Annual Report of the

BERMUDA DRUG INFORMATION NETWORK

(BerDIN)

2021

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

Published by:
Government of Bermuda, Ministry of Legal Affairs, Department for National Drug Control
P. O. Box 480, HM CX, Bermuda

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

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

September, 2021

Reference as:
Department for National Drug Control. (2021). ***Annual Report of the Bermuda Drug Information Network 2021***. Government of Bermuda.

Designed by the Department of Communication and Information
Printed in Bermuda by Proserve Ltd.

Annual Report of the

BERMUDA DRUG INFORMATION NETWORK

(BerDIN)

2021

GOVERNMENT OF BERMUDA

Department for National Drug Control

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

"We must accept finite disappointment, but we must never lose infinite hope."
~ Martin Luther King Jr.

This is the 11th publication of the BerDIN Report. The Report provides policy-relevant data on the extent and pattern of drug use in Bermuda, and other related health and social characteristics of substance users. It serves as evidence for policy makers, both in and outside of government, working in demand and supply reduction to inform the strategies and policies for drug control, especially drug prevention and treatment responses for drug abuse and the harmful use of alcohol.

Measures implemented by Governments around the world to counter the COVID-19 pandemic have the potential to affect the illegal drug market and related services.

Within the span of 12 months, the ongoing COVID-19 pandemic has had a tremendous impact on the global economy, public health, and daily life. Measures implemented by Governments around the world to counter the COVID-19 pandemic have the potential to affect the illegal drug market and related services. Drug supply shortages could potentially create an overall decrease in consumption (drugs that are mostly consumed in recreational settings, such as bars and clubs), but may also lead to increased crime to access drugs or harmful patterns of drug use, such as an increase in sharing of injecting equipment and drug paraphernalia, all of which carry the risk of spreading COVID-19 itself as well as related blood-borne diseases. Stay-at-home orders have meant a reduction in the accessibility of treatment services for some clients, due to the move to remote service provision. Mobility restrictions and shelter-in-place orders also may have led to a reduction in staff available for intelligence work (working-from home and a reduction in personnel to avoid infection) and may have made enforcement operations more challenging; by impacting the capacity of law enforcement to monitor and intercept drug shipments.

During this pandemic-related economic downturn, the Department for National Drug Control (DNDC) along with various stakeholders have confronted scaled back budgets for measures aimed at reducing demand and the supply of drugs while facing the likely increase in substance use and aggravated harmful drug use due to the loss of family members, jobs, businesses, and resulting anxiety and depression.

The analysis contained herein is based on a continually updated set of individual drug-related information captured by members of the BerDIN in the web-based data management platform. These outputs are aimed at providing knowledge based on, in some cases, evolving and expanding data, bearing in mind that several data caveats, listed in the introduction section, should be taken into account. In a time of public health crisis data collection is often negatively impacted due to shifting priorities. In some jurisdictions, data collection was halted altogether; however, we are thankful to be able to continue to monitor the current drug situation with only a few datasets not being available. Our individual and collective mandates are vital as we respond to the challenges faced by demand and supply reduction in a time of COVID-19. There is much work ahead and only through your engagement and support can we reduce the harms associated with alcohol and drug use. As a community, we must stand together in this time of uncertainty.

Joanne Dean
Director
Department for National Drug Control

CONTENTS

LIST OF TABLES

CHAPTER 1: CRIMINAL AND SUSPICIOUS ACTIVITY

CHAPTER 2: IMPORTS, EXPORTS, AND LICENSING

CHAPTER 3: TRAINING INTERVENTION PROCEDURES (TIPS)

CHAPTER 4: SUBSTANCE ABUSE TREATMENT AND COUNSELLING

LIST OF TABLES

LIST OF TABLES

CHAPTER 5: DRUG SCREENING SURVEILLANCE

5.1 Bermuda Sport Anti-Doping Authority (BSADA) Statistics

5.2 Department of Corrections Statistics: Westgate Correctional Facility

5.3 Department of Corrections Statistics: Prison Farm

5.4 Department of Corrections Statistics: Co-Ed Facility

CHAPTER 6: IMPAIRED DRIVING

6.1 Blood Alcohol Concentration (BAC)

6.2 DUI Educational Programme Statistics

CHAPTER 7: HEALTH

7.1 Drug-Related Infectious Diseases

7.2 Inpatient Cases Related to Drugs, Poisoning, and Toxic Effects of Substances

LIST OF TABLES

CHAPTER 8: DRUG PREVENTION PROGRAMMES

CHAPTER 9: CERTIFIED PROFESSIONALS

CHAPTER 10: SURVEY DATA

LIST OF TABLES

CHAPTER 11: FINANCING DRUG CONTROL

11.1 Government Expenditure

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
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
KEMH	King Edward VII Memorial Hospital
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
MWI	Mid-Atlantic Wellness Institute
n	Number
NADO	National Anti-Doping Organisation
NAMLC	National Anti-Money Laundering Committee
NBC	Nelson Bascome Center
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, contributed by key industry stakeholders, provides a summary of the main drug-related indicators over the past 11 years and also compares the years 2019 and 2020 over 11 chapters. This introductory section features a short analytical comment on some of the key themes emerging from the most recent year's data. As the drug problems facing Bermuda are increasingly influenced by the COVID-19 pandemic, shifting priorities posed a challenge in obtaining timely data. COVID-19 has, however, triggered innovation in the implementation of drug prevention and treatment services.

COVID-19 has, however, triggered innovation in the implementation of drug prevention and treatment services.

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, the 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. After over 10 years, the BerDIN Report continues to evolve as new information becomes available. 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.

Drug use among adolescents and young adults

Cannabis and alcohol were the most popular substances used on the Island between 2010 and 2020. They were the drugs of choice for youth and adults during this period. When it comes to narcotic drug use, often its use is linked to drug-related or drug-induced crimes, which is presented in the relevant chapters of this publication. The Department of Corrections reported that reception inmates continue to test positive for mostly THC and cocaine, while random drug screens showed positive results for THC. Frequently observed amongst reception inmates is the use of opiates (heroin) and cocaine; this trend reamins the same among persons committing crimes over the past two years. When it came to persons seeking treatment assessment, there were more people using synthetic drugs, used singly or in combination with other drugs. Synthetic drugs continued to demonstrate its mainstay in the drug market during 2020, which is highlighted in Chapter 1.

People in treatment for drug use disorders

The year 2020 saw a decrease in the number of persons seeking substance abuse treatment, both as an outpatient and for residential care.

The year 2020 saw a decrease in the number of persons seeking substance abuse treatment, both as an outpatient and for residential care. Amongst new people seeking substance abuse treatment services in 2020 for any substance, a large proportion had a clinical diagnosis of "low" substance abuse or dependence. Of those assessed for treatment, 39 were assessed as having a dependence or had abused alcohol, while 37 had a dependence or abused THC. Reports indicate that more people who were new to drug treatment were likely to not be poly drug users, but more likely to meet the criteria for abuse of either alcohol, cannabis, or opiates, while persons who have been in treatment before were likely to be poly drug users and more likely to be dependent on cocaine, alcohol, and opiates. The majority of persons referred for substance abuse treatment between 2019 and 2020 were repeat cases.

Health consequences of drug use

During 2020, there was one drug-related Hepatitis C case, while the number of pregnant women testing positive for THC increased significantly during the same period. Little has changed in the quantity of alcohol and tobacco imported for consumption during the two years covered in this publication. The number of persons stopped and administered the breath test decreased between 2019 and 2020 (dropped by 88 persons), especially when it came to those who were in excess of the legal limit. Although there

were 21 road traffic accidents with breath tests above the legal limit, only six persons attended the DUI class in 2020.

Drug Market

During the COVID-19 pandemic, the effects of the pandemic on the drug market is not fully known with the global closing of borders leading to shortages of drugs on the street and potentially increased prices and reduced purity. Equally concerning, is the rising unemployment and reduced opportunity caused by the pandemic, which are likely to affect the most vulnerable in society.

The Treatment Demand Survey, administered at local treatment centres, indicated that the drug market is alive and flourishing in Bermuda as the primary drugs of choice, alcohol and marijuana, were available and affordable in 2020. While resources continue to be dedicated towards restricting the supply of drugs into Bermuda as part of an integrated and balanced approach, it also recognises the parallel importance of reducing the demand for drugs. Criminal trials and convictions for drug and alcohol related offences have significantly decreased over the past year. Synthetic drugs, such as shatter, cannabis wax substances, and other concentrates, were reported to be used in the community and with rising popularity in terms of use.

Disparities in Treatment

During 2020, the COVID-19 pandemic continued to impact the ability to service persons in need of substance abuse treatment. While the demand for drugs remain unchanged, significant challenges persist in the Island's ability to adequately address the needs of substance users, their families, and the community. Gaps in substance abuse treatment services for youth, especially on-island residential treatment, remains unfunded. Areas of continued challenge for the Network include insufficient funds to: execute operations, purchase equipment, make training available, provide technical assistance, and hire qualified staff. There continues to be waiting lists for services, especially for grant-funded agencies that saw level-funding during the fiscal year. The treatment gap persisted for persons seeking a substance abuse assessment in that, while a person may go through the assessment phase, he/she may not follow through with the recommended level of care, leaving a "treatment gap" between the persons needing and receiving treatment. There has been no resolution to the issues facing dual-diagnosed persons during the past year. The Mental Health Court remains operational, although a lack of an inpatient, medically-monitored substance abuse treatment programme/service makes placing dual-diagnosed clients in treatment even more difficult.

Demand and Supply Reduction Activities and Initiatives During 2020

During 2020, there were a number of supply and demand reduction activities implemented. In many cases, these initiatives were supported by the data compiled in this report. Other activities, especially those of supply reduction, may be captured elsewhere as a part of the respective agencies' annual reports.

Management and Coordination

- The DNDC operated within budget limits for fiscal year 2020-2021 with all financial processes completed within financial instructions.
- The National Drug Control Master Plan (NDCMP) 2019-2024 was developed with extensive stakeholder and community input. The document was submitted for review and approval, but has not yet been released. A designated implementation coordinator or unit has not been established as yet. The budgets assigned to address the NDCMP have been reduced considerably; however, the participating agencies remain focused on their specific activities and programmes related to drug misuse and abuse, although at a diminished capacity. As per the NDC Act 2013, a plan is to be renewed every five years.
- 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 DNDC Act 2013. Approval is still outstanding. Regulations to guide the TIPS programme under the Liquor Licensing Act are also outstanding.
- Grant funding was disbursed to Focus Counselling Services (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.
- Staff reviewed the Amended Cannabis Reform Bill and submitted recommendations as part of the public consultation process.

Substance Abuse Treatment

- Organized and completed recruitment process for Women's Treatment Centre (WTC) – Junior Addiction Counsellor and Addiction Counsellor posts.
- Ensured that the annual CARF Quality Improvement

Plan reports were submitted by Nelson Bascome Centre (NBC) and Turning Point Substance Abuse Programme.

- Mobilized a COVID-19 pandemic treatment network response through multiple Zoom meetings during 2020-2021.
- Participated in the GEO group annual program audit for Right Living House (RLH).
- Submitted report to the Minister on the current status of substance abuse treatment in Bermuda.
- Submitted ministerial statement on viability and importance of retaining the WTC supportive residency program.
- Provided technical support to BACB in preparation to launch Peer Recovery Support credential.
- Provided AccuCare training to FOCUS, RLH, and Salvation Army Harbour Light staff.
- Provided Treatment Planning training to the Men's Treatment (MT) and Salvation Army Harbour Light staff.
- Achieved 100% AccuCare utilization at NBC, Salvation Army Harbour Light Treatment Programme; 85% utilization at RLH, 50% at FOCUS, and 25% at Bermuda Assessment and Referral Cenre (BARC).

Substance Abuse Prevention

- Completed high-level summary for distribution on teen attitude and behaviours for anti-marijuana campaign.
- Developed entry-level curriculum on substance abuse prevention for community stakeholders.
- Developed an online professional development plan on Social Emotional Learning for educators and other professionals involved in substance abuse prevention.
- Collaborated with the Bermuda Addiction Certification Board (BACB) to conduct online trainings on Ethics, Child and Adolescent Development, Risk to Resiliency, Drug Prevention across the Lifespan, and Strategies for Strengthening Families.
- Assisted in organising the online 2021 US National Prevention Specialist Conference with Prevention Training Services for participants in Bermuda and the US.
- Delivered the Parent's Toolshop programme to a total of six residents and staff from the Teen Services programme.
- Implemented drug prevention education in all government preschools through the Al's Pals: Kids Making Health Choices programme. Ten schools participated and completed a combination of 46 interactive and online lessons.
- The Prevention Officer participated in one "drive by" graduation ceremony.
- Provided drug education on alcohol, marijuana, and other drugs (ATODs) in addition to the effects of the novel coronavirus and the vulnerability of COVID-19 in print, audio, and social media outlets, including the daily Royal Gazette (RG) and RG "Back to School" supplement, Inter Island Communications, Bermuda Broadcasting, Crimson Multi-media, and Bernews.
- Information on the services and programmes that are supported and provided by the DNDC was listed in the Bermuda Telephone/Yellow Pages Directory.
- Completed Project Adventure Experiential Education Training of the Trainer.

Research

- Institutionalised Training for Intervention Procedures (TIPS) for all servers and waiters of alcohol in licensed establishments continues to be tracked and monitored.
- DNDC held BerDIN annual meeting, November 2020.
- Completed the report of the National School Survey on Drugs and Health among Middle and High school Students.
- Conducted primary research of drug using behaviours among adults through the Household Survey.
- Commissioned the Omnibus Survey on public amenity.
- Drafted, published, and disseminated the 2020 Annual Report of the Bermuda Drug Information Network.
- 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 MT, WTC, and the RLH.
- Implemented the Employee Climate Survey with DNDC staff.
- Facilitated significant collaboration with stakeholder agencies with respect to programme implementation support and data gathering (for example, 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 2021 Annual Report marks the eleventh year in which over 18 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

There have been a number of challenges faced by stakeholders 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.

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 accurate and reliable data. During 2020, the organisational challenges were due primarily to reduced funding, leading to staff shortages and an inability to offer the full complement of services. At times, this meant that the provision of information was delayed. Furthermmore, as a result of the COVID-19 pandemic, several agencies did not input their data by the May 15th deadline or did not submit any data at all. Other challenges result from how information is collected from year to year and how changes in the collection of information impacts changes in indicators, which the DNDC has adjudged to be of significance.

Despite these issues, this Annual BerDIN Report includes an overall total of about 33 drug control areas being monitored with over 150 indicators. Despite the current climate of uncertainty regarding COVID-19 and human resource shortages, 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 2020

The 2020 Annual Meeting of the Bermuda Drug Information Network (BerDIN) was held on the 6th of November, 2020 in the Tradewinds Auditorium of the Bermuda Underwater Exploration Institute (BUEI).

Fredericka Brangman, a BerDIN Member who represented the Department of Child and Family Services, called the meeting to order and extended a welcome to the meeting's participants and invited guests. Mrs. Gina Hurst-Maybury, Acting Permanent Secretary (PS) of the Ministry of Legal Affairs, brought Opening Remarks to the meeting and highlighting the 10th year of the BerDIN publication. She noted the vital role of the BerDIN within the health and social service systems to help better understand the trends associated with addiction, prevention, treatment, rehabilitation, and drug interdiction. PS Hurst-Maybury highlighted some of the challenges ahead and called for continued dialogue that can lead to ensuring a harmonised approach among all agencies present at the meeting is taken when addressing substance treatment for children and families in Bermuda. She concluded her remarks by thanking the DNDC staff for their work and appealing to the audience to make BerDIN remarkable by accomplishing the things it sets out to achieve and wished the Network every success in its deliberations.

Following the Opening Remarks, the PS officially declared the meeting open. Participants were reminded of the meeting's objectives by Mr. Anthony Santucci, Executive Director, CADA, who also informed the participants of the

meeting's objectives: to update the BerDIN members on the current drug situation; to provide a forum for dialogue on drug-related special interest topics; and to enhance the well-being of the BerDIN members through team building activities and wellness presentations.

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 2020 Annual Report of the BerDIN. The BerDIN's ten-year accomplishments were highlighted as the members were thanked for their continual support. She spoke about the unchanging drug situation with alcohol and marijuana being the drugs of choice; and a conversation was had on the prevalence of marijuana between youth and adults, along with the amount of school suspensions for drug violations.

Gaps in data, such as with information related to dual-diagnosis, drug availability, and drug market for synthetics in Bermuda were a few of the topics discussed. Dr. Raynor concluded her presentation discussing the overall decrease in funding for demand reduction programmes and HM Customs' arm of supply reduction.

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 spoke about eight surveys: public amenity, treatment demand, consumer experience, employee experience, stakeholder feedback, AUDIT, the national school survey (NSS), and the marijuana survey (MS). The purpose and methodology of the NSS and MS surveys were presented in detail along with pertinent survey highlights.

The meeting then heard from Mrs. Kimwana Eve, Community Development Coordinator of the DNDC, who provided an overview on the RESCUE initiative, which took place in the fall of 2019. The RESCUE initiative allowed the DNDC to obtain information on youth attitudes toward marijuana that will be used as the basis for a national social media campaign.

The keynote address was brought by the Clinical Psychologists of the Mid Atlantic Wellness Institute, Dr. Shawnee Basden and Dr. Cherita Rayner. This was the sixth year in succession that the meeting has had a keynote speaker. The keynote speakers were introduced by BerDIN Member, Ms. Shirmelle Gomes, who represented the Department of Health. The speakers were honoured to be invited to the BerDIN Annual Meeting. Their presentation focused on the Legalization of Marijuana and Psychosis. The presentation emphasised the chemical properties of cannabis, problems associated with cannabis use, psychosis, medical use of cannabis, mental health and cannabis use, and concluded with considerations for legalisation. An interesting and insightful conversation ensued upon the conclusion of their presentation.

The meeting received a presentation on marijuana use and pregnancy from Dr. Thamidela Jayalakshmi, Medical Officer of the Department of Health at the Maternal Health Clinic. She spoke about how marijuana use during pregnancy can be harmful to a baby's health and cause many serious problems, including stillbirth, preterm birth, and growth along with development issues

The BerDIN members were provided with an in-depth presentation lead by Dr. Peter Perinchief, a retired Pediatrician from Edgewood Pediatrics, on the effects of marijuana use in-utero and after birth. His scientific discussion gave a well-needed foundation, for the Members, on just how the use of cannabis can impact someone from birth to adulthood. This presentation provided the audience with information on the cognitive impairments that are a result of early exposure to marijuana. A lively discussion ensued thereafter.

Dr. Llewllyn Simmons of the Department of Education then spoke to the group about the negative impacts that marijuana is having on our youth. He highlighted some examples of these impacts in the education arena and had an open dialogue with participants about how staff have dealth with issues surrounding students' marijuana use in schools. There was an emphasis on the notion that there is much work still to do if we, as a collective, are to infect change in our education system around marijuana use.

