10TH EDITION

Annual Report of the

BERMUDA DRUG INFORMATION NETWORK (BerDIN)

2020

GOVERNMENT OF BERMUDA

Department for National Drug Control

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BERDIN'S MISSION

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

FOREWORD

"Increasing wealth is linked to rising drug use, but the poorest suffer the largest burden of disorders."
~World Drug Report 2020

The year 2020 marks the tenth anniversary of the Bermuda Drug Information Network's (BerDIN) Report. There have been some notable changes in the drug market, drug policy, and demand reduction programmes over the past decade, all while resources for services and interventions diminish. Similar to 10 years ago, Bermuda remains a transshipment route and is not a jurisdiction in which a large amount of narcotics are destined. Drug markets continue to become complex as plant-based substances, such as cannabis, cocaine, and heroin, traditional drugs associated with problem drug use in Bermuda, are being joined by synthetic drugs, some of which are still not under international control. Policy changes along with trends in marijuana use have demonstrated a new acceptance of marijuana for both medicinal and recreational use.

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Marijuana and alcohol remain the substances of choice in Bermuda, evidenced by trend data over the past 10 years looking at both the general population and school-age youth. While opioid and cocaine use is confined to residents with problem drug use, some of whom frequent the criminial justice system. More people are using drugs since 2010, and there are more drugs and more types of drugs than ever before. Seizures of marijuana have more than doubled between 2010 and 2019. Globally, production of heroin and cocaine remain among the highest levels recorded in modern times. The growth in global drug supply and demand poses challenges to law enforcement, compounds health risks, and complicates efforts to prevent and treat drug use disorders.

Bermuda's response to the drug problem has remained grounded in a balanced approach between demand and supply reduction. To be effective, balanced solutions to drug supply and demand must be rooted in evidence and shared responsibility. Given the current global pandemic, that of COVID-19, rising to this challenge is more important than ever. Research indicates that people who are socially and economically disadvantaged are more likely to develop drug use disorders. The current economic downturn threatens to worsen the impact of drug use disorders, most of all, on the marginalised and vulnerable citizens.

The establishment of the National Drug Strategy for 2019-2024 was the first step in planning a way forward for drug control. Systematic barriers, however, have prevented this national strategic plan from being implemented, although many of the goals are currently being monitored. In a time of resource shortages and uncertainty, resulting from the global pandemic, we must remain faithful to this cause. The successes of the national effort to control drugs over the past 10 years is the result of forward thinking as well as action by our strategic partners and the community at large. There is much work ahead and only through your engagement and support can we reduce the harms associated with alcohol and drug use.

Joanne Dean
Director
Department for National Drug Control

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DATA NOTES

ACAD	Associate Alcohol and Drug Counsellor
ADS	Alcohol Dependence Scale
APP	Associate Prevention Professional
ATOD	Alcohol, Tobacco, and Other Drugs
BAC	Blood Alcohol Concentration
BACB	Bermuda Addiction Certification Board
BARC	Bermuda Assessment and Referral Centre
BPCS	Bermuda Professional Counselling Services
BPS	Bermuda Police Service
BSADA	Bermuda Sport Anti-Doping Authority
BYCS	Bermuda Youth Counselling Services
CAF	Confiscation Assets Fund
CAPS	Customs Automated Processing System
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
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 10 years which have passed since the first BerDIN Report have shown steady changes in the prevalence of use of substances and distinct variations in the drug market. The BerDIN and its subsequent annual reports, was mandated in 1998 by the United Nations Office of Drugs and Crime (UNODC) in order to provide comparable data across countries and remains the only source of local and culturally relevant information concerning the current drug situation in Bermuda. The first publication in 2010, "Deconstructing the Drug Problem in Bermuda", was a pictorial presentation of the drug situation at that period in Bermuda. Since then, the publication has changed in appearance and layout, but continues its top-level overview of the drug situation in Bermuda – from drug supply and use to public health perspectives and policy-level solutions. The data in this year's publication provides a summary of key indicators over the past 10 years and also compares the years 2018 and 2019 over 11 chapters and is contributed by key industry stakeholders. This introductory section features a short analytical comment on some of the key themes emerging from the most recent year's data. As the drug problems facing Bermuda are increasingly influenced by, and interact with, developments occurring internationally, two important topics, cannabis use and synthetic drugs, remain nationally relevant today.

…majority of drug-related trials were for cannabis, followed by possession of cannabis with intent to supply.

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 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.

The Drug Situation in Bermuda

Bermuda has significant health and social problems arising out of, and linked to, the widespread availability and use of tobacco, alcohol, and other drugs, especially marijuana, heroin, and cocaine. It is certain that profound changes have taken place during the past 10 years with regards to the attitudes towards 'drugs' and their prevalence. Although patterns of drug-use have varied over time, the use of drugs is more common and the negative social consequences have become more obvious. Youth experiment with drugs from an increasingly early age, while many young people are now using THC concentrates and other stimulants almost as a matter of course on weekends. Hundreds of others are dependent on heroin and cocaine, and many resort to crime as a means to support their drug of choice.

Although patterns of drug-use have varied over time, the use of drugs is more common and the negative social consequences have become more obvious.

Cannabis and alcohol were the most popular substances used on the Island between 2010 and 2019. 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. However, the Department of Corrections reported that reception inmates continue to test positive for mostly THC and cocaine, while there has been a decrease in poly drug use amongst reception inmates. Random drug screens revealed the use of THC and opiates (heroin), while the number of inmates who were incarcerated increased slightly in 2019. Poly drug use remains constant among users of narcotic drugs. Frequently observed amongst reception inmates is the use of opiates (heroin) and cocaine, which has been stable among persons committing crimes over the past two years. Synthetic drugs, used singly or in combination with other drugs, continued to demonstrate its mainstay in the drug market during 2019, which is highlighted in Chapter 1.

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Morbidity and Mortality

During 2019, there were no drug-related Hepatitis C cases, while the number of pregnant women testing positive for THC increased significantly during the same period. All too common is the use of alcohol and/or drugs in road traffic accidents. There has been little progress in the way of alcohol and tobacco imports for consumption during the two years covered in this publication. From a public health perspective, alcohol misuse continues to be relevant in several areas. The number of persons stopped and administered the breath test decreased between 2018 and 2019 (dropped by 68 persons), especially when it came to those who were in excess of the legal limit. Although there were 45 road traffic accidents with breath tests above the legal limit, only 14 people attended the DUI class in 2019. Additionally, when it came to toxicology screens, there were some deaths that were mainly a result of a transport accident, while a number of deaths in 2019 had drugs, alcohol, or a combination of alcohol and drugs detected during toxicology screening. Other suspicious deaths during 2019 included one case of death by assault and seven cases of diseases of the circulatory system. This suggests a continued public health crisis related to the presence of substance use in deaths and accidents.

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.

Substance Abuse Treatment and Level of Severity

The World Drug Report 2020, discusses poverty, limited education, and social marginalisation as major factors increasing the risk of drug use disorders. The year 2019 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 2019 for any substance, a large proportion had a clinical diagnosis of "low" substance abuse or dependence. Reports indicate that more people, new to drug treatment, were likely to not be poly drug users, but more likely to meet the criteria for abuse of alcohol, cannabis, and 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 2018 and 2019 were repeat cases.

Ever-Present Drug Market

The Treatment Demand Survey 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 2019. While resources continue to be dedicated to 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. Universal changes in how cannabis is viewed has led to relaxed policies with respect to simple possession, especially in Bermuda, with the decriminalisation of less than 7.0 grams of marijuana. 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.

Legislation

Coming off of the Cannabis Decriminalisation Act of 2017, 2019 saw the announcement of pending legislation for regulated cannabis, moving away from medicinal cannabis proposed in 2018. While the impact of the decriminalisation of 7 grams of marijuana and the pending regulated cannabis regime may in fact be hard to assess, it is noteworthy that frequent use of marijuana has increased in other jurisdictions after legalisation. Some jurisdications have seen more potent cannabis products on the market as a result of changes in legislation.

Some jurisdictions have seen more potent cannabis products on the market as a result of changes in legislation.

A significant gap in the drug control system continues to exist with the unaddressed enforcement of current legislation, such as restricting alcohol sales to persons 18 years and older, the implementation of the National Master Plan 2019-2024, and the establishment of regulations for the TIPS programme.

Disparities in Treatment

During 2019, the demand for drugs remain unchanged all while significant challenges, predominantly resulting from a lack of human and financial resources, 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: sufficient funds to execute operations, equipment purchase, available training, technical assistance, and hiring of qualified staff.

Over the past 10 years, and justifiably so, substance abuse treatment remains the largest component of drug control expenditure. 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.

Unfortunately, over the past 10 years, there has been no resolution to the issues facing dual-diagnosed persons. While the Mental Health Court remains operational, a lack of an inpatient, medically monitored substance abuse treatment facility makes placing dual-diagnosed clients in treatment even more difficult.

Demand and Supply Reduction Activities and Initiatives During 2019

During 2019, there were a number of supply and demand reduction activities implemented. In many cases, these initiatives are 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 report.

Management and Coordination

- DNDC secured approval to recruit for multiple vacant posts throughout the Department and successfully recruited for some. Unfortunately, further resignations near the end of the fiscal year left the DNDC with five vacancies.
- Government successfully distributed and monitored the utilisation of grant funding to CADA, PRIDE, BACB, FOCUS, and the Salvation Army Harbour Light and The Community LifeSkills Programme.
- Approval was recieved for DNDC Officers to attend the 2019 North American Cannabis Summit. The Director, Senior Research Officer/Policy Analyst, Prevention Officer, and Treatment Officer attended and have already implemented processes to try and ensure that Bermuda effectively manages the public health impact of cannabis reform.
- DNDC officers assisted in the review of the initial Cannabis Reform document and provided feedback to the Ministry Policy Analyst.
- A Cabinet Memo was submitted requesting Drafting Instructions for Regulations for the NDC Act 2013 to formalise the Licensing and Registering of Substance Abuse Treatment Facilities and Drug Prevention Programmes.
- The draft National Drug Control Masterplan 2019- 2024 was reviewed and submitted as per NDC Act 2013.

Substance Abuse Treatment

- Eleven facilities are operational with registration documents on file.
- Turning Point (MWI) – Quality Improvement Plan was accepted by CARF. Implementing process improvements in the upcoming year. Next CARF survey is in August 2020.
- September – Recovery Month was a success. Press Release, WTC – Annual Tea Party, newspaper supplement, Salvation Army Recovery walk, FOCUS annual recovery picnic, and the DNDC Professional's Appreciation Reception event.
- Assisted BACB in presenting evidence-based workshops to local treatment and prevention professionals:
  - Training for Non-Violent Crisis Intervention (NCI) procedures for MT and WTC staff and On-Call Relief workers
  - CPR-AED/First Aid Training
  - Fire Marshall training
- Right Living House:
  - Selection committee meetings occurred monthly
  - Renovations increased bed capacity from 12 to 18
  - Experiencing success in the Aftercare programme
  - Clients participated in the parenting training group sponsored by the DNDC
  - Maintained an annual census of 85% of a 12 bed capacity
- Men's Treatment:
  - Census – Admissions running at 66%
  - Using AccuCare system 100%
  - Nelson Bascome Center (NBC) CARF Accreditation Survey was conducted in February 2020 and was successful in achieving 3-year gold star programme accreditation.
- Women's Treatment Centre:
  - Census – Admissions running at 30%
  - WTC staff participated in weekly Drug Court staffing and court meetings
  - NBC CARF Accreditation Survey was conducted in February 2020 and was successful in achieving 3-year gold star programme accreditation.

Substance Abuse Prevention

- The Prevention Unit conducted four training sessions to educate the general public and substance abuse prevention and treatment professionals in collaboration with the Bermuda Addiction Certification Board (BACB).
  - Basic Skills for Addiction Treatment Providers and Retooling the Clinician

- Substance Abuse Prevention Influencer/Effective Advocacy
- Substance Use in the Context of Depression/ Considerations and Complications
- Effective Advocacy for Drug Prevention Professionals

- Drug prevention education with a focus on Social Emotional Learning was implemented in all government preschools through the Al's Pals: Kids Making Health Choices programme. Ten schools participated and completed 46 of the interactive curriculum-based lessons. Over 300 students participated.
- Al's Pals Fun Day Event held in June 2019.
- A Lunch and Learn information session on the dangers of vaping conducted for the Bermuda Police Services Community Action Team in May 2019.
- Public education was provided on Alcohol and Marijuana. Print, audio, and social media outlets included the Royal Gazette's Cup Match Supplement, Inter Island Communications, Bermuda Broadcasting, Harper Digital Crimson Multi-media, and Bernews.
- Information on the services and programmes that are supported and provided by the DNDC was also listed in the Bermuda Telephone/Yellow Pages Directory.
- The evidence-based Parent's Toolshop programme was delivered to a total of six residents from the Teen Services programme.
- The Teen Peace Programme was implemented at all four middle schools. A total of 60 students were represented in the programme.
- The Prevention Unit worked with Rescue Agency, a behavior change marketing agency, to support efforts to prevent marijuana use among teens ages 14-17 years at CedarBridge Academy and Berkeley Institute. The research objective was to examine local teen peer crowds, culture, norms, values, lifestyles, and environments that maybe more likely to encourage or discourage marijuana use. Rescue conducted four focus groups.
- The Prevention Unit hosted and drug prevention information session for a group of 18 social workers from the Department of Child and Family Services.

Research

- DNDC commissioned two surveys and implemented surveys for employees and stakeholders of treatment agencies.
- Implemented quality assurance surveys with three treatment centres.
- 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 in November 2019.
- Completed the National School Survey on Drugs and Health among Middle and High school Students.

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 2019 Annual Report marks the tenth 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.

BERMUDA DRUG INFORMATION NETWORK (BerDIN)

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

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

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

Definition of the BerDIN

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

Mission of the BerDIN

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

Importance of the BerDIN

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

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

Purpose of the BerDIN

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

Ten years of collecting and collating information from key stakeholders has not been without challenges. As the years have passed, the priorties of stakeholder agencies may have changed, resulting in indicators being expanded or, at times, no longer being available if an agency changes its programmatic focus. Despite the continued challenges facing Network member agencies, the provision of information continues, even though delayed at times. In many ways,

while the collective understaning of the drug sitation in Bermuda has expanded, in some ways the Network has regressed. An example of this is with the data provided by the Bermuda Police Service (BPS). For the second year in a row, the BerDIN report has not included information on key indicators from the BPS.

