,510.10	3,651,090.83	6,517,207.47	4,965,482.80
2204.100	Sparkling Wine	98,514.46	1,718,442.62	588,377.76	119,993.36	1,962,063.91	719,312.16
2204.210	Wine in containers holding 2 litres or less	1,039,193.33	9,988,880.09	6,221,371.98	1,118,898.02	12,582,608.88	6,708,933.24
2204.220	Wine in containers holding more than 2L but not more than 10L*	2,507.00	37,501.66	15,042.00	175.75	5,317.84	1,054.50
2204.290	Wine in containers greater than 2 litres	72,161.70	1,384,429.09	432,970.20	52,430.67	1,034,425.86	314,584.02
2204.300	Other Grape Must	1,759.95	24,084.77	10,559.70	4,526.17	166,920.59	27,157.02
2205.100	Vermouth in containers holding 2 litres or less	2,998.00	14,784.70	17,988.00	3,034.00	22,235.93	18,204.00
2205.900	Vermouth in containers holding greater than 2 litres	18.25	226.92	109.50	62.00	32,119.16	372.00
2206.000	Other Fermented Beverages	237,045.28	522,879.98	322,358.55	368,316.10	876,315.54	500,910.12
2207.100	Undenatured Ethyl Alcohol	323.10	1,340.00	7,520.00	283.57	2,522.35	6,214.72
2207.200	Denatured Ethyl Alcohol	884.47	2,405.61	482.46	739.94	465.44	2,217.26
2208.200	Brandy and Cognac	45,755.19	972,774.90	574,829.76	46,857.28	1,028,578.55	587,478.72
2208.300	Whiskies	87,160.46	1,422,401.53	1,108,839.68	84,789.75	36,465.39	1,075,557.13
2208.400	Rum and Other Spirits Distilled from Sugar Cane	128,603.15	878,129.94	1,566,614.72	135,760.52	55,162.24	1,713,401.28
2208.500	Gin and Geneva	36,664.96	449,573.94	465,353.28	32,566.78	14,361.78	432,380.80
2208.600	Vodka	142,969.20	1,032,186.34	1,681,339.20	154,047.34	1,121,249.00	1,632,736.00
2208.700	Liqueur & Cordials	39,301.86	446,893.94	311,178.88	45,208.63	11,527.37	362,708.80
2208.900	Other Spirituous Beverages	315,330.19	903,257.53	662,356.80	357,818.67	27,818.29	883,240.64
	TOTAL	**5,278,771.48**	**25,184,532.42**	**18,104,802.57**	**6,176,599.38**	**25,497,365.59**	**19,951,945.21**

Source: HM Customs

Table 2.1.2
Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2020 and 2021*

Tariff Code	Description	2020		2021	
		Litreage	Value ($)	Litreage	Value ($)
2203.000	Beer	87,594.12	178,171.12	19.80	87.19
2204.100	Sparkling Wine	54,938.98	988,883.34	72,218.56	1,425,091.48
2204.210	Wine in containers holding 2 litres or less	479,290.99	4,933,811.59	537,942.62	6,125,499.94
2204.220	Wine in containers holding more than 2 litres but not more than 10 litres	-	-	21.00	1,243.83
2204.290	Wine in containers greater than 2 litres	4,665.00	9,525.05	5,584.50	46,277.10
2205.100	Vermouth in containers holding 2 litres or less	2,202.00	11,306.51	1,963.50	12,308.09
2206.000	Other Fermented Beverages	2,675.34	22,830.90	25,296.30	64,351.35
2208.200	Brandy and Cognac	37,763.22	883,304.03	32,957.22	777,928.21
2208.300	Whiskies	55,533.00	1,044,678.95	35,625.30	642,069.30
2208.400	Rum and Other Spirits Distilled from Sugar Cane	737,963.30	2,534,375.83	611,722.15	2,407,103.62
2208.500	Gin and Geneva	16,969.80	230,771.38	19,583.50	321,653.22
2208.600	Vodka	65,021.70	680,838.69	57,631.40	548,814.40
2208.700	Liqueur & Cordials	21,036.40	219,558.50	27,768.30	313,865.36
2208.900	Other Spirituous Beverages	30,712.50	206,203.99	18,492.15	402,367.74
	TOTAL	**1,596,366.35**	**11,944,259.88**	**1,446,826.30**	**13,088,660.83**

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, 2020 and 2021*

Tariff Code	Description	2020			2021		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2204.100	Sparkling Wine	210.00	12,673.94	52.53	-	-	-
2204.210	Wine in containers holding 2 litres or less	72.75	392.62	18.21	1,647.00	9,622.00	-
2208.400	Rum and Other Spirits Distilled from Sugar Cane	-	-	-	543,816.00	2,499,772.76	-
2208.700	Liqueur & Cordials	1,216.40	49,771.72	304.14	-	-	-
2208.900	Other Spirituous Beverages	570.60	21,131.57	142.67	-	-	-
9803.172	Wine of fresh grapes	-	-	-	5,545.00	27,533.00	-
9803.173	Spirituous Beverages	-	-	-	9,000.97	45,655.54	-
	TOTAL	**676,671.80**	**2,730,385.20**	**2,006.63**	**560,008.97**	**2,582,583.30**	**-**

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 were 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), 2020 and 2021

Tariff Code	Description	2020			2021		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2401.100	Tobacco, Not Stemmed / Stripped	0.87 kg 50 u	249.60	436.58	0.30 kg -	121.80	150.00
2401.200	Tobacco, Partly or Wholly Stemmed / Stripped	-	-	-	0.45 kg -	25.99	225.00
2401.300	Tobacco Refuse	110 u	-	-	-	-	-
2402.100	Cigars, Cheroots, etc. Containing Tobacco	3,519.57 kg 468 u	193,019.62	67,557.00	3,505.58 kg -	265,872.38	93,047.59
2402.200	Cigarettes Containing Tobacco	27,001.30 kg 20,540,231 u	2,354,317.40	8,016,480.80	28,547.63kg -	1,850,973.54	8,576,360.00
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	399.88 kg 15,000 u	83,500.59	29,225.23	544.40 kg -	49,571.37	17,349.99
2403.110	Water Pipe Smoking Tobacco	-	-	-	2.50 kg -	139.92	1,250.00
2403.190	Other Smoking Tobacco	342.61 kg 5 u	15,823.50	171,305.00	643.25 kg -	30,045.35	321,625.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	0.63 kg 30 u	148.70	315.00	3.05 kg 40 u	469.38	1,525.00
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	4.72 kg 5 u	762.77	2,360.00	7.54 kg 9 u	1,876.69	3,770.00
9801.309	9801.309 Cigarettes containing tobacco [Other]	64.00 kg 79 u	2,323.14	2,323.14	1.00 kg -	90.13	31.55
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	572.00 kg 706 u	23,754.64	8,314.16	784.00 kg -	18,234.75	6,382.20
9803.164	Smoking Tobacco	8.85 kg 11 u	1,221.96	4,425.00	11.25 kg -	1,219.00	5,625.00
9803.171	Cigarettes Containing Tobacco	2,090.52 kg 1,696 u	59,981.57	135,680.00	1,200 kg 6 u	618.00	480.00
	TOTAL	**34,004.95 kg 20,558,391 u**	**2,735,103.49**	**8,438,421.91**	**35,250.95 kg 55 u**	**2,219,258.30**	**9,027,821.33**

Source: HM Customs

Table 2.1.5
Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arrival**, 2020 and 2021*

Tariff Code	Description	2020		2021	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	105.24 kg	16,603.55	603.60 kg	24,166.87
2402.200	Cigarettes Containing Tobacco	1,427.65 kg 1,050,000 u	77,363.70	1,440.72 kg 1,110,000	85,258.20
2403.190	Other Smoking Tobacco	72.00 kg	3,283.20	72.00 kg	3,283.20
	TOTAL	**1,604.89 kg 1,050,000 u**	**97,250.45**	**2,116.32 kg 1,110,000 u**	**112,708.27**

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 2.1.6
Quantity, Value, and Duty of Tobacco and Tobacco Products Exported from Bonded Warehouses, 2020 and 2021*

Tariff Code	Description	2020		2021	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	1.00 kg 1 u	50.00	-	-
2402.200	Cigarettes Containing Tobacco	552.74 kg 383,447 u	40,998.49	100 kg 400 u	4,396.30
9803.171	Cigarettes containing tobacco	-	-	80 kg 400 u	13,224.00
	TOTAL	**553.74 kg 383,448 u**	**41,048.49**	**180 kg 800 u**	**17,620.30**

Source: HM Customs

Note:
* 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.

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 decrease of 7.7% in the number of licences issued to establishments between 2020 and 2021, from 336 to 310; 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 decreased by 55.5%, from 137 in 2020 to 61 in 2021. There were three more licences issued over the past year for al fresco (outdoors) events. Overall, there has been a decrease, by 21.6%, in the total number of licences issued, that is, from 473 in 2020 to 371 in 2021.

Overall, there has been a decrease, by 21.6%, in the total number of licences issued…

[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, 2020 and 2021

Districts and Type of Licence	2020	2021
Class 'A'	88	102
Class 'B'	8	13
Tour Boat	43	25
Nightclub	8	6
Restaurant	109	85
Hotel	12	15
Member's Club	38	33
Alfresco	26	29
Proprietary club license	2	2
Permit for Association or Organisation	2	-
Total Licences Issues to Establishments	**336**	**310**
Annual Percentage Change in Total Licences Issued to Establishments (%)	**4.0**	**-7.7**
Total Occasional Liquor Licences Island-Wide	**137**	**61**
Annual Percentage Change in Total Occasional Liquor Licences Island-Wide (%)	**-57.2**	**-55.5**
Total Licences Issued	**473**	**371**
Annual Percentage Change in Total Licences Issued (%)	**-26.4**	**-21.6**
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 2021, there was an increase, of 29.4%, in the number of TIPS training sessions from the previous year (up from 17 to 22) and the number of participants more than doubled, increasing from 269 in 2020 to 571 in 2021. The number of participating establishments in 2021 also increased by 50.6% from 2020 (see Table 3.1.1). During 2021, participants (managers, owners, and supervisors) were from 128 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 85 licenced establishments in the previous year; averaging 26 participants per session in 2021. It is important to note that the TIPS programme can train anywhere from 10 to 22 persons per session. In terms of training outcome, more persons (540) passed the TIPS training in 2021 than in 2020 (252). At the same time, the number of failures reported in 2021 was higher than in 2020 (31 versus 17). The large increase in TIPS' sessions can be attributed to Bacardi's sponsorship of 200 persons to supplement the cost of TIPS training for servers and bartenders. The new web-based session, introduced in 2020, continued to assist with the completion certificate process by allowing CADA to get an electronic copy of participant's completion certificate within five minutes of successfully completing the exam.

Table 3.1.1
Training for Intervention ProcedureS (TIPS) Programme Statistics, 2020 and 2021

Year/Quarter	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
2020	**17**	**269**	**17**	**252**	**17**	**85**
Q1	4	125	31	117	8	28
Q2	3	36	12	30	6	18
Q3	7	64	10	62	2	18
Q4	3	44	15	43	1	21
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

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 increased in 2021 by 33.3%, over the previous year. BARC saw 72 clients in 2021 compared to 54 in 2020 (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) increased slightly by 2.1%, from 94 in 2020 to 96 in 2021 (see Table 4.1.2). In other words, in both years, repeat clients accounted for the greater proportion of all referrals. For instance, 96 (57.1%) of the 168 referrals in 2021 were cases of existing clients compared to 94 (63.5%) of the 148 referrals were existing clients in 2020.

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 2021 considered themselves Black (108 or 64.3%) (see Tables 4.1.1 and 4.1.2). Similar to 2020, the largest proportion (45.2%) of all existing clients were between the ages of 46-60 years. On the other hand, for the past two years under review, new referrals tend to be younger, 48.6% were 31-45 years in 2021 and 33.3% were of the same age in 2020 (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). When it came to clinical diagnosis of abuse or dependence, new clients were likely to have a "moderate" diagnosis, with 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 the Department of Court Services. There were a number of persons who were not referred to any agency for treatment. Both new and existing clients were 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 "moderate" diagnosis, with majority indicating alcohol as their drug of choice.

As of 2021, the Drug Abuse Screening Test (DAST) is no longer being administered to clients except in cases where the client requires additional assessment. 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).

Table 4.1.1
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2020 and 2021

	2020	2021
TOTAL NEW REFERRALS	**54**	**72**
Annual Percentage Change	**-34.1**	**33.3**
SEX:		
Males	49	65
Females	5	7
AGE (YEARS):		
17-30	16	13
31-45	18	35
46-60	11	14
61-75	4	9
Not Stated	5	-
Not Available	-	1
RACE:		
Black	31	34
White	6	9
Portuguese	3	1
Mixed	4	3
Other	1	3
Not available	-	22
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION		
One Drug	6	8
Two Drugs	22	29
Three Drugs	6	9
More than three drugs	5	1
Not Stated	-	4
Not Available	15	21
LEVEL OF CARE:		
Level I – Outpatient	16	14
Level II – IOP	10	15
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	2	1
None	10	-
Not Stated/ No Show	6	6
Not Available	-	19
No Treatment/Level of Care Recommended	9	14
Education	1	2
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, 2020 and 2021

	2020	2021
REFERRED FROM:		
Corrections	-	1
EAP	4	11
Family Court	2	2
Family Services	1	7
Financial Assistance	2	1
Magistrates Court	20	15
Parole Board	-	1
Self-referral	10	5
Supreme Court	-	1
Turning Point	1	-
Mental Health Court	1	1
DUI Court	4	16
Court Services*	9	10
Other Community	-	1
REFERRED TO:		
Court Services*	4	1
Harbour Light	-	-
Men's Treatment	1	-
None	32	18
Private Practice	2	3
Turning Point	15	16
Not Available	-	23
Not Stated / No Show	-	6
Focus		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 4.1.2
Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2020 and 2021

	2020	2021
TOTAL EXISTING REFERRALS	**94**	**96**
Annual Percentage Change	**-32.9**	**2.1**
SEX:		
Males	80	83
Females	14	13
AGE (YEARS):		
17-30	15	17
31-45	31	25
46-60	39	41
61-75	8	13
Not stated	1	-
RACE:		
Black	77	74
White	4	8
Mixed	3	1
Other	1	-
Not Stated	9	-
Not Available	-	13
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION:		
One Drug	7	9
Two Drugs	29	31
Three Drugs	16	20
More than three drugs	16	12
Not Available	26	24
LEVEL OF CARE:		
Level I – Outpatient	18	10
Level II – IOP	17	21
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	24	28
None	19	19
Not Stated/ No Show	10	8
No Treatment/Level of Care Recommended	6	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, 2020 and 2021

	2020	2021
REFERRED FROM:		
Corrections	1	-
Court Services*	12	30
EAP	-	1
Family Court	1	3
Family Services	7	2
Financial Assistance	2	4
Focus	1	-
Magistrates Court	32	26
Mental Health Treatment Court	2	5
Parole Board	2	-
Self-referral	21	18
Supreme Court	2	-
Turning Point	4	-
Other Community	3	1
DUI Court	4	6
REFERRED TO:		
Court Services*	-	3
Focus	3	2
Harbour Light	10	12
Men's Treatment	11	13
None	45	36
Turning Point	33	18
WTC	3	3
Not Stated / No Show	-	9

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, 2020

Drug of Choice	Mild		Moderate		Severe	
	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	2	6	-	18	-	13
Cannabis	9	9	-	15	1	4
Cocaine	1	1	-	10	-	11
Heroin	-	1	-	-	2	11
MDMA/Ecstasy	-	1	-	1	-	-
Other	-	-	-	1	-	1
TOTAL	**12**	**18**	**-**	**45**	**3**	**41**

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, 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 4.1.5
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of New Clients from the Bermuda Assessment and Referral Centre Programme, 2020 and 2021

		Number of Clients	
	Level of Severity (ADS Score)	2020	2021
Substance Abuse or Dependence	None (0)	-	4
	Low (1-13)	14	15
	Intermediate (14-21)	5	-
	Substantial (22-30)	2	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, 2020 and 2021

		Number of Clients	
	Level of Severity (ADS Score)	2020	2021
Substance Abuse or Dependence	None (0)	3	5
	Low (1-13)	30	10
	Intermediate (14-21)	5	2
	Substantial (22-30)	4	6
	Severe (31-47)	1	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

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 2021, CLSS, like many agencies, slowly recovered from the restrictions placed upon them due to the COVID-19 pandemic. During 2021, CLSS received 114 referrals compared to 87 in 2020. Of all the 114 referrals, 30 were substance referrals of which 18 had substance abuse assessments (see Table 4.2.1). Overall, there was an increase 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, which uses evidence-based curriculums tailored to the needs of its clients. There was one group participant in 2021 compared to zero in 2020.