The next presentation was from Mrs. Nadine Kirkos, of the Government Lab, who spoke about new things being observed at the time of chemical analysis of cannabis products. She provided a pictorial presentation of the different forms of marijuana being seen in the lab along with other BHO (butane hash oil) being added to marijuana for consumption, which is very potent. Edibles are still a concern amongst the population and with the number of legislative changes that have occurred and are to occur the prevalence of this form of marijuana consumption may increase. Mrs. Kirkos went on to speak about the number of cases they received related to persons who are participating in drugged driving, as can be seen in the samples being tested from persons involved in road traffic accidents. These numbers were concerning and have become a public health crisis that needs to be addressed.

Ms. Kim Jackson of the Mirrors programme talked about the harm reduction approaches available for youth engaging in anti-social behaviours and/or using marijuana. She informed participants about the feedback given from five case studies on marijuana use. Ms. Jackson shared information on what the Mirrors programme does and some of the data they have collected thus far. The presentation closed with a list of 10 recommendations for risk reduction among our youth and cannabis use.

The last presentation was given by Ms. Rickeesha Binns from Pathways Bermuda. Her insightful and emotional presentation shared her view on the treatment of marijuana in Bermuda from the perspective of a former client as well

as a now fully functioning member of society. She spoke about what Pathways Bermuda is and the importance of giving discreet compassionate care to all. The recap of her personal journey showed how compassionate she is about the treatment process and highlighted the importance of treating the "Total Client" in order to achieve the best outcome.

The meeting ended with Dr. Raynor making brief remarks and thanked the participants for contributing to, what she deemed as, another successful meeting, and was grateful for their invaluable contributions. She also acknowledged the contribution over the past nine years of the Graphics and Design team of the Department of Communication and Information (DCI), who have designed and laid out the BerDIN Annual Report and meeting items. She encouraged participants to continue the collaboration and bilateral meetings beyond the day's meeting. Participants completed a short evaluation of the meeting.

Photo courtesy of ...

Chapter 1
Criminal and Suspicious Activity

- Drug Seizures
- Prosecutions
- Financial Intelligence
- Financial Crime

1.1 DRUG SEIZURES

There have been a number of changes to crime and drug seizure data over the past 10 years. The years 2018 and 2019 saw no data reported for drug-related crimes. 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 Bermuda Police Service (BPS). Since that time, drug seizure information has been reported by type of drug, total count, and total weight.

In 2020, the BPS recovered a combined weight of 33, 789.20 grams of drugs (Table 1.1.1), much less than the amount of drugs seized in 2019. 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. This data will be revised in the 2021 BerDIN report.

During 2020, cannabis drugs continued to be the most common drug type seized, with a total of 26.1 thousand grams (see Table 1.1.1). When it came to narcotic drug seizures, MDMA followed by heroin were the most commonly seized drugs in 2020. During the same year, there were seizures of non-edible cannabinoid products which include products such as deodorant and cosmetics, to name a few.

During 2020, cannabis drugs continued to be the most common drug type seized...

Table 1.1.1
Drug Seizures by Type of Drug, Total Count, and Total Weight, 2019 and 2020

DRUG	2019		2020	
	Total Count (n)	Total Weight (g)	Total Count (n)	Total Weight (g)
Cannabis	386	86,832.44	86	26,069.98
Cannabis (Resin)	64	10,152.87	22	5,210.98
Cannabis (Seeds)	9	0.32	4	1.57
Cannabis (Plant)	143	-	15	-
Cannabis concentrates:				
Edibles*	14	255.03	-	-
Brown substance	9	21.47	-	-
Wax substance	5	804.05	-	-
Liquid	2	-	-	-
Shatter	16	2,183.31	-	-
Vape cartridge	27	-	-	-
Tablets	3	-	-	-
Non-edibles**	-	-	17	421.48
Inconclusive for Hemp/Cannabis	11	20.85	52	105.18
Crack Cocaine	49	275.42	30	49.79
Cocaine HCl	14	3,102.19	7	139.79
Cocaine	1	0.32	-	-
Heroin/Diamorphine drugs	17	1,047.45	17	349.98
Not a controlled substance	122	3,735.34	62	792.67
Designer Drugs:				
Fentanyl			1	0.48
MDMA	1	-	7	647.30
Amphetamine	1	0.4	-	-
Methamphetamine	1	0.71	-	-
Synthetic cathinone derivative	16	37.58	-	-
Third Schedule drugs (Pharmacy and Poisons Act 1979)	11	0.63	7	-
TOTAL	**922**	**108,470.38**	**327**	**33,789.20**

Source: Bermuda Police Service

Notes:
*Edibles are food products similar to candy or gummies.
**Non-edible cannabinoid products include products such as deodorant, cosmetics etc.

1.2 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 1.2.1 and 1.2.2). Criminal trials for drug-related offences decreased from 140 in 2019 to 94 in 2020 (Table 1.2.1).

For the second year in a row, there was a decrease in the number of criminal trials for alcohol-related offences in 2020, although the breakdown differs by sex of the offender (see Table 1.2.2). During 2020, criminal trials resulting from impaired driving of a motor vehicle decreased from 176 in 2019 to 109. Excessive alcohol in operating a motor vehicle and refusing the breathalyser test also decreased in 2020.

When it came to drug-related offences, most of the acquittals in 2020 were for possession of cannabis (4 in 2020) (see Table 1.2.3), while for alcohol-related offences, there 11 acquittals for the category of impaired driving of a motor vehicle (see Table 1.2.4). There were far less convictions in 2020 for both criminal drug- and alcohol-related offences when compared with 2019 (see Tables 1.2.5 and 1.2.6). Drug-related convictions were mainly for possession of drug equipment (16), possession of cocaine (11) and possession of cannabis with intent to supply (8). Criminal convictions for alcohol-related offences, on the whole, decreased considerably from 183 cases in 2019 to 118 cases in 2020. Impaired driving of a motor vehicle, refusing the breath test, and excess alcohol motor vehicle, represented the highest proportions of alcohol-related criminal convictions.

There were far less convictions in 2020 for both criminal drug- and alcohol-related offences when compared with 2019.

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 15 cases in 2019 to 13 in 2020 (see Table 1.2.7). Likewise, when it came to alcohol-related cases, fewer cases were classified as 'unknown' in 2020 (117 cases) compared to 2019 (173 cases).

Table 1.2.1
Criminal Trials for Drug-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	12	1	-	13	12	1	-	13
2301	Possession of Cannabis Resin	5	-	-	5	1	-	-	1
2304	Possession of Cocaine	8	-	1	9	12	-	1	13
2308	Possession of Diamorphine	2	-	-	2	2	-	-	2
2312	Possession of Other Drugs	2	-	-	2	2	2	-	4
2313	Possession of Other Drugs With Intent to Supply	1	-	-	1	1	-	-	1
2316	Possession of Cannabis With Intent to Supply	17	-	-	17	10	-	-	10
2317	Posession of Cannabis Resin with intent to supply	6	-	-	6	6	-	-	6
2320	Possession of Cocaine With Intent to Supply	6	-	-	6	6	-	-	6
2324	Possession of Diamorphine With Intent to Supply	2	-	-	2	-	-	-	-
2332	Handle cannabis with intent to supply	-	-	-	-	1	-	-	1
2336	Handle cocaine with intent to supply	1	-	-	1	-	-	-	-
2364	Import Cannabis	9	5	2	16	-	-	-	-
2365	Import Cannabis Resin	1	-	-	1	2	-	-	2
2368	Import Cocaine	1	-	-	1	-	-	-	-
2373	Import Other Drugs	8	4	2	14	-	-	-	-
2380	Conspiracy to Import Other Drugs	1	1	-	2	3	-	-	3

Table 1.2.1 cont'd
Criminal Trials for Drug-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2392	Possession of Drug Equipment Prepare	17	2	2	21	8	-	1	9
2396	Cultivate Cannabis	2	-	-	2	2	-	-	2
2400	Permit on Premises Drug Use	-	-	-	-	1	2	1	4
2404	Obstruction	-	-	-	-	1	-	-	1
TOTAL TRIALS: DRUG-RELATED OFFENCES		**118**	**15**	**7**	**140**	**84**	**6**	**4**	**94**

Source: Supreme Court

Table 1.2.2
Criminal Trials for Alcohol-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	148	24	4	176	96	9	4	109
3059	Impaired Driving (>100 mgs Alcohol)	1	1	-	2	-	-	-	-
3061	Care and Control of Motor Vehicle Whilst Impaired	8	2	-	10	11	3	1	15
3062	Refuse Breath Test	55	7	2	64	45	10	3	58
3063	Impaired Driving Drug In Body	3	-	-	3	1	-	-	1
3064	Excess Alcohol Motor Vehicle	92	18	2	112	66	4	2	72
3842	Excess Alcohol – Power Craft	1	-	-	1	-	-	-	-
3843	Impaired Driving – Power Craft	2	-	-	2	-	-	-	-
4020	Drunk and Incapable	3	-	-	3	-	-	-	-
4022	Drunk in Public Street	1	-	-	1	1	-	-	1
3841	Ref Breath Test Powercraft	1	-	-	1	-	-	-	-
TOTAL TRIALS: ALCOHOL-RELATED OFFENCES		**315**	**52**	**8**	**375**	**220**	**26**	**10**	**256**

Source: Supreme Court

Table 1.2.3
Criminal Acquittals for Drug-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	1	-	-	1	4	-	-	4
2304	Posession of Cocaine	-	-	-	-	1	-	-	1
2316	Possession of Cannabis With Intent to Supply	3	-	-	3	2	-	-	2
2317	Possession of resin with intent to supply	-	-	-	-	2	-	-	2
2320	Possession of Cocaine With Intent to Supply	1	-	-	1	4	-	-	4
2364	Import Cannabis	-	-	-	-	-	-	-	-
2380	Conspiracy to Import Other Drugs	-	-	-	-	2	-	-	2
2388	Possession of Drug Equipment	3	1	-	4	-	-	-	-
2392	Possession of Drug Equipment Prepare	1	-	-	1	2	-	-	2
2396	Cultivate Cannabis	1	-	-	1	-	-	-	-
2400	Permit on Premises Drug Use	-	-	-	-	-	-	-	-
TOTAL ACQUITTALS: DRUG-RELATED OFFENCES		**10**	**1**	**-**	**11**	**17**	**-**	**-**	**17**

Source: Supreme Court

Table 1.2.4
Criminal Acquittals for Alcohol-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	-	-	-	-	9	2	-	11
3059	Impaired Driving (>100 mgs Alcohol)	-	-	-	-	-	-	-	-
3061	Care and Control of Motor Vehicle Whilst Impaired	-	-	-	-	2	-	-	2
3062	Refuse Breath Test	-	-	-	-	4	1	-	5
3064	Excess Alcohol Motor Vehicle	-	-	-	-	3	-	-	3
TOTAL ACQUITTALS: ALCOHOL-RELATED OFFENCES		-	-	-	18	3	-	21	

Source: Supreme Court

Table 1.2.5
Criminal Convictions for Drug-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	7	1	-	8	6	-	-	6
2301	Possession of Cannabis Resin	3	-	-	3	1	-	-	1
2304	Possession of Cocaine	8	-	1	9	11	-	-	11
2308	Possession of Diamorphine	1	-	-	1	2	-	-	2
2312	Possession of Other Drugs	2	-	-	2	2	1	-	3
2313	Possession of Other Drugs With Intent to Supply	-	-	-	-	1	-	-	1
2316	Possession of Cannabis With Intent to Supply	10	-	-	10	8	-	-	8
2317	Possession of cannabis resin with intent to supply	5	-	-	5	2	-	-	2
2320	Possession of Cocaine With Intent to Supply	5	-	-	5	2	-	-	2
2324	Possession of Diamorphine With Intent to Supply	2	-	-	2	-	-	-	-
2336	2336 Handle cocaine with intent to supply	1	-	-	1	-	-	-	-
2364	Import Cannabis	9	5	2	16	-	-	-	-
2365	Import Cannabis Resin	1	-	-	1	2	-	-	2
2368	Import Cocaine	1	-	-	1	-	-	-	-
2373	Import Other Drugs	8	4	2	14	-	-	-	-
2380	Conspiracy to Import Other Drugs	1	1	1	3	1	-	-	1
2388	Possession of Drug Equipment	13	1	-	14	14	1	1	16
2392	Possession of Drug Equipment Prepare	13	2	2	17	5	-	1	6
2396	Cultivate Cannabis	1	-	-	1	2	-	-	2
TOTAL CONVICTIONS: DRUG-RELATED OFFENCES		91	14	8	113	59	2	2	63

Source: Supreme Court

Table 1.2.6
Criminal Convictions for Alcohol-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	89	6	4	99	49	2	2	53
3059	Impaired Driving (>100 mgs Alcohol)	1	-	-	1	-	-	-	-
3061	Care and Control of Motor Vehicle Whilst Impaired	4	1	-	5	4	1	1	6
3062	Refuse Breath Test	26	4	-	30	20	8	2	30
3063	Impaired Driving Drug In Body	1	-	-	1	1	-	-	1

Table 1.2.6 cont'd
Criminal Convictions for Alcohol-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3064	Excess Alcohol Motor Vehicle	30	12	-	42	23	2	2	27
3842	Excess Alcohol-Power Craft	-	-	-	-	-	-	-	-
3843	Impaired Driving – Power Craft	2	-	-	2	-	-	-	-
4020	Drunk and Incapable	2	-	-	2	-	-	-	-
4022	Drunk in Public Street	2	-	-	2	1	-	-	1
8403	Drunkenness in Aircraft Contrary to Air Navigation	1	-	-	1	-	-	-	-
TOTAL CONVICTIONS: ALCOHOL-RELATED OFFENCES		**176**	**24**	**9**	**209**	**156**	**23**	**4**	**183**

Source: Supreme Court

Table 1.2.7
Unknown Results for Drug-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	4	-	-	4	2	1	-	3
2301	Possession of Cannabis Resin	1	-	-	1	-	-	-	-
2304	Possession of Cocaine	-	-	-	-	-	-	1	1
2308	Posession of Diamorphine	1	-	-	1	-	-	-	-
2312	Posesseion of Other Drugs	-	-	-	-	-	1	-	1
2316	Possession of Cannabis with intent to supply	4	-	-	4	-	-	-	-
2317	Possession of Cannabis Resin with intent to supply	1	-	-	1	2	-	-	2
2388	Possession of Drug Equipment	1	-	-	1	-	-	-	-
2392	Possession of Drug Equipment Prepare	3	-	-	3	1	-	-	1
2400	Permit on premises drug use	-	-	-	-	1	2	1	4
2404	Obstruction	-	-	-	-	1	-	-	1
TOTAL UNKNOWN RESULTS: DRUG-RELATED OFFENCES		**15**	**-**	**-**	**15**	**7**	**4**	**2**	**13**

Source: Supreme Court

Table 1.2.8
Unknown Results for Alcohol-Related Offences by Sex of Offender, 2019 and 2020

JEMS Code	Description	2019				2020			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	54	17	-	71	38	5	2	45
3061	Care and Control of Motor Vehicle Whilst Impaired	4	1	-	5	5	2	-	7
3062	Refuse Breath Test	26	3	1	30	21	1	1	23
3064	Excess Alcohol Motor Vehicle	57	6	2	65	40	2	-	42
3841	Refuse Breath Test Powercraft	1	-	-	1	-	-	-	-
3842	Excess Alcohol Powercraft	1	-	-	1	-	-	-	-
TOTAL UNKNOWN RESULTS: ALCOHOL-RELATED OFFENCES		**143**	**27**	**3**	**173**	**104**	**10**	**3**	**117**

Source: Supreme Court

1.3 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 (15.3%) in the SARs received, up from 391 in 2019 to 451 in 2020 (see Table 1.3.1). Activities within banks, money service businesses and investment providers account for the bulk of the SARs in 2020. Other increased SARs were from local regulators and law firms. There was a considerable decrease by 57.1% in the SARs received from the category "Trust Company" in 2020.

Activities within banks, money service businesses and investment providers account for the bulk of the SARs in 2020.

Also in 2020, 187 local and overseas disclosures contained information from 326 SARs compared to 296 disclosures from 789 SARs in 2019, representing a 58.7 decrease in total SARs disclosed.

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

Table 1.3.1
Suspicious Activity Reports (SARs) by Sector, 2019 and 2020

SECTOR	2019					2020					Annual Percentage Change (%)
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
SARs Received											
Banks (includes a Credit Union)	52	34	35	37	158	49	26	49	45	169	7.0
Investment Providers	4	1	3	4	12	8	27	20	15	70	483.3
Money Service Businesses	28	6	23	5	62	39	24	11	21	95	53.2
Corporate Service											
Providers	2	13	5	4	24	3	2	1	6	12	-50.0
Law Firm	1	1	-	2	4	3	3	0	5	11	175.0
Trust Company	2	1	2	2	7	2	0	0	1	3	-57.1
Local Regulators	1	1	-	2	4	4	1	1	4	10	150.0
Long-Term Insurers	18	22	16	12	68	9	6	18	19	52	-23.5
Other (Metal Dealers)	-	-	-	-	-	-	-	-	-	-	-
Accounting Firm	-	-	-	-	-	-	-	-	-	-	-
Fund Administrators	2	6	6	-	14	4	2	1	1	8	-48.9
Insurance											
Company/Manager	7	5	8	13	33	5	1	5	4	15	-54.5
Real Estate	-	-	-	1	1	-	2	-	2	4	300.0
Dealers in Precious Metal & Stones	1	-	-	-	1	-	-	-	-	-	-100.0
Registered Charity	1	-	-	-	1	-	-	-	-	-	-100.0
Financial Lender	-	1	-	-	1	-	-	-	-	-	-100.0

Table 1.3.1 cont'd
Suspicious Activity Reports (SARs) by Sector, 2019 and 2020

SECTOR	2019					2020					Annual Percentage Change (%)
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
Digital Asset Business	-	-	-	1	1	-	-	-	-	-	-100.0
Investment Funds	-	-	-	-	-	-	-	-	1	1	100.0
Other	-	-	-	-	-	-	-	1	-	1	100.0
TOTAL SARs RECEIVED	119	91	98	83	391	126	94	107	124	451	15.3
ANNUAL PERCENTAGE CHANGE	-40.0	-42.8	-40.6	-42.8	-41.4	5.9	3.3	9.2	49.4	15.3	
Total Local and Overseas Disclosures	42	114	56	84	296	57	43	64	23	187	-36.8
Local Entities	39	84	49	61	233	43	9	16	1	147	-36.9
Overseas Entities	3	30	7	23	63	14	9	16	1	40	-36.5
Total SARs Disclosed	49	292	285	163	789	58	127	127	14	326	-58.7

Source: Financial Intelligence Agency

1.4 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. The majority 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).