Other notable gaps that remain are related 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 also 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.

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 2019, 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. As previously mentioned, a main challenge for the BerDIN was the provision of information from the BPS, specifically statistics related to drug seizures and crime statistics. Furthermmore, as a result of the COVID-19 pandemic, not all of the agencies inputted their data by the May 15th deadline; the majority were able to provide their information within a reasonable time beyond the deadline. 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. For example, the Liquor Licence Authority no longer collates data according to districts, therefore, this year's Annual Report has only published aggregated data.

Despite these issues, this Annual BerDIN Report includes an overall total of about 35 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 2019

The 2019 Annual Meeting of the BerDIN was held on the 1st of November, 2019 in the Princess Victoria Room of the Hamilton Princess (Hotel) and Beach Club.

Donna Williams, a BerDIN Member who represented Mid-Atlantic Wellness Institute (MWI), called the meeting to order and extended a welcome to the meeting's participants and invited guests. The Hon. Wayne Caines, JP, MP, Minister of the Ministry of National Security, brought Opening Remarks to the meeting. He 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. Mr. Caines shared his background as a prosecutor working in Drug Treatment Court and his experiences in dealing with addicted persons who had a mental health diagnosis. Minister Caines highlighted some of the challenges ahead and called for continued dialogue that can lead to ensuring mental health services and substance treatment is available to children and families in Bermuda. He concluded his remarks by 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 meeting was officially declared open by Minister Caines.

Participants were reminded of the meeting's objectives by Mrs. Mariko Aguiar, Clinical Supervisor, Bermuda Assessment and Referral Centre (BARC), 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 keynote address was brought by the Chief of Psychiatry of MWI, Dr. Chantelle Simmons. This was the fifth year in succession that the meeting has had a keynote speaker. Dr. Simmons was introduced by BerDIN Member, Ms. Shirley Place, who represented Turning Point Substance Abuse Programme. Dr. Simmons was honoured to be invited to the BerDIN Annual Meeting as the keynote speaker. Her presentation focused on the mental health and substance abuse comorbidity challenges and opportunities. Her address focused on understanding the principles of the neurobiology of addiction, including the role of the reward pathway and potential treatment approaches for substance use disorders. Dr. Simmons provided welcomed information on the more common mental health disorders and gave the meeting information on the potential treatment approaches for people who are living with comorbid diagnosis. She discussed some of the integration challenges experienced by the Mental Health and Turning Point programmes, such as separate medical records, staff not being cross trained, and both departments having new staff. Future directions include: electronic medical records, improving internal integration, expansion of the quit smart smoking cessation programme, and a primary care collaboration to expand access. The address concluded with a list of community resources and additional information being shared by Dr. Simmons.

The meeting heard from the Child and Adolescent Service team who talked about their mandate to provide comprehensive, quality mental health services to children and adolescents (4 years to 18th birthday), who demonstrate psychiatric symptoms of a severity, frequency, and duration that impacts their social, vocational, and educational functioning through access to multidisciplinary inpatient and/or outpatient care. Services provided were highlighted, such as groups, day service, ASD clinic assessment, camps, and outreach. The meeting received information on who can make a referral and the criteria for making a referral. The programmes strengths, challenges, and future directions were discussed at length.

Next, the meeting then received a joint presentation on community outreach and rehabilitation from Karen Grant-Simmons, Clinical Manager of Acute Community Mental Health and Karla Looby, Clinical Manager, Community Rehabilitation Services, both at MWI. The community outreach progamme provides services to persons requiring psychological, emotional, psychiatric assessment, treatment, education, and rehabilitation. The audience heard information on the array of practitioners that comprise the acute mental health team and the partnerships it has with various agencies in the community. Also working with a diverse group of professionals, the Community Rehabilitation Services programme provides general and intensive case management, supportive living, vocational services, and a support clinic. Challenges for the programme include: a lack of accurate statistics; absent smoke-free policy; cannabis and alcohol popular among service users; social perception of cannabis appears to be changing leading to mixed messages; and stimulant use leading to mental health presentations. The presentation ended with future aspirations of the programme.

The meeting heard from Dave Parker, Treatment Officer of the DNDC. Mr. Parker presented information regarding the general approach to drug control. He provided general terminology on addiction factors, research, barriers, the effectiveness of treatment, and the Bermuda Continuum of Care. Having identified resources and an integrated approach as major barriers to treatment, Mr. Parker ended his presentation on the steps to moving forward which include: allocate sufficient resources to prevention and treatment and rehabilitation, the two major components of demand reduction, paying particular attention to special population groups, such as adolescent treatment and COD treatment, and the need for increased resources in the area of drug prevention and community education; where possible, agencies should work towards providing holistic services that focus on substance abuse treatment and rehabilitation, taking into account social issues faced by addicted persons and their families, such as preparing the workforce to become COD competent; and implementation of integrated efforts to eliminate the barriers to services and treatment.

The Mental Health Court (MHC), a programme under the Department of Court Services, gave a team presentation lead by Magistrate Maxanne Anderson. The meeting heard about the Court's establishment in the 1990s with its remit being to provide an alternative to the traditional court system by emphasising a problem-solving model and connecting defendants to a variety of rehabilitative services and support networks. The goals of the MHC, process, and eligibility were discussed at length. Dr. Sebastian Henagulph – Consultant Forensic Psychiatrist and Dr. Laura Robinson presented the MHC programme statistics for the years 2016-2019.

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. She spoke about the unchanging drug situation with alcohol and marijuana being the drugs of choice; a conversation was had on the growth in the demand for cannabis oils, cannabis concentrates, and cannabis edibles; alcohol and its availability was mentioned along with poly drug use of mostly THC, cocaine, and opiates. Information was presented indicating: majority of drug users say their drug of choice is always available; reception inmates at Westgate continue to show positive tests for marijuana,

cocaine, and opiates; the past year has shown an increase in the number of persons stopped for drink driving, with most people being two to three times over the legal limit; and, although there were more adults being referred for treatment over the past year, there were fewer admissions to treatment facilities; for adolescents there were more clients seen by the Counseling and Lifeskills Services programme and more substance referrals made, however, there were no facilities able to treat adolescents for substance use. Gaps in data, such as with information related to dual diagnosis and the number of addicts in Bermuda, were a few of the topics discussed.

The DNDC representative, Mrs. Stephanie Tankard, Research Officer, provided the meeting with an update on the Department's survey initiatives since the last meeting. She presented on six surveys: public amenity, treatment demand, consumer experience, employee experience, stakeholder feedback, and the national school survey. The purpose and methodology of each of the surveys was presented. The National School Survey, only just implemented in October, was discussed in detail. The results of the survey are anticipated early 2020.

During the update section of the meeting, the meeting was apprised by three stakeholder agencies: the Department of Health, the Central Government Laboratory, and the Bermuda Police Service. Dr. Virloy Lewin, Health Promotion Coordinator with the Department of Health, presented on the mental health situational analysis that was conducted in September. She discussed the World Health Organization's (WHO) suggested plan to support mental health treatment within the community. The next presentation was from Ms. Rentha Francis, of the Government Lab, who spoke about new things being observed at the time of chemical analysis of substances. She provided a pictorial presentation of concentrates that young people in Bermuda are adding to marijuana in a form called twaxing. Ms. Francis went on to speak about the number of cases that the Lab received related to persons 18 years old and under. What was most alarming over the past year was the number of cases that involved persons who were 18 and under. In 2017, the previous year, the lab only identified three cases of persons 18 years and under. The last presentation of the update section was by Chief Inspector, Hashim Estwick, of the Bermuda Police Service, who spoke about road side sobriety testing, the process, and persons who have been stopped to date, which have mostly been males. In general, he reminded the audience that the purpose of this initiative is to change behaviors and not to focus on the punitive consequences of drink driving.

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 eight years of the Graphics and Design team of the Department of Communication and Information, who have designed and laid out the BerDIN Annual Report and meeting items. Participants completed a short evaluation of the meeting on Day 1 and also for the wellness and team building session, which took place on October 11th.

Photo courtesy of DC

Chapter 1
Criminal and Suspicious Activity

- Drug Seizures
- Prosecutions
- Financial Intelligence
- Financial Crime

TEN YEAR SNAPSHOT

Time Series of Criminal and Suspicious Activities, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Crime:										
Against the Person	804	721	677	615	536	709	740	331	…	…
Against the Property	907	789	772	531	507	586	419	329	…	…
Against the Community	2,864	2,861	2,541	2,334	2,351	2,456	2,428	461	…	…
Drug Enforcement Activity for Importation and Local Offences	980	848	580	279	347	367	347	…	…	573
Arrests for Drug Offences (Importation and Local)	540	647	375	201	276	224	347	419	…	…
Cannabis Seized (g)	519,714	160,940	235,414	22,620	78,265	67,735	100,282	52,298.94	111,545.20	86,832.44
Trials for Drug-Related Offences	408	143	201	158	176	222	173	155	187	140
Trials for Alcohol-Related Offences	221	297	494	440	319	432	289	289	410	375
Acquittals for Drug-Related Offences	39	12	34	50	20	26	32	56	18	12
Acquittals for Alcohol-Related Offences	42	66	25	42	32	25	44	200	14	-
Convictions for Drug-Related Offences	258	56	158	95	131	156	102	119	147	113
Convictions for Alcohol-Related Offences	164	207	255	234	154	210	137	151	209	183
Total SARs Received	212	327	378	373	331	447	478	942	667	391
Total Local and Overseas Disclosures	65	77	111	172	107	142	112	72	100	296
Total SARs Disclosed	151	130	193	322	240	426	447	144	348	789
Number of Cash Seizures	…	…	275.01	28	8	25	36	13	20	4
Value of Cash Seizures ($mil)	…	…	339,934.14	300,475.01	87,982.00	1.24	12.03	72,115.00	240,295.66	80,861.24

Sources: Bermuda Police Service, Supreme Court, and Financial Intelligence Agency

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 BPS. Since that time, drug seizure information has been reported by type of drug, total count, and total weight.

The BPS made 922 drug seizures in 2019, resulting in separate drugs being recovered with a combined weight of 108,470.38 grams (Table 1.1.2), much less than the amount of drugs seized in 2018. During 2019, cannabis drugs continued to be the most common drug type seized, with a total of 86.8 thousand grams (see Table 1.1.2). This was a significant decrease (22.2%) from the amount of cannabis seized in 2018. When it came to narcotic drug seizures, cocaine hydrochloride (HCl) was the most commonly seized drug in 2019. Also in 2019, there were eight new types of drugs seized, demonstrating the changing landscape of the drug market. Six of the new categories are variations of THC concentrates (including the liquid), while the other two categories were Amphetamine and Methamphetamine. During 2019 there were 573 drug enforcement activities with the majority of activities were classified as importation offences (371) compared to local offences (202) (Table 1.1.2).

In 2019, there were eight new types of drugs seized, demonstrating the changing landscape of the drug market.

Table 1.1.1
Drug Seizures by Type of Drug, Total Count, and Total Weight, 2018 and 2019

DRUG	2018		2019	
	Total Count (n)	Total Weight (g)	Total Count (n)	Total Weight (g)
Cannabis	467	111,545.20	386	86,832.44
Cannabis (Resin)	68	11,114.27	64	10,152.87
Cannabis (Seeds)	12	14.6	9	0.32
Cannabis (Plant)	272	-	143	-
Cannabis concentrates:				
Edibles*	29	502.98	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	-
Inconclusive for Hemp/Cannabis	-	-	11	20.85
Crack Cocaine	47	735.05	49	275.42
Cocaine HCl	41	11,479.94	14	3,102.19
Cocaine	-	-	1	0.32
Heroin/Diamorphine drugs	26	2,272.56	17	1,047.45
Not a controlled substance	103	2,869.81	122	3,735.34
Designer Drugs:				
Fentanyl	1	-		
MDMA	12	1,475.81	1	-
Amphetamine			1	0.4
Methamphetamine			1	0.71
Synthetic cathinone derivative	2	0.93	16	37.58
Third Schedule drugs (Pharmacy and Poisons Act 1979)	-	-	11	0.63
TOTAL	**1,080**	**142,011.14**	**922**	**108,470.38**

Source: Bermuda Police Service

Notes:
*Edibles are food products similar to candy or gummies.

Table 1.1.2
Number of Drug Enforcement Activity by Type of Activity, 2019

DRUG ENFORCEMENT ACTIVITY	Q1	Q2	Q3	Q4	TOTAL
Drug Offences (Importation)	19	153	107	92	**371**
Drug Offences (Local)	64	57	33	48	**202**
Total – Drug Enforcement Activity	**83**	**210**	**140**	**140**	**573**

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 187 in 2018 to 140 in 2019 (Table 1.2.1). In both years, the majority of drug-related trials were for possession of cannabis, which decreased from 38 in 2018 to 13 in 2019, along with criminal trials for the possession of cannabis with intent to supply, which infact increased from 14 in 2018 to 17 in 2019 (see Table 1.2.1).

…majority of drug-related trials were for cannabis, followed by possession of cannabis with intent to supply.

There was a decrease in the number of criminal trials for alcohol-related offences in 2019, although the breakdown differs by sex of the offender (see Table 1.2.2). In the thrid consecutive year, a large number of criminal trials were the result of impaired driving of a motor vehicle, excessive alcohol in operating a motor vehicle, and refusing the breathalyser test.

For drug-related offences, most of the acquittals in 2019 were for possession of cannabis with intent to supply (three in 2019) (see Table 1.2.3), while for alcohol-related offences, there were no acquittals (see Table 1.2.4). There were fewer convictions in 2019 for both criminal drug- and alcohol-related offences when compared with 2018 (see Tables 1.2.5 and 1.2.6). A decrease in criminal convictions for drug-related offences was observed in 2019. These convictions were mainly for the importation of cannabis (16) and possession of drug equipment for preparation (17). In comparison, criminal convictions for alcohol-related offences, on the whole, decreased considerably in 2019 to 183 from 209 cases in 2018. Impaired driving of a motor vehicle, excess alcohol motor vehicle, and refusing the breath test represented the highest proportions of alcohol-related criminal convictions.

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 23 cases in 2018 to 15 in 2019 (see Table 1.2.7). However, when it came to alcohol-related cases, fewer cases were classified as 'unknown' in 2019 (174 cases) compared to 2018 (187 cases).