Table 4.2.1
Counselling and Life Skills Services Statistics, 2020 and 2021

Year	2020	2021
Number of Referrals	87	114
Number of Substance Referrals	26	31
Other Referrals	61	83
Number of Clients Seen	83	102
Number of Readmissions	7	2
Number of Assessments	17	47
Other Assessments	17	29
Substance Assessment	-	18
Number of Discharges	40	63
Number of Group Participants	-	1

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 2021, the DTC received 29 referrals to the programme compared to 18 in 2020 (see Table 4.3.1). Of the 29 referrals received, six persons were admitted into the programme. During 2021, there were five terminations, seven persons completed Phase IV and one person completed phase V. When it came to the DUI programme, there were 26 refferals made to the programme which saw 14 persons being admitted. During 2021 there were two terminations and eight persons completed Phase V (see Table 4.3.2).

Table 4.3.1
Drug Treatment Court (DTC) Statistics, 2020 and 2021

	2020	2021
New referrals	18	29
Programme Admissions	5	6
Terminations from Programme	7	5
Successful Completion Phase IV	-	7
Successful Completion Phase V	4	1

Source: Drug Treatment Court

Table 4.3.1
Driving Under the Influence (DUI) Statistics, 2020 and 2021

	2020	2021
New referrals	19	26
Programme Admissions	11	14
Terminations from Programme	2	2
Successful Completion Phase V	3	8

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 148 urine samples from its clients to test for drug use during 2021; decreasing from the 176 recorded in the previous year (see Table 4.4.1). This corresponded to 1,776 drug screens in 2021, down from 2,112 drug screens in 2020 (each test consists of 12 substances). Nonetheless, 0.1% in 2020 yielded positive results, while there were no positive results in 2021. The positive results observed in 2020 were for diluted or substitutd specimens. In 2021, alcohol and crack cocaine continued to be the primary drugs used by men prior to treatment (see Table 4.4.2). The year 2021 saw poly drug use continue with the drugs in highest combination being alcohol and crack as well as heroin and crack (see Table 4.4.3).

Table 4.4.1
Drug Screening Results among Men in Treatment, 2020 and 2021

	2020	2021
Total Samples	176	148
Total Screens	2,012	1,776
Number of Positive Screens		
Diluted or Substituted Specimen	2	-
Total	**2**	**-**
% POSITIVE SCREENS	**0.1**	**-**

Source: Men's Treatment

Table 4.4.2
Primary Drug Used by Men Prior to Treatment, 2020 and 2021

Drug	Number of Men	
	2020	2021
Alcohol	57	6
Crack	1	5
Heroin	3	4
TOTAL CLIENTS	**13**	**15**

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, 2020 and 2021

Combinations	Number of Clients	
	2020	2021
Three-Drug Combination:		
Heroin, Crack, THC	1	-
Alcohol, Heroin, THC	1	-
Alcohol, Crack, THC	3	1
Crack, Heroin, Alcohol	-	1
Crack, Cannabis, Alcohol	-	1
Heroin, Crack, Alcohol	-	2
Two-Drug Combination:		
Alcohol, THC	-	1
Alcohol, Crack	4	3
Crack, THC	-	1
Heroin, Crack	1	3
Heroin, Alcohol	-	1
TOTAL	**10**	**9**

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. The total number of random urine screens conducted by the WTC, which test for alcohol and illicit drug use, decreased from 2,796 in 2020 to 1,188 in 2021 (see Table 4.5.1). There was one (0.08%) positive screen for opiates during 2021. At the same time, cocaine was the primary drug used by most of the women prior to treatment in 2021 (same in 2020) followed by alcohol (see Table 4.5.2). Poly drug use was evident in both years with various combinations of alcohol, crack, THC (see Table 4.5.3).

Table 4.5.1
Drug Screening Results among Women in Treatment, 2020 and 2021

	2020	2021
Total Samples	233	99
Total Screens	2,796	1,188
Number of Positive Screens		
Cocaine	1	-
Opiates	-	1
THC	4	-
Amphetamine	33	-
Methamphetamine	1	-
Total	**39**	**1**
% POSITIVE SCREENS	**1.4**	**0.08**

Source: Women's Treatment Centre

Table 4.5.2
Primary Drug Used by Women Prior to Treatment, 2020 and 2021

Drug	Number of Women	
	2020	2021
Alcohol	3	3
Cocaine	6	4
Heroin	2	2
Marijuana	-	1
TOTAL	**11**	**10**

Source: Women's Treatment Centre

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

Table 4.5.3
Number of Cases of Poly Drug Use among Clients at Women's Treatment Centre, 2020 and 2021

Combinations	Number of Clients	
	2020	2021
Three-Drug Combination:		
Heroin, Crack, THC	5	1
Alcohol, Heroin, THC	2	1
Alcohol, Crack, THC	2	2
Two-Drug Combination:		
Alcohol, Crack	-	1
Heroin, Alcohol	-	1
TOTAL	**9**	**6**

Source: Women's Treatment Centre

4.6 TURNING POINT SUBSTANCE ABUSE PROGRAMME STATISTICS

Drug Abuse among Turning Point Clients

Turning Point Substance Abuse Treatment Programme received a total of 5,473 specimens in 2021, a slight decrease from the 5,426 specimens in collected in 2020 (see Table 4.6.1). Of the total specimens provided in 2021, 2,922 or 57.5% tested positive for illicit drugs compared to 47.9% (2,511) in 2020.

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 (4,752 in 2020 and 4,695 in 2021) compared to females (491 in 2020 and 385 in 2021). The majority of positive specimens tested positive for only one drug (70.0% in 2020 and 48.3% in 2021), 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) (60.8% in 2020 and 41.5% in 2021), cocaine (47.9% in 2020 and 31.5% in 2021), and THC (marijuana) (23.4% in 2020 and 17.9% in 2021) (see Table 4.6.3).

Over the two-year period under review, the total number of methadone clients slightly increased from an average of 96 in 2020 to 99 in 2021 (see Table 4.6.4). Inpatient detoxes decreased from 63 in 2020 to 60 in 2021, while, at the same time, outpatient detoxes were zero in 2021 compared to two in 2020.

Table 4.6.1
Proportion of Positive Drug Screens and Poly Drug Use by Turning Point Clients, 2020 and 2021

		2020	2021
Total Specimens Requested		5,426	5,473
	from Females	515	432
	from Males	4,911	5,041
Total Specimens Provided		5,243	5,080
	by Females	491	385
	by Males	4,752	4,695
Total Positive Specimens for Illicit Drugs*		2,511	2,922
% Positive Specimens Of Total Specimens Provided		47.9	57.5
Positive Specimens for Drugs+			
	for One Drug	1,757	1,412
Poly Drug Use	for Two Drugs	621	1,132
	for Three Drugs	118	346
	for More than Three Drugs	15	32

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, 2020 and 2021

Drug	2020	2021
Alcohol	126 (2.4%)	210 (4.3%)
Benzodiazepines	130 (2.5%)	40 (0.8%)
Cocaine	1,204 (23.0%)	1,526 (31.5%)
Marijuana	588 (11.2%)	870 (17.9%)
Methadone	60 (1.1%)	63 (1.3%)
Opiates	1,527 (29.2%)	2,014 (41.5%)
Oxycontin	19 (0.4%)	38 (0.78%)
Other	99 (1.9%)	88 (1.8%)

Source: Turning Point Substance Abuse Programme

Table 4.6.3
Positive Screens as a Proportion of Total Positive Specimens by Year and Type of Drug Detected at Turning Point, 2020 and 2021

Drug	2020	2021
Alcohol	126 (5.0%)	210 (4.3%)
Benzodiazepines	130 (5.2%)	40 (0.8%)
Cocaine	1,204 (47.9%)	1,526 (31.5%)
Marijuana	588 (23.4%)	870 (17.9%)
Methadone	-	63 (1.3%)
Opiates	1,527 (60.8%)	2,014 (41.5%)
Oxycontin	19 (0.8%)	38 (0.8%)
Other	99 (3.9%)	88 (1.8%)

Source: Turning Point Substance Abuse Programme

Table 4.6.4
Number of Methadone Clients, Inpatient, and Outpatient Detoxifications at Turning Point, 2020 and 2021

Year	Methadone Clients*	Inpatient Detoxes	Outpatient Detoxes
2020	96	63	2
2021	99	60	-

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 2020 and 2021 the RLH had an average of 12 and 8 residents in care, respectively (see Tables 4.7.1 and 4.7.2). There was, on average, two persons who were placed on the waiting list for admissions in 2020 compared to one person in 2021. Aftercare, a programme component, saw up to two clients in 2020 and up to 6 in 2021. 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, 85 screens were conducted in 2021, none of which was positive, compared to 163 screens in 2020 of which zero was positive.

Table 4.7.1
Right Living House Programme Statistics, 2020

Programme Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number of Residents	11	11	12	12	12	12	12	12	12	10	11	11	12*
Total Programme Admissions	-	1	1	-	-	-	2	-	-	-	2	-	6
Number of Discharges	-	1	-	-	-	-	2	-	-	-	-	-	3
Number of Substance Abuse Tests	16	50	15	12	12	12	13	10	9	9	7	9	163
Random Tests	16	37	15	12	12	12	13	10	9	9	7	9	161
Tests for Outings & Day Passes	-	2	-	-	-	-	-	-	-	-	-	-	2
Suspicious Tests	-	11	-	-	-	-	-	-	-	-	-	-	11
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	-	-	-
Wait Listed for Admission	-	2	2	2	2	2	2	-	1	2	-	-	2*
Residents in Aftercare	1	2	2	2	2	1	1	1	1	1	2	2	2*

Source: Right Living House

Note: *Average

Table 4.7.2
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
Tests for Outings & Day Passes	-	-	-	-	-	-	-	-	-	-	-	-	-
Suspicious Tests	-	-	-	-	-	-	-	-	-	-	-	-	-
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

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 six to seven clients in FY 2021/2022, whilst the FY 2020/2021 saw seven to 10 clients. During the past year, between 48-98 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 2021/2022 fiscal year, while one family received relapse prevention education. The programme's success was evident as it saw up to four clients successfully reintegrated with their families and into the community. At the same time, there were two clients in stable committed relationships for the two years under review. Another success measure of the programme is that of building financial stability amongst clients. Half of all clients have either opened or reactivated bank accounts, and have secured savings in a bank, while a few made regular payments towards outstanding bills in the FY 2021/2022. Additionally, during FY 2021/2022, there was a notable increase in the number of evening groups and individual sessions from the previous year. This is because the evening group facilitation chagned from monthly to weekly and clients are currently engaged in individual session with the Life Skills counselor at least once a week.

Most importantly of all, is the number of clients who abstained from substance use while enrolled in the programme. The data shows that majority did, in fact, abstain from drug use while in the programme, with a range of two to six clients in any given quarter, over the last two years under review

Table 4.8.1
Salvation Army Harbour Light Residential Treatment Programme Performance, 2020/2021 and 2021/2022

Programme Indicators	FY 2020/2021				FY 2021/2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intakes/Screenings/Assessments	6	14	6	13	6	8	4	5
Enrollment	3	1	1	3	3	5	1	2
Completions	2	2	-	3	3	-	-	1
Total Clients	10	8	7	8	7	7	7	6
Random Drug Tests	2	-	5	5	11	9	10	11
Positive Drug Tests	-	-	-	-	-	-	-	2
NA/AA Meetings (Mandatory)	40	39	58	58	36	36	36	36
Community Outreach: Volunteer Days	7	7	14	4	3	2	2	6
Community Outreach: Number of Client's Volunteering	10	8	7	6	7	7	7	7
Community Outreach: Other Activities	-	4	-	1	1	-	-	-

Source: Salvation Army

Table 4.8.2
Salvation Army Community Life Skills Recovery Programme Performance, 2020/2021 and 2021/2022

Programme Indicators	FY 2020/2021				FY 2021/2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total number of clients who participated in the programme	4	4	4	4	5	4	4	4
Number of new clients referred				2	2	-	1	-
Number of intakes / screenings / assessments	1	4	4	4	5	-	1	-
Number of evening groups	3	1	3	10	14	13	13	13
Clients who received crisis intervention	1	-	2	1	2	2	1	1
Families who received relapse prevention	-	-	1	-	1	-	-	-
Clients who reintegrated with families, employment, education, community	2	3	2	4	4	4	3	4
Clients who were in stable committed relationships	-	-	1	1	-	-	-	-
Clients who obtained financial stability (financial planning and banking)	1	3	2	1	2	2	3	3
Clients who opened and reactivated bank accounts	1	2	1	2	2	-	-	1
Clients with secured savings in bank accounts	1	2	2	2	2	2	3	4
Clients who made regular payments towards outstanding bills	1	1	2	2	-	-	1	2
Clients who abstained from substance abuse	3	6	2	5	4	4	4	4
New Care Plan	-	2	1	4	8	6	2	6
Care Plan Review	1	1	1	1	4	4	2	4
Life Skills Individual Sessions	8	-	4	1	73	48	54	98
Case Management Sessions	16	13	16	10	10	12	14	12
Referrals for Outside Services	-	2	-	-	9	10	6	5

Table 4.8.2 cont'd
Salvation Army Community Life Skills Recovery Programme Performance, 2020/2021 and 2021/2022

Programme Indicators	FY 2020/2021				FY 2021/2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NA/AA Meetings (Mandatory)	-	-	-	-	36	36	36	36
Community Outreach: Number of Clients Volunteering	-	-	-	-	3	3	-	1
Community Outreach Volunteer Days	-	-	-	-	89	98	-	44

Source: Salvation Army

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 2021/2022, the programme operated one house with a 12-bed capacity, down from the prior year, which saw the programme operating two houses with a bed capacity of 18. In FY 2021/2022, the proggramme accommodated an average of seven clients. The range of aftercare sessions in 2021/2022 was between eight to 12 sessions. Each of these aftercare sessions provided services to between six and 10 clients. Random drug tests of clients showed a few positive results for THC and alcohol.

Table 4.9.1
Focus Counselling Services Supportive Residence Programme Performance, 2020/2021 and 2021/2022

Programme Indicators	FY 2020/2021				FY 2021/2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Houses	2	2	2	2	1	1	1	1
Number of Beds	18	18	18	18	12	12	12	12
Average Number of Clients/ Occupancy	10	10	8	5	5	5	8	11
Number of Drug Tests	18	16	25	33	60	60	96	132
THC	1	2	-	3	-	-	3	-
Opiates	1	1	-	1	-	-	-	-
Cocaine	3	-	1	1	-	-	-	-
Alcohol	3	3	1	2	-	-	2	-
Number of Pre-Treatment Clients	3	5	-	2	2	-	-	1
Number of After-Care Sessions	10	10	6	5	10	8	12	12
Average Number of Participants in Aftercare	10	10	6	5	3	3	5	6
House meetings	26	26	13	13	4	4	4	4
Number of residents employed	3	3	2	3	1	1	3	4
Number of Drug Court clients	3	2	3	4	1	1	2	2
Number of Probation/Parole clients	-	-	-	1	-	1	2	1
Number of Individual Counseling	-	10	56	70	36	36	60	60

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 2021, saw an increase in the total number of new treatment admissions by 32 people and a increase 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 2021 was 87 (71 men and 16 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 395 (332 men and 63 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 the Right Living House Programme (12).

In terms of capacity and utilisation of the treatment services, the majority was seen by the Right Living House Programme.