In order 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 provide assistance to 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 nine seizures in 2020, amounting to $143.655.40, compared to a significantly lower number of seizures in 2019 (four), amounting to $179,240.46 (see Table 1.4.1). In 2020, most seizures were of cash; however,

in 2019, forfeitures accounted for the larger proportion ($85,195.66). No confiscations, civil recovery cases, or civil recovery orders were recorded in 2019; however, in 2020 there were four money laundering cases, all of which remain ongoing (two in the Supreme Court and two in Magistrates' Court) at the end of 2020. Only one of those cases is suspected to involve the proceeds of drug-based criminality.

Table 1.4.1
Cash Seizures, 2019 and 2020

Year/Quarter	Number of Seizures	Section 50 Cash Seizures ($)	Forfeiture ($)	Total ($)
2019				
Q1	-	-	5,000.00	5,000.00
Q2	2	14,825.00	14,330.66	179,240.46
Q3	2	66,036.24	49,965.00	29,155.66
Q4	-	-	15,900.00	15,900.00
Total	**4**	**80,861.24**	**85,195.66**	**179,240.46**
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	0+	-	-	-
Total	**9**	**136,254.40**	**7,401.00**	**143,655.40**

Source: OECD, Bermuda Police Service

Chapter 2
Imports, Exports, and Licensing

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

2.1 IMPORTS AND EXPORTS

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

The importation of alcohol and tobacco provides an indication of the availability of these products and the environment in which residents are surrounded. During 2018, taxes related to the importation of alcohol and tobacco increased. An increased duty was levied on imported cigarettes, from $0.37 to $0.40 per stick, while $31.35 was the duty charged on two litres of hard liquor.[2] However, there were varying rates of duty applied to different alcoholic beverages and tobacco products (see Appendix III). These rates have been revised and became effective as of April 1, 2019 and were the same in 2020.

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 2019, 6.5 million litres of alcohol, valued at $29.2 million, was available for local consumption and contributed $20.8 million to customs duty (see Table 2.1.1). However, in 2020, 5.3 million litres of alcohol was available for local consumption, valued at $25.2 million and contributed $18.1 million to customs duty. Beer and wine in containers holding 2 litres or less accounted for a significant portion of the beverages available for consumption.

An additional 6.5 million litres in 2019, valued at $29.2 million, compared to 1.6 million litres in 2020, valued at $11.9 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 2020.

The year 2019 saw 893 thousand litres of alcohol and alcoholic beverages exported from bonded warehouses, valued at $3.3 million, with $12,735.17 received in customs duty (see Table 2.1.3). On the other hand, in 2020, there were fewer litres of alcohol and alcoholic beverages, 677 thousand, exported from bonded warehouses, valued at $2.7 million, with $2,006.63 received in customs duty.

The value of tobacco and tobacco products available for domestic consumption was approximately $2.2 million in 2019 and $2.7 million in 2020 (see Table 2.1.4). This resulted in an increase in the duty received from $7.0 million in 2019 to $8.4 million in 2020. The major component of tobacco imports is that of cigarettes, with 24.7 thousand kilograms and 18.2 million units, valued at $1.9 million, being brought to the Island in 2019 or removed from bonded warehouses, contributing $6.9 million towards customs duty. In comparison, the year 2020 saw slightly more cigarette imports at 27.0 thousand kilograms and 20.5 million units, valued at $2.4 million, which were brought to the Island or removed from bonded warehouses, contributing $8.0 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), 2019 and 2020

Tariff Code	Description	2019			2020		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	3,957,454.80	6,793,431.22	5,295,854.50	3,027,580.93	5,384,338.86	4,117,510.10
2204.100	Sparkling Wine	134,069.53	2,144,946.81	765,905.79	98,514.46	1,718,442.62	588,377.76
2204.210	Wine in containers holding 2 litres or less	1,188,354.96	11,433,293.83	6,808,367.48	1,039,193.33	9,988,880.09	6,221,371.98
2204.220	Wine in containers holding more than 2L but not more than 10L*	568.25	13,075.69	3,383.25	2,507.00	37,501.66	15,042.00
2204.290	Wine in containers greater than 2 litres	51,790.16	1,262,102.84	293,801.19	72,161.70	1,384,429.09	432,970.20
2204.300	Other Grape Must	898.50	13,416.97	4,494.00	1,759.95	24,084.77	10,559.70
2205.100	Vermouth in containers holding 2 litres or less	3,479.25	16,817.08	20,254.50	2,998.00	14,784.70	17,988.00
2205.900	Vermouth in containers holding greater than 2 litres	4.50	79.99	27.00	18.25	226.92	109.5
2206.000	Other Fermented Beverages	272,211.22	632,878.19	365,901.20	237,045.28	522,879.98	322,358.55
2207.100	Undenatured Ethyl Alcohol	359.26	1,627.37	8,985.76	323.1	1,340.00	7,520.00
2207.200	Denatured Ethyl Alcohol	248.19	551.60	147.93	884.47	2,405.61	482.46
2208.200	Brandy and Cognac	42,245.91	918,388.43	525,205.04	45,755.19	972,774.90	574,829.76
2208.300	Whiskies	91,311.02	1,483,955.75	1,108,265.10	87,160.46	1,422,401.53	1,108,839.68
2208.400	Rum and Other Spirits Distilled from Sugar Cane	208,390.06	1,247,827.98	2,373,839.97	128,603.15	878,129.94	1,566,614.72
2208.500	Gin and Geneva	37,818.71	479,783.53	473,550.02	36,664.96	449,573.94	465,353.28
2208.600	Vodka	154,582.92	1,354,366.00	1,763,904.30	142,969.20	1,032,186.34	1,681,339.20
2208.700	Liqueur & Cordials	59,075.49	514,575.40	390,328.74	39,301.86	446,893.94	311,178.88
2208.900	Other Spirituous Beverages	258,573.48	840,205.87	590,107.65	315,330.19	903,257.53	662,356.80
	TOTAL	**6,461,436.21**	**29,151,324.55**	**20,792,323.42**	**5,278,771.48**	**25,184,532.42**	**18,104,802.57**

Source: HM Customs

Table 2.1.2
Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2019 and 2020*

Tariff Code	Description	2019		2020	
		Litreage	Value ($)	Litreage	Value ($)
2203.000	Beer	3,957,454.80	6,793,431.22	87,594.12	178,171.12
2204.100	Sparkling Wine	134,069.53	2,144,946.81	54,938.98	988,883.34
2204.210	Wine in containers holding 2 litres or less	1,188,354.96	11,433,293.83	479,290.99	4,933,811.59
2204.220	Wine in containers holding more than 2 litres but not more than 10 litres	568.25	13,075.69	-	-
2204.290	Wine in containers greater than 2 litres	51,790.16	1,262,102.84	4,665.00	9,525.05
2204.300	Other Grape Must	898.50	13,416.97	-	-
2205.100	Vermouth in containers holding 2 litres or less	3,479.25	16,817.08	2,202.00	11,306.51
2205.900	Vermouth in containers holding greater than 2 litres	4.50	79.99	-	-
2206.000	Other Fermented Beverages	272,211.22	632,878.19	2,675.34	22,830.90
2207.100	Undenatured Ethyl Alcohol	359.26	1,627.37	-	-
2207.200	Denatured Ethyl Alcohol	248.19	551.60	-	-
2208.200	Brandy and Cognac	42,245.91	918,388.43	37,763.22	883,304.03
2208.300	Whiskies	91,311.02	1,483,955.75	55,533.00	1,044,678.95
2208.400	Rum and Other Spirits Distilled from Sugar Cane	208,390.06	1,247,827.98	737,963.30	2,534,375.83
2208.500	Gin and Geneva	37,818.71	479,783.53	16,969.80	230,771.38
2208.600	Vodka	154,582.92	1,354,366.00	65,021.70	680,838.69
2208.700	Liqueur & Cordials	59,075.49	514,575.40	21,036.40	219,558.50

Table 2.1.2 cont'd

Quantity and Value of Bonded[*] Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival[**], 2019 and 2020

Tariff Code	Description	2019		2020	
		Litreage	Value ($)	Litreage	Value ($)
2208.900	Other Spirituous Beverages	258,573.48	840,205.87	30,712.50	206,203.99
	TOTAL	**6,461,436.21**	**29,151,324.55**	**1,596,366.35**	**11,944,259.88**

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[*], 2019 and 2020

Tariff Code	Description	2019			2020		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2204.100	Sparkling Wine	391.50	22,847.89	97.90	210	12,673.94	52.53
2204.210	Wine in containers holding 2 litres or less	6.75	119.53	1.70	72.75	392.62	18.21
2208.200	Brandy and Cognac	3,902.30	142,543.11	975.76	-	-	-
2208.300	Whiskies	1,585.75	52,656.97	396.53	-	-	-
2208.400	Rum and Other Spirits Distilled from Sugar Cane	858,156.50	3,054,502.67	8,043.30	-	-	-
2208.500	Gin and Geneva	608.20	8,982.24	152.08	-	-	-
2208.600	Vodka	17,798.43	1,261.75	315.48	-	-	-
2208.700	Liqueur & Cordials	3,795.85	25,519.34	949.02	1,216.40	49,771.72	304.14
2208.900	Other Spirituous Beverages	7,213.25	40,731.64	1,803.40	570.6	21,131.57	142.67
	TOTAL	**893,458.53**	**3,349,165.14**	**12,735.17**	**676,671.80**	**2,730,385.20**	**2,006.63**

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), 2019 and 2020

Tariff Code	Description	2019			2020		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2401.100	Tobacco, Not Stemmed / Stripped	6.02 kg	465.60	1,806.00	0.87 kg 50 u	249.6	436.58
2401.200	Tobacco, Partly or Wholly Stemmed / Stripped	3,770.57 kg	374,137.68	109,642.92	-	-	-
2401.300	Tobacco Refuse	24,670.96 kg	1,850,422.82	6,909,108.00	110 u	-	-
2402.100	Cigars, Cheroots, etc. Containing Tobacco	18,155,194 u	1,790.75	626.76	3,519.57 kg 468 u	193,019.62	67,557.00
2402.200	Cigarettes Containing Tobacco	202.00 kg	-	-	27,001.30 kg 20,540,231 u	2,354,317.40	8,016,480.80
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	-	76.20	138.00	399.88 kg 15,000 u	83,500.59	29,225.23
2403.110	Water Pipe Smoking Tobacco	0.46 kg	68.05	120.00	-	-	-
2403.190	Other Smoking Tobacco	0.24 kg	1,158.70	9,606.00	342.61 kg 5 u	15,823.50	171,305.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	31.36 kg	11,863.02	4,152.11	0.63 kg 30 u	148.7	315
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	959.00 kg	-	-	4.72 kg 5 u	762.77	2,360.00

Table 2.1.4 cont'd
Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2019 and 2020

Tariff Code	Description	2019			2020		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
9801.309	Cigarettes containing tobacco [Other]	1,090.40 kg	35.00	2,802.56	64 kg 79 u	2,323.14	2,323.14
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	-	-	-	572 kg 706 u	23,754.64	8,314.16
9803.164	Smoking Tobacco	-	-	-	8.85 kg 11 u	1,221.96	4,425.00
9803.171	Cigarettes Containing Tobacco	-	-	-	2,090.52 kg 1,696 u	59,981.57	135,680.00
	TOTAL	**90,025.51 kg 17,560,027 u**	**2,087,578.08**	**6,049,280.32**	**30,731.11 kg 18,155,229 u**	**2,735,103.49**	**8,438,421.91**

Source: HM Customs

Table 2.1.5
Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arrival**, 2019 and 2020*

Tariff Code	Description	2019		2020	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	245.40 kg	127,231.08	105.24 kg	16,603.55
2402.200	Cigarettes Containing Tobacco	6,092.44 kg 5,017,00 u	414,264.46	1,427.65 kg 1,050,000 u	77,363.70
2403.190	Other Smoking Tobacco	-	-	72 kg	3,283.20
	TOTAL	**6,337.84 kg 5,017,000 u**	**541,495.54**	**1,604.89 kg 1,050,000 u**	**97,250.45**

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, 2019 and 2020*

Tariff Code	Description	2019		2020	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	-	-	1.00 kg 1 u	50.00
2402.200	Cigarettes Containing Tobacco	,143.40 kg 771,279 u	86,740.50	552.74 kg 383,447 u	40,998.49
	TOTAL	**1,143.40 kg 771,279 u**	**86,740.50**	**553.74 kg 383,448 u**	**41,048.49**

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

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

[5] Ibid. p. 9.

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 an increase of 4.0% in the number of licences issued to establishments between 2019 and 2020, from 323 to 336; 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 57.2%, from 320 in 2019 to 137 in 2020. There were eight more licences issued over the past year for al fresco (outdoors) events. Overall, there has been a decrease, by 26.4%, in the total number of licences issued, that is, from 643 in 2019 to 473 in 2020.

Overall, there has been a decrease, by 26.4%, in the total number of licences issued…

Table 2.2.1
Liquor Licenses Issued by District and Type of Licence, 2019 and 2020

Districts and Type of Licence	2019	2020
Class 'A'	91	88
Class 'B'	9	8
Tour Boat	39	-
Nightclub	13	8
Restaurant	90	109
Hotel	20	12
Member's Club	38	38
Alfresco	18	26
Proprietary club license	3	2
Permit for Association or Organisation*	2	2
Total Licences Issues to Establishments	**323**	**336**
Annual Percentage Change in Total Licences Issued to Establishments (%)	**8.4**	**4.0**
Total Occasional Liquor Licences Island-Wide	**320**	**137**
Annual Percentage Change in Total Occasional Liquor Licences Island-Wide (%)	**-42.5**	**-57.2**
Total Licences Issued		**643**
Annual Percentage Change in Total Licences Issued (%)	-24.8	**-26.4**

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-premise 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 2020, there was a sizeable decrease, of 37.0%, in the number of TIPS training sessions from the previous year (down from 27 to 17), as well as a decrease in the number of participants from 458 in 2019 to 269 in 2020. A noted decrease was also seen in the number of participating establishments in 2020 with a decrease of 52.5% from 2019 (see Table 3.1.1). During 2020, participants (managers, owners, and supervisors) were from 85 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 179 licenced establishments in the previous year; averaging 17 participants per session in 2020. It is important to note that the TIPS programme can train anywhere from 10 to 22 persons per session. In terms of training outcome, fewer persons (252) passed the TIPS training in 2020 than in 2019 (420). At the same time, the number of failures reported in 2020 was lower than in 2019 (17 versus 38). The reduction in TIP's sessions can be attributed to the number of bars, restaurants, hotels and liquor stores that have closed. However, CADA spent three months, updating an online, web based, training session for partipcants to take advantage of. During 2020, with permission from Bacardi, CADA used those funds to supplement the cost of TIP's training to servers and bartenders. This resulted in participants only being charged $20.00 per person. The new web based session allowed 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, 2019 and 2020

Year/Quarter	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
2019	**27**	**458**	**17**	**420**	**38**	**179**
Q1	5	99	20	93	6	37
Q2	9	153	17	144	9	56
Q3	6	74	12	62	12	47
Q4	7	132	19	121	11	39
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

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. During 2017 BARC switched from using DSM-IV to DSM-V for clinical diagnosis.

The number of persons who accessed services at BARC decreased in 2020 over the previous year. BARC saw 148 clients in 2020 compared to 222 in 2019 (see Tables 4.1.1 and 4.1.2). Over the past year, the number of new clients accessing services at BARC (assessments and referrals of persons seeking treatment for the first time) decreased by 34.1%, from 82 cases in 2019 to 54 cases in 2020 (see Table 4.1.1). At the same time, the number of existing or repeat cases (assessments and referrals of clients who previously accessed services at BARC) decreased by 32.9%, from 140 in 2019 to 94 in 2020 (see Table 4.1.2). In other words, in both years, repeat clients accounted for the greater proportion of all referrals. For instance, 94 (63.5%) of the 148 referrals in 2020 were cases of existing clients compared to 140 (63.1%) of the 222 referrals were existing clients in 2019.

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 considered themselves Black (73.0% or 108 in 2020) (see Tables 4.1.1 and 4.1.2). Similar to 2019, the largest proportion (41.5%) of all existing clients were between the ages of 46-60 years. On the other hand, new referrals tended to be in a younger age group, that is, 31-45 years for the past two years under review (see Tables 4.1.1 and 4.1.2).

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, most of the clients assessed in 2020 had a clinical diagnosis of "moderate" followed by the category "servere" (see Table 4.1.4). On the other hand, in 2019, most of the clients had a "severe" diagnosis.

When it came to clinical diagnosis of abuse or dependence, most of the clients assessed in 2020 had a clinical diagnosis of "moderate" followed by the category "severe".

A greater number of referrals to BARC was made through the Magistrates' Court, directly by the persons who sought treatment (self-referral), Turning Point, or via the Department of Court Services.

The Drug Abuse Screening Test (DAST) scores showed that of all clients to whom the assessment was administered in both 2019 and 2020, 42 and 15, respectively, were classified as having substantial to severe substance abuse dependence (see Tables 4.1.5 and 4.1.7). Similarly, the Alcohol Dependence Scale (ADS) scores indicated that of all clients to whom this test was administered, in 2019, there were 17 persons and 7 persons, in 2020, who were classified as having substantial alcohol dependence or severe alcohol dependence, respectively (see Tables 4.1.6 and 4.1.8).