Table 1.2.1
Criminal Trials for Drug-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	**Total**	Male	Female	Not Stated	**Total**
2300	Possession of Cannabis	35	2	1	**38**	12	1	-	**13**
2301	Possession of Cannabis Resin	5	-	1	**6**	5	-	-	**5**
2304	Possession of Cocaine	7	1	-	**8**	8	-	1	**9**
2308	Possession of Diamorphine	2	-	-	**2**	2	-	-	**2**
2312	Possession of Other Drugs	7	-	-	**7**	2	-	-	**2**
2313	Possession of Other Drugs With Intent to Supply	1	1	-	**2**	1	-	-	**1**
2316	Possession of Cannabis With Intent to Supply	11	2	1	**14**	17	-	-	**17**
2317	Posession of Cannabis Resin with intent to supply	-	-	-	**-**	6	-	-	**6**
2320	Possession of Cocaine With Intent to Supply	7	-	1	**8**	6	-	-	**6**

Table 1.2.1 cont'd
Criminal Trials for Drug-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2336	Handle cocaine with intent to supply	-	-	-	-	1	-	-	1
2364	Import Cannabis	5	6	16	27	9	5	2	16
2365	Import Cannabis Resin	-	-	-	-	1	-	-	1
2368	Import Cocaine	2	-	2	4	1	-	-	1
2372	Import Diamorphine	1	-	-	1	-	-	-	-
2373	Import Other Drugs	5	3	4	12	8	4	2	14
2380	Conspiracy to Import Other Drugs	2	-	-	2	1	1	-	2
2388	Possession of Drug Equipment	18	4	2	24	17	2	-	19
2392	Possession of Drug Equipment Prepare	18	2	1	21	17	2	2	21
2396	Cultivate Cannabis	4	-	-	4	2	-	-	2
2400	Permit on Premises Drug Use	1	-	-	1	-	-	-	-
2404	Obstruction	1	-	-	1	-	-	-	-
TOTAL TRIALS: DRUG-RELATED OFFENCES		**134**	**21**	**29**	**184**	**118**	**15**	**7**	**140**

Source: Supreme Court

Table 1.2.2
Criminal Trials for Alcohol-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	162	23	9	194	148	24	4	176
3059	Impaired Driving (>100 mgs Alcohol)	2	-	1	3	1	1	-	2
3061	Care and Control of Motor Vehicle Whilst Impaired	13	1	-	14	8	2	-	10
3062	Refuse Breath Test	61	10	4	75	55	7	2	64
3063	Impaired Driving Drug In Body	-	-	-	-	3	-	-	3
3064	Excess Alcohol Motor Vehicle	101	13	3	117	92	18	2	112
3842	Excess Alcohol – Power Craft	1	-	-	1	1	-	-	1
3843	Impaired Driving – Power Craft	1	-	-	1	2	-	-	2
4020	Drunk and Incapable	2	-	-	2	3	-	-	3
4022	Drunk in Public Street	-	-	-	-	1	-	-	1
8403	Drunkenness in Aircraft Contrary to Air Navigation	2	-	1	3	-	-	-	-
3841	Ref Breath Test Powercraft	-	-	-	-	1	-	-	1
TOTAL TRIALS: ALCOHOL-RELATED OFFENCES		**345**	**47**	**18**	**410**	**315**	**52**	**8**	**375**

Source: Supreme Court

Table 1.2.3
Criminal Acquittals for Drug-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	5	-	-	5	1	-	-	1
2316	Possession of Cannabis With Intent to Supply	1	1	1	3	3	-	-	3
2320	Possession of Cocaine With Intent to Supply	1	-	-	1	1	-	-	1
2364	Import Cannabis	-	1	-	1	-	-	-	-
2380	Conspiracy to Import Other Drugs	1	-	-	1	-	-	-	-

Table 1.2.3 cont'd

Criminal Acquittals for Drug-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2392	Possession of Drug Equipment Prepare	3	-	-	3	1	-	-	1
2396	Cultivate Cannabis	1	-	-	1	1	-	-	1
2400	Permit on Premises Drug Use	1	-	-	1	-	-	-	-
TOTAL ACQUITTALS: DRUG-RELATED OFFENCES		14	2	2	18	11	1	-	12

Source: Supreme Court

Table 1.2.4

Criminal Acquittals for Alcohol-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	7	1	-	8	-	-	-	-
3059	Impaired Driving (>100 mgs Alcohol)	1	-	-	1	-	-	-	-
3061	Care and Control of Motor Vehicle Whilst Impaired	1	-	-	1	-	-	-	-
3062	Refuse Breath Test	3	-	-	3	-	-	-	-
3064	Excess Alcohol Motor Vehicle	1	-	-	1	-	-	-	-
TOTAL ACQUITTALS: ALCOHOL-RELATED OFFENCES		13	1	-	14	-	-	-	-

Source: Supreme Court

Table 1.2.5

Criminal Convictions for Drug-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	21	2	-	23	7	1	-	8
2301	Possession of Cannabis Resin	4	-	-	4	3	-	-	3
2304	Possession of Cocaine	7	1	-	8	8	-	1	9
2308	Possession of Diamorphine	2	-	-	2	1	-	-	1
2312	Possession of Other Drugs	7	-	-	7	2	-	-	2
2313	Possession of Other Drugs With Intent to Supply	1	-	-	1	-	-	-	-
2316	Possession of Cannabis With Intent to Supply	9	-	-	9	10	-	-	10
2317	Possession of cannabis resin with intent to supply	-	-	-	-	5	-	-	5
2320	Possession of Cocaine With Intent to Supply	1	-	-	1	5	-	-	5
2324	Possession of Diamorphine With Intent to Supply	6	-	1	7	2	-	-	2
2336	2336 Handle cocaine with intent to supply	-	-	-	-	1	-	-	1
2364	Import Cannabis	4	4	16	24	9	5	2	16
2365	Import Cannabis Resin	-	1	1	2	1	-	-	1
2368	Import Cocaine	2	-	2	4	1	-	-	1
2372	Import Diamorphine	1	-	-	1	-	-	-	-
2373	Import Other Drugs	5	3	4	12	8	4	2	14
2380	Conspiracy to Import Other Drugs	1	-	-	1	1	1	1	3
2388	Possession of Drug Equipment	17	4	1	22	13	1	-	14
2392	Possession of Drug Equipment Prepare	12	2	1	15	13	2	2	17
2396	Cultivate Cannabis	3	-	-	3	1	-	-	1
2404	Obstruction	1	-	-	1	-	-	-	-
TOTAL CONVICTIONS: DRUG-RELATED OFFENCES		104	17	26	147	91	14	8	113

Source: Supreme Court

Table 1.2.6
Criminal Convictions for Alcohol-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	56	5	5	66	89	6	4	99
3059	Impaired Driving (>100 mgs Alcohol)	-	-	-	-	1	-	-	1
3060	Impaired Driving Not Motor Vehicle	-	-	-	-	-	-	-	-
3061	Care and Control of Motor Vehicle Whilst Impaired	4	1	-	5	4	1	-	5
3062	Refuse Breath Test	48	9	3	60	26	4	-	30
3063	Impaired Driving Drug In Body	-	-	-	-	1	-	-	1
3064	Excess Alcohol Motor Vehicle	63	9	-	72	30	12	-	42
3842	Excess Alcohol-Power Craft	1	-	-	1	-	-	-	-
3843	Impaired Driving – Power Craft	-	-	-	-	2	-	-	2
4020	Drunk and Incapable	2	-	-	2	2	-	-	2
4022	Drunk in Public Street	-	-	-	-	2	-	-	2
8403	Drunkenness in Aircraft Contrary to Air Navigation	2	-	1	3	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, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
2300	Possession of Cannabis	9	-	1	10	4	-	-	4
2301	Possession of cannabis resin	1	-	1	2	1	-	-	1
2308	Posession of diamorphine	-	-	-	-	1	-	-	1
2316	Possession of Cannabis with intent to supply	-	-	-	-	4	-	-	4
2317	Possession of Cannabis Resin with intent to supply	-	-	-	-	1	-	-	1
2320	Possession of Cocaine with Intent to supply	2	-	-	2	-	-	-	-
2364	Import Cannabis	1	1	-	2	-	-	-	-
2388	Possession of Drug Equipment	3	1	-	4	1	-	-	1
2392	Possession of Drug Equipment Prepare	3	-	-	3	3	-	-	3
TOTAL UNKNOWN RESULTS: DRUG-RELATED OFFENCES		**19**	**2**	**2**	**23**	**15**	**-**	**-**	**15**

Source: Supreme Court

Table 1.2.8
Unknown Results for Alcohol-Related Offences by Sex of Offender, 2018 and 2019

JEMS Code	Description	2018				2019			
		Male	Female	Not Stated	Total	Male	Female	Not Stated	Total
3058	Impaired Driving Motor Vehicle	99	17	4	120	54	17	-	71
3059	Impaired Driving (>100 mgs Alcohol)	1	-	1	2	-	-	-	-
3061	Care and Control of Motor Vehicle Whilst Impaired	8	-	-	8	4	1	-	5
3062	Refuse Breath Test	10	1	1	12	26	3	1	30
3064	Excess Alcohol Motor Vehicle	37	4	3	44	57	6	2	65
3841	Refuse Breath Test Powercraft	-	-	-	-	1	-	-	1
TOTAL UNKNOWN RESULTS: ALCOHOL-RELATED OFFENCES		**156**	**22**	**9**	**187**	**143**	**27**	**3**	**173**

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 decrease (41.4%) in the SARs received, down from 667 in 2018 to 391 in 2019 (see Table 1.3.1). Activities within banks, money service businesses and long-term insurers account for the bulk of the SARs in both 2018 and 2019. There was a considerable decrease by 71.4% in the SARs received from "Law Firms" for 2019. Although relatively few, it is worthy to note that, in 2019, there was one SAR from a "financial lender" and one from a "digital assest business".

Activities within banks, money service businesses and long-term insurers account for the bulk of the SARs in both 2018 and 2019.

The FIA recorded the filing of 92 SARs in 2018 compared to 62 in 2019 (a 32.6% decrease) that were related to suspicious wire transfers of money out of Bermuda, using money service business as the transmitter. This activity continues to be the most prevalent trend seen by the FIA through its analysis over the past few years. The FIA continues to believe that the transactional activity concerning foreign currency exchange is intimately connected with Bermuda's drug trade and firearm activity.

Also in 2019, 296 local and overseas disclosures contained information from 789 SARs compared to 100 disclosures from 348 SARs in 2018, representing a 126.7% increase in total SARs disclosed.

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

Table 1.3.1
Suspicious Activity Reports (SARs) by Sector, 2018 and 2019

SECTOR	2018					2019					Annual Percentage Change
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
SARs Received											
Banks (includes a Credit Union)	131	82	81	58	**352**	52	34	35	37	**158**	**-55.1**
Investment Providers	5	6	11	5	**27**	4	1	3	4	**12**	**-55.6**
Money Service Businesses	29	21	26	16	**92**	28	6	23	5	**62**	**-32.6**
Corporate Service Provid-ers	12	6	6	21	**45**	2	13	5	4	**24**	**-46.7**
Law Firm	3	2	7	2	**14**	1	1	-	2	**4**	**-71.4**
Trust Company	1	5	3	4	**13**	2	1	2	2	**7**	**-46.2**
Local Regulators	1	3	2	3	**9**	1	1	-	2	**4**	**-55.6**
Long-Term Insurers	11	21	14	22	**68**	18	22	16	12	**68**	**-**
Other (Metal Dealers)	-	-	-	-	**-**	-	-	-	-	**-**	**-**
Accounting Firm	1	-	-	-	**1**	-	-	-	-	**-**	**-**
Fund Administrators	3	1	1	7	**12**	2	6	6	-	**14**	**16.7**
Insurance Company/Manager	-	12	12	6	**30**	7	5	8	13	**33**	**10.0**
Real Estate	-	-	1	-	**1**	-	-	-	1	**1**	**-**
Jeweler	-	-	1	-	**1**	1	-	-	-	**1**	**-**
Registered Charity	-	-	-	1	**1**	1	-	-	-	**1**	**-**
High Value Dealers+	1	-	-	-	**1**	-	-	-	-	**-**	**-100.0**
Financial Lender	-	-	-	-	**-**	-	1	-	-	**1**	**100.0**

Table 1.3.1 cont'd
Suspicious Activity Reports (SARs) by Sector, 2018 and 2019

SECTOR	2018					2019					Annual Percentage Change
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
Digital Asset Business	-	-	-	-	-	-	-	-	1	1	100.0
TOTAL SARs RECEIVED	**198**	**159**	**165**	**145**	**667**	**119**	**91**	**98**	**83**	**391**	**-13.9**
ANNUAL PERCENTAGE CHANGE	**50.0**	**-40.0**	**-11.3**	**-59.6**	**-29.2**	**-40.0**	**-42.8**	**-40.6**	**-42.8**	**-41.4**	
Total Local and Overseas Disclosures	30	21	17	32	100	42	114	56	84	296	196
Local Entities	28	16	6	18	68	39	84	49	61	233	242.6
Overseas Entities	2	5	11	14	32	3	30	7	23	63	96.9
TOTAL SARs DISCLOSED	**302**	**9**	**4**	**33**	**348**	**49**	**292**	**285**	**163**	**789**	**126.7**

Source: Financial Intelligence Agency

Note: * Businesses that sell high value goods such as cars, bikes, boats.

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 four seizures in 2019, amounting to $179.240.46, compared to a significantly higher number of seizures in 2018 (20), amounting to $327,050.74 (see Table 1.4.1). In 2018, most seizures were of cash; however, in 2019, forfeitures accounted for the larger proportion ($85,195.66) and were slightly lower than in the previous year ($86,755.08). No confiscations, civil recovery cases, or

civil recovery orders were recorded in 2018; however, in 2019 there were eight money laundering cases of which four resulted in the conviction of five defendants, one was acquitted, and the remaining cases were unresolved at the end of 2019.