Table 4.10.1
Number of New Treatment Admissions, 2020 and 2021

Treatment Agency	2020			2021		
	Male	Female	Total	Male	Female	Total
WTC	-	11	11	-	12	12
MT	8	-	8	11	-	11
Turning Point (Methadone, Inpatient, Outpatient/Detox)	7	4	11	29	4	33
Salvation Army Harbour Light	4	-	4	15	-	15
Salvation Army Life Skills	2	-	2	1	-	1
Focus	6	1	7	10	-	10
RLH	12	-	12	5	-	5
TOTAL	39	16	55	71	16	87

Source: Treatment Agencies

Table 4.10.2
Number of Persons in Treatment, 2020 and 2021

Treatment Agency	2020			2021		
	Male	Female	Total	Male	Female	Total
WTC	-	11	11	-	12	12
MT	11	-	11	15	-	15
Turning Point (Methadone, Inpatient, Outpatient/Detox)	137	38	175	272	51	323
Salvation Army Harbour Light*	8	-	8	15	-	15
Salvation Army Life Skills	4	-	4	5	-	5
Focus	10	2	12	13	-	13
RLH	12	-	12	12	-	12
TOTAL	176	50	226	332	63	395

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 2021 saw a significant decrease in the number of illicit drug tests administered by BSADA (see Table 5.1.1) from 76 in 2020 to 57 in 2021. There was one positive test results for THC (marijuana) observed in 2021. The number of anti-doping tests (of both urine and blood) increased from to 27 in 2020 to 43 in 2021 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 2020 and 2021. Most of these tests were done for the sports of bicycling, criket, and volleyball. On the other hand, most of the anti-doping tests were administered for competition purposes by BSADA (see Tables 5.1.3 and 5.1.4). There were no positive tests for performance enhancing drugs in 2020 or 2021 (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, 2020 and 2021

Year	Illicit Tests		Anti-Doping Tests	
	Number of Tests	Number of Positive THC	Number of Tests	Positive
2020	76	-	27	-
2021	57	1	43	-

Source: BSADA

Table 5.1.2
Illicit Drug Tests by Sport, 2020 and 2021

Sport	2020	2021
Archery	-	1
Athletics	-	1
Bicycling	-	11
Bowling	-	7
Cricket	-	11
Football	17	-
Lawn Tennis	3	6
Sailing	10	20
Volleyball	46	-
TOTAL	**76**	**57**

Source: BSADA

Table 5.1.3
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2020

National Anti-Doping Organisations/ Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Bermuda Sport Anti-Doping Authority (BSADA)	6	5	1
United States Anti-Doping (USADA)	-	5	1
Professional Worldwide Controls (PWC)	-	1	1
Canadian Center for Ethics in Sport (CCES)	-	1	-
Clearidium	-	3	3
Total	**52**	**17**	**11**

Source: BSADA

Table 5.1.4
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)	-	5	1
Clearidium	-	4	3
Total	**5**	**28**	**10**

Source: BSADA

Table 5.1.5
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2020

National Anti-Doping Organisations/ Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Aquatics	-	-	-
Athletics	6	7	2
Cycling	-	2	1
Equestrian	-	1	1
Paralympic Sport	-	1	-
Triathlon	-	4	2
Total	**6**	**15**	**6**

Source: BSADA

Table 5.1.6
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

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 2021, 88.0% of reception inmates were screened for illicit drugs (see Table 5.2.1), 7.4% refused to participate in screening (9.9% refused in 2020), and five persons were released prior to specimen collection (six in 2020). Drug screening of offenders on reception decreased in 2021 by 26.9%, down from 130 in the previous year to 95. The overall number of positive screens for illicit drugs decreased in 2021 to 52 compared to 141 in 2020 (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 2020 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 decreased slightly from 26 in 2020 to 21 in 2021 (see Table 5.2.6). The proportion of repeat offenders received into Westgate also decreased, moving from 125 (82.8%) in 2020 to 87 (81.0%) in 2021 (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. All poly drug users were repeated offenders in 2021.

The highest prevalence-of-use was recorded for marijuana, followed by cocaine and opiates (heroin) in both years under comparison.

[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, 2020 and 2021

Year	Reception Inmates	Screened	Refused	Released
2020	151	95 (88.0)	15 (9.9)	6 (4.0)
2021	108	95 (88.0)	8 (7.4)	5 (4.6)

Source: Westgate Correctional Facility

Table 5.2.2
Percentage of Positive Illicit Drug Screens among Prison Reception Inmates, 2020 and 2021

Year	Number of Positive Illicit Drug Screens	Percentage of Total Screens
2020	141	93.4
2021	52	48.1

Source: Westgate Correctional Facility

Table 5.2.3
Drug Prevalence (Urinalysis) at Reception by Number and Proportion of Screened Offenders, 2020 and 2021

Year	Marijuana	Cocaine	Opiates	METH*	Poly Drug Use
2020	76 (58.5)	36 (27.7)	28 (21.5)	1 (0.8)	-
2021	38 (40.0)	26 (27.4)	7 (7.4)	1 (1.1)	17 (17.9)

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.

Table 5.2.4
Random Positive Urine Screens by Substance and Number and Proportion of Inmates, 2020 and 2021

	2020	2021
Overall Positive	2 (1.3)	1 (0.9)
Marijuana	2 (1.3)	-
Opiates	-	1 (0.9)
Cocaine	-	-

Source: Westgate Correctional Facility

Table 5.2.5
Drug Prevalence at Reception by Number and Proportion of Positive Illicit Drug Screens, 2020 and 2021

Year	Marijuana	Cocaine	Opiates	Methadone	Poly Drug Use
2020	76 (53.9)	36 (25.5)	28 (19.9)	1 (0.71)	-
2021	38 (73.1)	26 (50.0)	7 (13.5)	1 (1.9)	17 (32.7)

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.

Table 5.2.6
Number and Proportion of First-Time and Repeat Offenders by Year, 2020 and 2021

Year	Category of Offenders		
	Reception inmates	First time offenders	Repeat offenders
2020	151	26 (17.2)	125 (82.8)
2021	108	21 (19.4)	87 (80.6)

Source: Westgate Correctional Facility

Table 5.2.7
Any Illicit Drug Prevalence (Urinalysis) by Number and Proportion of First-Time and Repeat Offenders, 2020 and 2021

Year	Offender	Marijuana	Cocaine	Opiates	Methadone
2020	Repeat offender	53 (42.4)	37 (29.6)	26 (20.8)	-
	First-time offender	14 (53.8)	-	1 (3.8)	-
2021	Repeat offender	29 (33.3)	26 (29.9)	8 (9.2)	-
	First-time offender	9 (42.9)	-	-	1 (4.8)

Source: Westgate Correctional Facility

Table 5.2.8
Number of First-Time and Repeater Offenders with Poly Drug Use, 2020 and 2021

Year	First-Time Offender	Repeat Offender
2020	1	30
2021	-	17

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 2021, the Prison Farm requested and collected 63 urine specimens, which was less than the number (290) requested in 2020 (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, zero tested positive for an illicit substance in 2021 and three in 2020.

Table 5.3.1
Drug Screening Results for Persons at the Prison Farm, 2020

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens
			THC
Random	272	272	-
Suspicion	12	12	3
Work Detail	6	6	-
Total	290	290	3

Source: Department of Corrections

Table 5.3.2
Drug Screening Results for Persons at the Prison Farm, 2021

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens
			THC
Random	63	63	-
Suspicion	-	-	-
Work Detail	-	-	-
Total	63	63	-

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 2021, the Co-Ed facility requested and collected 33 urine specimens compared to 34 specimens in 2020 (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 2020 and 2021.

Table 5.4.1
Drug Screening Results for Persons at the Co-Ed Facility, 2020 and 2021

Random Test	Specimens Requested	Specimens Provided
2020	34	34
2021	33	33

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 2021, 80 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 a 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 2021, more males (67) provided a sample for testing compared to females (13); however, 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, 41 out of the 80 failed in 2021 and two 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 increased over the reporting periods under review; from 162 mg/dl to 170 mg/dl (see Table 6.1.2). However, the mean BAC reading for individuals who failed the breathalyser test decreased from 188 mg/dl in 2020 to 174 mg/dl in 2021. In instances where there were accidents, the average BAC was significantly above the legal limit. In 2020, the mean failed BAC, in cases where there were accidents, was recorded at 180 mg/dl and somewhat lower at 151 mg/dl in 2021. There were 39 instances recorded in 2021 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 98 to 235 mg/dl in 2020 and 94 to 221 mg/dl in 2021; the upper end of the range in 2021 is equivalent to as much as about three times the legal limit. On average, most persons who failed the breathalyser test were two to three times above the legal limit in both 2020 and 2021 (see Table 6.1.3). Of those who were tested in 2021, only three were within the legal limit when compared to 13 in 2020. There was one instance each in 2020 and 2021 where an accident occurred and the corresponding breathalyser reading was as much as three to four times above the legal limit.

[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, 2020 and 2021

Year	Number of Persons Stopped	Gave Sample[b]						Male			Female		
		Total	Male	Female	Failed	Passed	Refusals	Failed	Passed	Refusals	Failed	Passed	Refusals
2020	**118**	**114**	**110**	**4**	**86**	**13**	**15**	**82**	**13**	**15**	**4**	**-**	**-**
Q1	18	18	16	2	16	2	-	14	2	-	2	-	-
Q2	22	22	22	-	18	3	1	18	3	1	-	-	-
Q3	45	43	42	1	33	4	6	32	4	6	1	-	-
Q4	33	31	30	1	19	4	8	18	4	8	1	-	-
2021	**80**	**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

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, 2020 and 2021*

	2020					2021				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mean Reading: All Breathalyser Samples	175	141	177	156	**162**	167	190	144	179	**170**
Mean Reading: Failed Breathalyser Samples	205	165	207	175	**188**	167	197	156	176	**174**
Mean Reading: Failed Breathalyser Samples of Males	201	165	207	175	**187**	161	192	156	176	**171**
Mean Reading: Failed Breathalyser Samples of Females	211	-	248	163	**156**	214	197	-	-	**103**
Mean Reading: Accident with Failed Breathalyser Samples	190	163	177	189	**180**	151	196	112	143	**151**
Mean Reading: Accident with Passed Breathalyser Samples	-	-	-	-	**-**	-	79	76	-	**39**
Range of Reading: Failed Breathalyser Samples	136-219	110-196	98-235	110-197	**98-235**	123-203	94-221	117-196	142-200	**94-221**
Range of Reading: Passed Breathalyser Samples	0-68	0-19	27-77	0-56	**0-77**	-	0-79	0-75	-	**0-79**

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, 2020 and 2021*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2020	13	34	37	10	2
Q1	2	1	10	1	-
Q2	2	9	9	1	1
Q3	5	13	10	7	1
Q4	4	11	8	1	-
Male	11	37	31	5	1
Female	-	-	2	1	-
Accident	2	8	12	1	-

Table 6.1.3 cont'd
Number of Breathalyser Sample Readings by Limit, 2020 and 2021*

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	-

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 Impaired Driving 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 siz-week cycle totalling 12 hours with 2 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 11 programme participants in comparison to the six in 2020 (see Table 6.2.1). Most of the participants in either year were males and between the ages of 31 to 41 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 2021 were diagnosed as 'mild'. Specifically, in 2021, 63.6% (seven) of the participants were diagnosed as mild, another 18.2% (two) as moderate, and 18.2% (two) 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, 2020 and 2021

	2020[a]	2021[b]
Number of Inquiries	...	23
Number of Participants	6	11

Source: Bermuda Professional Counselling Services

Table 6.2.2
Impaired Driving Programme Participants' Statistics, 2020 and 2021

Year	Sex		Age							
	Male	Female	17 – 21	22 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	50+
2020[a]	4	2	...	...	...	...	...	...	...	...
2021[b]	10	1	-	-	-	1	3	3	1	3

Source: a. Bermuda Professional Counselling Services and b. FOCUS

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

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

Source: FOCUS

Chapter 7
Health

- Drug-Related Infectious Diseases
- Cases Related to Drugs, Poisoning, and Toxic Effects of Substances
  - »Inpatient Cases
  - »Emergency Room (ER)
  - »MWI Drug-Related Cases
- Mortality
  - »Toxicology Screens
  - »Substances Detected
- Prenatal Drug Use

SPECIAL NOTE

As of early 2020, 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 2022 BerDIN Report is void of 2020 data from the King Edward VII Memorial Hospital and Mid-Atlantic Wellness Institute's data. 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). 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 were existent in 2020 and 2021. In particular, the Epidemiology and Surveillance Unit reported one drug-related case of hepatitis C each in 2020 and 2021. Reports on these cases indicate a history or current use of injection drugs. No case of HIV or AIDS, related to drug use, was recorded in either of the years under review (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 this indicator more reliable and further improve the comparability of prevalence data in 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.

Table 7.1.1
Drug-Related Infectious Diseases, 2020 and 2021

Infection	2020		2021	
	Number of Cases	Number of ATOD-Related Cases	Number of Cases	Number of ATOD-Related Cases
HIV	3	-	4	-
AIDS	-	-	1	-
Hepatitis B[a]	3	-	2	-
Hepatitis C[b]	1	1	1	1
Chlamydia	262	-	199	-
Gonorrhoea	22	-	17	-
Herpes[c]	47	-	26	-
Syphilis	3	-	3	-
Total	341	1	253	1

Source: Epidemiology & Surveillance

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 INPATIENT CASES RELATED TO DRUGS, POISONING, AND TOXIC EFFECTS OF SUBSTANCES

Information received from the King Edward Memorial VII Hospital (KEMH) is reported by treatment status, such as inpatient or emergency room case. Further, the classifications are reported by primary and secondary diagnosis using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10), codes. For purposes of the BerDIN, codes related to the following are reported: 1) inpatient and emergency drug cases and 2) inpatient and emergency cases related to poisoning, and toxic effects of substances.

Primary diagnosis is the major diagnosis used to identify the reason for the patient's stay and services required that the hospital uses for coding purposes. The principal diagnosis is defined as that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care or for outpatient treatment. It may not necessarily be the diagnosis which represents the greatest length of stay, the greatest consumption of hospital resources, or the most life-threatening condition. This principal diagnosis is selected by physicians based on their interpretation of what was treated or evaluated. Since the principal/primary diagnosis reflects clinical findings discovered during the patient's stay, it may differ from the admitting diagnosis. In the case of admission to the hospital-based ambulatory surgery service or freestanding ambulatory surgery center, the principal/primary diagnosis is that diagnosis established to be chiefly responsible for occasioning the admission to the service or center for the specific procedure. In the case of emergency room visits, the principal/primary diagnosis code is that diagnosis established to be chiefly responsible for occasioning the visit to the emergency room. Physicians "sequence" all of the diagnoses, complications and comorbidities in the following order: 1) principal diagnosis; 2) complication; and 3) comorbidity.

In 2021, seven of the 32 tests administered confirmed positive for marijuana.

The principal diagnosis may not always be the most important or significant condition of a patient. For example, if a patient is admitted for dehydration, but three days into the admission has a myocardial infarction (MI), the principal diagnosis will be dehydration. Consistent, complete documentation in the medical record is vital to the accurate assignment of the principal diagnosis. Additional diagnoses are used to identify conditions that are present in addition to the major diagnosis.

The general guideline to determine a secondary diagnosis is if a clinical evaluation is provided, diagnostic procedures may be performed, and the patient may require an extended length of hospital stay or increased nursing care or monitoring. The definition of a secondary diagnosis is "all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay." Diagnoses that relate to an earlier episode, which have no bearing on the current hospital stay, are excluded.

Inpatient cases for which drugs were the primary diagnosis was very low as reported by KEMH. There were thirty-seven cases reported in 2021 (see Tables 7.2.1 and 7.2.2). In 2021, there were 22 inpatient cases in which poisoning and toxic effects were the primary diagnosis. Regarding secondary diagnosis cases, 422 cases were reported for inpatient drug-related cases in 2021 (see Table 7.2.3). Secondary diagnoses of greatest occurrence were for conditions such as nicotine dependence, and alcohol dependence. Secondary diagnoses for inpatient drug-related cases, were more prevalent among males (305) than females (117). In 2021, there were 264 cases of secondary diagnosis of inpatient cases of poisoning and toxic effects of substances (see Table 7.2.4).

Table 7.2.1
Primary Diagnoses of Inpatient Drug-Related Cases, 2021*

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Alcohol abuse with intoxication, unspecified	1	-	-	-	-	1	-	-	1	-	-	-	-
Alcohol dependence with intoxication, unspecified	2	1	-	-	-	-	1	2	1	2	-	-	-
Alcohol dependence with withdrawal delirium	1	-	-	-	-	-	1	-	-	1	-	-	-
Alcohol dependence with withdrawal with perceptual disturbance	1	-	-	-	-	1	-	-	1	-	-	-	-
Alcohol dependence with withdrawal, unspecified	4	-	-	-	-	2	1	1	3	1	-	-	-
Alcohol use, unspecified with alcohol-induced persisting dementia	-	1	-	-	-	-	-	1	-	1	-	-	-
Alcohol use, unspecified with other alcohol-induced disorder	1	-	-	-	-	-	-	1	1	-	-	-	-
Cannabis abuse with other cannabis-induced disorder	1	-	-	-	-	1	-	-	1	-	-	-	-
Cocaine abuse with intoxication with perceptual disturbance	1	-	-	-	-	-	-	1	1	-	-	-	-
Opioid dependence with withdrawal	1	-	-	-	-	-	-	1	1	-	-	-	-
TOTALS	**13**	**2**	**-**	**-**	**-**	**5**	**3**	**7**	**10**	**5**	**-**	**-**	**-**

Source: King Edward VII Memorial Hospital

Note: * Related to alcohol, tobacco, illicit drugs, prescription drugs, other drugs.