Table 4.1.1
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2019 and 2020

	2019	2020
Total New Referrals:	**82**	**54**
Annual Percentage Change	**-5.7**	**-34.1**
Sex:		
Males	67	49
Females	15	5
Age (Years):		
17-30	24	16
31-45	26	18
46-60	18	11
61-75	8	4
Not Stated	6	5
Race:		
Black	42	31
White	6	6
Portuguese	1	3
Mixed	1	4
Other	30	1
Not available	2	-
Drug of Choice (Dependence Or Abuse): Combination		
One Drug	16	6
Two Drugs	22	22
Three Drugs	6	6
More than three drugs	-	5
Not Stated	38	-
Not Available	16	15
Level of care:		
Level I –- Outpatient	14	16
Level II – IOP	17	10
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	1	2
None	30	10
Not Stated/ No Show	12	6
No Treatment/Level of Care Recommended	6	9
Education	2	1

Source: Bermuda Assessment and Referral Centre

Table 4.1.1 cont'd
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2019 and 2020

	2019	2020
Referred from:		
Magistrates' Court	14	20
Self-Referral	12	10
Court Services (including DTC, Probation Team, Parole Officer)	9	9
EAP	7	4
DUI Court	-	4
Turning Point	8	1
Family Services	3	1
Other/Other Community	1	-
Private Practice	1	-
Supreme Court	1	-
Corrections	1	-
Financial Assistance	3	2
Referred to:		
Turning Point	23	15
Court Services	4	4
Men's Treatment	1	-
Harbour Light	1	-
Private Practice	8	2
WTC	-	1
None	51	32
Not Stated/No Show	-	2

Source: Bermuda Assessment and Referral Centre

Table 4.1.2
Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2019 and 2020

	2019	2020
Total Existing Referrals:	**140**	**94**
Annual Percentage Change	**-38.6**	**-32.9**
Sex:		
Males	124	80
Females	16	14
Age (Years):		
17-30	16	15
31-45	40	31
46-60	65	39
61-75	19	8
Race:		
Black	112	77
White	8	4
Mixed	1	3
Other	1	1
Not Stated	18	9
Drug of Choice (Dependence Or Abuse): Combination		
One Drug	14	7
Two Drugs	38	29
Three Drugs	29	16
More than three drugs	16	16
Not Available	43	26
Level of Care:		
Level I – Outpatient	11	18
Level II – IOP	40	17
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	44	24
None	29	19
Not Stated/ No Show	15	10
Other	1	-
No Treatment/Level of Care Recommended	11	6

Source: Bermuda Assessment and Referral Centre

Table 4.1.2 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2019 and 2020

	2019	2020
Referred from:		
Magistrates' Court	28	32
Self-Referral	40	21
Court Services (including DTC, Probation Team, Parole Officer)	23	12
Family Services	2	7
Turning Point	11	4
Other/Other Community	1	3
Financial Assistance	5	2
Mental Health Treatment Court	10	2
Parole Board*	-	2
Supreme Court	5	2
Corrections	3	1
EAP	3	-
Family Court	1	1
Focus	1	1
Referred to:		
None	69	45
Turning Point	51	33
Men's Treatment	12	11
Harbour Light	13	10
WTC	3	3
Court Services	3	-
Not Stated/ No Show	2	-
Other	1	-

Source: Bermuda Assessment and Referral Centre

Table 4.1.3
Clinical Diagnosis (Abuse or Dependence) of New and Existing Clients' Drug Use by Drug(s) of Choice, 2019

Drug of Choice	Abuse		Moderate		Severe	
	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	12	9	5	14	7	34
Cannabis	9	15	2	14	2	3
Cocaine	-	9	1	10	2	25
Heroin	-	1	-	2	-	29
MDMA/Ecstasy	1	-	-	2	1	-
Other	-	2	-	3	-	-
TOTAL	**22**	**36**	**8**	**45**	**12**	**91**

Source: Bermuda Assessment and Referral Centre

Note: A client can be counted in more than one category of drug of choice.

Table 4.1.4
Clinical Diagnosis (Abuse or Dependence) of New and Existing Clients' Drug Use by Drug(s) of Choice, 2020

Drug of Choice	Abuse		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	-	-
Methadone	-	-	-	1	-	1
Other	-	-	-	-	-	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.

Table 4.1.5
DAST Results (Number of Clients by Level of Severity of Drug Abuse) of New Clients from the Bermuda Assessment and Referral Centre Programme, 2019 and 2020

		Number of Clients	
	Level of Severity (DAST Score)	2019	2020
Substance Abuse or Dependence	None (0)	1	-
	Low (1-5)	22	15
	Intermediate (6-10)	2	2
	Substantial (11-15)	3	1
	Severe (16-20)	-	-

Source: Bermuda Assessment and Referral Centre

Note: the DAST was not administered to all clients.

Table 4.1.6
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of New Clients from the Bermuda Assessment and Referral Centre Programme, 2018 and 2019

		Number of Clients	
	Level of Severity (ADS Score)	2019	2020
Substance Abuse or Dependence	None (0)	5	-
	Low (1-13)	28	14
	Intermediate (14-21)	4	5
	Substantial (22-30)	1	2
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: the ADS was not administered to all clients.

Table 4.1.7
DAST Results (Number of Clients by Level of Severity of Drug Abuse) of Existing Clients from the Bermuda Assessment and Referral Centre Programme, 2019 and 2020

		Number of Clients	
	Level of Severity (DAST Score)	2019	2020
	None (0)	1	-
	Low (1-5)	22	16
Substance Abuse or Dependence	Intermediate (6-10)	22	13
	Substantial (11-15)	30	10
	Severe (16-20)	9	4

Source: Bermuda Assessment and Referral Centre

Note: the DAST was not administered to all clients.

Table 4.1.8
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of Existing Clients from the Bermuda and Assessment Referral Centre Programme, 2019 and 2020

		Number of Clients	
	Level of Severity (ADS Score)	2019	2020
	None (0)	11	3
	Low (1-13)	44	30
Substance Abuse or Dependence	Intermediate (14-21)	11	5
	Substantial (22-30)	9	4
	Severe (31-47)	7	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.

Due to the Covid-19 pandemic, there were no substance groups conducted for the year 2020. The CLSS team did, however, continue to provide counselling support services to children and their families using various telehealth methods, such as Cisco WebEx, Zoom, WhatsApp, and Outlook Email. The number of referrals received for the year was 87. There were 36 females and 51 males referred in 2020. Table 4.2.1 shows that zero substances assessments were completed for 2020. This occurrence is due to many factors such as, information gathered in the Comprehensive Bio-Psycho-Social Assessment (which has a substance use section) did not warrant further substance assessments by the clinician. Another factor is the pandemic, which impacted the ability to meet with clients as well as communicate with them in some circumstances. Once in-office services resumed for DCFS, many families felt that the substance problem had been resolved over the months at home. It is important to note, that after completing the intake with some of the clients referred for substance use, it was determined that

a higher level of care was needed to address presenting concerns; therefore, referrals were made to other services, such as CAS (Child and Adolescent Services). Typically, substance assessments are completed within a year and at least one group is conducted within a year.

In comparing 2019 to 2020, there has been a decrease in the number of referrals, from 113 to 87, and also a large decrease in the number of assessments conducted, from 93 to 17, respectively (see Table 4.2.1). CLSS has seen 83 clients in 2020 compared to 73 clients in 2019, which represents a 13.7% increase over the previous year. Clients are usually referred for either behavioural or substance use reasons. Of the 87 referrals in 2020, there were no substance screenings or assessments completed. 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 were zero group participants in 2020 compared to 22 in 2019.

Table 4.2.1
Counselling and Life Skills Services Statistics, 2019 and 2020

Year	2019	2020
Number of Referrals	113	87
Number of Substance Referrals	48	26
Other Referrals	-	61
Number of Clients Seen	73	83
Number of Readmissions	11	7
Number of Assessments	93	17
Other Assessments	43	17
Substance Assessment	50	-
Number of Discharges	38	40
Number of Group Participants	22	-

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 last year saw a decrease in the number of new referrals to the programme, with 31 cases being referred in 2019, down from 47 in 2018 (see Table 4.3.1). Referrals are the number of persons who were sent to the programme for consideration, whereas, admissions are the number of persons accepted into the programme.

It should be noted that as of 2014, the DTC programme was revised to make the completion of Phase V (a year-long programme consisting of monitoring and support) mandatory for all participants (prior to 2014, finishing Phase IV was deemed as a programme completion and remaining in Phase V was voluntary). As such, since the DTC programme's inception in 2001, there have now been 38 programme completions with one person completing (Phase V) in 2018 and zero in 2019.

As of 2019, the process has changed in the DTC in that participants must apply to progress from one phase to the next. To qualify to apply for Phase Transition, each participant must achieve the treatment and case management goals that have been set jointly by the Counsellor and Case Manager, respectively. The participant must then complete a written request to transition to the next phase and present it in Court during the DTC session.

The DTC programme has not been able to retain all of its clients and see them through completion. In 2019, eight persons were terminated from the programme; eight were referred to the Mental Health Treatment Court; two were incarcerated; one received a fine for a DUI offence; four were remanded in custody and committed to Plea Court to be sentenced. Persons may apply to the programme multiple times. In 2019, five persons were allowed to enter the DTC programme for a subsequent time; four remained in treatment as of December 31, 2019; and one was terminated and sentenced for non-compliance.

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.

The DUI Court Programme is based on a model of treatment and multidisciplinary oversight (by the DUI Court Team). It is an abstinence programme, meaning participants are not allowed to use any illicit substances. Participants are referred from Plea Court having pled guilty to, or been found guilty of, the offence of driving under the influence or refusing to provide a sample of breath. Like the DTC Programme, the DUI Court Programme consists of an Observation Phase and five participation phases. During the Observation Phase, the defendants are required to attend the DUI Court session weekly for a minimum of three weeks. During this time, substance abuse assessments (done by BARC) and Social Inquiry Reports are conducted on each defendant. Should the defendant be found eligible and suitable to participate in the DUI Court Programme, the individual must elect to participate. Persons who choose not to participate are sentenced, either in the DUI Court session or they are sent to Plea Court for sentencing. Once defendants elect to participate in the DUI Court Programme, they progress through the phases by achieving the case management and treatment goals that have been set, then submitting a written application to the Court, which they present during a DUI Court session. The DUI Court Team then considers the application the following week and makes a decision with respect to phase transition. The programme lasts a minimum of 18 months and participants must apply to graduate from the programme.

In 2019, the DUI pilot programme received 37 referrals to the programme of which there were 20 admissions. During 2019, there were seven terminations from the programme and none who completed the programme.

Table 4.3.1
Drug Treatment Court (DTC) Statistics, 2019 and 2020

	2019	2020
New referrals	**31**	**18**
Programme Admissions	14	5
Terminations from Programme	9[r]	7
Successful Completion Phase IV	-	-
Successful Completion Phase V	-	4

Source: Drug Treatment Court

Table 4.3.2
Driving Under the Influence (DUI) Statistics, 2019 and 2020

	2019	2020
New Referrals	**37**	**19**
Programme Admissions	20	11
Terminations from Programme	7	2
Successful Completion Phase V	-	3

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 176 urine samples from its clients to test for drug use during 2020; decreasing from the 284 recorded in the previous year (see Table 4.4.1). This corresponded to 2,012 drug screens in 2020, down from 3,408 drug screens in 2019 (each test consists of 12 substances). Nonetheless, 1.0% of the screens in 2019 and 0.1% in 2020 yielded positive results. The positive results observed in 2020 were for diluted or substitutd specimens.

In 2020, heroin and crack cocaine continued to be the primary drugs used by men prior to treatment (see Table 4.4.2). None of the clients identified marijuana, in either year, to be their primary drug of choice prior to entering treatment.

In 2020, poly drug use was prevalent with drugs in highest combination being alcohol, crack, and THC, with other two drug combinations including alcohol and crack (see Table 4.4.3).

Table 4.4.1
Drug Screening Results among Men in Treatment, 2019 and 2020

	2019	2020
Total Samples	284	176
Total Screens	3,408	2,012
Number of Positive Screens		
Methadone	13	-
Opiates (Heroin)	3	-
THC	2	-
Diluted or Substituted Specimen	8	2
Total	**26**	**2**
% POSITIVE SCREENS	**1.0**	**0.1**

Source: Men's Treatment

Table 4.4.2
Primary Drug Used by Men Prior to Treatment, 2019 and 2020

Drug	Number of Men	
	2019	2020
Alcohol	5	5
Crack	6	7
Heroin	10	3
TOTAL CLIENTS	**21**	**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, 2019 and 2020

Combinations	Number of Clients	
	2019	2020
Three-Drug Combination:		
Heroin, Crack, THC	3	10
Alcohol, Heroin, THC	4	12
Alcohol, Crack, THC	2	18
Two-Drug Combination:		
Alcohol, Crack	2	19
Crack, THC	1	-
Heroin, Crack	-	8
Heroin, Cocaine	1	-
Heroin, Alcohol	1	-
Heroin, THC	1	-
TOTAL	**15**	**27**

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, increased from 1,320 in 2019 to 2,796 in 2020 (see Table 4.5.1). The number of positive screens accounted for 1.4% of all screens in 2020, an increase from the previous year (1.1%). Of all the substances screened, THC (4) and amphetamines (33) were found during urinalysis in 2020 compared to cocaine (5) and amphetamines (5) in 2019.

At the same time, cocaine was the primary drug used by most of the women prior to treatment in 2020 whilst heroin was the primary drug used in 2019 (see Table 4.5.2). Poly drug use was evident in both years with various combinations of heroin, crack, THC, and alcohol (see Table 4.5.3).

Table 4.5.1
Drug Screening Results among Women in Treatment, 2019 and 2020

	2019	2020
Total Samples	110	233
Total Screens	1,320	2,796
Number of Positive Screens		
Cocaine	5	1
Opiates	2	-
THC	3	4
Amphetamine	5	33
	-	1
Total	**15**	**39**
% POSITIVE SCREENS	**1.1**	**1.4**

Source: Women's Treatment Centre

Table 4.5.2
Primary Drug Used by Women Prior to Treatment, 2019 and 2020

Drug	Number of Women	
	2019	2020
Alcohol	3	3
Cocaine	3	6
Heroin	4	2
TOTAL CLIENTS	**10**	**11**

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, 2019 and 2020

Combinations	Number of Clients	
	2019	2020
Three-Drug Combination:		
Heroin, Crack, THC	1	5
Alcohol, Heroin, THC	-	2
Alcohol, Crack, THC	1	2
Alcohol, Cocaine, THC	1	-
Two-Drug Combination:		
Alcohol, Cocaine	1	-
Crack, THC	1	-
TOTAL	**5**	**9**

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 5,426 specimens in 2020, a decrease from the 5,772 specimens in 2019 (see Table 4.6.1). Of the total specimens provided in 2020, 47.9% (2,511) tested positive for illicit drugs compared to 45.8% (2,554) in 2019. 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 (5,156 in 2019 and 4,752 in 2020) compared to females (421 in 2019 and 491 in 2020). The majority of positive specimens tested positive for only one drug (58.7% in 2019 and 70.0% in 2020) 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) (64.9% in 2019 and 60.8 in 2020), cocaine (50.4% in 2019 and 47.9% in 2020), and THC (marijuana) (30.1% in 2019 and 23.4% in 2020) (see Table 4.6.3). Noticeably in 2020, positive screens for all drugs decreased with the exception of benzodiapines and oxycotin, which saw an increase over the previous year.

Over the two-year period under review, the total number of methadone clients decreased from an average of 97 in 2019 to 96 in 2020 (see Table 4.6.4). Similarly, inpatient detoxes also decreased from 96 in 2019 to 63 in 2020; while, at the same time, outpatient detoxes were zero in 2019 and increased to two in 2020.

Table 4.6.1
Proportion of Positive Drug Screens and Poly Drug Use by Turning Point Clients, 2019 and 2020

		2019	2020
Total Specimens Requested		**5,772**	**5,426**
	from Females	450	515
	from Males	5,322	4,911
Total Specimens Provided		**5,577**	**5,243**
	by Females	421	491
	by Males	5,156	4,752
Total Positive Specimens for Illicit Drugs*		**2,554**	2,511
% Positive Specimens Of Total Specimens Provided		45.8	47.9
Positive Specimens for Drugs+			
	for One Drug	1,498	1,757
Poly Drug Use	for Two Drugs	791	621
	for Three Drugs	268	118
	for More than Three Drugs	53	15

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, 2019 and 2020

Drug	2019	2020
Methadone	70 (1.3%)	60 (1.1%)
Opiates	1,657 (29.7%)	1,527 (29.2%)
Cocaine	1,286 (23.1%)	1,204 (23.0%)
Marijuana	770 (13.8%)	588 (11.2%)
Benzodiazepines	36 (0.64%)	130 (2.5%)
Alcohol	90 (1.6%)	126 (2.4%)
OxyContin	12 (0.2%)	19 (0.4%)
Other	107 (1.9%)	99 (1.9%)

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, 2019 and 2020

Drug	2019	2020
Opiates	1,657 (64.9%)	1,527 (60.8%)
Cocaine	1,286 (50.4%)	1,204 (47.9%)
Marijuana	770 (30.1%)	588 (23.4%)
Benzodiazepines	36 (1.4%)	130 (5.2%)
Alcohol	90 (3.5%)	126 (5.0%)
OxyContin	12 (0.5%)	19 (0.8%)
Other	107 (4.2%)	99 (3.9%)

Source: Turning Point Substance Abuse Programme

Table 4.6.4
Number of Methadone Clients, Inpatient, and Outpatient Detoxifications at Turning Point, 2019 and 2020

Year	Methadone Clients*	Inpatient Detoxes	Outpatient Detoxes
2019	97	96	-
2020	96	63	2

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 2019 and 2020 the RLH had a maximum of 11 and 12 residents in care, respectively; however, in 2020, the average number of residents over the 12 months was 12 when compared to nine in 2019 (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 both 2019 and 2020. Persons from the wait list did not get into the residential programme immediately, although it was not full to capacity. Aftercare, a programme component, saw on average two clients in 2019 and one in 2020. 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, 163 screens were conducted in 2020, with four positive substance abuse test results in 2019 and zero in 2020.

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	39	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**
Work Detail	-	-	-	-	-	-	-	-	-	-	-	-	**-**
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, 2019

Programme Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number of Residents	8	10	10	10	10	9	9	9	8	9	10	11	9*
Total Programme Admissions	-	2	-	1	-	1	-	1	1	2	2	1	**11**
Number of Discharges	1	-	-	-	-	2	1	-	2	1	1	-	**8**
Number of Substance Abuse Tests	5	9	14	9	13	13	10	13	12	10	12	17	**137**
Random Tests	3	8	13	9	10	13	10	11	12	10	12	12	**123**
Tests for Outings & Day Passes	2	1	1	-	3	-	-	2	-	-	-	5	**14**
Work Detail	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Suspicious Tests	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Number of Positive Substance Abuse Test	-	-	-	-	-	3	-	-	-	-	1	-	**4**
Wait Listed for Admission	1	-	-	-	-	-	1	1	-	2	3	-	2*
Residents in Aftercare	-	-	-	-	-	-	-	-	-	-	1	1	1*

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.

Over the last two financial years (April to March), the Harbour Light programme was not operating at capacity, ranging from six to 10 clients (see Table 4.8.1). During FY 2020/2021, one to three clients were admitted between the first and fourth quarters while, at the same time, at least two clients completed the programme. The programme randomly conducts drug tests with its clients and none of

the tests administered were found to be positive for an illicit substance.