Table 1.4.1
Cash Seizures, 2018 and 2019

Year/Quarter	Number of Seizures	Section 50 Cash Seizures ($)	Forfeiture ($)	Total ($)
2018				
Q1	1	1,532.00	9,097.00	10,629.00
Q2	10	151,282.00	18,136.98	169,418.98
Q3	4	43,081.00	14,334.00	57,415.00
Q4	5	44,400.66	45,187.10	89,587.76
Total	**20**	**240,295.66**	**86,755.08**	**327,050.74**
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**

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

TEN YEAR SNAPSHOT

Time Series of Criminal and Suspicious Activities, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Imports and Exports:										
Alcohol & Alcoholic Beverages for Home Consumption ($mil)	0.96	0.88	28.9	25.1	27.2	27.43	27.34	31.0	29.2	29.2
Alcohol & Alcoholic Beverages Placed in Bonded Warehouses ($mil)	7.7	1.1	18.7	14.2	15.8	15.15	16.72	19.7	16.4	29.2
Alcohol & Alcoholic Beverages Exported from Bonded Warehouses ($mil)	…	…	3.7	3.5	3.5	3.93	5.10	5.3	3.8	3.3
Tobacco & Tobacco Products for Home Consumption ($mil)	3.0	3.7	2.3	4.1	3.0	3.18	3.29	3.3	2.1	2.2
Tobacco & Tobacco Products Placed in Bonded Warehouses ($mil)	…	…	0.82	0.35	0.22	0.39	0.28	0.43	0.43	0.54
Tobacco & Tobacco Products Exported from Bonded Warehouses ($mil)	…	…	0.21	0.14	0.17	0.16	0.17	0.15	0.17	0.9
Liquor Licences:										
Liquor Licenses Issued to Establishments	243	238	265	264	258	276	288	310	298	323
Occasional Liquor Licenses Island-Wide	…	224	398	338	327	378	267	312	557	320
All Liquor Licenses Issued	243	462	663	602	585	654	555	622	855	643

Sources: HM Customs, Liquor Licence Authority, and Magistrates' Court

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, 2018. They were in use up until March 31, 2019, after which they have again been revised.

There are over 250 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 2018, 6.4 million litres of alcohol, valued at $29.2 million, was available for local consumption and contributed $19.5 million to customs duty (see Table 2.1.1). Similarly, in 2019, 6.5 million litres of alcohol was available for local consumption, valued at $29.2 million and contributed $20.8 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 2.3 millions litres in 2018, valued at $16.4 million, compared to 6.4 million litres in 2019, valued at $29.1 million, were placed in bonded warehouses upon importation for future consumption (see Table 2.1.2). Beer, wine in containers holding more than 2 litres but not more than 10 litres and other fermented beverages accounted for the bulk of alcohol and alcoholic beverages placed in bonded warehouses in 2019.

The year 2018 saw 931 thousand litres of alcohol and alcoholic beverages exported from bonded warehouses, valued at $3.8 million, with just over $20, 592 received in customs duty (see Table 2.1.3). On the other hands, in 2019, there were fewer litres of alcohol and alcoholic beverages, 893 thousand, exported from bonded warehouses, valued at $3.3 million, with just over $12,735 received in customs duty.

The value of tobacco and tobacco products available for domestic consumption was approximately $2.1 million in 2018 and $2.2 million in 2019 (see Table 2.1.4). This resulted in an increase in the duty received from $6.0 million in 2018 to $7.0 million in 2019. The major component of tobacco imports is that of cigarettes, with 24.2 thousand kilograms and 17.6 million units, valued at $1.4 million, being brought to the Island in 2018 or removed from bonded warehouses, contributing $5.8 million towards customs duty. In comparison, the year 2019 saw slightly more cigarette imports at 24.7 thousand kilograms and 18.2 million units, valued at $1.9 million, which were brought to the Island or removed from bonded warehouses, contributing $6.9 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), 2018 and 2019

Tariff Code	Description	2018			2019		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	3,861,355.41	6,771,590.80	4,865,307.75	3,957,454.80	6,793,431.22	5,295,854.50
2204.100	Sparkling Wine	132,766.78	2,125,469.03	644,339.71	134,069.53	2,144,946.81	765,905.79
2204.210	Wine in containers holding 2 litres or less	1,190,845.23	11,281,631.58	5,826,261.59	1,188,354.96	11,433,293.83	6,808,367.48
2204.220	Wine in containers holding more than 2L but not more than 10L*	3,079.25	24,467.57	14,847.85	568.25	13,075.69	3,383.25
2204.290	Wine in containers greater than 2 litres	56,696.94	1,452,498.53	279,138.66	51,790.16	1,262,102.84	293,801.19
2204.300	Other Grape Must	1,024.00	24,035.72	5,119.70	898.50	13,416.97	4,494.00
2205.100	Vermouth in containers holding 2 litres or less	6,595.05	39,793.38	32,814.60	3,479.25	16,817.08	20,254.50
2205.900	Vermouth in containers holding greater than 2 litres	739.50	18,604.27	3,697.50	4.50	79.99	27.00
2206.000	Other Fermented Beverages	245,367.35	530,604.40	309,163.07	272,211.22	632,878.19	365,901.20
2207.100	Undenatured Ethyl Alcohol	822.29	2,335.46	14,663.64	359.26	1,627.37	8,985.76
2207.200	Denatured Ethyl Alcohol	611.73	2,661.46	313.99	248.19	551.60	147.93
2208.200	Brandy and Cognac	38,930.35	866,789.03	473,670.13	42,245.91	918,388.43	525,205.04
2208.300	Whiskies	107,266.83	1,626,781.62	1,277,918.51	91,311.02	1,483,955.75	1,108,265.10
2208.400	Rum and Other Spirits Distilled from Sugar Cane	251,438.87	1,438,603.99	2,681,344.90	208,390.06	1,247,827.98	2,373,839.97
2208.500	Gin and Geneva	32,176.49	373,232.01	400,924.81	37,818.71	479,783.53	473,550.02
2208.600	Vodka	163,598.99	1,326,382.81	1,750,798.19	154,582.92	1,354,366.00	1,763,904.30
2208.700	Liqueur & Cordials	55,079.00	582,609.91	456,785.26	59,075.49	514,575.40	390,328.74
2208.900	Other Spirituous Beverages	244,317.97	670,619.07	505,023.54	258,573.48	840,205.87	590,107.65
	TOTAL	**6,392,712.03**	**29,158,710.64**	**19,542,133.40**	**6,461,436.21**	**29,151,324.55**	**20,792,323.42**

Source: HM Customs

Table 2.1.2
Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2018 and 2019*

Tariff Code	Description	2018		2019	
		Litreage	Value ($)	Litreage	Value ($)
2203.000	Beer	-	-	3,957,454.80	6,793,431.22
2204.100	Sparkling Wine	102,544.96	1,512,408.10	134,069.53	2,144,946.81
2204.210	Wine in containers holding 2 litres or less	777,634.51	7,498,268.59	1,188,354.96	11,433,293.83
2204.220	Wine in containers holding more than 2 litres but not more than 10 litres	57.00	1,219.32	568.25	13,075.69
2204.290	Wine in containers greater than 2 litres	12,093.00	27,109.11	51,790.16	1,262,102.84
2204.300	Other Grape Must	-	-	898.50	13,416.97
2205.100	Vermouth in containers holding 2 litres or less	2,970.00	14,133.81	3,479.25	16,817.08
2205.900	Vermouth in containers holding greater than 2 litres	-	-	4.50	79.99
2206.000	Other Fermented Beverages	2,707.74	22,771.25	272,211.22	632,878.19
2207.100	Undenatured Ethyl Alcohol	-	-	359.26	1,627.37
2207.200	Denatured Ethyl Alcohol	-	-	248.19	551.60
2208.200	Brandy and Cognac	45,389.24	1,078,604.60	42,245.91	918,388.43
2208.300	Whiskies	74,067.15	1,310,619.39	91,311.02	1,483,955.75
2208.400	Rum and Other Spirits Distilled from Sugar Cane	1,075,382.55	2,863,610.73	208,390.06	1,247,827.98
2208.500	Gin and Geneva	27,027.60	316,205.97	37,818.71	479,783.53
2208.600	Vodka	110,910.00	1,069,290.08	154,582.92	1,354,366.00
2208.700	Liqueur & Cordials	39,297.15	386,726.58	59,075.49	514,575.40

Table 2.1.2 cont'd

Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2018 and 2019*

Tariff Code	Description	2018		2019	
		Litreage	Value ($)	Litreage	Value ($)
2208.900	Other Spirituous Beverages	17,450.40	278,683.24	258,573.48	840,205.87
	TOTAL	**2,287,530.30**	**16,379,650.77**	**6,461,436.21**	**29,151,324.55**

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, 2018 and 2019*

Tariff Code	Description	2018			2019		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	1,570.80	1,126.50	-	-	-	-
2204.100	Sparkling Wine	801.50	37,312.46	164.66	391.50	22,847.89	97.90
2204.210	Wine in containers holding 2 litres or less	793.25	5,598.97	8.84	6.75	119.53	1.70
2204.290	Wine in containers greater than 2 litres	1,477.09	1,477.09	-	-	-	-
2205.100	Vermouth in containers holding 2 litres or less	36.00	281.28	-	-	-	-
2208.200	Brandy and Cognac	6,582.55	239,752.81	1,645.89	3,902.30	142,543.11	975.76
2208.300	Whiskies	3,220.33	110,190.57	802.38	1,585.75	52,656.97	396.53
2208.400	Rum and Other Spirits Distilled from Sugar Cane	898,852.00	3,207,055.38	13,509.19	858,156.50	3,054,502.67	8,043.30
2208.500	Gin and Geneva	1,608.80	21,448.95	364.23	608.20	8,982.24	152.08
2208.600	Vodka	2,487.75	36,233.93	621.97	17,798.43	1,261.75	315.48
2208.700	Liqueur & Cordials	4,890.05	39,752.53	1,222.61	3,795.85	25,519.34	949.02
2208.900	Other Spirituous Beverages	9,010.75	56,722.72	2,252.76	7,213.25	40,731.64	1,803.40
	TOTAL	**931,330.87**	**3,756,953.19**	**20,592.53**	**893,458.53**	**3,349,165.14**	**12,735.17**

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), 2018 and 2019

Tariff Code	Description	2018			2019		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2401.200	Tobacco, Partly or Wholly Stemmed/ Stripped	3.40 kg	426.00	1,020.00	6.02	465.60	1,806.00
2402.100	Cigars, Cheroots, etc. Containing Tobacco	5,877.60 kg	331,901.01	93,716.13	3,770.57	374,137.68	109,642.92
2402.200	Cigarettes Containing Tobacco	24,248.16 kg 17,560,000 u	1,448,320.97	5,841,042.00	24,670.96 18,155,194 u	1,850,422.82	6,909,108.00
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	2.00 kg	59.90	20.97	202.00 kg	1,790.75	626.76
2403.110	Water Pipe Smoking Tobacco	2.25 kg	40.00	675.00	-	-	-
2403.190	Other Smoking Tobacco	49,426.08 kg	224,293.02	79,022.40	0.46 kg	76.20	138.00
2403.910	Homogenised or Reconstituted Tobacco	-	-	-	0.24 kg	68.05	120.00
2403.990	Tobacco Extracts and Essences; Other Manufac-tured Products of Tobacco	4,847.00 kg	70,026.00	27,970.50	31.36 kg	1,158.70	9,606.00

Table 2.1.4 cont'd
Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2018 and 2019

Tariff Code	Description	2018			2019		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	609.00 kg	10,765.10	3,767.83	959.00 kg	11,863.02	4,152.11
2401.100	Tobacco, Not Stemmed/Stripped*	8.02 kg	135.67	47.49	-	-	-
9803.171	Cigarettes Containing Tobacco	5,002.00 kg 27 u	1,610.41	1,998.00	1,090.40 kg	35.00	2,802.56
	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**	**2,241,790.39**	**7,038,002.35**

Source: HM Customs

Table 2.1.5
Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arriva**, 2018 and 2019*

Tariff Code	Description	2018		2019	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	572.24 kg	171,017.24	245.40 kg	127,231.08
2402.200	Cigarettes Containing Tobacco	138,956.45 kg 3,252,000 u	256,071.30	6,092.44 kg 5,017,00 u	414,264.46
	TOTAL	**139,281.89 kg 4,050,000 u**	**427,088.54**	**6,337.84 kg 5,017,000 u**	**541,495.54**

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, 2018 and 2019*

Tariff Code	Description	2018		2019	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	-	-	-	-
2402.200	Cigarettes Containing Tobacco	1,990.82 kg 1,531,000 u	171,882.66	1,143.40 kg 771,279 u	86,740.50
	TOTAL	**1,990.82 kg 1,531,000 u**	**171,882.66**	**1,143.40 kg 771,279 u**	**86,740.50**

Source: HM Customs

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

2.2 LIQUOR LICENCES

Licensing of Establishments for Sale of Intoxicating Liquor

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

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

[5] Ibid. p. 9.

Overall, there has been an increase, by 8.4%, in the total number of liquor licences issued…

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 8.4% in the number of licences issued to establishments between 2018 and 2019, from 298 to 323; 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 42.5%, from 557 in 2018 to 320 in 2019. There were three more licences issued over the past year for al fresco (outdoors) events. Overall, there has been a decrease, by 24.8%, in the total number of licences issued, that is, from 855 in 2018 to 643 in 2019.

Table 2.2.1
Liquor Licenses Issued by District and Type of Licence, 2018 and 2019

Districts and Type of Licence	2018	2019
Class 'A'	88	91
Class 'B'	7	9
Tour Boat	33	39
Nightclub	14	13
Restaurant	91	90
Hotel	15	20
Member's Club	33	38
Alfresco	15	18
Proprietary club license	-	3
Permit for Association or Organisation[8]	2	2
Total Licences Issues to Establishments	**298**	**323**
Annual Percentage Change in Total Licences Issued to Establishments (%)	**-3.9**	**8.4**
Total Occasional Liquor Licences Island-Wide	**557**	**320**
Annual Percentage Change in Total Occasional Liquor Licences Island-Wide (%)	**78.5**	**-42.5**
Total Licences Issued	**855**	**643**
Annual Percentage Change in Total Licences Issued (%)	**37.5**	**-24.8**

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

TEN YEAR SNAPSHOT

Time Series of Training for Intervention Procedures (Tips) Programme Statistics, 2010 To 2019

Year	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
2010	24	372	16	301	71	156
2011	24	375	16	290	69	176
2012	25	326	13	285	41	146
2013	25	343	14	308	35	133
2014	18	247	14	225	22	126
2015	19	249	13	209	40	109
2016	32	467	27	437	30	177
2017	16	427	16	399	28	75
2018	28	443	16	405	38	133
2019	27	458	17	420	38	179

Sources: CADA

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 2019, there was a slight decrease, by 3.6%, in the number of TIPS training sessions from the previous year (down from 28 to 27), with an increase in the number of participants from 443 in 2018 to 458 in 2019. A noted increase was also seen in the number of participating establishments in 2019 with an increase of 34.6% from 2018 (see Table 3.1.1). During 2019, participants (managers, owners, and supervisors) were from 179 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 133 licenced establishments in the previous year; averaging 17 participants per session in 2019. It is important to note that the TIPS programme can train anywhere from 10 to 22 persons per session. In terms of training outcome, more persons (420) passed the TIPS training in 2019 than in 2018 (405) and the same number of failures (38) was reported in both 2018 and 2019.