Table 7.2.2
Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2021

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter	1	1	2	-	-	-	-	-	2	-	-	-	-
Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter	-	3	2	-	-	-	-	1	-	3	-	-	-
Poisoning by benzodiazepines, intentional self-harm, initial encounter	-	2	-	-	1	1	-	-	2	-	-	-	-
Poisoning by beta-adrenoreceptor antagonists, intentional self-harm, initial encounter	1	-	1	-	-	-	-	-	-	1	-	-	-
Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter	1	-	-	-	-	-	-	1	-	1	-	-	-
Poisoning by other opioids, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	-	1	-	-	-
Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter	-	3	2	1	-	-	-	-	2	-	-	-	1
Toxic effect of other specified substances, accidental (unintentional), initial encounter	1	1	-	-	-	-	1	1	-	2	-	-	-
Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Toxic effect of unspecified substance, accidental (unintentional), initial encounter	1	-	-	-	-	1	-	-	1	-	-	-	-
TOTALS	**7**	**15**	**7**	**2**	**1**	**2**	**2**	**8**	**11**	**10**	**-**	**-**	**1**

Source: King Edward VII Memorial Hospital

+ Includes Portuguese, and persons of 'Other' races.

Table 7.2.3
Secondary Diagnoses of Inpatient Drug-Related[*] Cases, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other[+]
Alcohol abuse with intoxication delirium	1	-	-	-	-	-	-	1	1	-	-	-	-
Alcohol abuse with intoxication, unspecified	11	4	2	1	-	3	7	2	9	5	-	1	-
Alcohol abuse with other alcohol-induced disorder	3	-	-	-	-	2	-	1	2	-	-	1	-
Alcohol abuse with withdrawal delirium	1	-	-	-	-	-	1	-	1	-	-	-	-
Alcohol abuse with withdrawal, uncomplicated	-	1	-	-	-	-	1	-	1	-	-	-	-
Alcohol abuse with withdrawal, unspecified	2	1	-	-	-	1	2	-	2	1	-	-	-
Alcohol abuse, in remission	3	2	-	-	-	-	3	2	3	2	-	-	-
Alcohol abuse, uncomplicated	18	3	-	-	-	2	6	13	15	5	-	-	1
Alcohol dependence with intoxication, unspecified	1	1	-	-	-	-	1	1	1	1	-	-	-
Alcohol dependence with other alcohol-induced disorder	1	1	-	-	-	-	1	1	1	1	-	-	-
Alcohol dependence with withdrawal delirium	4	2	-	-	-	-	4	2	6	-	-	-	-
Alcohol dependence with withdrawal with perceptual disturbance	1	-	-	-	1	-	-	-	1	-	-	-	-
Alcohol dependence with withdrawal, unspecified	8	-	-	-	-	-	3	5	3	5	-	-	-
Alcohol dependence, in remission	9	-	-	-	-	-	3	6	4	4	-	1	-
Alcohol dependence, uncomplicated	27	5	-	-	-	6	7	19	18	14	-	-	-
Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	2	-	-	-	-	-	2	-	2	-	-	-	-
Alcohol use, unspecified with alcohol-induced persisting dementia	1	-	-	-	-	-	-	1	1	-	-	-	-
Alcohol use, unspecified with intoxication, unspecified	-	1	-	1	-	-	-	-	1	-	-	-	-
Alcohol use, unspecified with unspecified alcohol-induced disorder	1	3	-	-	-	1	-	3	3	1	-	-	-
Cannabis abuse with other cannabis-induced disorder	-	2	-	-	1	-	1	-	1	1	-	-	-
Cannabis abuse, uncomplicated	9	8	-	2	7	2	4	2	14	2	1	-	-
Cannabis dependence with other cannabis-induced disorder	1	-	-	-	-	1	-	-	1	-	-	-	-
Cannabis dependence with withdrawal	1	-	-	1	-	-	-	-	1	-	-	-	-
Cannabis dependence, in remission	-	1	-	-	-	1	-	-	1	-	-	-	-
Cannabis dependence, uncomplicated	3	2	-	1	2	-	2	-	5	-	-	-	-
Cannabis use, unspecified, uncomplicated	6	4	1	3	2	2	1	1	9	1	-	-	-
Cocaine abuse with intoxication, unspecified	2	-	-	-	-	-	1	1	1	-	1	-	-
Cocaine abuse with other cocaine-induced disorder	1	-	-	-	-	-	1	-	1	-	-	-	-
Cocaine abuse, uncomplicated	7	2	-	-	-	-	2	7	9	-	-	-	-
Cocaine dependence, uncomplicated	2	1	-	-	-	-	2	1	3	-	-	-	-
Nicotine dependence, chewing tobacco, uncomplicated	-	1	-	-	-	-	1	-	1	-	-	-	-
Nicotine dependence, cigarettes, uncomplicated	128	49	2	9	10	27	59	70	122	46	-	1	8
Nicotine dependence, cigarettes, with other nicotine-induced disorders	1	-	-	-	-	-	-	1	1	-	-	-	-
Nicotine dependence, other tobacco product, uncomplicated	6	1	-	-	-	-	3	4	4	3	-	-	-
Nicotine dependence, unspecified, uncomplicated	21	17	-	2	6	4	7	19	29	9	-	-	-
Opioid abuse with intoxication, unspecified	1	-	-	-	-	-	-	1	1	-	-	-	-
Opioid abuse with withdrawal	1	-	-	-	-	-	1	-	1	-	-	-	-
Opioid abuse, in remission	2	-	-	-	-	-	1	1	1	1	-	-	-
Opioid abuse, uncomplicated	2	2	-	1	-	-	1	2	4	-	-	-	-
Opioid dependence with withdrawal	1	-	-	-	-	-	-	1	1	-	-	-	-
Opioid dependence, in remission	-	2	-	-	-	-	1	1	2	-	-	-	-

Table 7.2.3 cont'd
Secondary Diagnoses of Inpatient Drug-Related Cases, 2021*

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Opioid dependence, uncomplicated	4	1	-	-	-	-	3	2	5	-	-	-	-
Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions	1	-	-	-	-	1	-	-	1	-	-	-	-
Other psychoactive substance abuse, uncomplicated	5	-	-	-	-	-	2	3	5	-	-	-	-
Other psychoactive substance dependence, uncomplicated	1	-	-	-	-	1	-	-	1	-	-	-	-
Other psychoactive substance use, unspecified, uncomplicated	3	-	-	-	-	-	2	1	2	1	-	-	-
TOTALS	**305**	**117**	**5**	**21**	**29**	**54**	**136**	**177**	**304**	**103**	**2**	**4**	**9**

Source: King Edward VII Memorial Hospital

Notes: *Related to alcohol, tobacco, illicit drugs, prescription drugs, other drugs.
+ Includes Portuguese, and persons of 'Other' races.

Table 7.2.4
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Adverse effect of 4-Aminophenol derivatives, initial encounter	1	2	-	-	-	-	-	3	2	1	-	-	-
Adverse effect of alpha-adrenoreceptor antagonists, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of aminoglycosides, initial encounter	1	1	-	1	-	1	-	-	2	-	-	-	-
Adverse effect of angiotensin-converting-enzyme inhibitors, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of antiallergic and antiemetic drugs, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of antiasthmatics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of anticoagulants, initial encounter	14	22	-	-	-	-	3	33	26	10	-	-	-
Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter	1	1	-	-	-	-	1	1	-	2	-	-	-
Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter	1	2	-	-	-	-	3	-	3	-	-	-	-
Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	13	13	-	-	-	-	1	25	17	9	-	-	-
Adverse effect of antineoplastic and immunosuppressive drugs, sequela	-	3	-	-	-	-	-	3	1	2	-	-	-
Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of aspirin, initial encounter	2	1	-	-	-	-	3	-	2	1	-	-	-
Adverse effect of benzodiazepines, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of beta-adrenoreceptor antagonists, initial encounter	3	2	-	-	-	-	5	-	3	2	-	-	-
Adverse effect of beta-adrenoreceptor antagonists, subsequent encounter	-	1	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of calcium-channel blockers, initial encounter	-	1	-	-	-	-	1	-	-	1	-	-	-
Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter	7	14	-	-	-	1	2	18	16	5	-	-	-
Adverse effect of cardiac-stimulant glycosides and drugs of similar action, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of cephalosporins and other beta-lactam antibiotics, initial encounter	1	1	-	-	-	2	-	-	2	-	-	-	-

Table 7.2.4 cont'd
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Adverse effect of diagnostic agents, initial encounter	6	1	-	-	-	1	1	5	5	2	-	-	-
Adverse effect of electrolytic, caloric and water-balance agents, initial encounter	1	1	-	-	-	-	-	2	1	1	-	-	-
Adverse effect of glucocorticoids and synthetic analogues, initial encounter	5	10	-	-	3	-	2	10	10	5	-	-	-
Adverse effect of iminostilbenes, initial encounter	-	2	-	-	-	-	-	2	2	-	-	-	-
Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter	1	6	-	-	2	-	-	5	7	-	-	-	-
Adverse effect of loop [high-ceiling] diuretics, initial encounter	-	6	-	-	-	-	-	6	5	1	-	-	-
Adverse effect of macrolides, initial encounter	1	-	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of methadone, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter	2	1	-	-	-	-	-	3	3	-	-	-	-
Adverse effect of oral contraceptives, initial encounter	-	1	-	-	-	1	-	-	-	1	-	-	-
Adverse effect of other agents primarily affecting gastrointestinal system, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of other antacids and anti-gastric-secretion drugs, initial encounter	1	-	-	-	1	-	-	-	-	-	-	-	1
Adverse effect of other antidysrhythmic drugs, initial encounter	3	2	-	-	-	-	-	5	1	4	-	-	-
Adverse effect of other antidysrhythmic drugs, subsequent encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of other antihypertensive drugs, initial encounter	2	1	-	-	-	-	1	2	1	2	-	-	-
Adverse effect of other antipsychotics and neuroleptics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter	4	4	-	-	1	2	1	4	2	5	-	-	1
Adverse effect of other opioids, initial encounter	1	4	-	-	-	-	1	4	3	2	-	-	-
Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter	1	-	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of other primarily systemic and hematological agents, initial encounter	1	-	-	-	-	-	1	-	-	1	-	-	-
Adverse effect of other specified systemic anti-infectives and antiparasitics, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of other systemic antibiotics, initial encounter	4	5	-	-	-	-	2	7	7	2	-	-	-
Adverse effect of other vaccines and biological substances, initial encounter	2	-	-	1	-	-	1	-	1	1	-	-	-
Adverse effect of other viral vaccines, initial encounter	2	3	-	1	-	-	1	3	4	-	1	-	-
Adverse effect of other viral vaccines, subsequent encounter	-	1	-	-	1	-	-	-	-	1	-	-	-
Adverse effect of penicillins, initial encounter	1	2	-	-	-	1	-	2	2	1	-	-	-
Adverse effect of predominantly alpha-adrenoreceptor agonists, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of propionic acid derivatives, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of thrombolytic drugs, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of thyroid hormones and substitutes, initial encounter	-	1	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of tramadol, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-

Table 7.2.4 cont'd

Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Adverse effect of tricyclic antidepressants, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter	3	2	-	-	1	1	2	1	4	1	-	-	-
Adverse effect of unspecified general anesthetics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of unspecified nonopioid analgesic, antipyretic and antirheumatic, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of unspecified systemic antibiotic, initial encounter	1	4	-	-	-	-	-	5	5	-	-	-	-
Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, accidental (unintentional), initial encounter	1	1	-	-	-	-	-	2	2	-	-	-	-
Poisoning by cocaine, accidental (unintentional), initial encounter	1	-	-	-	-	1	-	-	-	1	-	-	-
Poisoning by drugs affecting uric acid metabolism, accidental (unintentional), initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning by other opioids, accidental (unintentional), initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Poisoning by other systemic antibiotics, accidental (unintentional), initial encounter	-	1	-	-	-	-	1	-	-	1	-	-	-
Poisoning by propionic acid derivatives, intentional self-harm, initial encounter	-	1	1	-	-	-	-	-	1	-	-	-	-
Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter	-	1	-	-	1	-	-	-	1	-	-	-	-
Toxic effect of carbon dioxide, undetermined, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Toxic effect of ethanol, accidental (unintentional), initial encounter	1	1	-	-	-	1	-	1	2	-	-	-	-
Toxic effect of petroleum products, intentional self-harm, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Underdosing of antiasthmatics, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Underdosing of anticoagulants, initial encounter	-	1	-	-	-	-	1	-	1	-	-	-	-
Underdosing of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Underdosing of antineoplastic and immunosuppressive drugs, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Underdosing of calcium-channel blockers, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Underdosing of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter	1	3	-	-	2	-	-	2	4	-	-	-	-
Underdosing of loop [high-ceiling] diuretics, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Underdosing of macrolides, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Underdosing of methadone, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Underdosing of other antiepileptic and sedative-hypnotic drugs, initial encounter	1	1	-	-	-	-	1	1	2	-	-	-	-
Underdosing of other antihypertensive drugs, initial encounter	2	-	-	-	-	-	-	2	2	-	-	-	-
Underdosing of other drugs, medicaments and biological substances, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-

Table 7.2.4 cont'd
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Underdosing of other estrogens and progestogens, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Underdosing of penicillins, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Underdosing of thyroid hormones and substitutes, initial encounter	-	2	-	-	1	-	-	1	2	-	-	-	-
Underdosing of unspecified antiepileptic and sedative-hypnotic drugs, initial encounter	1	-	-	-	-	1	-	-	-	-	-	1	-
Underdosing of unspecified drugs, medicaments and biological substances, initial encounter	1	1	-	-	-	-	-	2	2	-	-	-	-
TOTALS	**110**	**154**	**1**	**5**	**13**	**13**	**41**	**191**	**185**	**75**	**1**	**1**	**2**

Source: King Edward VII Memorial Hospital

7.3 EMERGENCY ROOM CASES RELATED TO DRUGS, POISONING, AND TOXIC EFFECTS OF SUBSTANCES

The emergency room saw 139 cases in 2021 in which the primary diagnosis was related to drugs (see Table 7.3.1). The main primary diagnosis was for alcohol abuse. Emergency room cases in which poisoning and toxic effects were the primary diagnosis and saw 151 cases in 2021 (see Table 7.3.2). In 2021, there was an overall total of 229 cases reported to the emergency room for which there was a drug-related secondary diagnosis (see Table 7.3.3); with significantly more cases of males than females. The secondary diagnoses for the majority of drug-related cases in 2021 were due to alcohol abuse as well as cannabis abuse (unspecified). When it came to secondary diagnosis of emergency room cases of poisoning and toxic effects of substances, 106 cases were presented in 2021 (see Table 7.3.4); with more incidents occurring to females versus males.