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 4.8.2 shows the performance of this programme over the last two fiscal years. During this time, the number of clients who participated in the programme ranged from two to six clients in FY 2019/2020, whilst the FY 2020/2021 saw four clients. During the past two years, 13 life skills group sessions were conducted each year. There were fewer clients who received crisis intervention in the 2020/2021 fiscal year whilst no family received relapse prevention education. The programme's success was evident in quarter four due to the fact that two 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 financial stability. A number of clients have either opened or reactivated bank accounts, and have secured savings in a bank, but none had made regular payments towards outstanding bills in the FY 2020/2021. Most importantly of all, is the number of clients who abstained from substance use. The data shows that a significant number of clients did, in fact, abstain from drug use, 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, 2019/2020 and 2020/2021

Programme Indicators	FY 2019/2020				FY 2020/2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intakes/Screenings/Assessments	-	1	2	26	6	14	6	13
Enrollment	-	1	2	3	3	1	1	3
Completions	1	-	1	2	2	2	-	3
Total Clients	7	6	7	10	10	8	7	8
Random Drug Tests	3	3	1	3	2	-	5	5
Positive Drug Tests	-	-	-	-	-	-	-	-
NA/AA Meetings (Mandatory)	39	40	34	67	40	39	58	58
Community Outreach: Volunteer Days	13	16	13	31	7	7	14	4
Community Outreach: Number of Client's Volunteering	7	5	7	1	10	8	7	6
Community Outreach: Other Activities	31	-	6	-	-	4	-	1

Source: Salvation Army

Table 4.8.2
Salvation Army Community Life Skills Recovery Programme Performance, 2019/2020 and 2020/2021

Programme Indicators	FY 2019/2020				FY 2020/2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total number of clients who participated in the programme	2	6	2	5	4	4	4	4
Number of new clients referred	-	4	1	3	-	-	-	2
New Care Plans	-	2	1	4	-	-	-	12
Care Plans reviewed	1	1	1	1	-	-	-	-
Number of intakes/screenings/ assessments	1	4	1	4	-	-	-	12
Number of evening groups	3	1	3	10	-	-	-	1
Life Skills training groups	8	-	4	1	-	-	-	13
Referrals for outside services	-	2	-	-	-	-	7	12
Case management sessions	16	13	16	10	10	8	10	10
Clients who received crisis intervention	1	-	2	1	-	-	-	2

Table 4.8.2 cont'd
Salvation Army Community Life Skills Recovery Programme Performance, 2019/2020 and 2020/2021

Programme Indicators	FY 2019/2020				FY 2020/2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Families who received relapse prevention	-	-	1	-	-	-	-	-
Clients who reintegrated with families, employment, education, community	2	3	2	4	-	-	-	2
Clients who were in stable committed relationships	-	-	1	1	-	-	-	-
Clients who obtained financial stability (financial planning and banking)	1	3	2	1	-	-	-	2
Clients who opened and reactivated bank accounts	1	2	1	2	-	-	-	3
Clients with secured savings in bank accounts	1	2	2	2	1	1	1	2
Clients who made regular payments towards outstanding bills	1	1	2	2	-	-	-	-
Clients who abstained from substance abuse	3	6	2	5	4	4	4	4

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 2020/2021, the programme operated two houses with an 18-bed capacity. In FY 2020/2021, the proggramme accommodated an average of eight clients. On average, there were eight aftercare sessions in 2020/2021. Each of these aftercare sessions provided services to between six and 10 clients. Random drug tests of clients showed a few positive results, especially for THC, opiates, cocaine, and alcohol.

Table 4.9.1
Focus Counselling Services Supportive Residence Programme Performance, 2019/2020 and 2020/2021

Programme Indicators	FY 2019/2020				FY 2020/2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Houses	2	2	2	2	2	2	2	2
Number of Beds	12	12	12	14	18	18	18	18
Average Number of Clients/ Occupancy	9	8	10	13	10	10	8	5
Number of Drug Tests	18	16	25	33	18	16	25	33
THC	-	-	-	1	1	2	-	3
Opiates	2	-	-	-	1	1	-	1
Cocaine	1	-	-	-	3	-	1	1
Alcohol	1	2	1	4	3	3	1	2
Number of Pre-Treatment Clients	-	2	2	3	3	5	-	2
Number of After-Care Sessions	12	12	12	16	10	10	6	5
Average Number of Participants in Aftercare	9	8	10	10	10	10	6	5
House meetings	16	16	16	16	26	26	13	13
Number of residents employed	4	2	5	4	3	3	2	3
Number of Drug Court clients	1	2	3	3	3	2	3	4
Number of Probation/Parole clients	-	-	-	-	-	-	-	1
Number of Individual Counseling	7	10	6	14	-	10	56	70

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 during 2019 and 2020 and the numbers of different persons who received treatment during that year, respectively. This is the sixth year these indicators are being monitored and there is now a six-year series of available data on treatment admissions and persons receiving substance abuse treatment services. They provide 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 2020, saw an increase in the total number of new treatment admissions and a decline 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 2020 was 55 (39 men and 16 women) and the number of persons who were in treatment, which includes any person(s) still in treatment from a previous year, together with the newly admitted persons, totaled to 226 (176 men and 50 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 are accessing the treatment services provided 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 other 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, 2019 and 2020

Treatment Agency	2019			2020		
	Male	Female	Total	Male	Female	Total
WTC	-	8	8	-	11	11
MT	12	-	12	8	-	8
Turning Point (Methadone, Inpatient, Outpatient/Detox)	7	13	20	7	4	11
Salvation Army Harbour Light	1	-	1	4	-	4
Salvation Army Life Skills	-	-	-	2	-	2
Focus	-	-	-	6	1	7
RLH	11	-	11	12	-	12
TOTAL	31	21	52	39	16	55

Source: Treatment Agencies

Table 4.10.2
Number of Persons in Treatment, 2019 and 2020

Treatment Agency	2019			2020		
	Male	Female	Total	Male	Female	Total
WTC	-	10	10	-	11	11
MT	21	-	21	11	-	11
Turning Point (Methadone, Inpatient, Outpatient/Detox)	165	34	199	137	38	175
Salvation Army Harbour Light*	5	-	5	8	-	8
Salvation Army Life Skills	4	-	4	4	-	4
Focus	-	-	-	4	1	5
RLH	10	-	10	12	-	12
TOTAL	205	44	249	176	50	226

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 2020 saw a significant decrease (by 88.2%) to 76 (644 in 2019) in the number of illicit drug tests administered by BSADA (see Table 5.1.1). There were zero positive test results for THC (marijuana) observed in both 2019 and 2020. The number of anti-doping tests (of both urine and blood) decreased from 58 in 2019 to 27 in 2020.

The figures in Table 5.1.2 show the breakdown of illicit drug tests conducted in each sport for the years 2019 and 2020. Most of these tests were done for the sports of football, volleyball and to a lesser extent rugby. 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 2019 or 2020 (see Table 5.1.1). There were 31 fewer performance enhancing test done in 2020 than in 2019. These tests were for a number of sports, but mainly for athletics in both years under review (see Tables 5.1.5 and 5.1.6).

Table 5.1.1
Drug Testing Results at BSADA, 2019 and 2020

Year	Illicit Tests		Anti-Doping Tests	
	Number of Tests	Number of Positive	Number of Tests	Positive
		THC		
2019	644	-	58	-
2020	76	-	27	-

Source: BSADA

Table 5.1.2
Illicit Drug Tests by Sport, 2019 and 2020

Sport	2019	2020
Athletics	22	-
Basketball	12	-
Bicycling	8	-
Bowling	20	-
Cricket	62	-
Football	183	17
Golf	2	-
Lawn Tennis	9	3
Martial Arts	4	-
Netball	13	-
Rugby	105	-
Sailing	14	10
Squash	1	-
Swimming	37	-
Triathlon	19	-
Volleyball	133	46
TOTAL	**644**	**76**

Source: BSADA

Table 5.1.3
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2019

National Anti-Doping Organisations/ Service Provider	Urine In Competition	Urine Out of Competition	Blood In Competition	Blood Out of Competition
Bermuda Sport Anti-Doping Authority (BSADA)	20	10	-	3
United States Anti-Doping (USADA)	-	10	-	5
Professional Worldwide Controls (PWC)	-	1	-	1
United Kingdom Anti-Doping (UKAD)	-	2	-	-
Canadian Center for Ethics in Sport (CCES)	-	2	-	1
Australian Sports Anti-Doping Authority	-	1	-	1
Clearidium	-	1	-	-
TOTAL	**20**	**27**	**-**	**11**

Source: BSADA

Table 5.1.4
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 In 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	**6**	**15**	**-**	**6**

Source: BSADA

Table 5.1.5
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2019

National Anti-Doping Organisations/ Service Provider	Urine In Competition	Urine Out of Competition	Blood In Competition	Blood Out of Competition
Aquatics	-	2	-	1
Athletics	13	7	-	4
Cycling	3	1	-	1
Equestrian	-	1	-	1
Paralmpic Sport	-	4	-	1
Sailing	-	5	-	1
Triathlon	4	7	-	2
TOTAL	**20**	**27**	**-**	**11**

Source: BSADA

Table 5.1.6
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 In 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

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 2020, 86.1% of reception inmates were screened for illicit drugs (see Table 5.2.1), 9.9% refused to participate in screening (7.5% refused in 2019), and six persons were released prior to specimen collection (0 in 2019). Drug screening of offenders on reception decreased in 2020 by 41.2%, down from 221 in the previous year to 130. Despite having fewer reception inmates, the overall number and proportion of positive screens for illicit drugs increased marginally in 2020 to 141 compared to 139 in 2019 (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 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 from 46 (19.2%) in 2019 to 26 (17.2%) in 2020 (see Table 5.2.6). The proportion of repeat offenders received into Westgate also decreased, moving from 193 (80.8%) in 2019 to 125 (82.8%) in 2020 (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.

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, 2019 and 2020

Year	Reception Inmates	Screened	Refused	Released
2019	239	221 (92.4)	18 (7.5)	-
2020	151	130 (86.1)	15 (9.9)	6 (4.0)

Source: Westgate Correctional Facility

Table 5.2.2
Percentage of Positive Illicit Drug Screens among Prison Reception Inmates, 2019 and 2020

Year	Number of Positive Illicit Drug Screens	Percentage of Total Screens
2019	139	58.2[r]
2020	141	93.4

Source: Westgate Correctional Facility

Table 5.2.3
Drug Prevalence (Urinalysis) at Reception by Number and Proportion of Screened Offenders, 2019 and 2020

Year	Marijuana	Cocaine	Opiates	METH	MET*	BUP*	BEN*	PROP*	PHEN*	Poly Drug Use
2019	88 (39.8)	41 (18.6)	40 (18.1)	1 (0.5)	1 (0.5)	7 (3.2)	1 (0.5)	57 (25.8)	-	62 (33.2)
2020	76 (58.5)	36 (27.7)	28 (21.5)	1 (0.8)	-	-	-	-	-	57 (25.8)

Source: Westgate Correctional Facility

Note: * METH-Methadone; MET-Methamphetamines; BUP-Buprenorphine; BEN-Benzoiazepines; PROP- Propoxyphene; PHEN- Phencyclidine.
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, 2019 and 2020

	2019	2020
Overall Positive	**30 (12.6)**	**2 (1.3)**
Marijuana	21 (8.8)	2 (1.3)
Opiates	8 (3.3)	-
Cocaine	1 (0.4)	-

Source: Westgate Correctional Facility

Table 5.2.5
Drug Prevalence at Reception by Number and Proportion of Positive Illicit Drug Screens, 2019 and 2020

Year	Marijuana	Cocaine	Opiates	METH*	MET*	Poly Drug Use
2019	86 (61.9)	42 (30.2)	26 (18.7)	-	8 (5.8)	57 (41.0)
2020	76 (53.9)	36 (25.5)	28 (19.9)	1 (0.71)	-	-

Source: Westgate Correctional Facility

Note: * METH-Methadone; MET-Methamphetamines.
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, 2019 and 2020

Year	Category of Offenders		
	Reception inmates	First time offenders	Repeat offenders
2019	239	46 (19.2)	193 (80.8)
2020	151	26 (17.2)	125 (82.8)

Source: Westgate Correctional Facility

Table 5.2.7
Any Illicit Drug Prevalence (Urinalysis) by Number and Proportion of First-Time and Repeat Offenders, 2019 and 2020

Year	Offender	Marijuana	Cocaine	Opiates
2019	Repeat offender	81 (42.0)	60 (31.1)	30 (15.5)
	First-time offender	19 (41.3)	4 (8.7)	1 (2.2)
2020	Repeat offender	53(42.4)	37(29.6)	26(20.8)
		14(53.8)	-	1(3.8)

Source: Westgate Correctional Facility

Table 5.2.8
Number of First-Time and Repeater Offenders with Poly Drug Use, 2019 and 2020

Year	First-Time Offender	Repeat Offender
2019	6	51
2020	1	30

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 2020, the Prison Farm requested and collected 290 urine specimens, which was less than the number (323) requested in 2019 (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 2020 and 0.6% or 2 in 2019.

Table 5.3.1
Drug Screening Results for Persons at the Prison Farm, 2019

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens	
			Total	THC
Random	305	304	2	2
Suspicion	-	2	-	-
Work Detail	18	18	-	-
Total	**323**	**324**	**2**	**2**

Source: Department of Corrections

Table 5.3.2
Drug Screening Results for Persons at the Prison Farm, 2020

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

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 2020, the Co-Ed facility requested and collected 34 urine specimens compared to 36 specimens in 2020 (see Tables 5.4.1 and 5.4.2). 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 in 2020, zero were found to be positive for an illicit substance and 8.3% or three were positive for THC in 2019.

Table 5.4.1
Drug Screening Results for Persons at the Co-Ed Facility, 2019 and 2020

Random Test	Specimens Requested	Specimens Provided	Number of Positive Specimens
			THC
2019	36	36	3
2020	34	34	-

Source: Department of Corrections

Note: no test were completed for day release, suspicion, work detail, or work release.

Chapter 6
Impaired Driving

- Breathalyser Results
- Failed BAC Readings
- Limits of BAC Readings
- DUI 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 2020, 118 persons were stopped to undertake a breathalyser test (see Table 6.1.1). However, not all of the persons who were stopped have agreed to undertake a breathalyser test, using the machine, and in some instances were sent to the hospital to get a blood sample done. For those persons who are categorized as not classified, according to the BPS, they are considered as a refusal due to the fact that 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.

A large number of males (110 in 2020) provided a sample for testing compared to females (4 in 2020); 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, 86 out of 114 failed in 2020 (with 13 in 2020 passing 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 remained the same over the reporting peiods under review; 162 mg/dl (see Table 6.1.2). However, the mean BAC reading for individuals who failed the breathalyser test increased from 179 mg/dl in 2019 to 188 mg/dl in 2020. In instances where there were accidents, the average BAC was significantly above the legal limit. In 2019, the mean failed BAC, in cases where there were accidents, was recorded at 171 mg/dl and somewhat higher at 180 mg/dl in 2020. There were no instances, recorded in 2020, 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 81 to 380 mg/dl in 2019 and 98 to 235 mg/dl in 2020; where the upper end of the range in 2020 is equivalent to as much as about three times the legal limit. On average, the majority of persons who failed the breathalyser test were two to three times above the legal limit in 2020; while most persons were one to two times above the legal limit in 2019 (see Table 6.1.3). Of those who were tested in 2020, only 13 were within the legal limit, when compared to 10 in 2019. In both 2019 and 2020, there were a number of instances, 15 and one, respectively, where accidents occurred and the corresponding breathalyser readings were as much as three to four times or more 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, 2019 and 2020

Year	Number of Persons Stopped[a]	Gave Sample[b]						Male			Female		
		Total	Male	Female	Failed	Passed	Not Classified[c]	Failed	Passed	Not Classified	Failed	Passed	Not Classified
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	-	-
2019	**206**	**196**	**170**	**26**	**115**	**11**	**70**	**103**	**8**	**59**	**12**	**3**	**11**
Q1	71	65	57	8	36	5	24	32	3	22	4	2	2
Q2	53	51	43	8	31	2	18	27	1	15	4	1	3
Q3	43	41	36	5	24	2	15	23	2	11	1	-	4
Q4	39	39	34	5	24	2	13	21	2	11	3	-	2

Source: Bermuda Police Service

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

Table 6.1.2
Breathalyser Readings for Impaired Driving Incidences, 2019 and 2020*

	2019					2020				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mean Reading: All Breathalyser Samples	160	164	174	149	**162**	175	141	177	156	**162**
Mean Reading: Failed Breathalyser Samples	181	181	194	160	**179**	205	165	207	175	**188**
Mean Reading: Failed Breathalyser Samples of Males	159	165	173	148	**161**	201	165	207	175	**187**
Mean Reading: Failed Breathalyser Samples of Females	164	103	181	161	**152**	211	-	248	163	**156**
Mean Reading: Accident with Failed Breathalyser Samples	166	165	198	153	**171**	190	163	177	189	**180**
Mean Reading: Accident with Passed Breathalyser Samples	-	60	78	-	**35**	-	-	-	-	**-**
Range of Reading: Failed Breathalyser Samples	97-380	81-358	106-324	93-282	**81-380**	136-219	110-196	98-235	110-197	**98-235**
Range of Reading: Passed Breathalyser Samples	0-11	40-79	43-78	9-25	**0-79**	0-68	0-19	27-77	0-56	**0-77**

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 due to the fact that 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, 2019 and 2020*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2019	**10**	**62**	**37**	**14**	**3**
Q1	3	20	12	5	1
Q2	1	17	12	2	1
Q3	4	11	7	4	1
Q4	2	14	6	3	-
Male	**60**	**43**	**39**	**37**	**3**
Female	**7**	**11**	**4**	**5**	**-**
Accident	**17**	**19**	**11**	**15**	**-**
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	-

Table 6.1.3 cont'd
Number of Breathalyser Sample Readings by Limit, 2019 and 2020*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
Male	11	37	31	5	1
Female	-	-	2	1	-
Accident	2	8	12	1	-

Source: Bermuda Police Services

Notes:
*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 DUI EDUCATIONAL PROGRAMME STATISTICS

Counselling and Treatment for DUI Offenders

The Bermuda Professional Counselling Services (BPCS) offers the driving under the influence (DUI) educational programme. International Certified Alcohol and Drug Counsellors (ICADC) provide counselling and treatment services focusing on treating chemical dependency and addictive behaviours. Apart from the DUI educational programme, which is part of the traffic safety services offered by the BPCS, it also offers services such as individual counselling of adolescents and adults, codependency counselling, family counselling, and relapse prevention as well as group counselling, which includes art therapy, children's groups, women's issues, and also relapse prevention. The BPCS also offers outpatient treatment for alcoholism and drug addiction as well as another traffic safety programme.

The BPCS instituted the DUI educational programme in 2001 as it was approved by the then National Drug Commission and was supported by the Bermuda Traffic Act 1947 (amended 2012; Section 35K). This programme seeks to decrease the numerous accidents, injuries, and deaths resulting from drinking and driving on Bermuda's road through education. It is a 12-hour education programme for impaired driving offenders, geared toward increasing their awareness of the consequences and effects of substance abuse to themselves and society, which includes their families, friends, and the broader social network to which they belong. By attending and successfully completing this 12-hour programme, a person who is temporarily disqualified from driving on the roads, can reduce his/her time off the road by three months.