Table 3.1.1
Training for Intervention ProcedureS (TIPS) Programme Statistics, 2018 and 2019

Year/Quarter	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
2018	**28**	**443**	**16**	**405**	**38**	**133**
Q1	6	86	14	77	9	14
Q2	7	130	19	118	12	36
Q3	7	116	17	104	12	40
Q4	8	111	14	106	5	43
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

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

TEN YEAR SNAPSHOT

Time Series of Substance Abuse Treatment and Counselling, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
All Referrals to BARC	305	343	290	307	206	207	220	310	315	222
New Referrals to BARC	148	169	141	124	77	97	84	101	87	82
Repeat Referrals to BARC	157	174	149	183	129	110	136	209	228	140
Substance Abuse or Dependence* on DAST for All BARC Referrals	…	171	125	119	101	70	95	119	151	66
Substance Abuse or Dependence* on ADS for All BARC Referrals	…	44	54	33	22	30	37	51	36	32
Number of Clients Seen by CLSS	296	138	145	84	126	111	106	60	100	73
Number of Assessments done by CLSS	134	45	77	96	23	61	97	98	80	93
New Referrals to DTC	28	28	25	20	32	53	44	44	47	31
DTC Program Admissions	20	11	11	10	19	14	6	6	12	14
Successful Completion of Phases VI & V of DTC	4	13	4	7	10	6	8	6	1	-
MT Drug Screens	222	321	…	1,445	3,864	3,828	5,904	1,368	6,468[r]	3,408
Positive Screens	4	11	…	35	2	-	5	9	36	26
WTC Drug Screens	292	138	50	175	575	525	1,212	528	986	110
Positive Screens	20	32	2	11	21	38	29	13	19	15
Drug Specimens Provided by Turning Point Clients	5,187	3,792	6,819	6,261	6,819	6,868	6,443	5,830	5,535	5,577
Positive Specimens for Illicit Drugs	2,114	1,520	1,938	2,222	2,578	2,862	2,730	2,756	2,377	2,554
Poly Drug Use Specimens (two or more drugs)	1,011	709	643	921	1,133	349	966	1,311	1,112	1,160
Number of Methadone Clients	131	138	129	120	113	125	117	94	87	97
Number of Inpatient Detoxes	100	94	56	99	79	103	113	88	71	96
Number of Residents in RLH (average)	14	16	13	18	15	11	10	11	9	9
Number of Substance Abuse Tests	233	214	249	279	256	211	180	264	141	137
Positive Substance Abuse Tests	1	1	-	-	1	-	-	1	-	4
Clients in Salvation Army Harbour Light Residential Treatment Programme (average)	…	…	11	11	10	9	11	10	9	12
Random Drug Tests	…	…	76	88	21	12	7	6	4	10
Positive Drug Tests	…	…	-	-	1	-	-	-	-	
Clients in the Community Life Skills Recovery Program (average)	…	…	33	33	33	34	27	27	19	-
Number of Clients in Focus' Supportive Residency Programme (average)	…	…	18	18	18	16	19	13	12	10
Number of Drug Tests Conducted	…	…	183	183	117	96	96	114	140	92
Positive Screens for Illicit Drugs	…	…	20	20	24	25	30	24	25	12
Number of New Treatment Admissions in all Agencies	…	…	…	…	236	172	152	82	62	52
Number of Persons in Treatment in all Agencies	…	…	…	…	497	365	315	311	363	249

Sources: BARC, CLSS, DTC, Men's Treatment, Women's Treatment Centre, Turning Point, RLH, Salvation Army, and FOCUS

Notes: * Combined total of "intermediate", "substantial", and "severe" diagnosis.

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 2019 over the previous year. BARC saw 222 clients in 2019 compared to 315 in 2018 (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 5.7%, from 87 cases in 2018 to 82 cases in 2019 (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 significantly by 38.6%, from 228 in 2018 to 140 in 2019 (see Table 4.1.2). In other words, in both years, repeat clients accounted for the greater proportion of all referrals. For instance, 140 (63.1%) of the 222 referrals in 2019 were cases of existing clients compared to 82 (36.9%) new clients.

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 (63.4% or 154 in 2019) (see Tables 4.1.1 and 4.1.2). Similar to 2018, the largest proportion (38.7%) 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).

Both the new and existing referrals tended to consume a minimum of 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 2019 had a clinical diagnosis of "severe" followed by the category "moderate" (see Table 4.1.4).

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. Most of the new and existing client referrals came from the Magistrates' Court.

Of all clients to whom the assessment was administered in both 2018 and 2019, most were classified as having substantial to severe substance abuse dependence.

The Drug Abuse Screening Test (DAST) scores showed that of all clients to whom the assessment was administered in both 2018 and 2019, 84 or 26.7% and 42 or 18.9%, 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 2018, there were 20 persons or 9.0% and 17 persons or 7.7% 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, 2018 and 2019

	2018	2019
Total New Referrals:	**87**	**82**
Annual Percentage Change	**-13.9**	**-5.7**
Sex:		
Males	69	67
Females	18	15
Not available	-	-
Age (Years):		
16 & Under	-	-
17-30	26	24
31-45	31	26
46-60	21	18
61-75	7	8
76+	-	-
Not Stated	-	6
Not available	2	-
Race:		
Black	51	42
White	8	6
Portuguese	-	1
Mixed	1	1
Other	1	30
Not available	26	2
Drug of Choice (Dependence Or Abuse): Combination		
One Drug	9	16
Two Drugs	28	22
Three Drugs	13	6
More than three drugs	3	-
Not Stated	-	38
Not Available	31	16
Level of care:		
Level I –- Outpatient	21	14
Level II – IOP	19	17
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	2	1
None	23	30
Not Stated/ No Show	15	12
Not Available	7	6
No Treatment/Level of Care Recommended	**-**	**2**

Source: Bermuda Assessment and Referral Centre

Table 4.1.1 cont'd
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2018 and 2019

	2018	2019
Referred from:		
Magistrate's Court	23	14
Self-Referral	22	12
Court Services (including DTC, Probation Team, Parole Officer)	7	9
Turning Point	11	8
Family Services	3	3
EAP	13	7
Parole Board	4	1
Other/Other Community	2	1
Private Practice	-	1
Supreme Court	2	1
Corrections	2	-
MWI	3	3
Financial Assistance	6	3
Focus	1	-
Family Court	1	-
Not Stated	1	-
Referred to:		
Turning Point	28	23
Court Services	3	4
EAP	3	-
Men's Treatment	2	1
Other	1	-
Harbour Light	1	1
WTC	-	-
None	**36**	**51**
Refused Care Level	7	-
Private Practice	1	8
Not Stated/No Show	28	-

Source: Bermuda Assessment and Referral Centre

Table 4.1.2
Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2018 and 2019

	2018	2019
Total Existing Referrals:	**228**	**140**
Annual Percentage Change	**9.1**	**-38.6**
Sex:		
Males	192	124
Females	36	16
Age (Years):		
16 & Under	-	-
17-30	19	16
31-45	75	40
46-60	103	65
61-75	30	19
76+	-	-
Not Stated	1	-
Not Available	-	1
Race:		
Black	178	112
White	18	8
Portuguese	2	-
Mixed	2	1
Not Stated	1	1
Not Available	-	18
Other	27	-
Drug of Choice (Dependence Or Abuse): Combination		
One Drug	21	14
Two Drugs	70	38
Three Drugs	40	29
More than three drugs	36	16
Not Available	61	43
Level of Care:		
Level I – Outpatient	16	11
Level II – IOP	65	40
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	76	44
None	26	29
Not Stated/ No Show	37	15
Other	-	1
No Treatment/Level of Care Recommended	8	11

Source: Bermuda Assessment and Referral Centre

Table 4.1.2 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2018 and 2019

	2018	2019
Referred from:		
Corrections	9	3
Court Services (including DTC, Probation Team, Parole Officer)	15	23
EAP	5	3
Family Court	1	1
Family Services	7	2
Financial Assistance	15	5
Focus	1	1
Harbour Light	1	-
Magistrate's Court	39	28
Mental Health Treatment Court	18	10
Other/Other Community	1	1
Parole Board*	1	-
Self-Referral	89	40
Supreme Court	-	5
Turning Point	53	11
Referred to:		
Court Services	1	3
Harbour Light	7	13
Men's Treatment	10	12
None	45	69
Not Stated/ No Show	32	2
Other	-	1
Residential (including RLH)	22	-
Turning Point	117	51
WTC	7	3

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, 2018

Drug of Choice	Abuse		Moderate		Severe	
	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	8	13	10	24	5	18
Cannabis	8	25	4	19	2	2
Cocaine	2	21	8	32	4	22
Heroin	1	2	1	16	5	71
Other	-	1	-	4	1	-
TOTAL	**19**	**62**	**23**	**95**	**17**	**113**

Source: Bermuda Assessment and Referral Centre

Note: a client can be counted in more than one category

Table 4.1.4
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

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, 2018 and 2019

		Number of Clients	
	Level of Severity (DAST Score)	2018	2019
Substance Abuse or Dependence	None (0)	5	1
	Low (1-5)	17	22
	Intermediate (6-10)	17	2
	Substantial (11-15)	6	3
	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)	2018	2019
Substance Abuse or Dependence	None (0)	13	5
	Low (1-13)	27	28
	Intermediate (14-21)	9	4
	Substantial (22-30)	-	1
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: the ADS was not administered to all clients.

Table 4.1.7
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of Existing Clients from the Bermuda and Assessment Referral Centre Programme, 2018 and 2019

		Number of Clients	
	Level of Severity (DAST Score)	2018	2019
	None (0)	2	1
	Low (1-5)	21	22
Substance Abuse or Dependence	Intermediate (6-10)	50	22
	Substantial (11-15)	48	30
	Severe (16-20)	30	9

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, 2018 and 2019

		Number of Clients	
	Level of Severity (ADS Score)	2018	2019
	None (0)	37	11
	Low (1-13)	57	44
Substance Abuse or Dependence	Intermediate (14-21)	13	11
	Substantial (22-30)	9	9
	Severe (31-47)	5	7

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

CLSS facilitates two groups based on clients' needs and referral trends. There is also a four-session Active Parenting of Teens group, which provides the guidance and support parents need to turn the challenges of raising a teenager into opportunities for growth. The curriculum also covers pressures, such as social media, bullying, and substances, geared toward increasing parents' awareness. The other, which is a six-session Cooperating Parenting and Divorce group, provides divorced or separated parents education about dealing with conflict and shifting their focus onto their child while building a positive co-parenting alliance.

In comparing 2018 to 2019, there has been an increase in the number of referrals, from 74 to 113, and also an increase in the number of assessments conducted, from 80 to 93, respectively (see Table 4.2.1). CLSS has seen 73 clients in 2019 compared to 100 clients in 2018, which represents a 27% decrease over the previous year. Clients are usually referred for either behavioural or substance use reasons. Of the 113 referrals in 2019, substance screenings or assessments were completed for 50 persons. 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 22 group participants in 2019 compared to nine in 2018.

Table 4.2.1
Counselling and Life Skills Services Statistics, 2018 and 2019

Year	2018	2019
Number of Referrals	74	113
Number of Substance Referrals	36	48
Number of Clients Seen	100	73
Number of Readmissions	13	11
Number of Assessments	80	93
Other Assessments	53	43
Substance Assessment	27	50
Number of Discharges	55	38
Number of Group Participants	9	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, 2018 and 2019

	2018	2019
New referrals	**47**	**31**
Programme Admissions	12	14
Terminations from Programme	8	8
Successful Completion Phase IV	-	-
Successful Completion Phase V	1	-

Source: Drug Treatment Court

Table 4.3.1
Driving Under the Influence (DUI) Statistics, 2019

	2018	2019
New Referrals	..	37
Programme Admissions	..	20
Terminations from Programme	..	7
Successful Completion Phase V	..	-

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 284 urine samples from its clients to test for drug use during 2019; decreasing from the 539 recorded in the previous year (see Table 4.4.1). This corresponded to 3,408 drug screens in 2019, down from 6,468 drug screens in 2018 (each test consists of 12 substances). Nonetheless, 2.0% of the screens in 2018 and 1.0% in 2019 yielded positive results. The positive results observed in 2019 were for methadone, heroin, and THC. In 2019, 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 2019, poly drug use was prevalent with drugs in highest combination being alcohol, heroin, 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, 2018 and 2019

	2018	2019
Total Samples	539	284
Total Screens	6,468[r]	3,408
Number of Positive Screens		
Methadone	14	13
Opiates (Heroin)	-	3
THC	3	2
Diluted or Substituted Specimen	18	8
Total	**36**	**26**
% POSITIVE SCREENS	**2.0**	**1.0**

Source: Men's Treatment

[r]= revised

Table 4.4.2
Primary Drug Used by Men Prior to Treatment, 2018 and 2019

Drug	Number of Men	
	2018	2019
Alcohol	5	5
Crack	18	6
Heroin	14	10
Methadone	2	-
TOTAL CLIENTS	**39**	**21**

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, 2018 and 2019

Combinations	Number of Clients	
	2018	2019
Three-Drug Combination:		
Heroin, Crack, THC	5	3
Alcohol, Heroin, THC	-	4
Alcohol, Crack, THC	4	2
Alcohol, Heroine, Crack	3	-
Two-Drug Combination:		
Alcohol, Crack	5	2
Crack, THC	5	1
Heroin, Crack	6	-
Heroin, Cocaine	-	1
Heroin, Alcohol	-	1
Heroin, THC	-	1
TOTAL	**28**	**15**

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 696 in 2018 to 1,320 in 2019 (see Table 4.5.1). The number of positive screens accounted for 1.1% of all screens in 2019, a decrease from the previous year (2.7%). Of all the substances screened, cocaine and amphetamines were found an equal number of times (five) during urinalysis in 2019 compared to opiates and THC in 2018.