Table 7.3.1
Primary Diagnoses of Emergency Room (ER) Drug-Related Cases, 2021*

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Alcohol abuse with alcohol-induced anxiety disorder	2	1	-	-	-	1	1	1	3	-	-	-	-
Alcohol abuse with alcohol-induced mood disorder	1	-	-	-	-	-	1	-	1	-	-	-	-
Alcohol abuse with intoxication delirium	3	-	-	-	1	-	2	-	2	1	-	-	-
Alcohol abuse with intoxication, uncomplicated	2	-	-	1	-	-	1	-	2	-	-	-	-
Alcohol abuse with intoxication, unspecified	12	8	-	7	1	2	4	6	13	6	-	1	-
Alcohol abuse with withdrawal, unspecified	3	-	-	-	1	1	1	-	3	-	-	-	-
Alcohol abuse, uncomplicated	9	4	-	2	3	1	4	3	8	4	-	-	1
Alcohol dependence with alcohol-induced anxiety disorder	1	-	-	-	1	-	-	-	-	1	-	-	-
Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	1	-	-	-	1	-	-	-	1	-	-	-	-
Alcohol dependence with intoxication, unspecified	10	2	-	1	3	1	5	2	8	4	-	-	-
Alcohol dependence with withdrawal delirium	2	-	-	-	-	-	2	-	1	1	-	-	-
Alcohol dependence with withdrawal, uncomplicated	2	-	-	-	1	-	1	-	1	1	-	-	-
Alcohol dependence with withdrawal, unspecified	12	1	-	1	1	6	4	1	10	2	-	-	1
Alcohol dependence, uncomplicated	4	1	-	-	1	1	3	-	5	-	-	-	-
Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified	1	-	-	-	-	1	-	-	-	1	-	-	-
Alcohol use, unspecified with intoxication, uncomplicated	2	2	1	2	-	-	1	-	2	2	-	-	-
Alcohol use, unspecified with intoxication, unspecified	8	2	-	3	4	1	2	-	8	1	-	1	-

Table 7.3.1 cont'd
Primary Diagnoses of Emergency Room (ER) Drug-Related Cases, 2021*

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Cannabis abuse with cannabis-induced anxiety disorder	4	3	-	5	-	2	-	-	2	1	4	-	-
Cannabis abuse, uncomplicated	1	1	1	1	-	-	-	-	2	-	-	-	-
Cannabis dependence with unspecified cannabis-induced disorder	1	-	-	-	-	1	-	-	-	1	-	-	-
Cannabis use, unspecified with intoxication, unspecified	-	1	1	-	-	-	-	-	1	-	-	-	-
Cannabis use, unspecified with other cannabis-induced disorder	1	-	-	-	-	1	-	-	-	1	-	-	-
Cannabis use, unspecified, uncomplicated	1	-	1	-	-	-	-	-	1	-	-	-	-
Cocaine abuse, uncomplicated	-	1	-	-	-	-	1	-	1	-	-	-	-
Nicotine dependence unspecified, with withdrawal	1	-	-	-	-	-	1	-	-	1	-	-	-
Opioid abuse with intoxication delirium	1	-	-	-	-	-	1	-	1	-	-	-	-
Opioid abuse with withdrawal	4	-	-	-	-	1	3	-	4	-	-	-	-
Opioid abuse, uncomplicated	4	-	-	-	-	1	3	-	4	-	-	-	-
Opioid dependence with withdrawal	4	2	-	-	-	-	3	3	6	-	-	-	-
Opioid dependence, uncomplicated	2	-	-	-	-	1	1	-	2	-	-	-	-
Opioid use, unspecified, uncomplicated	-	1	-	-	-	-	-	1	1	-	-	-	-
Other psychoactive substance abuse with intoxication delirium	1	1	-	1	-	1	-	-	2	-	-	-	-
Other psychoactive substance abuse with intoxication, unspecified	2	-	-	-	-	-	2	-	2	-	-	-	-
Other psychoactive substance abuse with psychoactive substance-induced mood disorder	-	1	-	-	-	-	1	-	1	-	-	-	-
Other psychoactive substance abuse, uncomplicated	2	1	-	-	1	1	1	-	2	1	-	-	-
Other psychoactive substance use, unspecified, uncomplicated	1	-	-	1	-	-	-	-	1	-	-	-	-
Other stimulant abuse, uncomplicated	1	-	-	-	-	-	1	-	1	-	-	-	-
TOTALS	**106**	**33**	**4**	**25**	**19**	**24**	**50**	**17**	**102**	**29**	**4**	**2**	**2**

Source: King Edward VII Memorial Hospital

Notes: * Related to alcohol, tobacco, illicit drugs, prescription drugs, other drugs.
+ Includes Portuguese, and persons of 'Other' races.

Table 7.3.2
Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2021

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Adverse effect of amphetamines, initial encounter	1	-	-	-	-	1	-	-	1	-	-	-	-
Adverse effect of antiallergic and antiemetic drugs, initial encounter	-	1	1	-	-	-	-	-	-	1	-	-	-
Adverse effect of caffeine, initial encounter	1	-	-	-	1	-	-	-	-	-	-	1	-
Adverse effect of cannabis (derivatives), initial encounter	-	1	-	-	1	-	-	-	1	-	-	-	-
Adverse effect of other vaccines and biological substances, initial encounter	-	1	-	-	-	-	1	-	-	-	-	-	1
Adverse effect of other viral vaccines, initial encounter	-	1	-	-	-	1	-	-	-	1	-	-	-
Adverse effect of otorhinolaryngological drugs and preparations, initial encounter	-	1	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of penicillins, initial encounter	-	1	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter	3	2	-	-	-	1	1	3	5	-	-	-	-
Ciguatera fish poisoning, accidental (unintentional), initial encounter	-	2	-	-	-	2	-	-	1	-	-	-	1

Table 7.3.2 cont'd

Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2021

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Poisoning by benzodiazepines, intentional self-harm, initial encounter	-	4	-	-	1	3	-	-	3	1	-	-	-
Poisoning by beta-adrenoreceptor antagonists, intentional self-harm, initial encounter	1	-	1	-	-	-	-	-	-	1	-	-	-
Poisoning by heroin, accidental (unintentional), initial encounter	2	-	-	-	-	-	-	2	2	-	-	-	-
Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning by other antacids and anti-gastric-secretion drugs, accidental (unintentional), initial encounter	1	-	1	-	-	-	-	-	1	-	-	-	-
Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter	1	-	-	-	-	-	-	1	-	1	-	-	-
Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter	-	1	-	-	-	1	-	-	1	-	-	-	-
Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter	-	2	-	1	-	1	-	-	1	1	-	-	-
Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter	-	1	-	-	1	-	-	-	-	1	-	-	-
Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter	-	3	2	1	-	-	-	-	2	-	-	-	1
Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter	2	-	-	-	-	-	1	1	1	1	-	-	-
Poisoning by unspecified narcotics, accidental (unintentional), initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning by vitamins, accidental (unintentional), initial encounter	2	1	3	-	-	-	-	-	-	3	-	-	-
Toxic effect of carbon monoxide from other source, accidental (unintentional), initial encounter	1	-	-	-	-	-	1	-	-	1	-	-	-
Toxic effect of carbon monoxide from unspecified source, undetermined, initial encounter	1	-	-	-	1	-	-	-	-	-	-	1	-
Toxic effect of chlorofluorocarbons, accidental (unintentional), initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-
Toxic effect of contact with other jellyfish, accidental (unintentional), initial encounter	-	1	-	-	1	-	-	-	-	-	-	-	1
Toxic effect of contact with other venomous fish, accidental (unintentional), initial encounter	1	-	-	-	-	-	1	-	-	1	-	-	-
Toxic effect of contact with Portuguese Man-o-war, accidental (unintentional), initial encounter	2	2	3	-	-	-	1	-	1	2	-	-	1
Toxic effect of corrosive acids and acid-like substances, accidental (unintentional), initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Toxic effect of other pesticides, accidental (unintentional), initial encounter	-	1	1	-	-	-	-	-	1	-	-	-	-
Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter	1	-	-	-	1	-	-	-	-	1	-	-	-
Toxic effect of other specified noxious substances eaten as food, accidental (unintentional), initial encounter	1	-	-	-	-	-	1	-	-	-	-	-	1
Toxic effect of other specified substances, accidental (unintentional), initial encounter	-	2	-	-	-	-	1	1	2	-	-	-	-
Toxic effect of other specified substances, intentional self-harm, initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-

Table 7.3.2 cont'd

Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2021

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter	1	-	1	-	-	-	-	-	-	1	-	-	-
Toxic effect of petroleum products, intentional self-harm, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Toxic effect of smoke, accidental (unintentional), initial encounter	1	1	1	-	-	-	1	-	2	-	-	-	-
Toxic effect of unspecified corrosive substance, accidental (unintentional), initial encounter	3	1	1	-	-	1	1	1	3	1	-	-	-
Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter	-	1	-	-	1	-	-	-	1	-	-	-	-
Toxic effect of unspecified pesticide, accidental (unintentional), initial encounter	1	1	1	-	-	-	-	1	-	2	-	-	-
Toxic effect of unspecified spider venom, accidental (unintentional), initial encounter	2	-	-	-	-	1	1	-	-	1	-	-	1
Toxic effect of venom of bees, accidental (unintentional), initial encounter	28	21	3	10	9	3	16	8	32	17	-	-	-
Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), initial encounter	8	14	2	-	-	4	3	13	17	5	-	-	-
Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter	1	-	1	-	-	-	-	-	1	-	-	-	-
Toxic effect of venom of wasps, accidental (unintentional), initial encounter	-	2	2	-	-	-	-	-	-	2	-	-	-
TOTALS	**76**	**75**	**29**	**15**	**17**	**19**	**35**	**36**	**93**	**48**	**-**	**3**	**7**

Source: King Edward VII Memorial Hospital

Notes: * Includes Portuguese.

Table 7.3.3

Secondary Diagnoses of Emergency Room Drug-Related Cases, 2021*

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Alcohol abuse with intoxication delirium	1	-	-	-	-	-	1	-	-	1	-	-	-
Alcohol abuse with intoxication, uncomplicated	1	-	-	-	-	-	-	1	1	-	-	-	-
Alcohol abuse with intoxication, unspecified	47	7	1	5	16	8	12	12	40	10	-	-	4
Alcohol abuse with withdrawal, unspecified	1	1	-	-	-	-	1	1	1	1	-	-	-
Alcohol abuse, uncomplicated	22	4	-	2	4	5	7	8	18	7	-	1	-
Alcohol dependence with alcohol-induced anxiety disorder	1	-	-	-	-	1	-	-	1	-	-	-	-
Alcohol dependence with intoxication delirium	1	-	-	-	-	-	1	-	1	-	-	-	-
Alcohol dependence with intoxication, unspecified	7	2	-	-	1	5	1	2	9	-	-	-	-
Alcohol dependence with withdrawal, unspecified	3	-	-	-	-	1	1	1	2	1	-	-	-
Alcohol dependence, uncomplicated	4	7	-	-	1	2	2	6	8	3	-	-	-
Alcohol use, unspecified with intoxication, uncomplicated	2	-	-	-	-	1	1	-	2	-	-	-	-
Alcohol use, unspecified with intoxication, unspecified	7	1	-	2	-	4	-	2	6	2	-	-	-

Table 7.3.3 cont'd

Secondary Diagnoses of Emergency Room Drug-Related® Cases, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Cannabis abuse with intoxication, unspecified	1	-	-	-	1	-	-	-	1	-	-	-	-
Cannabis abuse, uncomplicated	1-	3	-	2	4	4	2	1	10	3	-	-	-
Cannabis use, unspecified with intoxication, unspecified	-	1	-	1	-	-	-	-	-	1	-	-	-
Cannabis use, unspecified, uncomplicated	14	7	1	8	7	4	1	-	16	4	1	-	-
Cocaine abuse with cocaine-induced anxiety disorder	-	1	-	1	-	-	-	-	-	1	-	-	-
Cocaine abuse with intoxication, unspecified	1	-	-	-	-	-	1	-	-	1	-	-	-
Cocaine abuse, uncomplicated	5	3	-	-	-	2	6	-	5	3	-	-	-
Cocaine dependence, uncomplicated	1	-	-	-	-	-	-	1	1	-	-	-	-
Cocaine use, unspecified, uncomplicated	2	1	-	-	-	2	1	-	2	1	-	-	-
Nicotine dependence, cigarettes, uncomplicated	1-	6	-	-	2	1	5	8	10	5	-	-	1
Nicotine dependence, unspecified, uncomplicated	2	1	-	-	-	1	1	1	3	-	-	-	-
Opioid abuse with opioid-induced mood disorder	1	-	-	-	-	-	1	-	1	-	-	-	-
Opioid abuse, uncomplicated	3	1	-	-	-	-	2	2	3	1	-	-	-
Opioid dependence with unspecified opioid-induced disorder	1	-	-	-	-	-	1	-	-	1	-	-	-
Opioid dependence with withdrawal	3	-	-	-	-	-	1	2	3	-	-	-	-
Opioid dependence, uncomplicated	11	1	-	-	-	1	11	-	7	5	-	-	-
Opioid use, unspecified with withdrawal	1	-	-	-	1	-	-	-	1	-	-	-	-
Opioid use, unspecified, uncomplicated	3	-	-	-	-	-	2	1	2	1	-	-	-
Other psychoactive substance abuse with intoxication, unspecified	1	-	-	1	-	-	-	-	1	-	-	-	-
Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations	1	-	-	-	-	1	-	-	1	-	-	-	-
Other psychoactive substance abuse, uncomplicated	7	3	1	2	2	1	2	2	8	2	-	-	-
Other psychoactive substance dependence, uncomplicated	1	-	-	-	-	-	1	-	1	-	-	-	-
Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified	2	-	1	-	1	-	-	-	2	-	-	-	-
Other stimulant use, unspecified, uncomplicated	1	-	-	-	-	1	-	-	-	1	-	-	-
TOTAL	**179**	**50**	**4**	**24**	**40**	**45**	**65**	**51**	**167**	**55**	**1**	**1**	**5**

Source: King Edward VII Memorial Hospital

Notes: + Includes Portuguese.

Table 7.3.4

Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Adverse effect of angiotensin-converting-enzyme inhibitors, initial encounter	3	-	-	-	-	-	1	2	2	1	-	-	-
Adverse effect of antiallergic and antiemetic drugs, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Adverse effect of anticoagulants, initial encounter	-	4	-	-	-	-	-	4	2	2	-	-	-
Adverse effect of antifungal antibiotics, systemically used, initial encounter	-	1	1	-	-	-	-	-	1	-	-	-	-
Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter	-	1	-	-	1	-	-	-	-	1	-	-	-
Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of antiviral drugs, initial encounter	-	1	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of benzodiazepines, initial encounter	-	2	-	-	-	-	-	2	1	1	-	-	-
Adverse effect of beta-adrenoreceptor antagonists, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of cannabis (derivatives), initial encounter	1	2	-	-	2	-	1	-	3	-	-	-	-
Adverse effect of cannabis, initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Adverse effect of cardiac-stimulant glycosides and drugs of similar action, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of cephalosporins and other beta-lactam antibiotics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of diagnostic agents, initial encounter	-	2	-	-	-	-	2	-	1	1	-	-	-
Adverse effect of glucocorticoids and synthetic analogues, initial encounter	-	2	-	-	-	-	-	2	2	-	-	-	-
Adverse effect of hydantoin derivatives, initial encounter	1	-	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter	1	3	-	1	2	1	-	-	4	-	-	-	-
Adverse effect of iron and its compounds, initial encounter	-	1	-	-	-	1	-	-	1	-	-	-	-
Adverse effect of local anesthetics, initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Adverse effect of macrolides, initial encounter	1	1	1	-	1	-	-	-	2	-	-	-	-
Adverse effect of other antipsychotics and neuroleptics, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Adverse effect of other drugs, medicaments and biological substances, initial encounter	1	3	-	-	-	1	1	2	3	1	-	-	-
Adverse effect of other narcotics, initial encounter	2	-	-	-	1	-	-	1	2	-	-	-	-
Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, initial encounter	-	1	-	-	1	-	-	-	1	-	-	-	-
Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter	1	-	-	-	1	-	-	-	1	-	-	-	-

Table 7.3.4 cont'd

Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Adverse effect of other opioids, initial encounter	-	3	-	-	3	-	-	-	2	-	-	-	1
Adverse effect of other psychotropic drugs, initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-
Adverse effect of other specified systemic anti-infectives and antiparasitics, initial encounter	1	-	-	-	1	-	-	-	1	-	-	-	-
Adverse effect of other systemic antibiotics, initial encounter	1	4	-	-	1	2	1	1	3	1	-	-	1
Adverse effect of other vaccines and biological substances, initial encounter	1	4	-	-	2	2	-	1	2	3	-	-	-
Adverse effect of other viral vaccines, initial encounter	2	1-	-	1	2	4	2	3	9	2	-	-	1
Adverse effect of penicillins, initial encounter	1	-	1	-	-	-	-	-	-	1	-	-	-
Adverse effect of phenothiazine antipsychotics and neuroleptics, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of propionic acid derivatives, initial encounter	-	2	-	-	1	1	-	-	1	-	-	-	1
Adverse effect of unspecified antipsychotics and neuroleptics, initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-
Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter	3	9	-	1	1	2	2	6	7	3	1	-	1
Adverse effect of unspecified narcotics, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Adverse effect of unspecified psychotropic drug, initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-
Adverse effect of unspecified systemic antibiotic, initial encounter	-	2	-	1	1	-	-	-	1	1	-	-	-
Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter	-	1	-	-	-	-	-	1	-	1	-	-	-
Poisoning by heroin, accidental (unintentional), initial encounter	1	-	-	-	-	-	1	-	1	-	-	-	-
Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter	-	1	-	-	-	-	-	1	1	-	-	-	-
Toxic effect of other specified substances, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Toxic effect of unspecified substance, accidental (unintentional), initial encounter	-	1	-	-	-	1	-	-	-	-	-	1	-
Toxic effect of venom of bees, accidental (unintentional), initial encounter	2	1	-	2	-	1	-	-	2	-	-	-	1
Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), initial encounter	1	2	-	-	-	1	-	2	2	-	-	-	1
Underdosing of antiasthmatics, initial encounter	1	-	-	-	-	-	1	-	-	1	-	-	-
Underdosing of cannabis (derivatives), initial encounter	1	-	1	-	-	-	-	-	1	-	-	-	-
TOTALS	**32**	**74**	**4**	**14**	**21**	**17**	**15**	**35**	**75**	**22**	**1**	**1**	**7**

Source: King Edward VII Memorial Hospital

Note: * Includes Portuguese.