In this reporting period, a large number of inquiries has been made into this programme, with 22 in 2018 and 15 in 2019 (see Table 6.2.1). Of these inquiries, the majority of the persons who inquired actually participated in the programme; 15 in 2018 and 14 in 2019. Most of the participants in either year were males (see Table 6.2.2). In 2018, most of the participants were 31 to 40 years compared to 26 to 35 years in 2019 (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 2019 were diagnosed as 'moderate' as compared to most having a "moderate" diagnosis in the previous year. Specifically, in 2018, 33.3% (five) of the participants were diagnosed as mild, another 13.3% (two) as moderate, and 26.7% (four) were judged to be in the early dependence stage. In comparison, 28.6% (four) of the participants in 2019 were diagnosed as mild, another 35.7% (five) as moderate, and 28.6% (four) were judged to be in the early dependence stage. One person in 2019 was assessed to be in mid to late dependence stage of alcohol abuse or misuse, the most severe diagnosis; compared to none in 2018 (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 Level 1 DUI Programme.

Table 6.2.1
DUI Education Classes' Inquiries and Participants, 2019 and 2020

	2019	2020
Number of Inquiries	15	…
Number of Participants	14	6

Source: Bermuda Professional Counselling Services

Table 6.2.2
DUI Programme Participants' Statistics, 2019 and 2020

Year	Sex		Age							
	Male	Female	17 – 21	22 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	50+
2019	10	4	-	-	4	4	-	2	1	3
2020	4	2	…	…	…	…	…	…	…	…

Source: Bermuda Professional Counselling Services

Chapter 7
Health

- Drug-Related Infectious Diseases
- 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 a number of areas. Consequenlty, the 2021 BerDIN Report void of 2020 data from King Edward Memorial Hospital and Mid-Atlantic Wellness Institute's data, which can be attributed to the backlog of their inpaitent coding for the year under review. At the time of publishing, a completion date was not available for the January to December 2020 reporitng period.

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 not existent in 2019, but were in 2020. In particular, the Epidemiology and Surveillance Unit reported one drug-related case of hepatitis C in 2020. 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 this indicator more reliable and further improve the comparability of prevalence data in IDUs…

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.

[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, 2019 and 2020

Infection	2019		2020	
	Number of Cases	Number of ATOD-Related Cases	Number of Cases	Number of ATOD-Related Cases
HIV	3	-	3	-
AIDS	-	-	-	-
Hepatitis B[a]	2	-	3	-
Hepatitis C[b]	7	-	1	1
Chlamydia	357	…	262	-
Gonorrhoea	22	…	22	-
Herpes[c]	70	…	47	-
Syphilis	6	…	3	-
TOTAL	467	-	341	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 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]

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 2020, 26 of the 45 tests administered, confirmed positive tests for marijuana. During this reporting period, the majority (13) of the woman who tested positive for marijuana, did so in their second trimester compared to 11 women in 2019.

In 2020, 26 of the 45 tests administered, confirmed positive tests for marijuana.

[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.

Table 7.2.1
Drug Screening for Marijuana among Pregnant Women Attending the Maternal Health Clinic, 2019 and 2020

	Number of Pregnant Women	
	2019	2020
Total Number of Tests	19	45
Total Number of Positive Tests	19	26
Positive Tests by Gestation		
First Trimester	5	6
Second Trimester	11	13
Third Trimester	3	7

Source: Maternal Health Clinic

Chapter 8
Drug Prevention Programmes

- Drug Treatment and Prevention Expenditure
- Enforcement and Interdiction Expenditure

8.1 BOTVIN'S LIFESKILLS TRAINING PROGRAMME

… the LST programme coverage in the 2020/2021 school year spanned nine classrooms across five primary schools.

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 both school years, 2019/2020 and 2020/2021, PRIDE has implemented the LST programme in classrooms at only the primary level. Specifically, in the 2019/2020 school year, 22 classrooms across eight primary schools implemented the LST programme. Similarly, the LST programme coverage in the 2020/2021 school year spanned nine classrooms across five primary schools. There was a small number of students who dropped out of the programme during both school years, two in 2019/2020 and three in 2020/2021. A total of 359 and 94 students completed the programme at this level, during the two academic years in review, respectively.

Across all participating classrooms in the primary schools, there were 118 sessions for students in 2019/2020 and 78 in 2020/2021. The notable decrease in the number of sessions from the 2019/2020 school year to the 2020/2021 school year can be attributed to the COVID-19 pandemic. As a result of the pandemic, sessions were incomplete. The average pre-test score for the students at the primary level was 58.0% in 2019/2020 and 56.0% for the pre-test versus 58.0% at the post test in 2020/2021. There was no post testing done for the 2019/2020 school year, due to the suspension of classes. This is equivalent to an average gain score (difference between post test and pre-test scores) of more than 2.0% in 2020/2021.

CADA, on the other hand, implemented the LST at only the middle-school level in one school year, 2020/2021, and none during the 2019/2020 school year, due to the COVID-19 pandemic. The 2020/2021 school year had two classes in one school that participated in the 14-module Level 1 middle-school programme, with 34 students completing the curriculum over 44 sessions (see Table 8.1.2). There was a 100.0% completion rate of all the modules in the two classes in the 2020/2021 school year. In 2020/2021, the gain score increased to 9.0% with an average pre-test score of 75.0% compared to 84.0% at the post test.

Table 8.1.1
PRIDE Bermuda's LifeSkills Programme Statistics, 2019/2020 and 2020/2021

PROGRAMME INDICATORS	School Year and Level	
	2019/2020	2020/2021
	PRIMARY	PRIMARY
Number of Schools Participated	8	5
Number of Classes Participated	22	9
Number of Students Engaged	361	94
Number of Students Dropped Out	2	3
Number of Students Retained	359	94
Number of Sessions	118[1]	78
Number of Modules Completed	101[2]	61
Total Number of Modules	**176**	**72**

Table 8.1.1 cont'd
PRIDE Bermuda's LifeSkills Programme Statistics, 2019/2020 and 2020/2021

PROGRAMME INDICATORS	School Year and Level	
	2019/2020	2020/2021
	PRIMARY	PRIMARY
Proportion of Curriculum Completed (%)	57	85
Average Pre-Test Score (%)	58	56
Average Post Test Score (%)	…[3]	58
Total Number of Cycles Completed	6	7

Source: PRIDE Bermuda

Notes:
[1]Due to COVID-19 pandemic classes were suspended on March 20, 2020. As a result, the number of sessions were incomplete.
[2]As a result of COVID-19 pandemic schools closed. The programme was not completed in most schools and the number of modules completed is very low.
[3]Due to the COVID-19 pandemic and school closures, PRIDE Bermuda was unable to complete the evaluation process. Only two classes were post-tested and, therefore, the post test data is incomplete and not included.

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

PROGRAMME INDICATORS	2020/2021
	MIDDLE
Number of Schools Participated	1
Number of Classes Participated	2
Number of Students Engaged	32
Number of Students Dropped Out	-
Number of Students Retained	34
Number of Sessions	44
Number of Modules Completed	30
Total Number of Modules	30
Proportion of Curriculum Completed (%)	100
Average Pre-Test Score (%)	75
Average Post Test Score (%)	84

Source: PRIDE Bermuda

Notes:
[1]No programmes were held at the middle or high school level during the 2019/2020 school year, due to COVID-19.
[2]No programmes were held at the high school level during the 2020/2021 school year, 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 2020/2021 academic year, the curriculum was delivered to three primary schools which was the same in 2019/2020. 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 on average four classes at all six of the primary levels participated in the 2020/2021 school year. The curriculum was delivered two times each week with each session being approximately 30 minutes in length. A total of 294 students at the six primary levels were engaged for the entire programme in 2019/2020 and 265 students at the six primary levels in 2020/2021 (see Tables 8.2.1 and 8.2.2). The students at the Primary 1 level completed 52 of the 132 modules in 2019/2020 (39.3% curriculum completion) and 83 of the 176 modules (47.0%) in 2020/2021. The Primary 2 level saw completion rates of 18.3% in 2019/2020 and 30.0% in 2020/2021. At the Primary 3 level, the classes completed 26.5% of the curriculum in 2019/2020 and 54.0% in 2020/2021. For the 2019/2020 school year, Primary 4 completed 35.7% of the curriculum, Primary 5 completed 29.3%, and Primary 6 completed 15.6%. In contrast, in the 2020/2021 school year, Primary 4 completed 57.0% of the curriculum, Primary 5 completed 34.0%, and Primary 6 completed 40.0%. An evaluation of behaviours was not completed for the 2019/2020 school year. Due to the pandemic, all schools were closed and a stay-at-home order commenced. PRIDE was therefore, not able to post assess any students. The teachers were not able to continue teaching the Social Emotional Learning Curricula (PATHS) and could not therefore assess students. For the LifeSkills curricula, the reason is the same. The students were not able to continue with lessons and due to them remaining at home the post-assessments could not be completed.

Table 8.2.1
PRIDE Bermuda's PATHS Programme Statistics, 2019/2020

PROGRAMME INDICATORS	2019/2020					
	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	3	4	4	3	4	5
Number of Students Engaged	49	44	42	43	51	65
Number of Students Dropped Out	-	-	1	1	2	2
Number of Students Retained	49	44	41	42	49	63
Number of Sessions	52	38	53	45	47	28
Number of Modules Completed	52	38	53	45	47	28
Total Number of Modules	132	208	200	126	160	180
Proportion of Curriculum Completed (%)	39.3	18.3	26.5	35.7	29.3	15.6

Source: PRIDE Bermuda

Table 8.2.2
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 (%)	47.0	30.0	54.0	57.0	34.0	40.0
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	43.0	60.0	45.0	28.0	35.0	63.0
Concentration/Attention	48.0	67.0	69.0	20.0	45.0	50.0
Social and Emotional Competence	62.0	80.0	69.0	24.0	42.0	75.0

Table 8.2.2 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	43.0	40.0	48.0	60.0	52.0	31.0
Concentration/Attention	29.0	27.0	14.0	68.0	39.0	38.0
Social and Emotional Competence	33.0	13.0	21.0	68.0	45.0	19.0
No Change (% of students)						
Aggression/Disruptive Behaviours	14.0	-	7.0	12.0	13.0	6.0
Concentration/Attention	24.0	7.0	17.0	12.0	16.0	13.0
Social and Emotional Competence	5.0	7.0	10.0	8.0	13.0	6.0

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 a decline, by four professionals, since the last report. Specifically, in 2020, there were 63 certified persons in substance abuse treatment and prevention occupations, compared to 67 professionals in 2019; 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 one person in 2020, while prevention specialists decreased by two 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 2020, there were 63 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, 2019 and 2020

Occupation	2019	2020
Treatment		
Alcohol/Drug Counsellors	44	45
Associate Counsellors	6	5
Clinical Supervisors	11	9
Prevention		
Prevention Specialists	6	4
Associate Prevention Professional	-	-
TOTAL	**67**	**63**

Source: Bermuda Addiction Certification Board

Table 9.1.2
Certified Treatment and Prevention Professionals by Type of Certification, 2019 and 2020

Field of Certification	2019	2020
Treatment		
ICADC	44	45
CCS	11	5
ACAD	6	9
Prevention		
CPS	6	4
APP	-	-
TOTAL	**67**	**63**

Source: Bermuda Addiction Certification Board

Chapter 10
Survey Data

- Public Perceptions of Crime and Health
- Treatment Demand Indicators
- Youth Marijuana Prevalence
- Drug Use among Pregnant Women

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 2021 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

Consistent with results from a year ago, virtually all residents, regardless of parish or demographic, reported f*eeling either mostly or extremely safe* in their neighbourhood. Furthermore, residents predominantly felt *as safe or safer* in their neighbourhood compared to six months ago, consistent with one year ago, and indicative of a positive sentiment.

Perceptions of safety are highly consistent with levels seen last year, with virtually all residents indicating that they felt safe in their neighbourhood to some degree.

Perceptions of safety are highly consistent with levels seen last year, with virtually all residents indicating that they felt safe in their neighbourhood to some degree.

Moreover, four in 10 residents continued to report feeling *extremely safe*, maintaining the highest ratings since tracking began. The degree to which residents feel safe overall is highly consistent across parishes and demographics. Men and black residents were more likely to feel *extremely safe*, while women, middle income earners, and white residents were more likely to report feeling *mostly safe*. Perhaps, not surprising, given the ratings of perceived safety are consistent with last year, a solid majority indicated that they felt *as safe* as they did six months ago. Meanwhile, just over one in 10 *felt more* safe, and one in 10 felt *less safe*. Since Quarter 2 of 2019, a growing proportion of residents have reported feeling *safer* than they did six months ago. Results across parishes do not vary with statistical significance. Women and white residents were more likely than their counterparts to report feeling *less safe* than they did six months ago. Those earning less than $150k per year, black residents, and non-Bermudians were more likely to feel *safer than they did six months ago* compared to their counterparts.

Crimes Committed in Neighbourhood

When considering residents' knowledge of crimes occurring in their neighbourhood over the past twelve months, there was a slight decrease in the prevalence of breaking and entering to steal personal property and people openly selling or using drugs this year. Otherwise, findings were highly consistent with the past few years of research. Specifically, in terms of the top types of crimes committed, fewer than three in 10 residents were aware of a *theft (auto or personal property)*, while two in 10 were aware of an instance of *breaking and entering to steal personal property* having occurred over the past twelve months. While these two types of crime remain most common since tracking began in 2012, over time, a noteworthy *decline in awareness of these crimes* is evident (see Table 10.1.2). Fewer than one-half of residents reported awareness of at least one type of crime having occurred in their neighbourhood over the past 12 months, with only a small minority reporting awareness of three or more types.

…there was a slight decrease in the prevalence of breaking and entering to steal personal property and people openly selling or using drugs this year.

…there was a slight decrease in the prevalence of breaking and entering to steal personal property and people openly selling or using drugs this year.

This year there was a slight decrease in the prevalence of breaking and entering to steal personal property and people openly selling or using drugs, compared to one year ago. Otherwise, results are fairly consistent compared with the last year. It is positive to note, that awareness of various crimes being committed have mostly been downward trending across the board the past couple of years, particularly with respect to theft, and breaking and entering to steal personal property. For any crime listed, fewer than three in 10 residents reported an occurrence in their neighbourhood in the past 12 months. Those living in Sandys/Southampton were more likely to be aware of *people openly selling drugs* compared to those in Warwick/Paget. Residents of Warwick/Paget were more likely to be aware of *murder* compared to those in Hamilton/Smith's/St. George's and Pembroke/Devonshire. White residents were more likely to be aware of an assault, a theft, or a breaking and entering occurring, compared to Black residents. Women were more likely to be aware of assaults and people openly selling or using drugs, compared to men.

Fewer than half of residents cited knowledge of at least one type of crime committed in their neighbourhood within the past 12 months, with only a small proportion of residents reporting awareness of three or more different types of crimes. Conversely, a greater proportion of residents than last year were unaware of any types of crime committed in their neighbourhood in the past 12 months. Residents over the age of 34 years old were more likely to report awareness of one crime committed. Residents in Pembroke/Devonshire were more likely than those in Sandys/Southampton to not be aware of any crimes committed in their neighbourhood. Black residents were more likely than White residents to not be aware of any crimes committed in their neighbourhood. White residents were more likely to report awareness of two crimes committed in their neighbourhood.

Overall, the vast majority of residents continued to perceive themselves to be in a state of good mental and physical well-being.

Perception of Overall Health

Overall, the vast majority of residents continued to perceive themselves to be in a state of *good mental and physical well-being*, with one-third of residents rating their health as *very good* and six in 10 providing a rating of *good*. Most residents continued to highly rate their own health in terms of physical and mental well-being, though more continue to rate their health as *good* as opposed to *very good*.

Results have remained quite consistent over the past year though ratings of *very good* remain down from levels observed in second quarter 2016 and earlier. Results across parishes do not vary with statistical significance. However, in terms of gender, men, higher-income earners, and Black residents were more likely to report being in good or *very good health*, compared to their counterparts.

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	41	44	42	40	38	47	35	46	33	45	40	41	40	49	37	42	34
Mostly Safe	57	53	57	55	61	51	62	51	66	53	58	57	57	50	62	56	64
Mostly Unsafe	2	2	1	3	1	2	1	2	1	1	2	1	3	-	1	2	2
Extremely Unsafe	1	1	-	1	-	-	1	1	-	1	-	1	-	-	-	-	1
Don't Know/No Answer	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Weighted Sample Size (#)	**406**	**62**	**99**	**128**	**115**	**190**	**216**	**136**	**127**	**100**	**100**	**168**	**138**	**197**	**117**	**341**	**64**
Unweighted Sample Size (#)	**406**	**68**	**92**	**120**	**124**	**167**	**239**	**135**	**125**	**98**	**56**	**155**	**195**	**190**	**127**	**345**	**60**
% Exremely/Mostly Safe	98	96	99	96	99	98	97	96	99	98	98	98	97	99	99	98	97
% Mostly/Extremely Unsafe	2	3	1	4	1	2	2	4	1	2	2	2	3	1	1	2	3

Source: DNDC's Commissioned Questions in 2nd Quarter 2021 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	15	27	11	15	12	10	19	13	16	17	14	18	11	17	17	16	10
No	81	70	82	84	83	84	79	83	78	82	78	79	87	77	81	79	90
Don't Know	4	4	7	1	5	7	2	4	6	1	8	3	2	6	3	5	-
Weighted Sample Size (#)	**406**	**62**	**99**	**128**	**115**	**190**	**216**	**136**	**127**	**100**	**100**	**168**	**138**	**197**	**117**	**341**	**64**
Unweighted Sample Size (#)	**406**	**68**	**92**	**120**	**124**	**167**	**239**	**135**	**125**	**98**	**56**	**155**	**195**	**190**	**127**	**345**	**60**

Source: DNDC's Commissioned Questions in 2nd Quarter 2021 Bermuda Omnibus Survey©

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	27	31	32	24	25	23	30	26	22	32	23	29	28	21	31	27	28
No	70	66	67	73	69	73	67	73	73	66	72	69	69	75	66	70	69
Don't Know	3	3	1	3	5	4	3	2	5	2	5	3	3	4	2	3	2
Weighted Sample Size (#)	**406**	**62**	**99**	**128**	**115**	**190**	**216**	**136**	**127**	**100**	**100**	**168**	**138**	**197**	**117**	**341**	**64**
Unweighted Sample Size (#)	**406**	**68**	**92**	**120**	**124**	**167**	**239**	**135**	**125**	**98**	**56**	**155**	**195**	**190**	**127**	**345**	**60**

Source: DNDC's Commissioned Questions in 2nd Quarter 2021 Bermuda Omnibus Survey©

Table 10.1.2 cont'd

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

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	21	22	21	23	19	19	23	19	21	25	16	25	20	16	27	21	20
No	76	75	77	75	76	77	75	79	73	74	80	72	78	80	70	75	79
Don't Know	3	3	3	2	5	4	2	2	6	1	5	3	2	4	2	3	1
Weighted Sample Size (#)	**406**	**62**	**99**	**128**	**115**	**190**	**216**	**136**	**127**	**100**	**100**	**168**	**138**	**197**	**117**	**341**	**64**
Unweighted Sample Size (#)	**406**	**68**	**92**	**120**	**124**	**167**	**239**	**135**	**125**	**98**	**56**	**155**	**195**	**190**	**127**	**345**	**60**

Source: DNDC's Commissioned Questions in 2nd Quarter 2021 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	12	6	19	12	8	13	10	17	11	9	15	13	8	9	14	12	10
No	86	94	79	86	88	85	87	83	84	91	82	85	91	88	85	85	90
Don't Know	2	-	1	2	4	2	2	-	5	-	3	2	1	3	1	2	-
Weighted Sample Size (#)	**406**	**62**	**99**	**128**	**115**	**190**	**216**	**136**	**127**	**100**	**100**	**168**	**138**	**197**	**117**	**341**	**64**
Unweighted Sample Size (#)	**406**	**68**	**92**	**120**	**124**	**167**	**239**	**135**	**125**	**98**	**56**	**155**	**195**	**190**	**127**	**345**	**60**

Source: DNDC's Commissioned Questions in 2nd Quarter 2021 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	35	30	32	40	35	39	32	29	35	42	38	35	33	38	31	34	40
Good	59	67	62	54	59	58	60	61	61	56	56	58	63	58	59	59	57
Poor	5	2	5	6	4	2	7	9	2	1	6	5	3	3	7	5	3
Very Poor	1	1	1	-	2	1	1	1	2	-	-	2	1	-	3	1	-
Refused	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Don't Know/No Answer	-	-	-	1	-	-	-	-	-	1	-	1	-	-	-	-	-
Weighted Sample Size (#)	**406**	**62**	**99**	**128**	**115**	**190**	**216**	**136**	**127**	**100**	**100**	**168**	**138**	**197**	**117**	**341**	**64**
Unweighted Sample Size (#)	406	68	92	120	124	167	239	135	125	98	56	155	195	190	127	345	60
% Very Good/Good	94	97	94	93	93	97	92	90	96	98	94	93	96	96	90	94	97
% Poor/ Very Poor	6	3	6	6	7	3	8	10	4	1	6	7	4	4	10	6	3

Source: DNDC's Commissioned Questions in 2nd Quarter 2021 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 six agencies: Men's Treatment, Women's Treatment Centre, Turning Point Programme, Salvation Army Harbour Light, FOCUS, and Right Living House.