At the same time, heroin was the primary drug used by most of the women prior to treatment in both 2018 and 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, 2018 and 2019

	2018	2019
Total Samples	58	110
Total Screens	696	1,320
Number of Positive Screens		
Cocaine	3	5
Opiates	8	2
THC	8	3
Amphetamine	-	5
Total	**19**	**15**
% POSITIVE SCREENS	**2.7**	**1.1**

Source: Women's Treatment Centre

Table 4.5.2
Primary Drug Used by Women Prior to Treatment, 2018 and 2019

Drug	Number of Women	
	2018	2019
Alcohol	2	3
Cocaine	2	3
Heroin	5	4
TOTAL CLIENTS	9	10

Source: Women's Treatment Centre

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

Table 4.5.3
Number of Cases of Poly Drug Use among Clients at Women's Treatment Centre, 2018 and 2019

Combinations	Number of Clients	
	2018	2019
Three-Drug Combination:		
Heroin, Crack, THC	1	1
Crack, THC, Ecstacy	1	-
Alcohol, Crack, THC	-	1
Alcohol, Cocaine, THC	-	1
Two-Drug Combination:		
Alcohol, THC	3	-
Alcohol, Cocaine	1	1
Heroin, Crack	2	-
Crack, THC	-	1
TOTAL	**8**	**5**

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 5,772 specimens in 2019, a decrease from the 5,787 specimens in 2018 (see Table 4.6.1). Of the total specimens provided in 2019, 45.8% (2,554) tested positive for illicit drugs compared to 42.9% (2,377) in 2018. The number of positive specimens excludes those specimens that were tested positive for prescribed medications such as opiates, benzodiazepines, and methadone. In both years, male clients provided the larger number of tested specimens (4,874 in 2018 and 5,156 in 2019) compared to females (661 in 2018 and 421 in 2019). The majority of positive specimens tested positive for only one drug (53.2% in 2018 and 58.7% in 2019) 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) (69.0% in 2018 and 64.9 in 2019), cocaine (48.4% in 2018 and 50.4% in 2019), and THC (marijuana) (27.6% in 2018 and 30.1% in 2019) (see Table 4.6.3). Noticeably in 2019, positive screens for all drugs increased with the exception of benzodiapines and oxycotin, which saw decline over the previous year.

Over the two-year period under review, the total number of methadone clients increased from an average of 87 in 2018 to 97 in 2019 (see Table 4.6.4). Similarly, inpatient detoxes also increased from 71 in 2018 to 96 in 2019; while, at the same time, outpatient detoxes were four in 2018 and decreased to zero in 2019.

Table 4.6.1
Proportion of Positive Drug Screens and Poly Drug Use by Turning Point Clients, 2018 and 2019

		2018	2019
Total Specimens Requested		**5,787**	**5,772**
	from Females	707	450
	from Males	5,080	5,322
Total Specimens Provided		**5,535**	**5,577**
	by Females	661	421
	by Males	4,874	5,156
Total Positive Specimens for Illicit Drugs*		**2,377**	2,554
% Positive Specimens Of Total Specimens Provided		42.9	45.8
Positive Specimens for Drugs+			
	for One Drug	1,265	1,498
Poly Drug Use	for Two Drugs	791	915
	for Three Drugs	268	214
	for More than Three Drugs	53	31

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, 2018 and 2019

Drug	2018	2019
Methadone	118 (3.0%)	70 (1.3%)
Opiates	1,639 (41.4%)	1,657 (29.7%)
Cocaine	1,151 (29.1%)	1,286 (23.1%)
Marijuana	656 (16.6%)	770 (13.8%)
Benzodiazepines	128 (3.2%)	36 (0.64%)
Alcohol	70 (1.8%)	90 (1.6%)
OxyContin	22 (0.6%)	12 (0.2%)
Other	171 (4.3%)	107 (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, 2018 and 2019

Drug	2018	2019
Opiates	1,639 (69.0%)	1,657 (64.9%)
Cocaine	1,151 (48.4%)	1,286 (50.4%)
Marijuana	656 (27.6%)	770 (30.1%)
Benzodiazepines	128 (5.4%)	36 (1.4%)
Alcohol	70 (2.9%)	90 (3.5%)
OxyContin	22 (0.93)	12 (0.5%)
Other	171 (7.2%)	107 (4.2%)

Source: Turning Point Substance Abuse Programme

Table 4.6.4
Number of Methadone Clients, Inpatient, and Outpatient Detoxifications at Turning Point, 2018 and 2019

Year	Methadone Clients*	Inpatient Detoxes	Outpatient Detoxes
2018	87	71	4
2019	97	96	0

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 2018 and 2019 the RLH had a maximum of 10 and 11 residents in care, respectively; however, in 2019, the average number of residents over the 12 months remained at nine when compared to 2018 (see Tables 4.7.1 and 4.7.2). There was, on average, one person who was placed on the waiting list for admissions in both 2018 and 2019. 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 three clients in 2018 and two clients in 2019. 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, 137 screens were conducted in 2019, with zero positive substance abuse test results in 2018 and four positive test results in 2019.

Table 4.7.1
Right Living House Programme Statistics, 2018

Programme Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Number of Residents	10	9	9	6	8	8	10	8	8	8	9	9	9*
Total Programme Admissions	-	-	-	3	-	-	2	-	-	-	1	-	6
Number of Discharges	1	-	2	1	-	-	2	-	-	-	-	-	6
Number of Substance Abuse Tests	16	15	21	11	8	7	18	5	12	8	10	10	141
Random Tests	11	6	7	4	6	4	16	4	9	4	9	7	87
Tests for Outings & Day Passes	5	5	11	7	2	1	2	1	3	4	1	3	5
Work Detail	-	3	3	-	-	1	-	-	-	-	-	-	7
Suspicious Tests	-	1	-	-	-	1	-	-	-	-	-	-	2
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	-	-	-
Wait Listed for Admission	-	-	-	-	-	-	-	-	-	-	1	1	1*
Residents in Aftercare	1	1	3	4	4	3	4	4	2	2	1	1	3*

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	-	8
Residents in Aftercare	-	-	-	-	-	-	-	-	-	-	1	1	2

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 2019, one to three clients were admitted between the second and fourth quarters while, at the same time, at least three 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 eight to nine clients in FY 2018/2019 to six to 10 clients in 2019/2020. During the past two year, 13 life skills group session were conducted each year. There were fewer clients who received crisis intervention in 2019/2020 as well as fewer families who received relapse prevention education. The programme's success can be judged by the fact that a number of clients successfully reintegrated with their families and into the community. For instance, in any given quarter during 2019/2020, two to four clients successfully reintegrated. At the same time, fewer clients were 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, have secured savings in a bank, and made regular payments towards outstanding bills. 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 twenty clients in any given quarter, over the last two years under review.

Table 4.8.1

Salvation Army Harbour Light Residential Treatment Programme Performance, 2018/2019 and 2019/2020

Programme Indicators	FY 2018/2019				FY 2019/2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intakes/Screenings/Assessments	4	4	2	3	-	1	2	26
Enrollment	2	2	1	-	-	1	2	3
Completions	1	1	1	2	1	-	1	2
Total Clients	9	8	9	9	7	6	7	10
Random Drug Tests	-	1	2	1	3	3	1	3
Positive Drug Tests	-	-	-	-	-	-	-	-
Departures	39	39	39	39	39	40	34	67
NA/AA Meetings (Mandatory)	4	9	17	12	13	16	13	31
Community Outreach: Volunteer Days	9	8	9	9	7	5	7	1
Community Outreach: Number of Client's Volunteering	3	2	3	4	31	-	6	-
Community Outreach: Other Activities	3	4	5	5	1	1	2	1

Source: Salvation Army

Table 4.8.2

Salvation Army Community Life Skills Recovery Programme Performance, 2018/2019 and 2019/2020

Programme Indicators	FY 2018/2019				FY 2019/2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total number of clients who participated in the programme	20	20	18	16	2	6	2	5
Number of new clients referred	2	3	1	4	-	4	1	3
New Care Plans	2	1	1	3	-	2	1	4
Care Plans reviewed	7	8	5	3	1	1	1	1
Number of intakes/screenings/ assessments	2	3	1	1	1	4	1	4
Number of evening groups	11	11	10	10	3	1	3	10
Life Skills training groups	3	2	1	7	8	-	4	1
Referrals for outside services	5	6	-	1	-	2	-	-

Table 4.8.2 cont'd

Salvation Army Community Life Skills Recovery Programme Performance, 2018/2019 and 2019/2020

Programme Indicators	FY 2018/2019				FY 2019/2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Case management sessions	13	13	11	13	16	13	16	10
Clients who received crisis intervention	10	12	10	3	1	-	2	1
Families who received relapse prevention	10	2	3	1	-	-	1	-
Clients who reintegrated with families, employment, education, community	7	4	1	2	2	3	2	4
Clients who were in stable committed relationships	2	1	3	1	-	-	1	1
Clients who obtained financial stability (financial planning and banking)	10	11	7	7	1	3	2	1
Clients who opened and reactivated bank accounts	2	1	1	-	1	2	1	2
Clients with secured savings in bank accounts	11	11	7	7	1	2	2	2
Clients who made regular payments towards outstanding bills	4	4	4	4	1	1	2	2
Clients who abstained from substance abuse	19	20	18	17	3	6	2	5

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 2019, the programme operated two houses with a 12-14 bed capacity. In 2019/2020, there was an average of 10 clients who were accommodated by this programme. On average, there were 13 aftercare sessions in 2019/2020. Each of these aftercare sessions provided services to between eight 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, 2018/2019 and 2019/2020

Programme Indicators	FY 2018/2019				FY 2019/2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Houses	2	2	2	2	2	2	2	2
Number of Beds	14	14	14	14	12	12	12	14
Average Number of Clients/ Occupancy	14	12	13	11	9	8	10	13
Number of Drug Tests	25	31	28	30	18	16	25	33
THC	3	2	2	1	-	-	-	1
Opiates	2	1	1	2	2	-	-	-
Cocaine	2	1	-	2	1	-	-	-
Alcohol	1	1	2	1	1	2	1	4
Number of Pre-Treatment Clients	-	-	-	-	-	2	2	3
Number of After-Care Sessions	13	14	13	13	12	12	12	16
Average Number of Participants in Aftercare	13	11	12	13	9	8	10	10
House meetings	13	13	12	13	16	16	16	16
Number of residents employed	2	2	2	2	4	2	5	4
Number of Drug Court clients	3	3	3	3	1	2	3	3
Number of Probation/Parole clients	2	3	3	3	-	-	-	-
Number of Individual Counseling	-	-	-	-	7	10	6	14

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 2018 and 2019 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 2019, saw a decline in the total number of new treatment admissions and 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 2019 was 52 (31 men and 21 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 249 (205 men and 44 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 Turning Point Substance Abuse Programme for mainly inpatient detoxification or methadone maintenance. Almost one out of every three persons who were in treatment received residential care in 2019.

In terms of capacity and utilisation of the treatment services, the majority was seen by the Turning Point Substance Abuse Programme for mainly inpatient detoxification or methadone maintenance.

Table 4.10.1
Number of New Treatment Admissions, 2018 and 2019

Treatment Agency	2018			2019		
	Male	Female	Total	Male	Female	Total
WTC	-	7	7	-	8	8
MT	13	-	13	12	-	12
Turning Point (Methadone, Inpatient, Outpatient/Detox)	6	17	23	7	13	20
Salvation Army Harbour Light	-	-	-	1	-	1
Salvation Army Life Skills	-	-	-	-	-	-
Focus	13	-	13	-	-	-
RLH	6	-	6	11	-	11
TOTAL	38	24	62	31	21	52

Source: Treatment Agencies

Table 4.10.2
Number of Persons in Treatment, 2018 and 2019

Treatment Agency	2018			2019		
	Male	Female	Total	Male	Female	Total
WTC	-	9	9	-	10	10
MT	19	-	19	21	-	21
Turning Point (Methadone, Inpatient, Outpatient/Detox)	244	43	287	165	34	199
Salvation Army Harbour Light*	9	-	9	5	-	5
Salvation Army Life Skills	16	-	16	4	-	4
Focus	13	-	13	-	-	-
RLH	10	-	10	10	-	10
TOTAL	311	52	363	205	44	249

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

TEN YEAR SNAPSHOT

Time Series of Drug Screening Surveillance, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number of Illicit Drug Tests Conducted (BSADA)	803	762	218	648	638	538	501	571	490	644
Number Positive	2	1	1	1	4	-	5	4	4	-
Number of Anti-Doping Tests Conducted (BSADA)*	64	21	55	49	68	87	102	82	83	58
Number Positive	1	4	-	-	-	-	1	2	2	-
Performing Enhancement Testing (Missions Issued by BSADA)	…	…	…	…	…	91	121	82	83	58
Number of Reception Inmates (Westgate Correctional Facility)	431	434	339	281	219	252	224	223	216	239
Number Screened	393	397	286	243	210	230	205	194	187	221
Positive Illicit Drug Screens	269	267	188	150	143	148	131	158	137	139
Repeat Offenders	323	303	273	180	174	197	189	183	172	193
Drug Specimens Provided by Persons at the Prison Farm	…	…	…	358	370	331	331	289	365	324
Positive Specimens	…	…	…	24	16	13	6	4	8	2
Drug Specimens Provided by Persons at the Co-Ed Facility	…	…	…	88	58	77	62	61	45	36
Positive Specimens	…	…	…	22	10	2	5	2	2	3

Source: BSADA, Westgate Correctional Facility, Department of Corrections

Note: *Both urine and blood tests in and out of competition

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 2019 saw an increase to 644 (490 in 2018) in the number of illicit drug tests administered by BSADA (see Table 5.1.1). Four positive test results for THC (marijuana) were observed in 2018; however, there were no positive test results in 2019. The number of anti-doping tests (of both urine and blood) decreased from 83 in 2018 to 58 in 2019.

The figures in Table 5.1.2 show the breakdown of illicit drug tests conducted in each sport for the years 2018 and 2019. Most of these tests were done for the sports of football and rugby and to a lesser extent basketball and the other sports. 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). In 2018 two tests screened positive for performance enhancing drugs (see Table 5.1.1). There were no positive tests for performance enhancing drugs in 2019. There were 25 fewer performance enhancing test done in 2019 than in 2018. These tests were for a number of sports, but mainly for athletics, aquatics, rugby, cycling, and triathlon in both years under review (see Tables 5.1.5 and 5.1.6).