7.4 MID-ATLANTIC WELLNESS INSTITUTE CASES RELATED TO DRUGS, POISONING, AND TOXIC EFFECTS OF SUBSTANCES

The Mid-Atlantic Wellness Institute (MWI) is the only inpatient medical facility providing detoxification services for opiate and alcohol dependence. In 2021, there were 74 cases with a primary diagnosis that was drug-related within the MWI (see Table 7.4.1). Black males, between the ages of 46 and 60 accounted for the majority of these cases, with the primary diagnosis being opioid dependence and alcohol dependence. With regards to inpatient cases in which poisoning and toxic effects were the primary diagnosis, there was only one case recorded.

In terms of the secondary diagnoses of drug-related cases, a total of 155 cases were reported in 2021 (see Table 7.4.3), with significantly more males versus females, diagnosed with cannabis abuse, cocaine dependence, alcohol abuse, amongst other secondary diagnoses. Similar to the primary diagnoses, black persons accounted for the bulk of the secondary diagnoses, but were between the ages of 46 and 60. There were 26 secondary diagnoses for reported cases of poisoning and toxic effects of substances in 2021.

Table 7.4.1
Primary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases, 2021*

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Alcohol abuse with alcohol-induced mood disorder	1	-	-	-	-	1	-	-	1	-	-	-	-
Alcohol abuse with alcohol-induced psychotic disorder, unspecified	2	-	-	-	1	-	1	-	1	1	-	-	-
Alcohol abuse with intoxication, unspecified	4	1	-	-	1	1	3	-	3	2	-	-	-
Alcohol abuse with unspecified alcohol-induced disorder	1	-	-	-	-	1	-	-	1	-	-	-	-
Alcohol abuse, uncomplicated	5	-	-	-	-	1	4	-	5	-	-	-	-
Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	1	-	-	-	1	-	-	-	-	1	-	-	-
Alcohol dependence with intoxication, unspecified	1	-	-	-	-	-	-	1	-	1	-	-	-
Alcohol dependence with withdrawal, unspecified	2	-	-	-	-	-	2	-	2	-	-	-	-
Alcohol dependence, uncomplicated	13	1	-	-	4	3	7	-	12	1	-	-	1
Alcohol use, unspecified with unspecified alcohol-induced disorder	2	-	-	-	1	-	-	1	1	1	-	-	-
Cannabis abuse with psychotic disorder, unspecified	4	-	2	1	-	1	-	-	4	-	-	-	-
Cocaine abuse, uncomplicated	-	2		-	1	-	1	-	1	1	-	-	-
Cocaine dependence, uncomplicated	-	1	-	-	1	-	-	-	-	1	-	-	-
Opioid dependence with withdrawal	3	-	-	-	-	-	3	-	2	1	-	-	-
Opioid dependence, uncomplicated	16	5	-	-	-	7	10	4	19	2	-	-	-
Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations	1	-	-	-	-	-	1	-	1	-	-	-	-
Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified	1	-	-	-	1	-	-	-	1	-	-	-	-
Other psychoactive substance dependence, uncomplicated	3	3	-	-	1	2	3	-	4	2	-	-	-
Other psychoactive substance use, unspecified, uncomplicated	1	-	-	-	-	1	-	-	1	-	-	-	-
TOTALS	**61**	**13**	**2**	**1**	**12**	**18**	**35**	**6**	**59**	**14**	**-**	**-**	**1**

Source: Mid-Atlantic Wellness Institute

Notes: * Related to alcohol, tobacco, illicit drugs, prescription drugs, other drugs.
+ Includes Portuguese.

Table 7.4.2
Primary Diagnoses of Mid-Atlantic Wellness Institute Poisoning and Toxic Effects of Substances, 2021

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter	-	1	-	-	-	1	-	-	-	1	-	-	-
TOTALS	**-**	**1**	**-**	**-**	**-**	**1**	**-**	**-**	**-**	**1**	**-**	**-**	**-**

Source: Mid-Atlantic Wellness Institute

Note: * Includes Portuguese.

Table 7.4.3
Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases, 2021*

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Alcohol abuse with alcohol-induced psychotic disorder, unspecified	1	-	-	-	-	1	-	-	1	-	-	-	-
Alcohol abuse with intoxication, unspecified	3	1	-	-	1	2	1	-	2	2	-	-	-
Alcohol abuse with other alcohol-induced disorder	-	1	-	-	-	-	1	-	1	-	-	-	-
Alcohol abuse with unspecified alcohol-induced disorder	1	-	-	-	-	-	1	-	1	-	-	-	-
Alcohol abuse, uncomplicated	14	5	-	3	6	3	6	1	13	6	-	-	-
Alcohol dependence, in remission	1	-	-	-	1	-	-	-	-	1	-	-	-
Alcohol dependence, uncomplicated	5	4	-	-	1	1	5	2	7	2	-	-	-
Cannabis abuse with psychotic disorder with delusions	1	-	-	-	1	-	-	-	1	-	-	-	-
Cannabis abuse with psychotic disorder, unspecified	1	-	-	-	-	1	-	-	1	-	-	-	-
Cannabis abuse with unspecified cannabis-induced disorder	2	-	-	1	-	-	1	-	2	-	-	-	-
Cannabis abuse, in remission	1	-	-	-	-	-	1	-	1	-	-	-	-
Cannabis abuse, uncomplicated	20	3	-	4	7	-	11	1	17	5	1	-	-
Cannabis dependence with psychotic disorder, unspecified	1	-	-	-	-	1	-	-	1	-	-	-	-
Cannabis dependence, uncomplicated	7	2	-	-	1	3	4	1	6	3	-	-	-
Cocaine abuse with cocaine-induced psychotic disorder, unspecified	1	-	-	-	-	1	-	-	1	-	-	-	-
Cocaine abuse with unspecified cocaine-induced disorder	2	-	-	1	-	-	1	-	2	-	-	-	-
Cocaine abuse, in remission	2	-	-	-	-	-	2	-	2	-	-	-	-
Cocaine abuse, uncomplicated	14	2	-	3	-	2	11	-	12	4	-	-	-
Cocaine dependence, uncomplicated	17	2	-	-	-	4	13	2	17	2	-	-	-
Nicotine dependence, cigarettes, uncomplicated	10	2	-	2	2	2	5	1	9	3	-	-	-
Nicotine dependence, unspecified, uncomplicated	9	2	-	2	3	-	4	2	10	-	1	-	-
Opioid abuse, uncomplicated	1	2	-	-	-	1	2	-	3	-	-	-	-
Opioid dependence, uncomplicated	5	2	-	-	1	2	4	-	7	-	-	-	-
Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified	1	-	-	1	-	-	-	-	1	-	-	-	-
Other psychoactive substance abuse, uncomplicated	1	1	-	-	1	1	-	-	2	-	-	-	-

Table 7.4.3 cont'd

Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related[*] Cases, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Other psychoactive substance dependence, uncomplicated	2	-	-	-	-	-	2	-	2	-	-	-	-
Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified	1	-	-	-	1	-	-	-	1	-	-	-	-
Other psychoactive substance use, unspecified, uncomplicated	1	-	-	-	-	-	-	1	1	-	-	-	-
Other stimulant dependence with stimulant-induced psychotic disorder, unspecified	1	-	-	-	-	1	-	-	1	-	-	-	-
TOTALS	126	29	0	17	26	26	75	11	125	28	2	0	0

Source: Mid-Atlantic Wellness Institute

Notes: * Related to alcohol, tobacco, illicit drugs, prescription drugs, other drugs.

Table 7.4.4

Secondary Diagnoses of Mid-Atlantic Wellness Institute Inpatient Cases of Poisoning and Toxic Effects of Substances[*] Cases, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Adverse effect of glucocorticoids and synthetic analogues, initial encounter	-	1	-	-	-	1	-	-	-	1	-	-	-
Adverse effect of other antiepileptic and sedative-hypnotic drugs, initial encounter	1	-	-	-	-	1	-	-	1	-	-	-	-
Adverse effect of other antipsychotics and neuroleptics, initial encounter	-	5	1	-	1	2	1	-	3	1	-	1	-
Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter	-	2	1	-	1	-	-	-	1	1	-	-	-
Poisoning by benzodiazepines, intentional self-harm, initial encounter	-	2	-	-	-	1	-	1	1	1	-	-	-
Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Poisoning by other narcotics, intentional self-harm, initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-
Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter	1	-	-	-	1	-	-	-	-	1	-	-	-
Toxic effect of other specified substances, intentional self-harm, initial encounter	1	1	-	-	-	1	1	-	2	-	-	-	-
Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Underdosing of amphetamines, initial encounter	1	-	-	1	-	-	-	-	-	1	-	-	-
Underdosing of antidotes and chelating agents, initial encounter	1	-	-	-	1	-	-	-	-	-	-	-	1
Underdosing of benzodiazepines, initial encounter	2	-	-	-	-	2	-	-	2	-	-	-	-
Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter	1	-	-	-	-	1	-	-	1	-	-	-	-
Underdosing of other antipsychotics and neuroleptics, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Underdosing of selective serotonin reuptake inhibitors, initial encounter	-	1	-	-	1	-	-	-	-	1	-	-	-

Table 7.4.4
Secondary Diagnoses of Mid-Atlantic Wellness Institute Inpatient Cases of Poisoning and Toxic Effects of Substances[*] Cases, 2021

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Adverse effect of glucocorticoids and synthetic analogues, initial encounter	-	1	-	-	-	1	-	-	-	1	-	-	-
Adverse effect of other antiepileptic and sedative-hypnotic drugs, initial encounter	1	-	-	-	-	1	-	-	1	-	-	-	-
Adverse effect of other antipsychotics and neuroleptics, initial encounter	-	5	1	-	1	2	1	-	3	1	-	1	-
Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter	-	2	1	-	1	-	-	-	1	1	-	-	-
Poisoning by benzodiazepines, intentional self-harm, initial encounter	-	2	-	-	-	1	-	1	1	1	-	-	-
Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Poisoning by other narcotics, intentional self-harm, initial encounter	1	-	-	1	-	-	-	-	1	-	-	-	-
Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter	1	-	-	-	1	-	-	-	-	1	-	-	-
Toxic effect of other specified substances, intentional self-harm, initial encounter	1	1	-	-	-	1	1	-	2	-	-	-	-
Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Underdosing of amphetamines, initial encounter	1	-	-	1	-	-	-	-	-	1	-	-	-
Underdosing of antidotes and chelating agents, initial encounter	1	-	-	-	1	-	-	-	-	-	-	-	1
Underdosing of benzodiazepines, initial encounter	2	-	-	-	-	2	-	-	2	-	-	-	-
Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter	1	-	-	-	-	1	-	-	1	-	-	-	-
Underdosing of other antipsychotics and neuroleptics, initial encounter	-	1	-	1	-	-	-	-	1	-	-	-	-
Underdosing of selective serotonin reuptake inhibitors, initial encounter	-	1	-	-	1	-	-	-	-	1	-	-	-
Underdosing of unspecified drugs, medicaments and biological substances, initial encounter	1	1	-	-	-	1	1	-	1	1	-	-	-
TOTALS	**10**	**16**	**2**	**5**	**5**	**10**	**3**	**1**	**16**	**8**	**-**	**1**	**1**

Source: Mid-Atlantic Wellness Institute

Notes: * Includes Portuguese.
* Related to alcohol, tobacco, illicit drugs, prescription drugs, other drugs.

7.5 MORTALITY: SUSPICIOUS DEATHS

Toxicology Screening Results

The Government Analyst performs toxicology screenings to determine the presence or absence of drugs. In 2021, 40 cases were screened (see Table 7.5.1). Most of the cases forwarded for screening were for males, 35 in 2021. In addition, the majority of the cases screened were of younger persons, in particular persons between 26-35 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 2021. For instance, 80.0% of the cases (32 of 40) 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 (8 of 40).

Due to the absence of a coder in the Epidemiology and Surveillance Unit, the results of toxicology screens and substances detected were unable to be provided for 2020.

Table 7.5.1
Toxicology Screens and Substances Detected, 2021

	2021
Total Number of Deaths (All Causes)	**730**
Proportion of Deaths with Toxicology Screens (%)	5.5
Total Number of Toxicology Screens	40
By Sex:	
Males	35
Females	5
By Age Group:	
< 18 Years	1
18 – 25 Years	3
26 – 35 Years	12
36 – 45 Years	3
46 – 60 Years	11
60+ Years	10
Substances Detected in Toxicology Screens (Number of Cases)	
Ethanol[a] (>80 mg)	8
Drugs[b]	5
Ethanol and Drugs	19
None/<80 mg Ethanol/Drugs in Therapeutic Range	8

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.

7.6 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 7.6.1) only represents a proportion of pregnant women receiving pre-natal care and shows that one or more than one illicit drug was present in their bodies over their gestational cycle. In 2021, seven of the 32 tests administered confirmed positive for marijuana. During this reporting period, the majority (three) of the woman who tested positive for marijuana, did so in their third trimester compared to 13 women in 2020 in their second trimester.

Table 7.6.1
Drug Screening for Marijuana among Pregnant Women Attending the Maternal Health Clinic, 2020 and 2021

	Number of Pregnant Women	
	2020	2021
Total Number of Tests	45	32
Total Number of Positive Tests	26	7
Positive Tests by Gestation		
First Trimester	6	2
Second Trimester	13	2
Third Trimester	7	3

Source: Maternal Health Clinic

Chapter 8
Drug Prevention Programmes

- PRIDE Bermuda's LifeSkills Training
- CADA'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 and CADA, as part of their programme performance monitoring, compile LST programme data. The data in Table 8.1.1 shows that in the 2020/2021 school year, PRIDE implemented the LST programme in classrooms at only the primary level, whereas in the 2021/2022 school year the programe was implemented at the primary, middle, and high school levels. Specifically, in the 2020/2021 school year, the LST programme was implemented in nine classrooms across five primary schools. Similarly, the LST programme coverage in the 2021/2022 school year spanned 15 classrooms across five primary schools, one middle, and one high school. There was a small number of students who dropped out of the programme during both school years, three in 2020/2021 and 12 in 2021/2022 across all school levels. A total of 94 primary and 186 students at all levels completed the programme during the two academic years in review, respectively.

… the LST programme coverage in the 2021/2022 school year spanned 15 classrooms across five primary schools, one middle, and one high school.

Across all participating classrooms, there were 78 sessions for students in 2020/2021 at the primary level and 141 sessions in 2021/2022 for primay, middle, and high school students. The average pre-test score for the students at the primary level was 56% in 2020/2021 and 58% for the post-test versus a range of 59% to 82% for the pre-test and 70% to 80% for the post test in 2021/2022. This is equivalent to an average gain score (difference between post test and pre-test scores) of 11% for the primay level and 9% for the middle level, while there was a noted decrease of 7% at the high school level.

CADA, on the other hand, implemented the LST at only the middle-school level in one school, for both the 2020/2021 and 2021/2022 school year. In 2021/2022 school year, three classes in one school participated in the 14-module Level 1 middle-school programme, with 43 students completing the curriculum over 36 sessions (see Table 8.1.2). There was a 100% completion rate of all the modules in the three classes in the 2021/2022 school year. In 2021/2022, the gain score increased by 11.0% with an average pre-test score of 71.0% compared to 82.0% at the post test. Both the pre-and post-test scores were lower in the 2021/2022 school year than in the previous year.

Table 8.1.1
PRIDE Bermuda's LifeSkills Programme Statistics, 2020/2021 and 2021/2022

Programme Indicators	School Year and Level			
	2020/2021	2021/2022		
	Primary	Primary	Middle	High
Number of Schools Participated	5	5	1	1
Number of Classes Participated	9	13	1	1
Number of Students Engaged	94	180	10	4
Number of Students Dropped Out	3	5	3	4
Number of Students Retained	94	175	7	4
Number of Sessions	78	121	13	7
Number of Modules Completed	61	104	14	7
Total Number of Modules	72	104	14	7
Proportion of Curriculum Completed (%)	85	100	100	100
Average Pre-Test Score (%)	56	59	71	82
Average Post Test Score (%)	58	70	80	75
Total Number of Cycles Completed	**7**	**13**	**1**	**1**

Source: PRIDE Bermuda

Note: Programmes were not held at the middle and high school level during the 2020/2021 school year, due to COVID-19.

Table 8.1.2
CADA's LifeSkills Programme Statistics, 2020/2021 and 2021/2022

Programme Indicators	School Year and Level	
	2020/2021	2021/2022
	Middle	Middle
Number of Schools Participated	1	1
Number of Classes Participated	2	3
Number of Students Engaged	32	43
Number of Students Dropped Out	-	-
Number of Students Retained	34	43
Number of Sessions	44	36
Number of Modules Completed	30	52
Total Number of Modules	30	52
Proportion of Curriculum Completed (%)	100	100
Average Pre-Test Score (%)	75	71
Average Post Test Score (%)	84	82

Source: PRIDE Bermuda

Note: Programmes were not held at the high school level during the 2020/2021 and 2021/2022 school years, due to COVID-19.