This section of the report contains data on the clients who sought treatment from January 2020 to December 2020. There were 30 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 26 males, 3 females, and 1 who did not report their gender, required inpatient (including residential), outpatient, and in-prison (residential) treatment services. Most persons (16) were clients of FOCUS.

Persons requiring treatment services ranged from 16 years to 73 years with the majority (13.3%) of these clients being 49 and 59 years old. These persons who sought treatment were more likely to self-refer (60.0%) or, in other instances, were referred by another drug-treatment centre (16.7%). There were 66.7% of clients who sought treatment during this period who have received treatment sometime in the past, from as early as the year 1996 to as recent as 2020. However, only 6.7% of persons who sought treatment have been receiving substitution treatment, such as methadone.

Majority of individuals sought treatment for cocaine use, followed by of heroin, and alcohol use.

In terms of the primary drug of impact for which persons sought treatment (see Table 10.2.2), three in 10 (30.0%) of them sought treatment for cocaine use, while 7 persons sought treatment for use of heroin (23.3%), and 6 persons sought treatment for alcohol (20.0%). Persons also sought treatment for crack, MDMA and other derivatives, and volatile inhalants.

Most of the persons (60.0%) have reported daily use of drugs, whereas 10.0% 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 (60.0%) was reported as the main method of administering the drugs, followed by eating/drinking (23.3 %) (see Table 10.2.4).

The age of first use of the identified primary drug ranged from eight years to 34 years, with an average age of onset being 19.0 years. However, most (26.7%) of the persons who sought treatment indicated that they first used their primary drug between the ages of 13 to 17 years, while nearly one in five (16.7%) used drugs before becoming a teenager (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 9.3 years for cocaine to 50.0 years for benzodiazaphine (see Table 10.2.6). The average age at which alcohol use began was 13.5 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 (83.3%). For those who did, they noted that their primary drug was "always available" (10.0%) or "mostly/rarely available" (6.7%) and half (50.0%) indicated that they purchased their drugs from a regular supplier (see Table 10.2.7). At the same time, persons (46.7%) stated that they equally did and 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, 2020

Characteristic	Number of Persons
Total	**30**
Sex	
Males	26
Females	3
Not Stated	1
Facility	
Men's Treatment	11
Women's Treatment Centre	1
Salvation Army Harbour Light	1
FOCUS	16
Type of Treatment Facility	
Inpatient	12
Outpatient	14
Not Stated	1

Table 10.2.1 cont'd
Demographic Characteristics of Clients Seeking Treatment, 2020

Characteristic	Number of Persons
Source of Referral	
Self-Referred	18
Court/Probation/Parole	3
Other Drug-Treatment Centre	5
Hospital/Other Medical Source	2
Social Services	1
Not Stated	1
Living Status (With Whom)	
Alone	11
With Parents	1
Alone with Partner	4
With Partner and Child/Children	2
With Friends	1
Other	9
Not Known	1
Not Stated	1
Living Status (Where)	
Stable Accommodation	12
Unstable Accommodation	16
Not Stated	2
Nationality	
National of Bermuda	28
National of Another Country	1
Not Stated	1
Labour Status	
Regular Employment	5
Unemployed	19
Pupil/student	1
Other	4
Not Stated	1
Highest Education Level Completed	
Primary Level of Education	6
Secondary level of Education	19
Higher Level of Education	4
Not Stated	1

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.2
Primary Drug of Impact of Clients Seeking Treatment, 2020

Primary Drug of Impact	Number of Persons
Cocaine	9
Heroin	7
Alcohol	6
Crack (only)	5
MDMA and Other Derivatives	1
Volatile Inhalants	1
Not Stated	1

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.3
Frequency of Drug Use, 2020

Frequency	Number of Persons
Used daily	18
Not used in past month	6
Used 2-6 days per week or less	3
Used once per week or less	2
Not Stated	1

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.4
Primary Route of Drug Administration, 2020

Primary Route	Number of Persons
Smoke/Inhale	18
Sniff	4
Eat/Drink	7
Not Stated	1

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.5
Age of First Use of Primary Drug, 2020

Age	Number of Persons
Less than 13 years	5
13 – 17 Years	8
18 – 20 Years	4
21 – 24 Years	3
25 – 29 Years	4
30 – 34 Years	3
Not Stated	3

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.6
Average Age of Initiation by Type of (Secondary) Drug, 2020

Drug	Average Age of Initiation
Cannabis	13.2
Alcohol	13.5
Opiates (Total)	-
Heroin	21.0
Methadone	40.5
Cocaine (Total)	13.0
Cocaine	9.3
Crack	20.0
Benzodiazaphine	50.0
LSD	15.0

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.7
Drug Market (Availability, Supplier, and Proceeds), 2020

Availability of Primary Drug	Number of Persons
Always Available	3
Mostly Available	1
Rarely Available	1
Not Stated	25
Purchased from Regular Supplier	
Yes	15
No	13
Not Stated	2
Made Money or Obtained Drugs by Selling Illegal Drugs or Being Involved in Manufacture or Transportation of Drugs	
Yes	14
No	14
Not Stated	2

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.8
Drug Market (Packaging of Drugs), 2020

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	**Heroin**
Bags	Bottle
Loose pills	Can

Source: DNDC's Treatment Demand Indicators Survey

10.3 YOUTH MARIJUANA PREVALENCE

The Marijuana Survey 2020 is the first of its kind in Bermuda. It examined, in more depth, patterns of marijuana use by our young people, such as the quantities consumed and their use of marijuana for medical and recreational purposes; the marijuana market, for example, where young people get marijuana and the pricing of products; the social impact of marijuana use; and marijuana use perceptions. The survey also examined young peoples' exposure to education campaigns, public health and safety messages, and their usual source of marijuana products prior to the introduction of the marijuana legislation coming into effect in 2020. Information from this survey will served as baseline data to compare with subsequent surveys implemented after the Regulated Cannabis Act comes into effect, allowing DNDC to monitor trends in marijuana-related indicators.

A total of 2,723 middle and high school students (grade-level adjusted) responded to the Marijuana Survey 2020. Survey respondents were majority male (51.2%) compared to 47.5% females. Most students were in M2 (19.3%), followed by S1 (18.9%), M3 (17.4%), S2 (16.1%), S3 (15.9%), and S4 (12.2%). The mean age of participants was 14.4 years with the youngest survey participant being age 12 and oldest age 19. When it came to race, the majority of the students indicated that they considered themselves as "*Black*" (52.2%) followed by "*White*" (22.6%). More specifically, 49.3% (702) of boys were "*Black*" males and 50.7% (721) were "*Black*" females, while 60.6% (368) indicated being of "*White*" race and a male, compared to 52.8% (216) who indicated being of "*Mixed*" race and female. The top three parishes of residence for student participants were: Pembroke (14.9%), Warwick (14.3%), and Sandy's (12.4%).

Marijuana prevalence for individual grade levels is presented in Table 10.3.1. Typically, prevalence-of-use of marijuana increases as students advance to higher grades. The survey results, in fact, showed that S4 students recorded the highest lifetime prevalence-of-use for marijuana (31.8%). Other lifetime prevalence ranges from a low of 7.4% among M3 students to a high of 26.5% among S3 students. Current prevalence-of-use for marijuana was highest among S3 students (10.1%). Other current use prevalence ranges from a low of 1.3% among M3 students to a high of 9.6% among S4 students.

Typically, prevalence-of-use of marijuana increases as students advance to higher grades.

Table 10.3.1

Lifetime Use[11] and Current Use[12] of Marijuana by Grade Level of Survey Respondents (Grade Level Adjusted), 2020

REFERENCE PERIOD	Grade Level[13]										Overall (n = 2,723)	
	M3 (n = 475)		S1 (n = 516)		S2 (n = 439)		S3 (n = 434)		S4 (n = 333)			
	n	%	n	%	n	%	n	%	n	%	n	%
Lifetime Use	35	7.4	51	9.9	92	21.0	115	26.5	103	31.8	**396**	**14.5**
Current Use	6	1.3	19	3.7	35	8.0	44	10.1	32	9.6	**136**	**5.0**

Source: DNDC's Marijuana Survey 2020

Note:
[s]M2 students (526) were not included in this table due to the absence of data, from students in this cohort, for the topics in question.

[11] Students responding to "ever" consuming marijuana (asked of all survey respondents)

[12] Of students who responded to "ever" consuming marijuana, and reported use in the past 12 months, who then have consumed it in the "past 30 days" (asked only of all lifetime and recent users but reported as a proportion of all survey respondents).

[13] Percentages are computed with the number as a proportion of the grade level total.

The majority (168) of lifetime users have indicated using marijuana "*only once*" (see Table 10.3.2). This represents 42.4% of all lifetime marijuana users, with use ranging from 37.3% among S1 student to 65.7% among M3 students. There were 26.8% of all lifetime users who reported using marijuana "*sometimes in the past 12 months*", with most (38.3%) being among S3 students, and 8.1% who said "*daily*", with most (15.5%) being from the S4 grade level.

Table 10.3.2
Frequency of Marijuana Use for Lifetime Users by Grade Level (Grade Level Adjusted), 2020

FREQUENCY OF USE	Grade Level										Overall[14]	
	M3 (n = 35)		S1 (n = 51)		S2 (n = 92)		S3 (n = 115)		S4 (n = 103)		(n = 396)	
	n	%	n	%	n	%	n	%	n	%	n	%
Only once	23	65.7	19	37.3	42	45.7	44	38.3	40	38.8	168	42.4
Sometimes in the past 12 months	12	34.3	6	11.8	28	30.4	44	38.3	16	15.5	106	26.8
Sometimes during the month	-	-	19	37.3	7	7.6	18	15.7	8	7.8	52	13.1
Sometimes during the week	-	-	6	11.8	-	-	-	-	8	7.8	14	3.5
Daily	-	-	-	-	7	7.6	9	7.8	16	15.5	32	8.1

Source: DNDC's Marijuana Survey 2020

[14]There were 24 lifetime users who did not respond to this question.

Most of the lifetime marijuana users have reported that they use marijuana in a "*joint*" form (285), ranging from 34.3% among M3 students to 84.8% among S2 students (see Table 10.3.3). This is closely followed by the use of marijuana in the "*edible*" form (152), with the majority of students being among the M3 grade level (48.6%). Overall, this corresponds to 72.0% and 38.4% of all survey respondents, respectively. Fewer lifetime marijuana users have reported using marijuana in a "*vaping*" (92 or 23.2%) or "*concentrate*" form (91 or 23.0%).

Table 10.3.3
Form of Marijuana Used for Lifetime Users by Grade Level (Grade Level Adjusted), 2020

FORM OF MARIJUANA	Grade Level										Overall	
	M3 (n = 35)		S1 (n = 51)		S2 (n = 92)		S3 (n = 115)		S4 (n = 103)		(n = 396)	
	n	%	n	%	n	%	n	%	n	%	n	%
Joints	12	34.3	19	37.3	78	84.8	97	84.3	79	76.7	285	72.0
Edibles (pastries, candy/ sweets, etc.)	17	48.6	6	11.8	28	30.4	53	46.1	48	46.6	152	38.4
Vaping	12	34.3	19	37.3	28	30.4	9	7.8	24	23.3	92	23.2
Concentrates (oils, shatter, budder wax, etc.)	6	17.1	13	25.5	14	15.2	18	15.7	40	38.8	91	23.0
Water pipe or bong	-	-	6	11.8	14	15.2	18	15.7	32	31.1	70	17.7
Drinks (tea, juice etc.)	-	-	-	-	14	15.2	27	23.5	8	7.8	49	12.4
Dab smoking	-	-	13	25.5	14	15.2	9	7.8	8	7.8	44	11.1
Handheld pipes	-	-	-	-	7	7.6	9	7.8	16	15.5	32	8.1
None of these forms	-	-	-	-	14	15.2	-	-	8	7.8	22	5.6
Topical (cream, ointment, etc.)	-	-	6	11.8	-	-	9	7.8	-	-	15	3.8
None of these forms	-	-	-	-	14	15.2	-	-	8	7.8	22	5.6

Source: DNDC's Marijuana Survey 2020

Notes: There were no responses for "Tincture" and "Other" forms of marijuana.

Lifetime marijuana users have reported that they use marijuana for a variety of reasons. Table 10.3.4 shows that most lifetime users "*never/almost never*" use marijuana for the stated reasons. Nearly four in 10 students (35.1%) who used marijuana in their lifetime reported using marijuana "*sometimes*" because "*it is what most of your friends do when they get together*".

Table 10.3.3
Form of Marijuana Used for Lifetime Users by Grade Level (Grade Level Adjusted), 2020

REASON	FREQUENCY (n = 396)											
	Never/ Almost Never		Sometimes		Often		Always/Almost Always		Don't Know		Not Stated	
	n	%	n	%	n	%	n	%	n	%	n	%
As a way to celebrate	121	30.5	81	20.5	32	8.1	30	7.6	84	21.2	49	12.4
Most friends do when get together	57	14.4	139	35.1	31	7.8	60	15.2	68	17.2	41	10.4
To be sociable	182	46.0	59	14.9	8	2.0	21	5.3	68	17.2	58	14.6
It is customary on special occasions	142	35.9	64	16.2	17	4.3	7	1.8	94	23.7	73	18.4
Makes a gathering more enjoyable	120	30.3	81	20.5	35	8.8	49	12.4	62	15.7	49	12.4
To relax	81	20.5	84	21.2	36	9.1	93	23.5	47	11.9	55	13.9
To forget worries	139	35.1	65	16.4	9	2.3	85	21.5	52	13.1	46	11.6
More self-confident or sure of self	199	50.3	36	9.1	9	2.3	29	7.3	68	17.2	55	13.9
Helps depressed or nervous feelings	153	38.6	44	11.1	32	8.1	53	13.4	60	15.2	55	13.9
To cheer up when in a bad mood	144	36.4	59	14.9	30	7.6	46	11.6	61	15.4	55	13.9
Like the feeling	84	21.2	77	19.4	53	13.4	80	20.2	47	11.9	55	13.9
It's exciting	130	32.8	46	11.6	40	10.1	57	14.4	62	15.7	62	15.7
To get high	94	23.7	73	18.4	34	8.6	71	17.9	62	15.7	62	15.7
It is fun	100	25.3	65	16.4	40	10.1	74	18.7	62	15.7	55	13.9
It makes you feel good	123	31.1	36	9.1	46	11.6	80	20.2	55	13.9	55	13.9

Source: DNDC's Marijuana Survey 2020

10.4 DRUG PREVALENCE FOR PREGNANT WOMEN

A survey was conducted among pregnant during the three-wek period of August 17th to September 4th, 2020. The survey included the Alcohol Use Disorders Identification Test (AUDIT) and assessment of the use of tobacco and marijuana among pregnant women who sought prenatal care at their physician (Obstetrician-Gynecologist [OB-GYN] or General Practitioner [GP] providing antenatal care) during the data collection period. This is the fourth survey of this nature conducted among pregnant women in Bermuda; with the previous surveys being administered in 2005, 2010, and 2015.

The purpose of this survey was to:

1. Continue monitoring the prevalence-of-use of alcohol, tobacco, and marijuana, along with the addition of vaping among pregnant women;
2. Assess changing trends, if any, evident within this population; and
3. Gather the latest information on the use of these substances as well as vaping devices to support the DNDC's alcohol, tobacco, and marijuana use campaigns. The rationale is that alcohol, tobacco, and marijuana use in pregnancy increases the risk of negative pregnancy outcomes.

There was a total of 224 pregnant women who participated in the survey; representing women who presented for prenatal care during the period August 17th to September 4th, 2020 and who completed the survey. Participants' ages ranged from 19 to 46 years. The average age of survey respondents was 32.0 years. Nearly one-third of the participants (32.1%) were between the ages 30 and 34 years. A significant proportion (62.0%), or just over six in 10, of the women surveyed were in their thirties. Pregnant teenagers accounted for 0.9% of all respondents, while women over 40 years accounted for 8.5%.

…14.7% of all survey respondents who said that they have had a drink containing alcohol since being pregnant.

Drinking and Pregnancy

The participants who reported that they consume alcohol (125 of the 224) were asked if they have done so since becoming pregnant. There was about one in four such respondents (26.4% or 33); equivalent to 14.7% of all survey respondents who said that they have had a drink containing alcohol since being pregnant.

At the same time, just over one in 10 persons who reported to have consumed alcohol (13.6% or 17) indicated that they did not stop drinking because they became pregnant. This is equivalent to 7.6% of the total number of respondents (see Table 10.4.1).