Table 5.1.1
Drug Testing Results at BSADA, 2018 and 2019

Year	Illicit Tests		Anti-Doping Tests	
	Number of Tests	Number of Positive	Number of Tests	Positive
		THC		
2018	490	4	83	2
2019	644	-	58	-

Source: BSADA

Table 5.1.2
Illicit Drug Tests by Sport, 2018 and 2019

Sport	2018	2019
Archery	3	-
Athletics	14	22
Basketball	25	12
Bicycling	3	8
Bowling	14	20
Cricket	24	62
Football	156	183
Golf	5	2
Lawn Tennis	-	9
Martial Arts	6	4
Netball	14	13
Rugby	57	105
Sailing	18	14
Squash	3	1
Swimming	27	37
Table Tennis	6	-
Triathlon	20	19
Volleyball	73	133
TOTAL	**490**	**644**

Source: BSADA

Table 5.1.3
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2018

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)	52	6	-	2
United States Anti-Doping (USADA)	-	9	-	3
Professional Worldwide Controls (PWC)	-	1	-	1
United Kingdom Anti-Doping (UKAD)	-	2	-	1
Canadian Center for Ethics in Sport (CCES)	-	1	-	1
Australian Sports Anti-Doping Authority	-	1	-	1
South African Institute for Drug Free Sports	-	1	-	1
TOTAL	**52**	**21**	**-**	**10**

Source: BSADA

Table 5.1.4
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
South African Institute for Drug Free Sports	-	-	-	-
Clearidium	-	1	-	-
TOTAL	**20**	**27**	**-**	**11**

Source: BSADA

Table 5.1.5
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2018

National Anti-Doping Organisations/ Service Provider	Urine In Competition	Urine Out of Competition	Blood In Competition	Blood Out of Competition
Aquatics	16	2	-	1
Athletics	16	6	-	4
Body Building	8	-	-	-
Cycling	5	1	-	-
Equestrian	-	1	-	1
Triathlon	7	7	-	5
Para Sport	-	1	-	1
TOTAL	**52**	**18**	**-**	**12**

Source: BSADA

Table 5.1.6
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
Body Building	-	-	-	-
Cycling	3	1	-	1
Equestrian	-	1	-	1
Paralympic Sport	-	4	-	1
Sailing	-	5	-	1
Triathlon	4	7	-	2
TOTAL	**20**	**27**	**-**	**11**

Source: BSADA

5.2 DEPARTMENT OF CORRECTIONS STATISTICS: WESTGATE CORRECTIONAL FACILITY

Drug Use among Criminal Offenders

Monthly 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 2019, 92.4% of reception inmates were screened for illicit drugs (see Table 5.2.1), 7.5% refused to participate in screening (8.3% refused in 2018), and zero were released prior to specimen collection (5.1% in 2018); 2018 saw 86.6% of specimens screened. However, drug screening of offenders on reception increased in 2019 by 10.6%, up from 216in the previous year to 239.The overall proportion of positive screens for illicit drugs increased marginally in 2019 to 139 compared to 137 in 2018 (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 mostly THC (marijuana) and, to a lesser extent, opiate and cocaine use among offenders serving a sentence at Westgate Correctional Facility (see Table 5.2.4).

Of the reception inmates, the number of first-time offenders increased from 44 (20.4%) in 2018 to 46 (19.2%) (see Table 5.2.6). The proportion of repeat offenders received into Westgate increased by 12.2% from the last year, moving from 172 (79.6%) in 2018 to 193 (80.8%) (see Table 5.2.6). The urinalysis screens revealed that most first-time and repeat offenders used THC, cocaine, or opiates (see Table 5.2.7). The highest prevalence-of-use was recorded for marijuana, followed by cocaine and opiates (heroin).

The urinalysis screens revealed that most first-time and repeat offenders used THC, cocaine, or opiates.

[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, 2018 and 2019

Year	Reception Inmates	Screened	Refused	Released
2018	216	187 (86.6)	18 (8.3)	11 (5.1)
2019	239	221 (92.4)	18 (7.5)	-

Source: Westgate Correctional Facility

Table 5.2.2
Percentage of Positive Illicit Drug Screens among Prison Reception Inmates, 2018 and 2019

Year	Number of Positive Illicit Drug Screens	Percentage of Total Screens
2018	137	73.3
2019	139	62.9

Source: Westgate Correctional Facility

Table 5.2.3
Drug Prevalence (Urinalysis) at Reception by Number and Proportion of Screened Offenders, 2018 and 2019

Year	Marijuana	Cocaine	Opiates	METH	MET*	BUP*	BEN*	PROP*	PHEN*	Poly Drug Use
2018	86 (46.0)	42 (22.5)	26 (13.9)	-	8 (4.3)	-	-	-	-	62 (33.2)
2019	88 (3)	41 (18.6)	40 (18.1)	1 (0.5)	1 (0.5)	-	7 (3.2)	1 (0.5)	-	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, 2018 and 2019

	2018	2019
Overall Positive	**6 (2.8)**	**30 (12.6)**
Marijuana	4 (1.9)	21 (8.8)
Opiates	2 (0.9)	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, 2018 and 2019

Year	Marijuana	Cocaine	Opiates	METH	MET*	BUP*	BEN*	PROP*	PHEN*	Poly Drug Use
2018	88 (64.2)	41 (29.9)	40 (29.2)	1 (0.7)	1 (0.7)	-	7 (5.1)	1 (0.7)	-	62 (45.3)
2019	86 (61.9)	42 (30.2)	26 (18.7)	-	8 (5.8)	-	-	-	-	57 (41.0)

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 5.2.6
Number and Proportion of First-Time and Repeat Offenders by Year, 2018 and 2019

Year	Category of Offenders		
	Reception inmates	First time offenders	Repeat offenders
2018	216	44 (20.4)	172 (79.6)
2019	239	46 (19.2)	193 (80.8)

Source: Westgate Correctional Facility

Table 5.2.7
Any Illicit Drug Prevalence (Urinalysis) by Number and Proportion of First-Time and Repeat Offenders, 2018 and 2019

Year	Offender	Marijuana	Cocaine	Opiates
2018	Repeat offender	80 (46.5)	54 (31.3)	39 (22.7)
	First-time offender	26 (59.0)	6 (13.6)	10 (22.7)
2019	Repeat offender	81 (42.0)	60 (31.1)	30 (15.5)
	First-time offender	19 (41.3)	4 (8.7)	1 (2.2)

Source: Westgate Correctional Facility

Table 5.2.8
Number of First-Time and Repeater Offenders with Poly Drug Use, 2018 and 2019

Year	First-Time Offender	Repeat Offender
2018	10	52
2019	6	51

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 2019, the Prison Farm requested and collected 323 urine specimens, which was less than the number (365) requested in 2018 (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, 0.6% (two) tested

positive for an illicit substance in 2019 and 2.7% (eight) in 2018. Specifically, four of the eight specimens and both specimens, in 2018 and 2019, respectively, tested positive for THC. There were no positive tests for cocaine in either year of reference.

Table 5.3.1
Drug Screening Results for Persons at the Prison Farm, 2018

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens		
			Total	THC	Opiates
Random	295	295	3	-	3
Suspicion	18	18	4	3	1
Work Detail	44	44	-	-	-
Other	8	8	1	1	-
Total	**365**	**365**	**8**	**4**	**4**

Source: Department of Corrections

Table 5.3.2
Drug Screening Results for Persons at the Prison Farm, 2019

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

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 2019, the Co-Ed facility requested and collected 36 urine specimens compared to 45 specimens in 2018 (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 2019, 8.3% (three) were found to be positive for an illicit substance and 4.4% or two in 2018. All of the positive specimens tested positive for THC in both 2018 and 2019 (see Tables 5.4.1 and 5.4.2).

Table 5.4.1
Drug Screening Results for Persons at the Co-Ed Facility, 2018

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens	
			Total	THC
Random	43	43	2	2
Day Release	-	-	-	-
Suspicion	-	-	-	-
Work Detail	-	-	-	-
Work Release	2	2	-	-
Total	**45**	**45**	**2**	**2**

Source: Department of Corrections

Table 5.4.2
Drug Screening Results for Persons at the Co-Ed Facility, 2019

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens	
			Total	THC
Random	36	36	3	3
Day Release	-	-	-	-
Suspicion	-	-	-	-
Work Detail	-	-	-	-
Work Release	-	-	-	-
Total	**36**	**36**	**3**	**3**

Source: Department of Corrections

Chapter 6
Impaired Driving

- Breathalyser Results
- Failed BAC Readings
- Limits of BAC Readings
- DUI Education Programme Statistics

TEN YEAR SNAPSHOT

Time Series of Impaired Driving, 2010 to 2019										
SUMMARY INDICATORS (TOTAL)	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Number of Persons Stopped for a Breathalyser Test	…	265	246	227	131	170	119	194	274	206
Total Breathalyser Samples Given	…	200	205	180	98	139	109	194	264	196
Failed Breathalyser Samples Given	…	145	179	131	79	113	71	134	158	115
Mean Reading: All Breathalyser Samples	…	131	161	151	156	149	157	154	157	162
Mean Reading: Failed Breathalyser Samples	…	158	179	179	181	177	185	187	178	179
Mean Reading: Accident with Failed Breathalyser Samples	…	172	178	182	168	179	201	170	183	171
Number of Breathalyser Sample Readings Above the Limit (1 to 4+ times)	…	145	179	131	79	113	75	109	153	116
Number of DUI Education Classes' Inquiries	…	86	64	59	37	32	28	15	22	15
Number of DUI Education Classes' Participants	…	60	39	41	31	27	24	12	15	14
Total TAAD Scores*	**…**	**..**	**..**	**41**	**31**	**27**	**24**	**12**	**15**	**14**

Source: Bermuda Police Service and Bermuda Professional Counselling Services

Notes: Readings in mg/dl.
*Data from 2011 and 2012 is not displayed because it was captured using different categories of TADD scores.

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 2019, 206 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 (170 in 2019) provided a sample for testing compared to females (26 in 2019); 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, 115 out of 196 and 158 out of 264 failed in 2019 (with 11 in 2019 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 increased from 157mg/dl in 2018 to 162 mg/dl in 2019 (see Table 6.1.2). At the same time, the mean BAC reading for individuals who failed the breathalyser test increased slightly from 178 mg/dl in 2018 to 179 mg/dl in 2019. In instances where there were accidents, the average BAC was significantly above the legal limit. In 2018, the mean failed BAC, in cases where there were accidents, was recorded at 183 mg/dl and somewhat lower at 171 mg/dl in 2019. There were also instances where accidents occurred and the average BAC was under the legal limit – 29 mg/dl in 2018 and 35 mg/dl in 2019. As a reminder, the alcohol limit in Bermuda is less than 80 mg/dl. Breathalyser readings, nonetheless, ranged from 86 to 341 mg/dl in 2018 and 81 to 380 mg/dl in 2019; where the upper end of the range in 2019 is equivalent to as much as over four times the legal limit. On average, the majority of persons who failed the breathalyser test were one to two times above the legal limit in 2019; while most persons were two to three times above the legal limit in 2018 (see Table 6.1.3). Of those who were tested in 2019, only 10 were within the legal limit, when compared to 27 in 2018. In both 2018 and 2019, there were a number of instances, five and 15, 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

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
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. The 2018 data for this table is not available due to technical issues with the BPS data software system. Revisions to the previously published 2018 data may be published at a later date.

Table 6.1.2
Breathalyser Readings for Impaired Driving Incidences, 2018 and 2019*

	2018					2019				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mean Reading: All Breathalyser Samples	141	179	156	150	**157**	160	164	174	149	**162**
Mean Reading: Failed Breathalyser Samples	169	191	186	164	**178**	181	181	194	160	**179**
Mean Reading: Failed Breathalyser Samples of Males	168	189	189	163	**177**	159	165	173	148	**161**
Mean Reading: Failed Breathalyser Samples of Females	175	212	146	172	**176**	164	103	181	161	**152**
Mean Reading: Accident with Failed Breathalyser Samples	169	213	193	158	**183**	166	165	198	153	**171**
Mean Reading: Accident with Passed Breathalyser Samples	26	-	79	12	**29**	-	60	78	-	**35**
Range of Reading: Failed Breathalyser Samples	100-334	90-308	86-341	87-294	**86-341**	97-380	81-358	106-324	93-282	**81-380**
Range of Reading: Passed Breathalyser Samples	0-30	0-54	0-79	0-76	**0-79**	0-11	40-79	43-78	9-25	**0-79**

Source: Bermuda Police Service

Notes: Readings in mg/dl.
* The persons deemed not classified were included in the breathalyser readings table. Not classified includes persons who the BPS deemed as refused 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, 2018 and 2019*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2018	**27**	**67**	**68**	**15**	**3**
Q1	7	15	14	1	1
Q2	2	6	15	3	-
Q3	8	10	15	4	2
Q4	10	36	24	7	-
Male	**20**	**59**	**60**	**13**	**3**
Female	**7**	**8**	**8**	**2**	**-**
Accident	**5**	**17**	**15**	**5**	**1**
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	-

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, 2018 and 2019

	2018	2019
Number of Inquiries	22	15
Number of Participants	15	14

Source: Bermuda Professional Counselling Services

Table 6.2.2
DUI Programme Participants' Statistics, 2018 and 2019

Year	Sex		Age							
	Male	Female	17 – 21	22 – 25	26 – 30	31 – 35	36 – 40	41 – 45	46 – 50	50+
2018	13	2	-	-	4	4	4	-	1	2
2019	10	4	-	-	4	4	-	2	1	3

Source: Bermuda Professional Counselling Services

Table 6.2.3
Triage Assessment for Addictive Disorders Results (TAAD) by Number of Participants, 2018 and 2019

TAAD Scores		2018	2019
No Diagnosis		4	-
Mild		5	4
Moderate		2	5
Severe	Early Dependence	4	4
	Mid to Late Dependence	-	1
TOTAL		**15**	**14**

Source: Bermuda Professional Counselling Services

Chapter 7
Health

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

TEN YEAR SNAPSHOT

Time Series of Drug-Related Health Indicators, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
All Drug-Related Infectious Diseases	...	616	544	478	445	505	536	483	516	467
Number of Cases	...	615	543	478	440	500	533	477	513	467
Number of Drug-Related Cases	...	1	1	-	5	5	3	6	3	-
Primary Diagnoses of Inpatient Drug-Related Cases	...	3	5	7	2	1	3	3	1	5
Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances	...	19	22	14	30	25	-	19	21	27
Secondary Diagnoses of Inpatient Drug-Related* Cases	...	1,213	1,175	1,126	1,045	1,076	1,178	1,214	1,173	1,106
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances	...	22	15	10	16	19	9	11	10	17
Primary Diagnoses of Emergency Room (ER) Drug-Related* Cases	...	103	106	97	125	86	111	99	91	123
Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances	...	268	220	148	157	142	181	164	209	179
Secondary Diagnoses of Emergency Room Drug-Related* Cases	...	842	956	329	454	500	572	666	377	205
Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances	...	26	17	19	26	26	15	22	28	21
Primary Diagnoses of MWI Drug-Related* Cases	...	110	70	106	86	111	130	96	77	98
Secondary Diagnoses of MWI* Cases	...	66	98	134	178	241	183	160	163	139
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances	..	..	..	..	..	..	..	..	..	12
Deaths (All Causes)	475	429	422	471	469	476	504	494	543	544
Toxicology Screens	43	31	54	30	36	38	39	48	55	37
Death (ICD-10)[a,b] (of Persons with Detected Substances	28	13	28	22	26	15	14	24	29	24
Drug Screening Tests of Pregnant Women	...	...	...	23	31[c]	34	17	21	3	19
Positive Drug Screening Tests	...	...	...	9	13	18	10	21	1	19

Source: Epidemiology & Surveillance Unit, KEMH, MWI, Central Government Laboratory, Epidemiology and Surveillance and Maternal Health Clinic

Notes: *Related to alcohol, tobacco, illicit drugs, prescription drugs, and other drugs.
[a] All death certificates for 2017 have not been received. Therefore, this data is based on 95% of registered deaths.
[b] Internationally accepted classification of deaths according to the WHO http://apps.who.int/classifications/icd10/brows
[c] One of the samples to be tested was diluted; hence a negative or positive result could not be confirmed.