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.

This programme is coordinated by PRIDE Bermuda and, in the 2021/2022 academic year, the curriculum was delivered to four primary schools versus three during the 2020/2021. 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 classes at each of the six primary levels participated in the 2021/2022 school year. The curriculum was delivered two times each week with each session being approximately 30 minutes in length. A total of 265 students at the six primary levels were engaged for the entire programme in 2020/2021 and increasing by slightly over fifty percent to 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 83 of the 176 modules in 2020/2021 (47% curriculum completion) and 85 of the 182 modules (47%) in 2021/2022. The Primary 2 level saw completion rates of 30% in 2020/2021 and 33% in 2021/2022. At the Primary 3 level, the classes completed 54% of the curriculum in 2020/2021 and 45% in 2021/2022. For the 2020/2021 school year, Primary 4 completed 57% of the curriculum, Primary 5 completed 34%, and Primary 6 completed 40%. In contrast, in the 2021/2022 school year, Primary 4 completed 55% of the curriculum, Primary 5 completed 47%, and Primary 6 completed 37%.

In terms of behavioural maturity for 2021/2022, the average change results (difference between the post test and pre-test scores) showed that, in most instances, about half or more 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 2021/2022, 48% of the Primary 1 students, and 52% of the Primary 2 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, 2020/2021

Programme Indicators	2020/2021					
	Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6
Number of Schools	3	3	3	3	3	3
Number of Classes Participated	4	3	4	4	4	4
Number of Students Engaged	43	41	45	43	45	48
Number of Students Dropped Out	-	3	2	2	-	-
Number of Students Retained	43	38	43	41	45	48
Number of Sessions	83	47	107	95	54	57
Number of Modules Completed	83	47	107	95	54	57
Total Number of Modules	176	156	200	168	160	144
Proportion of Curriculum Completed (%)	47	30	54	57	34	40
Number of Students Evaluated	(n=21)	(n=15)	(n=29)	(n=25)	(n=31)	(n=32)
Evaluation of Behaviours						
Improvement (% of students)						
Aggression/Disruptive Behaviours	43	60	45	28	35	63
Concentration/Attention	48	67	69	20	45	50
Social and Emotional Competence	62	80	69	24	42	75

Table 8.2.1 cont'd
PRIDE Bermuda's PATHS Programme Statistics, 2020/2021

Programme Indicators	2020/2021					
	Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6
Negative Change (% of students)						
Aggression/Disruptive Behaviours	43	40	48	60	52	31
Concentration/Attention	29	27	14	68	39	38
Social and Emotional Competence	33	13	21	68	45	19
No Change (% of students)						
Aggression/Disruptive Behaviours	14	-	7	12	13	6
Concentration/Attention	24	7	17	12	16	13
Social and Emotional Competence	5	7	10	8	13	6

Source: PRIDE Bermuda

Table 8.2.2
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
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

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 an increase, by four professionals, since the last report. Specifically, in 2021, there were 67 certified persons in substance abuse treatment and prevention occupations, compared to 63 professionals in 2020; 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 certified substance abuse counsellors increased by three staff in 2021, while there was one less associate counsellor. 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 2021, there were 67 certified persons in substance abuse treatment and prevention occupations; most of whom are alcohol or drug counsellors followed by clinical supervisors.

Table 9.1.1
Certified Treatment and Prevention Professionals by Occupation, 2020 and 2021

Occupation	2020	2021
Treatment		
Alcohol/Drug Counsellors	45	48
Associate Counsellors	5	4
Clinical Supervisors	9	11
Prevention		
Prevention Specialists	4	4
Associate Prevention Professional	-	-
Total	**63**	**67**

Source: Bermuda Addiction Certification Board

Table 9.1.2
Certified Treatment and Prevention Professionals by Type of Certification, 2020 and 2021

Field of Certification	2020	2021
Treatment		
ICADC	45	48
CCS	5	11
ACAD	9	4
Prevention		
CPS	4	4
APP	-	-
Total	**63**	**67**

Source: Bermuda Addiction Certification Board

Chapter 10
Survey Data

- Public Perceptions of Crime and Health
- Treatment Demand Indicators
- National Household Survey

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 2022 Omnibus Survey, a representative sample survey of 406 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

Perceptions of safety remained highly consistent with levels seen last year, with almost all residents feeling safe in their neighbourhood (98%). A greater proportion of residents felt mostly safe (61%, up 4 points) as opposed to extremely safe (37%, down 4 points) (see Table 11.1.1). The perception of safety in one's neighbourhood is similar across gender, parish, and age. Black residents were more likely to feel extremely safe, while White residents were more likely to report feeling mostly safe.

Perceptions of safety remained highly consistent with levels seen last year, with almost all residents feeling safe in their neighbourhood.

Perhaps unsurprising, given the consistency of current perceived safety, three-quarters indicated that they felt as safe as they did six months ago (75%; unchanged), while one in six felt safer (15%; unchanged) and one in 10 felt less safe (9%; down one point). Notably, results have seen little change since 2019, and remained notably above results from 10 years ago. Results across parishes did not vary with statistical significance. Younger (under the age of 35) and Black residents were more likely to feel safer than they did six months ago, whereas middle-aged residents (between 35 and 54) and hite residents were more likely to feel less safe. High-income earners (with incomes over $150K) were more likely to feel as safe, while those earning less, were more likely to now feel safer.

Crimes Committed in Neighbourhood

When considering residents' knowledge of crimes occurring in their neighbourhood over the past twelve months, there was a slight increase in the prevalence of people openly selling or using drugs compared to one year ago, but overall results are consistent with those reported in recent years. Residents most mentioned being aware of a theft or breaking and entering to steal personal property occurring in their neighbourhood (29% and 26%, respectively), whereas an assault or murder were least mentioned (9% and 9%, respectively) (see Table 11.1.2). Those living in Sandys/Southampton were least likely to be aware of crimes including theft, breaking and entering to steal personal property, crimes committed with guns, and murder compared to those in other parishes. White residents were more likely to be aware of a theft or breaking and entering to steal personal property occurring, compared to Black residents. Non-Bermudians were more likely to be aware of an assault than Bermudians. Women are more likely to be aware of a breaking and entering to steal personal property and murder, compared to men.

… there was a slight increase in the prevalence of people openly selling or using drugs compared to one year ago.

One half of residents expressed knowledge of at least one type of crime committed in thetheir neighbourhood within the past 12 months, with fewer than two in 10 reporting awareness of three or more different types of crimes. Results remained relatively unchanged compared with recent years. Residents over the age 54 were most likely to report awareness of one crime committed. Congruent with data reported earlier regarding the types of crime, residents in Sandys/Southampton were most likely to be unaware of any crimes committed in their neighbourhood in the past year. Black residents were more likely than White residents to not be aware of any crimes committed in their neighbourhood. Conversely, White residents were more likely to report awareness of one crime committed.

Perception of Overall Health

Overall, most Bermudians continued to highly rate their own health in terms of both physical and mental well-being, with more than half rating their own health as good, and more than a third providing ratings of very good (see Table 11.1.3). Positively, no one rated their own health as very poor. Results have remained relatively consistent over the past few years since 2019. Results across parishes, gender, age, and race do not vary with statistical significance. Lower-income earners were more likely to report being in poor or very poor health, compared to their counterparts.

Overall, most Bermudians continued to highly rate their own health in terms of both physical and mental well-being.

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 = 406)

	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	37	42	39	29	38	40	34	37	31	39	42	33	37	43	28	37	36
Mostly Safe	61	57	60	65	60	58	63	60	66	59	58	63	60	55	69	61	62
Mostly Unsafe	2	1	1	3	2	2	2	1	2	2	-	3	2	2	2	2	2
Extremely Unsafe	-	-	-	2	-	-	1	1	1	-	-	1	-	1	-	-	-
Don't Know/No Answer	-	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-
Weighted Sample Size (#)	**400**	**76**	**86**	**109**	**128**	**192**	**208**	**144**	**110**	**104**	**96**	**169**	**136**	**210**	**125**	**340**	**60**
Unweighted Sample Size (#)	**400**	**71**	**83**	**113**	**132**	**180**	**220**	**137**	**116**	**103**	**47**	**159**	**194**	**226**	**126**	**346**	**54**
% Exremely/Mostly Safe	97	99	99	95	98	98	97	97	97	98	100	96	97	97	97	97	98
% Mostly/Extremely Unsafe	2	1	1	5	2	2	3	2	3	2	-	4	2	3	2	3	2

Source: DNDC's Commissioned Questions in 2nd Quarter 2022 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 = 406)

	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	21	24	17	20	22	18	23	18	24	21	20	27	13	20	25	21	19
No	76	73	76	76	77	79	73	78	71	78	76	70	83	75	73	76	77
Don't Know	4	4	7	4	2	3	4	4	4	1	5	3	4	5	2	3	4
Weighted Sample Size (#)	**400**	**76**	**86**	**109**	**128**	**192**	**208**	**144**	**110**	**104**	**96**	**169**	**136**	**210**	**125**	**340**	**60**
Unweighted Sample Size (#)	**400**	**71**	**83**	**113**	**132**	**180**	**220**	**137**	**116**	**103**	**47**	**159**	**194**	**226**	**126**	**346**	**54**

Source: DNDC's Commissioned Questions in 2nd Quarter 2022 Bermuda Omnibus Survey©

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:

A theft (auto or personal property) having occurred?

(n = 406)

	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	14	38	32	30	25	33	33	26	33	28	35	23	22	40	30	26
No	68	84	60	62	69	71	66	65	72	6	69	61	75	74	60	68	69
Don't Know	3	2	2	5	1	4	1	1	2	1	3	3	2	3	-	2	5
Weighted Sample Size (#)	**400**	**76**	**86**	**109**	**128**	**192**	**208**	**144**	**110**	**104**	**96**	**169**	**136**	**210**	**125**	**340**	**60**
Unweighted Sample Size (#)	**400**	**71**	**83**	**113**	**132**	**180**	**220**	**137**	**116**	**103**	**47**	**159**	**194**	**226**	**126**	**346**	**54**

Source: DNDC's Commissioned Questions in 2nd Quarter 2022 Bermuda Omnibus Survey©

Breaking and entering to steal personal property?

(n = 406)

	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	26	14	37	24	26	20	31	31	23	25	28	29	20	22	33	26	25
No	73	84	63	73	72	79	67	67	76	75	72	69	78	77	67	72	74
Don't Know	2	2	1	3	2	1	2	2	1	-	-	2	3	2	-	2	1
Weighted Sample Size (#)	**400**	**76**	**86**	**109**	**128**	**192**	**208**	**144**	**110**	**104**	**96**	**169**	**136**	**210**	**125**	**340**	**60**
Unweighted Sample Size (#)	**400**	**71**	**83**	**113**	**132**	**180**	**220**	**137**	**116**	**103**	**47**	**159**	**194**	**226**	**126**	**346**	**54**

Source: DNDC's Commissioned Questions in 2nd Quarter 2022 Bermuda Omnibus Survey©

Crimes committed with guns?

(n = 406)

	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	17	5	24	23	14	15	18	19	16	13	26	17	10	19	16	17	15
No	82	95	74	77	86	85	80	81	82	863	74	83	88	79	84	82	85
Don't Know	1	-	2	1	-	-	1	-	2	1	-	-	2	2	-	1	-
Weighted Sample Size (#)	**400**	**76**	**86**	**109**	**128**	**192**	**208**	**144**	**110**	**104**	**96**	**169**	**136**	**210**	**125**	**340**	**60**
Unweighted Sample Size (#)	**400**	**71**	**83**	**113**	**132**	**180**	**220**	**137**	**116**	**103**	**47**	**159**	**194**	**226**	**126**	**346**	**54**

Source: DNDC's Commissioned Questions in 2nd Quarter 2022 Bermuda Omnibus Survey©

Table 10.1.3

Overall, how would you rate your own health in terms of physical and mental well-being?

(n = 406)

	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	37	38	43	30	40	41	34	39	33	39	42	40	32	37	41	38	37
Good	58	56	57	67	53	54	62	54	64	61	53	56	64	59	57	58	60
Poor	3	4	1	2	6	3	4	6	2	1	6	3	3	3	1	4	1
Very Poor	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Refused	-	1	-	-	1	-	1	-	1	-	-	1	1	-	1	1	-
Don't Know/No Answer	**-**	**1**	**-**	**-**	**-**	**1**	**-**	**-**	**-**	**-**	**-**	**1**	**-**	**-**	**-**	**-**	**2**
Weighted Sample Size (#)	**400**	**76**	**86**	**109**	**128**	**192**	**208**	**144**	**110**	**104**	**96**	**169**	**136**	**210**	**125**	**340**	**60**
Unweighted Sample Size (#)	**400**	**71**	**83**	**113**	**132**	**180**	**220**	**137**	**116**	**103**	**47**	**159**	**194**	**226**	**126**	**346**	**54**
% Very Good/Good	96	94	99	97	93	96	96	93	97	99	94	96	96	96	98	96	97
% Poor/ Very Poor	4	4	1	3	6	3	4	7	2	1	6	3	3	4	1	4	1

Source: DNDC's Commissioned Questions in 2nd Quarter 2022 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 2021 to December 2021. There were 16 persons who sought substance abuse treatment over this period at these treatment facilities and for whom a questionnaire was completed (see Table 10.2.1). A total of 14 males and two females required inpatient (including residential) and outpatient treatment services. Most persons (six) were clients of Men's Treatment.

Persons requiring treatment services ranged from 34 years to 57 years with the majority (63.0%) of these clients being 38 and 56 years old. These persons who sought treatment were more likely to be referred via the court/probabtion/ police (50.0%) or, in other instances, were self-referred (43.8%). There were 56.3% of clients who sought treatment during this period who have received treatment sometime in the past, from as early as the year 2015 to as recent as 2019.

In terms of the primary drug of impact for which persons sought treatment (see Table 10.2.2), nearly four in 10 (37.5%) of them sought treatment for alcohol use, while 5 persons each sought treatment for use of heroin and crack, respectively.

…of the primary drug of impact for which persons sought treatment, most of them sought treatment for alcohol use, while others sought treatment for use of heroin and crack, respectively.

Most of the persons (43.8%) have reported daily use of drugs, whereas 18.8% indicated that they have used drugs in the two to six days per week or less prior to seeking treatment (see Table 10.2.3). Smoking/ inhaling (43.8%) was reported as the main method of administering the drugs, followed by eating/drinking (31.3 %) (see Table 10.2.4).

The age of first use of the identified primary drug ranged from 14 years to 37 years, with an average age of onset being 24.5 years. However, most (56.3%) of the persons who sought treatment indicated that they first used their primary drug between the ages of 13 to 17 years (see Table

10.2.5). 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 15.3 years for cannabis to 27.3 years for heroin (see Table 10.2.6). The average age at which alcohol use began was 17.8 years.

The drug market is still operational in Bermuda as reflected by the demand for and availability or supply of drugs. A significant proportion of the persons who sought treatment did not report the availability of their primary drug (43.8%). For those who did, they noted that their primary drug, cannabis, was "always available" (18.8%), alcohol was "always available" (25.0%) and other substances "always available" (6.3%) with more than half (62.5%) indicating that they purchased their drugs from a regular supplier (see Table 10.2.7). At the same time, most persons (50.0%) 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 (see Table 10.2.8), 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.