Table 10.4.1
Drinking and Pregnancy, 2020

	Had a drink containing alcohol since pregnant (n = 125)		Stopped drinking because of pregnancy (n = 125)	
	n	%	n	%
Yes	33	26.4	102	81.6
No	90	72.0	17	13.6
Not Stated	2	1.6	6	4.8

Source: DNDC's AUDIT Survey 2020

Tobacco Use

The results in Table 10.4.2 showed that, overall, 9.8% of the pregnant women surveyed (22 of 224) indicated that they used tobacco (cigarette or some other form of tobacco product) in the past year (prior to being surveyed). However, a much smaller proportion (0.9% or n = 2) of pregnant women reported being current users, that is, used cigarettes in the 30-day period prior to the survey.

For those respondents who indicated cigarette use in the past year (n = 22), the reported frequency of smoking less than one cigarette a day accounted for 5.4% of all participants; one cigarette a day was 0.9%; two to five cigarettes a day was 3.1%; and six to 10 cigarettes a day was 1.8%. At the same time, there were 1.8% (n = 4) of surveyed women who said "*yes, I sometimes feel like having a cigarette first thing*".

Overall, there were 20 women who smoked cigarettes in the past year but did not smoke in the past 30 days. Further, respondents were asked if they had stopped smoking because they became pregnant and 19.6% of all participants or 43.2% (n = 19) of those who indicated use of cigarettes in the past year, reported a cessation of smoking because of becoming pregnant. The majority of the women who stopped smoking were currently in their third trimester (n = 27) while there were still a few who were in their first and second trimesters (n = 16).

Table 10.4.2
Tobacco Use and Pregnancy, 2020

	Annual Use (Past Year)				Current Use (Past 30 Days)			
	Yes		No		Yes		No	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	**22**	**100**	**192**	**100**	**2**	**100**	**210**	**100**
Age Group								
15 – 19	-	-	1	0.5	-	-	1	0.5
20 – 24	3	13.6	24	12.5	-	-	29	13.8
25 – 29	3	13.6	28	14.6	-	-	32	15.2
30 – 34	7	31.8	63	32.8	1	50.0	69	32.9
35 – 39	7	31.8	60	31.3	1	50.0	61	29.0
40+	2	9.1	16	8.3	-	-	18	8.6

Table 10.4.2 cont'd
Tobacco Use and Pregnancy, 2020

	Annual Use (Past Year)				Current Use (Past 30 Days)			
	Yes		No		Yes		No	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gestation (Trimester)								
1st	-	-	15	7.8	-	-	16	7.6
2nd	9	40.9	65	33.9	1	50.0	72	34.3
3rd	13	59.1	109	57.8	1	50.0	119	56.7
Parity (First Pregnancy)								
Yes	10	45.5	75	9.1	1	50.0	87	41.4
No	12	54.5	115	59.9	1	50.0	121	57.6

Source: DNDC's AUDIT Survey 2020

Vaping

The survey respondents were asked if they had used e-cigarettes or electronic nicotine products in the past year (annual use). Table 10.4.4 shows that a small proportion, 3.1% or seven women, reported annual use of e-cigarettes or electronic nicotine products. In terms of frequency of use, three or 1.3% of survey respondents stated that during the three months before they got pregnant, on average, they used e-cigarettes or electronic nicotine products one day a week or less. As it relates to use of a hookah, nine women or 4.0% reported that they had used it in the past year, with eight of those respondents stating that their frequency of use was one day a week or less.

Table 10.4.3
Use of Vaping Device in the Last Year by Type of Device, 2020

	E-cigarettes or Electronic Nicotine		Hookah	
	Number	Percent	Number	Percent
Yes	7	3.1	9	4.0
No	213	95.1	210	93.8
Not Stated	4	1.8	5	2.2
Total	**224**	**100.0**	**224**	**100.0**

Source: DNDC's AUDIT Survey 2020

Chapter 11
Financing Drug Control

- Drug Treatment and Prevention Expenditure
- Enforcement and Interdiction Expenditure

11.1 DRUG CONTROL EXPENDITURE

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

Overall, allocation of funding for drug control demand and supply reduction efforts has seen a decrease of about $1 million. In total, the government expended just over $15.4 million on drug control in Bermuda in FY 2020/2021, down from the previous FY 2019/2020, where drug control expenditure stood at $16.4 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; $9.8 million and $9.0 million vs. $6.7 million and $6.4 million in FY 2019/2020 and FY 2020/2021, 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, decreased by 8.9% from FY 2019/2020 to FY 2020/2021; funding for prevention services remained the same over the years under reviews (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 4.0% year over year – moving from a $6.7 million in FY 2019/2020 to $6.4 million in FY 2020/2021.

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, 2019/2020 and 2020/2021

	2019/2020 ACTUAL ($000)	2020/2021 REVISED ($000)
TREATMENT	**8,976**	**8,174**
% Change	**10.4**	**-8.9**
DNDC (MT, WTC, Treatment Unit)	2,524	2,457
Grantees		
Salvation Army	100	100
FOCUS Counselling Services	300	300
Other (BACB)	**100**	**100**
Other Agencies		
BARC	538	544
CLSS	905	1,125
Drug Treatment Court	431	438
Mandatory Drug Treatment (RLH)	1,492	1,305
Turning Point Substance Abuse Programme+	2,586	2,243
PREVENTION	**779**	**779**
% Change	**4.3**	**-**

Table 11.1.1 cont'd
Government Expenditure on Drug Treatment and Prevention, 2019/2020 and 2020/2021

	2019/2020 ACUTAL ($000)	2020/2021 REVISED ($000)
PREVENTION		
DNDC (Prevention Unit & Community Education)	496	496
Grantees		
PRIDE	183	183
CADA	100	100
TOTAL DEMAND REDUCTION	**9,755**	**8,953**
% Change	**9.9**	**-8.2**

Source: Government of Bermuda Budget

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

Table 11.1.2
Government Expenditure on Enforcement and Interdiction, 2019/2020 and 2020/2021

	2019/2020 ACTUAL ($000)	2020/2021 REVISED ($000)
ENFORCEMENT AND INTERDICTION		
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	2,557	2,289
Customs – Interdiction	4,108	4,108
TOTAL SUPPLY REDUCTION	6,665	**6,397**
% Change	11.1	**-4.0**

Source: Government of Bermuda Budget

LOOKING AHEAD

With the COVID-19 pandemic now entering its second year, it is crucial to focus on the evidence before us in order to protect our community from the impact of drugs. 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. Mental health conditions are also on the rise. These factors have the potential to spur a rise in drug use disorders. Underlying socioeconomic stressors have also likely accelerated the demand for drugs. Despite the proven dangers associated with alcohol and drug misuse, the number of residents consuming substances proliferates, 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. Challenges to the local drug market continue with the introduction of synthetic cannabinoids. The World Health Organisation (WHO) reports that while the potency of cannabis products has almost quadrupled in potency, the percentage of young people who believe cannabis to be harmful has dropped. This statement has been supported by locally available data.

KEY FACTS:

- Cannabis and alcohol were the most popular substances used on the Island for youth and adults.
- Reception inmates continue to test positive for mostly THC and cocaine, while random drug screens showed positive results for THC.
- Of those assessed for treatment, 39 were assessed as having a dependence or had abused alcohol, while 37 had a dependence or abused THC.
- Majority of persons referred for substance abuse treatment between 2019 -2020 were repeat cases.
- Local treatment centre surveys indicated the primary drugs of choice were available and affordable.
- During 2020, the COVID-19 pandemic continued to impact the ability to service persons in need of substance abuse treatment.
- Gaps in substance abuse treatment services for youth remain unfunded.
- There continues to be waiting lists for treatment services.
- No resolution to the issues facing dual-diagnosed persons; an inpatient, medically-monitored substance abuse treatment programme/service remains a significant gap in the Network.

Communicating the facts about the local drug situation and promoting science-based interventions is an absolute necessity if we are to reduce demand and supply of drugs. It is also the surest path to eliminating stigmatisation and providing adequate treatment. Locally, addressing drug use disorders is an important part of the Government's plan. The DNDC remains dedicated to pursuing and promoting fact-driven approaches to drug control and treatment. This very report embodies our commitment to raising awareness and providing culturally appropriate information. Our hope is that this report will inform policy-makers, practitioners, and the general public on the facts of the drug problem in Bermuda, and provide the reader with a powerful tool to share evidence and information and, in doing so, help save and preserve lives.

APPENDIX I

SUMMARY OF SOURCES AND DATA

SOURCES	DATA
1. Bermuda Addiction Certification Board	Certified Professionals
2. Bermuda Hospitals Board	
– King Edward VII Memorial Hospital	Inpatient Cases Related to Drugs, Poisoning, and Toxic Effects of Substances Emergency Room Cases Related to Drugs, Poisoning, & Toxic Effects of Substances
– Mid-Atlantic Wellness Institute	MWI Cases Related to Drugs, Poisoning, & Toxic Effects of Substances
– 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 and Arrests 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* Youth Drug Prevalence* 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
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 & 2020 (From April 1, 2019)
2202.910	Non-alcoholic beer	15% per L
2202990	Other	15% per L
2203.000	Beer	$1.36 per L
2204.100	Sparkling Wine	$6.00 per L
2204.210	Wine in Containers Holding 2 Litres or Less	$6.00 per L
2204.290	Wine in Containers Greater Than 2 Litres	$6.00 per L
2204.220	Wine in containers holding more than 2 l but not more than 10 l	$6.00 per L
2204.300	Other Grape Must	$6.00 per L
2205.100	Vermouth in Containers Holding 2 Litres or Less	$6.00 per L
2205.900	Vermouth in Containers Holding Greater Than 2 Litres	$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
2207.100	Undenatured Ethyl Alcohol	$32.00 per LA
2207.200	Denatured Ethyl Alcohol	$0.75 per LA
2208.200	Brandy and Cognac	$32.00 per LA
2208.300	Whiskies	$32.00 per LA
2208.400	Rum and Other Spirits From Sugar Cane	$32.00 per LA
2208.500	Gin and Geneva	$32.00 per LA
2208.600	Vodka	$32.00 per LA
2208.700	Liqueur and Cordials	$32.00 per LA
2208.900	Other Spirituous Beverages	$32.00 per LA
9801.104	Accompanied Personal Goods:Wine of Fresh Grapes	$6.00per L
9801.103	Accompanied Personal Goods: Spirituous Beverages	$12.89 per L
9803.172	Wine of Fresh Grapes	$6.00per L
9803.173	Spirituous Beverages	$12.89 per L
2401.100	Tobacco, Not Stemmed/Stripped	$500.00 per KG
2401.200	Tobacco, Partly or Wholly Stemmed/Stripped	$500.00 per KG
2401.300	Tobacco Refuse	$500.00 per KG
2402.100	Cigars, Cheroots, etc. Containing Tobacco	35.0%
2402.200	Cigarettes Containing Tobacco	$0.40 per U
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	35.0%
2403.110	Water Pipe Smoking Tobacco	500.00
2403.190	Other Smoking Tobacco	500.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	500.00
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	500.00
9801.209	Accompanied Personal Goods: Cigarettes Containing Tobacco	$80.00 per 200 U
9801.309	Accompanied Personal Goods: Cigars Containing Tobacco	35.0%
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	35.0%
9803.164	Smoking Tobacco (Imported by Post or Courier)	$500.00 per KG
9803.171	Cigarettes Containing Tobacco (Imported by Post or Courier)	$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.

DAST: The Drug Abuse Screening Test (DAST) is a widely recognised screening tool traditionally used to classify degrees of severity of substance abuse problems among persons. It is a 20-item self-report scale that has exhibited valid psychometric properties and has been found to be a sensitive screening instrument for the abuse of drugs other than alcohol. The DAST-20 item scores can be transformed to yield classification of substance abuse problems in terms of "none" (a score of 0), "low" (a score between 1 and 5), "intermediate" (a score between 6 and 10), "substantial" (a score between 11 and 15), and "severe" (a score between 16 and 20).

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. Most of the synthetic drugs are manufactured in clandestine laboratories in China. The substances are then smuggled in bulk into the United States and packaged for individual sale. Synthetic Drugs are often sold in convenience stores or on the street in colorful packaging with catchy names to appeal to the younger generation. The drugs are also illegally distributed in shops that sell drug paraphernalia and over the Internet.

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.

REFERENCES

Corporate Research Associates Inc. & Total Research Associates Limited. (2020). *Bermuda Omnibus Survey. A syndicated quarterly survey of the Bermuda community. Results for Department of National Drug Control.*

Customs Department. (2014). *Bermuda customs tariff 2014.* Government of Bermuda.

Department for National Drug Control. (2019). *Annual Report of the Bermuda Drug Information Network 2019*. Government of Bermuda.

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

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

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

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

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

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

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

United Nations. (2020). World Drug Report 2020 (United Nations publication, Sales No. E.20.XI.6). United Nations Office on Drugs and Crime. Retrieved August 12, 2020, from https://wdr.unodc.org/wdr2020/index.html

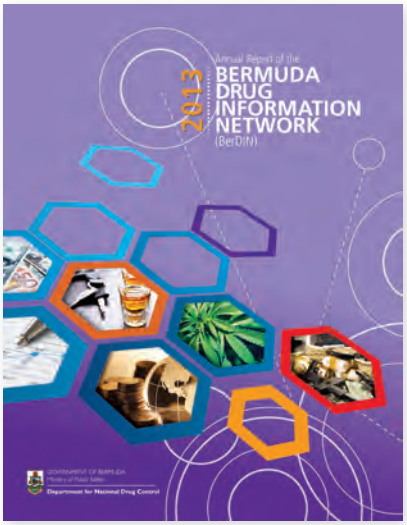
United Nations Office for Drug Control and Crime Prevention & Commonwealth Department of Health and Aged Care. (2000). *Demand reduction. A glossary of terms*. New York: United Nations.

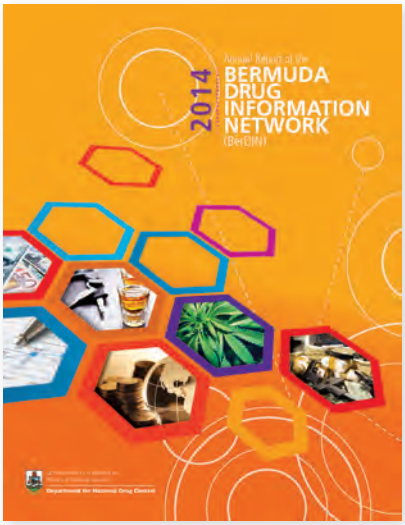
World Health Organisation. (1994). *Lexicon of alcohol and drug terms.* Geneva, WHO.

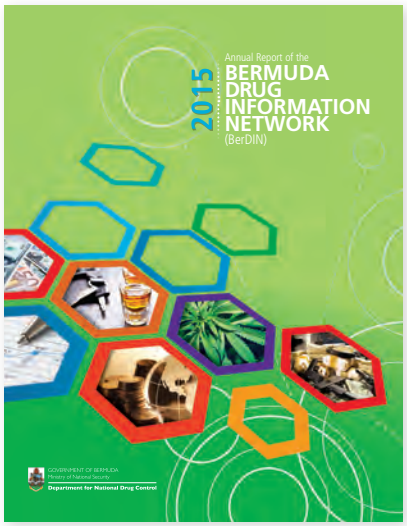
World Health Organisation. (2020). *Coronavirus*. Retrieved August 7, 2020, from http://www.who.int/health-topics/coronavirus#tab=1

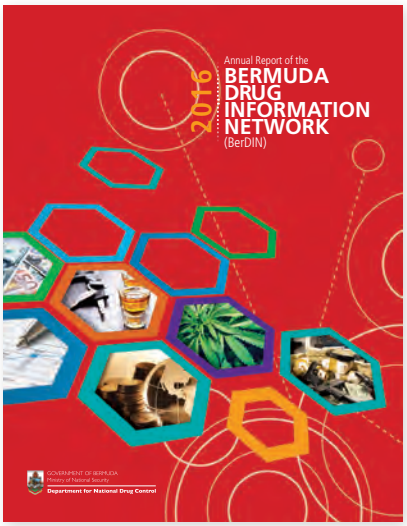
Zuckerman, B., Frank, D. A., Hingson, R., Amaro, H., Levnson, S. M., Kayne, H., Parker, S., Vinci, R, Aboagye, K., Fried, L. E., Cabral, H., Timperi, R., & Bauchner, H. (1989). *Effects of maternal marijuana and cocaine use on fetal growth.* New England Journal of Medicine, 32, 762-768. p. 765.

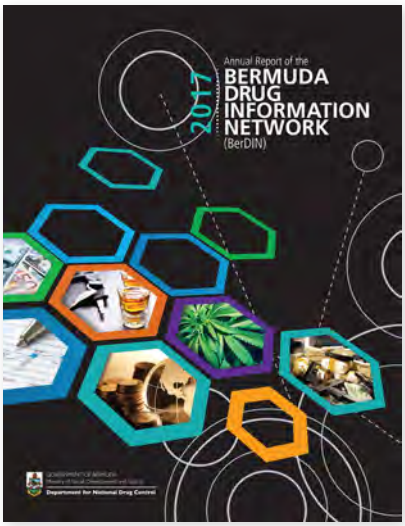

2012
BERMUDA
DRUG
INFORMATION
NETWORK


2013
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)

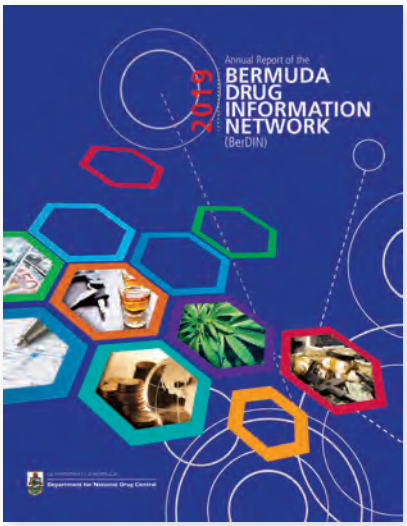

2014
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)

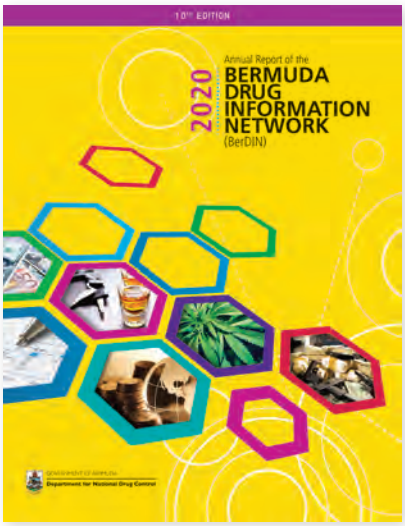

2015
Annual Report of the
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)


2016
Annual Report of the
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)


2017
Annual Report of the
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)


2018
Annual Report of the
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)


2019
Annual Report of the
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)


10TH EDITION
2020
Annual Report of the
BERMUDA
DRUG
INFORMATION
NETWORK
(BerDIN)