Table 10.2.1
Demographic Characteristics of Clients Seeking Treatment, 2021

Characteristic	Number of Persons
Total	**16**
Sex	
Males	14
Females	2
Facility	
Men's Treatment	6
Women's Treatment Centre	2
Right Living House	3
FOCUS	5
Type of Treatment Facility	
Inpatient	11
Outpatient	5
Source of Referral	
Self-Referred	7
Court/Probation/Parole	8
Other Drug-Treatment Centre	1
Living Status (With Whom)	
Alone	5
With Parents	3
Alone with Partner	1
With Partner and Child/Children	2
With Friends	1
Other	4
Living Status (Where)	
Stable Accommodation	8
Unstable Accommodation	7
Institution (Prison/Clinic)	1
Labour Status	
Regular Employment	3
Unemployed	11
Economically Inactive	1
Other	1

Table 10.2.1 cont'd
Demographic Characteristics of Clients Seeking Treatment, 2021

Characteristic	Number of Persons
Highest Education Level Completed	
Primary Level of Education	2
Secondary level of Education	9
Higher Level of Education	5

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.2
Primary Drug of Impact of Clients Seeking Treatment, 2021

Primary Drug of Impact	Number of Persons
Heroin	5
Alcohol	6
Crack (only)	5

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.3
Frequency of Drug Use, 2021

Frequency	Number of Persons
Used daily	7
Not used in past month	6
Used 2-6 days per week or less	2
Used once per week or less	1

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.4
Primary Route of Drug Administration, 2021

Primary Route	Number of Persons
Smoke/Inhale	7
Sniff	4
Eat/Drink	5

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.5
Age of First Use of Primary Drug, 2021

Age	Number of Persons
13 – 17 Years	9
18 – 20 Years	-
21 – 24 Years	3
25 – 29 Years	-
30 – 34 Years	-
35 – 39 Years	2
Not Stated	2

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.6
Average Age of Initiation by Type of (Secondary) Drug, 2021

Drug	Average Age of Initiation
Cannabis	15.3
Alcohol	17.8

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.6 cont'd
Average Age of Initiation by Type of (Secondary) Drug, 2021

Drug	Average Age of Initiation
Heroin	27.3
Crack Cocaine (Other)	23.8

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.7
Drug Market (Availability, Supplier, and Proceeds), 2021

Availability of Primary Drug	Number of Persons
Cannabis	
Always Available	3
Alcohol	
Always Available	4
Somewhat Available	1
Other Substances	
Always Available	1
Somewhat Available	7
Purchased from Regular Supplier	
Yes	10
No	6
Made Money or Obtained Drugs by Selling Illegal Drugs or Being Involved in Manufacture or Transportation of Drugs	
Yes	6
No	8
Not Stated	2

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.8
Drug Market (Packaging of Drugs), 2021

Cannabis	Cocaine
Any dollar amount	$20, $30, $40, $50, $100 wraps
Brown paper twist	Brown paper twist
Plastic (sandwich) bags	Clear twist
Crack	**Heroin**
Rocks	¼ and ½ gram
Brown paper twist	$20, $25, $45, $50
Clear plastic twist	Foil wrap/twist
	Plastic bag/twist
Opiates	**Alcohol**
Bags	Bottle
Loose pills	Can

Source: DNDC's Treatment Demand Indicators Survey

10.3 NATIONAL HOUSEHOLD SURVEY

The National Household Survey on Drug Use and Health (NHSDUH) is administered every four years in Bermuda. It endeavours to provide accurate data on the level and patterns of licit and illicit drug use (prevalence) and track trends in the use of alcohol, tobacco, marijuana, and various types of other drugs among the adult population at three reference points (lifetime, past year, and past month). This survey, therefore, allows for the assessment and monitoring of the nature of alcohol, tobacco, and other drug (ATOD) use. Further, it helps to identify groups with a high risk for drug misuse and how the prevalence of drug use affects their overall health.

The 2021 National Household Survey on Drug Use and Health Report summarizes key findings used for national indicators of substance use among the civilian, non-institutionalized population, aged 16 or older in Bermuda. The last adult population survey was conducted in 2017.

The NHSDUH report includes six sections and presents the survey results under the following topics: 1) demographics; 2) risk of harm; 3) access to drugs; 4) prevalence-of-use; 5) drug market; and 6) health.

Prevalence of Use

Just over nine out of 10 survey respondents or 92.3% have indicated use of at least one drug in their lifetime (including alcohol and cigarettes), while 7.7% of survey respondents reported that they have never used any of the drugs surveyed. In current terms, more than half (56.5%) of the survey respondents or about five out of nine indicated use of at least one drug in the past month.

Majority of survey respondents have indicated use of at least one drug in their lifetime (including alcohol and cigarettes).

Comparing the prevalence of legal and illegal drug use, prevalence of legal drug use was higher than that of illegal drug use, as expected. Lifetime prevalence-of-use of a legal substance, such as alcohol and cigarettes, stood at 92.2%, annual use at 70.7%, and current use was 56.5%. In terms of illicit drug use, slightly more than one-fourth (29.6%) of the survey respondents have used an illegal drug in their lifetime, 7.9% in the past year, and 4.8% were current users of illegal drugs (Table 10.3.1).

Table 10.3.1
Lifetime, Annual, and Current Prevalence of ATOD Use, 2021

Substances	Percentage of (Weighted) Survey Respondents								
	Lifetime Use			Annual Use			Current Use		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
LEGAL DRUGS	45.1	47.1	92.2	36.6	34.1	70.7	30.8	25.7	56.5
Alcohol	44.4	46.7	91.1	35.2	33.6	68.8	29.0	25.0	54.0
Cigarettes	28.3	24.0	52.3	8.3	3.6	11.9	6.7	3.0	9.7
Inhalants	0.4	0.3	0.7	-	-	-	-	-	-
ILLEGAL DRUGS	17.8	11.8	29.6	5.1	2.8	7.9	3.3	1.5	4.8
Marijuana	57.6	38.8	96.3	5.1	2.7	7.8	3.2	1.5	4.6
Hash	18.1	9.2	27.3	0.7	0.5	1.2	0.3	0.2	0.5
Cocaine	8.2	4.8	13.0	0.1	-	0.1	0.1	-	0.1
Hallucinogens	4.7	3.3	8.0	-	0.1	0.1	-	-	-
Ecstasy	3.7	3.8	7.6	-	-	-	-	-	-
Crack	3.4	1.5	4.9	-	-	-	-	-	-
Non-Prescribed Stimulants	1.2	2.5	3.8	-	-	-	-	-	-
Opium	0.3	0.9	1.2	-	-	-	-	-	-
Heroin	1.2	0.9	2.1	-	-	-	-	-	-
Non-Prescribed Tranquillisers	0.3	0.6	1.0	-	0.1	0.1	-	0.1	0.1
Other Illegal Drugs	0.6	1.1	1.7	..	..	..	..	..	..

Source: DNDC's National Household Survey 2021

Note: - means zero or unit less than 0.1; .. means not applicable as question was not asked for those reference periods.

Table 10.3.1 shows the lifetime, annual, and current prevalence of substance use among Bermuda's adult population. Alcohol was the drug of choice among survey respondents, used by more persons than either tobacco or illicit drugs. In terms of current use, 54.0% of the survey participants reported that they used alcohol at least once within the 30 days prior to completing the survey. Within the last year, 68.8% of the respondents indicated that they used alcohol and 91.1% have used alcohol at least once in their lifetime.

Experimentation with tobacco, as revealed by lifetime use, was reported by 52.3% (41.2% in 2017) of the survey participants, while 11.9% (10.6% in 2017) have used it in the past year and 9.7% (8.8% in 2017) were current tobacco users.

The use of inhalants was reported by only 0.7% of the survey respondents (0.2% in 2017) for lifetime use and by an even smaller proportion (0.4%).

In terms of illicit drug use, there was a significant number of persons indicating lifetime use of marijuana at 96.3% (20.2% in 2017) and 7.8% (6.3% in 2017) have used it in the past year. A small proportion of the participants (4.6%) (4.8% in 2017) reported using marijuana in the 30 days prior to the survey. Apart from marijuana, there was reported use of only three other illegal drugs in the past 30 days were: 0.5% hash, 0.1% cocaine, and 0.1% non-prescribed tranquilliers.

Prevalence rates for the other drugs remain considerably lower than those for alcohol, cigarettes, and marijuana at all three reference points, ranging from 1.0% for non-prescribed tranquillisers to 27.3% for hash in the lifetime reference period, and 0.1% for cocaine and non-prescribed tranquillisers to 0.5% for hash in the current-use period. There was no reported annual or current use of a number of substances including ecstasy, crack, heroin, or other named illegal drugs.

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 an increase of $57 thousand. In total, the government expended just over $15.85 million on drug control in Bermuda in FY 2021/2022, slightly up from the previous FY 2020/2021, where drug control expenditure stood at $15.80 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; $9.4 million and $9.9 million vs. $6.4 million and $6.0 million in FY 2020/2021 and FY 2021/2022, respectively (see Tables 11.1.1 and 11.1.2).

For demand reduction, disparity in allotment continued to exist between treatment and prevention, with treatment receiving the greater proportion.

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, increased by 5.4% from FY 2020/2021 to FY 2021/2022; funding for prevention services decreased by 0.6% 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 6.3% year over year – moving from a $6.4 million in FY 2020/2021 to $6.0 million in FY 2021/2022.

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, 2020/2021 and 2021/2022

	2020/2021 ACUTAL ($000)	2021/2022 REVISED ($000)
TREATMENT	**8,612[r]**	**9,078**
% Change	-4.1[r]	5.4
DNDC (MT, WTC, Treatment Unit)	2,457	2,454
Grantees		
Salvation Army	100	100
FOCUS Counselling Services	300	300
Other (BACB)	**100**	**100**
Other Agencies		
BARC	544	483
CLSS	1,125	1,210
Drug Treatment Court	438	439
Mandatory Drug Treatment (RLH)	1,305	1,305
Turning Point Substance Abuse Programme[+]	2,243	2,687

Table 11.1.1 cont'd
Government Expenditure on Drug Treatment and Prevention, 2020/2021 and 2021/2022

	2020/2021 ACUTAL ($000)	2021/2022 REVISED ($000)
PREVENTION	**779**	**774**
% Change		
DNDC (Prevention Unit & Community Education)	496	491
Grantees		
PRIDE	183	183
CADA	100	100
TOTAL DEMAND REDUCTION	**9,391**	**9,852**
% Change	**-3.7**	**-4.9**

Source: Government of Bermuda Budget

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

Table 11.1.2
Government Expenditure on Enforcement and Interdiction, 2020/2021 and 2021/2022

	2020/2021 ACUTAL ($000)	2021/2022 REVISED ($000)
ENFORCEMENT AND INTERDICTION		
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	2,289	2,247
Customs – Interdiction	4,108	3,746
TOTAL SUPPLY REDUCTION	6,397	**5,993**
% Change	**-4.0**	**-6.3**

Source: Government of Bermuda Budget

LOOKING AHEAD

The COVID-19 crisis has especially impacted the most vulnerable and marginalised in our community and has created conditions that leave more people susceptible to alcohol and drug use. Drug use for non-medical purposes is unsafe. Harmful patterns of drug use likely increased during the pandemic. As we learn to live and adjust to COVID-19, we must also focus on how the pandemic has impacted our collective ability to reduce the demand and supply for drugs. Despite the proven dangers associated with alcohol and drug misuse, the number of residents consuming substances is constant, especially with alcohol. Historically, alcohol misuse and abuse has been responsible for a number of morbidity and mortality cases on the Island over the past several years.

Monitoring and evaluation of important indicators can provide a snapshot of Bermuda's current drug situation.

Key Facts:

- The vast majority of Bermudians continue to highly rate their health in terms of both physical and mental well-being.
- Residents feeling safe in their neighbourhoods and statistics show that crimes continue to decline.
- Lifetime use of at least one drug remains high, while current use is greater than 50%.
- Females were more likely to try legal drugs, males likely to try illegal drugs.
- Convictions for drug related crime were likely to be to males compared to females who were mostly convicted for alcohol-related crime.
- Poly drug use has increased amongst reception inmates and the larger substance-using population.
- Youth substance-related referrals and assessments were higher in 2021 when compared to the prior year.
- Comprehensive substance abuse treatment services for youth remain unfunded.
- Over one-third of persons assessed for substance abuse treatment had a severe clinical diagnosis of substance abuse/dependence with high levels of use of cocaine followed by alcohol.
- The local drug market is operational as reflected by the demand for and availability or supply of drugs.
- Women continue to be underrepresented in drug treatment.

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 Professional Counselling Services	DUI Educational Programme Statistics
5. Bermuda Sport Anti-Doping Authority	Illicit and Anti-Doping Tests
6. CADA	Training for Intervention ProcedureS
7. Department of Child and Family Services	
– Counselling and Life Skills Services	CLSS Programme Statistics
8. 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
9. 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
10. 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
11. 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
12. Focus Counselling Services	Programme Outcomes Clients in Treatment Impaired Driving Educational Programme Statistics
13. Financial Intelligence Agency	Suspicious Activity Reports
14. HM Customs	Alcohol and Tobacco Imports and Exports Duty Collected on Alcohol and Tobacco Imports
15. Magistrate's Court	
– Liquor Licence Authority	Licensing of Establishments
16. PRIDE Bermuda	Drug Prevention Education: Botvin's LifeSkills Programme Drug Prevention Education: PATHS Programme
17. Salvation Army	Programme Outcomes Clients in Treatment
18. Supreme Court	Prosecutions

* Updated/Expanded indicators.

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

TARIFF CODE	DESCRIPTION	2019 (From April 1, 2019)	2020 (From April 1, 2020)
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); mixtures 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

ADS: 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 2020.

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.

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.

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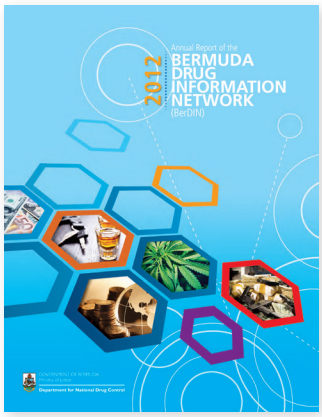
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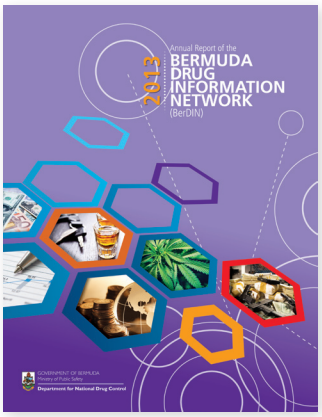
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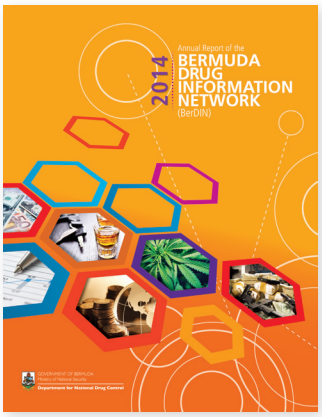
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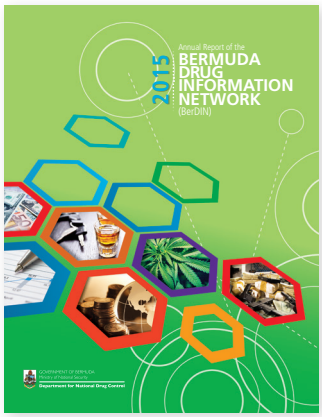
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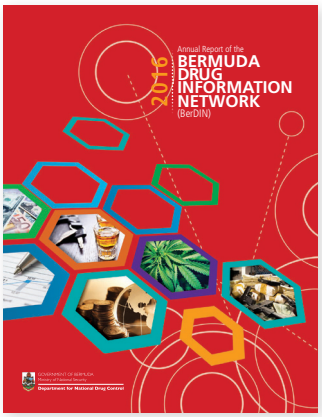
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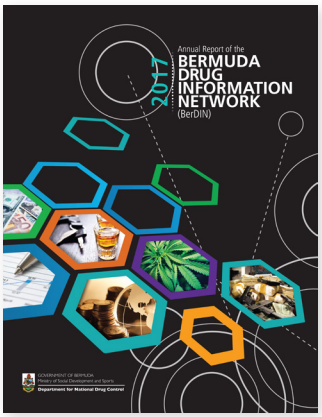
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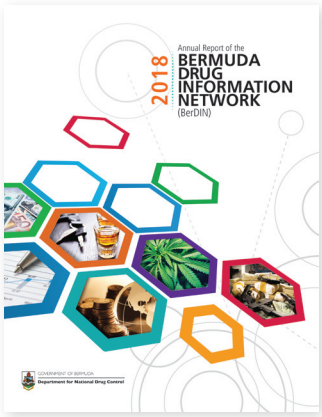
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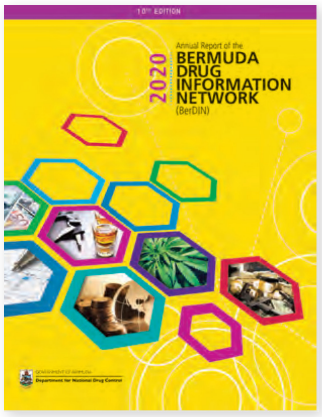
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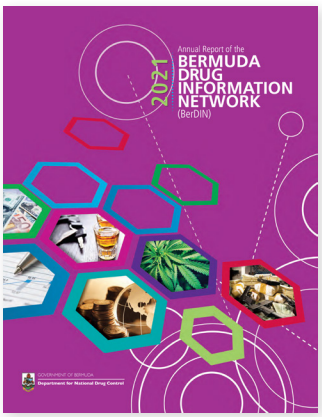
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