7.1 DRUG-RELATED INFECTIOUS DISEASES

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

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

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

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

Prevalence of drug-related infectious diseases was existent in 2018, but not in 2019. In particular, the Epidemiology and Surveillance Unit reported three drug-related cases of hepatitis C in 2018. Reports on these cases indicate a history or current use of injection drugs. No case of HIV or AIDS, related to drug use, was recorded in either of the years under review (see Table 7.1.1).

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

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

Table 7.1.1
Drug-Related Infectious Diseases, 2018 and 2019

Infection	2018		2019	
	Number of Cases	Number of ATOD-Related Cases	Number of Cases	Number of ATOD-Related Cases
HIV	5	-	3	-
AIDS	-	-	-	-
Hepatitis B[a]	6	-	2	-
Hepatitis C[b]	8	3	7	-
Chlamydia	384	…	357	…
Gonorrhoea	61	…	22	…
Herpes[c]	46	…	70	…
Syphilis	3	…	6	…
TOTAL	513	3	467	-

Source: Epidemiology & Surveillance

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

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

Information received from the King Edward Memorial VII Hospital (KEMH) is reported by treatment status, such as inpatient or emergency room case. Further, the classifications are reported by primary and secondary diagnosis using the International Statistical Classification of Diseases and Related Health Problems, Ninth Revision (ICD-9), codes. For purposes of the BerDIN, codes related to the following are reported: 1) inpatient and emergency drug cases and 2) inpatient and emergency cases related to poisoning, and toxic effects of substances.

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

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

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

Inpatient cases for which drugs were the primary diagnosis was very low as reported by KEMH. There was only one case reported in 2018 and five in 2019 (see Tables 7.2.1 and 7.2.2). In 2019, there were 27 inpatient cases in which poisoning and toxic effects were the primary diagnosis, this was an increase from the 21 cases recorded in the previous year. Regarding secondary diagnosis cases, 1,174 cases were reported for inpatient drug-related cases in 2018 compared to 1,120 cases in 2019 (see Tables 7.2.5 and 7.2.6). Secondary diagnoses of greatest occurrence were for conditions such as tobacco use disorder, cannabis abuse, and alcohol abuse. A similar trend was observed as in previous years. Secondary diagnoses for inpatient drug-related cases, over the combined years of 2018 and 2019, were more prevalent among males (1,621) than females (658). In 2018, there were 10 cases of secondary diagnosis of inpatient cases of poisoning and toxic effects of substances, whereas, in 2019, there were 17 cases (see Tables 7.2.7 and 7.2.8).

Secondary diagnoses of greatest occurrence were for conditions such as tobacco use disorder, cannabis abuse, and alcohol abuse.

Table 7.2.1
Primary Diagnoses of Inpatient Drug-Related Cases, 2018*

Primary Diagnosis	Sex		Age Group						Race	
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	1	-	-	-	-	-	1	-	-	1
Acute alcoholic intoxication - continuous	-	-	-	-	-	-	-	-	-	-
Alcohol Abuse, Continuous Drinking Behavior	-	-	-	-	-	-	-	-	-	-
Cocaine Abuse, Unspecified Use	-	-	-	-	-	-	-	-	-	-
TOTAL	**1**	**-**	**-**	**-**	**-**	**-**	**1**	**-**	**-**	**1**

Source: King Edward VII Memorial Hospital

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

Table 7.2.2
Primary Diagnoses of Inpatient Drug-Related Cases, 2019*

Primary Diagnosis	Sex		Age Group						Race	
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	1	-	-	-	-	-	-	1	1	-
Acute alcoholic intoxication - continuous	-	2	-	-	1	-	-	1	1	1
Alcohol Abuse, Continuous Drinking Behavior	1	-	-	-	-	-	1	-	-	1
Cocaine Abuse, Unspecified Use	1	-	-	-	-	-	-	1	1	-
TOTAL	**3**	**2**	**-**	**-**	**1**	**-**	**1**	**3**	**3**	**2**

Source: King Edward VII Memorial Hospital

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

Table 7.2.3
Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2018

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Poisoning- Anticoagulants	1	-	-	-	-	-	1	-	1	-	-	-	-
Poisoning-Opium (Alkaloids) Unspecified	1	-	-	-	-	-	1	-	-	1	-	-	-
Poisoning – Aromatic Analgesics	-	2	2	-	-	-	-	-	2	-	-	-	-
Poisoning – Central Nervous System stimulant – crack	4	-	-	-	-	2	2	-	4	-	-	-	-
Poisoning - Antipsychotic, neuroleptic, and major tranquilisers	1	1	-	1	-	-	-	1	1	1	-	-	-
Poisoning - other specified drugs or medicinal substances	-	1	-	-	1	-	-	-	-	1	-	-	-
Poisoning – By Antimalarial and Drugs Acting on the Other Blood Protozoa	-	1	1	-	-	-	-	-	-	1	-	-	-
Poisoning- By Other Specified Psychotropic Agents	-	1	-	-	-	1	-	-	-	1	-	-	-
Poisoning – By Hydantion Derivatives	1	-	-	-	-	-	1	-	1	-	-	-	-
Poisoning – By Psychodysleptics (Hallucinogens)	1	-	1	-	-	-	-	-	1	-	-	-	-
Poisoning – By Other and Unspecified Agents Primarily Affecting the Cardiovascular System	-	1	1	-	-	-	-	-	1	-	-	-	-
Poisoning – By Local Anti-infective and Anti- inflammatory Drugs	1	-	-	-	-	1	-	-	-	-	-	1	1
Toxic Effect – Chlorine Gas	1	-	-	-	-	1	-	-	-	-	-	1	-

Table 7.2.3 cont'd
Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2018

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Toxic Effect – Petroleum Products	1	-	-	-	-	1	-	-	-	1	-	-	-
Toxic Effect – Of Fish and Shellfish Eaten as Food	-	2	-	-	-	-	2	-	1	-	-	1	1
TOTAL	**12**	**9**	**5**	**1**	**1**	**6**	**7**	**1**	**12**	**6**	**-**	**3**	

Source: King Edward VII Memorial Hospital

Note: * Includes Portuguese, and persons of 'Other' races.

Table 7.2.4
Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2019

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Toxic Effect Of Berries And Other Plants Eaten As Food	1	-	1	-	-	-	-	-	-	1	-	-	-
Poisoning By Other Cathartics, Including Intestinal Atonia	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning By Methylphenidate	-	1	1	-	-	-	-	-	1	-	-	-	-
Toxic Effect Of Acids	-	1	-	-	-	-	1	-	1	-	-	-	-
Poisoning By Coronary Vasodilators	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning By Heroin	2	-	-	-	-	1	1	-	2	-	-	-	-
Poisoning By Hydantoin Derivatives	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning - antipsychotic, neuroleptic, and major tranquilisers	-	1	-	1	-	-	-	-	-	1	-	-	-
Poisoning By Other And Unspecified Agents Primarily Affecting The Cardiovascular System	-	1	1	-	-	-	-	-	-	-	1	-	-
Poisoning - aromatic analgesics	-	5	-	-	2	3	-	-	5	-	-	-	-
Poisoning - benzodiazepine-based tranquilisers	1	1	-	-	-	-	-	2	1	1	-	-	-
Poisoning - CNS stimulant - crack	-	1	-	-	-	-	1	-	1	-	-	-	-
Poisoning - other specified drugs or medicinal substances	1	-	1	-	-	-	-	-	1	-	-	-	-
Poisoning - propionic acid derivatives	1	-	-	1	-	-	-	-	-	1	-	-	-
Poisoning By Antiallergic And Antiemetic Drugs	1	1	-	2	-	-	-	-	2	-	-	-	-
Poisoning By Other Diuretics	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning By Unspecified Drug Or Medicinal Substance	2	1	-	-	-	-	1	2	3	-	-	-	-
Toxic effect - caustic unspecified	1	-	-	-	-	-	1	-	1	-	-	-	-
TOTAL	**13**	**14**	**4**	**4**	**2**	**4**	**5**	**8**	**22**	**4**	**1**	**-**	**-**

Source: King Edward VII Memorial Hospital

Notes: * Includes Portuguese, and persons of 'Other' races.

Table 7.2.5
Secondary Diagnoses of Inpatient Drug-Related[*] Cases, 2018

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other[+]
Acute Alcoholic Intoxication - Continuous	5	-	-	-	2	-	2	1	3	2	-	-	-
Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior	17	4	-	-	1	2	9	9	13	8	-	-	-
Sedative, Hypnotic Or Anxiolytic Dependence, Continuous	1	-	-	-	-	-	1	-	1	-	-	-	-
Chronic Alcohol Dependence - Continuous	30	-	-	-	1	2	13	14	19	11	-	-	-
Chronic Alcohol Dependence - In Remission	4	4	-	-	-	-	4	4	6	2	-	-	-
Opioid Type Dependence - Unspecified	11	2	-	-	-	-	9	4	12	1	-	-	-
Opioid Dependence - Continuous	4	3	-	-	-	2	4	1	7	-	-	-	-
Opioid Type Dependence - In Remission	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine Dependence - Continuous	3	1	-	-	-	3	1	-	4	-	-	-	-
Cannabis Dependence - Continuous	1	-	-	-	-	-	1	-	1	-	-	-	-
Cannabis Dependence - Unspecified	2	2	-	-	-	-	3	1	4	-	-	-	-
Opioid/Other Dependence - Continuous	1	2	-	-	-	1	2	-	3	-	-	-	-
Unspecified Drug Dependence, Unspecified Use	2	-	-	-	-	-	1	1	2	-	-	-	-
Alcohol Abuse - Unspecified	70	12	-	10	8	10	20	34	65	15	1	-	1
Alcohol Abuse - Continuous	57	14	-	-	4	10	26	31	45	25	-	-	1
Alcohol Abuse - Episodic	3	2	-	1	-	-	2	2	4	1	-	-	-
Alcohol Abuse - In Remission	6	6	-	-	-	1	4	7	7	5	-	-	-
Other & Unspecified Alcohol Dependence, Episodic Drinking Behavior	1	-	-	-	-	1	-	-	-	1	-	-	-
Tobacco Use Disorder	337	201	-	22	43	84	163	226	379	145	-	3	11
Cannabis Abuse – Unspecified	80	41	1	11	27	21	35	26	103	18	-	-	-
Cannabis Abuse – Continuous	91	24	-	15	23	28	31	18	103	12	-	-	-
Cannabis Abuse - Episodic	10	6	1	1	2	5	6	1	11	4	-	1	-
Cannabis Abuse - In Remission	12	1	-	1	1	1	4	6	11	2	-	-	-
Opioid Abuse – Unspecified	10	3	-	-	-	4	7	2	13	-	-	-	-
Opioid Abuse - Continuous	3	1	-	-	-	1	2	1	4	-	-	-	-
Opioid Abuse - In Remission	5	2	-	-	-	1	2	4	3	4	-	-	-
Cocaine Abuse, Unspecified Use	29	12	-	1	1	3	22	14	41	-	-	-	-
Cocaine Abuse – Continuous	8	2	-	-	-	3	5	2	10	-	-	-	-
Cocaine Abuse – Episodic	1	2	-	-	-	-	3	-	3	-	-	-	-
Cocaine Abuse - In Remission	13	1	-	-	-	-	4	10	11	3	-	-	-
Amphetamine Or Related Acting Sympathomimetic Abuse, Unspecified Use	1	1	-	-	-	1	1	-	2	-	-	-	-
Other, Mixed, or Unspecified Drug Abuse – Unspecified	2	5	-	-	2	4	-	1	6	1	-	-	-
TOTAL	**820**	**354**	**2**	**62**	**115**	**188**	**387**	**420**	**896**	**260**	**1**	**4**	**13**

Source: King Edward VII Memorial Hospital

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

Table 7.2.6
Secondary Diagnoses of Inpatient Drug-Related[*] Cases, 2019

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other[+]
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	4	-	-	-	-	-	3	1	3	1	-	-	-
Acute alcoholic intoxication - continuous	3	1	-	-	1	-	-	3	2	2	-	-	-
Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior	14	5	-	-	-	1	8	10	13	6	-	-	-
Sedative, Hypnotic Or Anxiolytic Dependence, Continuous	1	-	-	-	-	-	-	1	-	1	-	-	-
Alcohol abuse - continuous	81	10	-	2	5	9	35	40	65	23	-	1	2
Alcohol abuse - episodic	1	-	-	-	-	-	1	-	1	-	-	-	-
Alcohol abuse - in remission	5	2	-	-	-	1	3	3	6	1	-	-	-
Alcohol abuse - unspecified	47	7	-	2	11	6	12	23	33	20	-	-	1
Cocaine Abuse, Unspecified Use	30	8	-	-	2	2	17	17	31	7	-	-	-
Amphetamine Or Related Acting Sympathomimetic Abuse, Unspecified Use	1	-	-	-	-	-	1	-	1	-	-	-	-
Cannabis abuse - continuous	76	25	2	10	24	19	27	19	93	8	-	-	-
Cannabis abuse - episodic	5	3	-	-	3	-	4	1	7	1	-	-	-
Cannabis abuse - in remission	5	1	-	-	-	-	2	4	6	-	-	-	-
Cannabis abuse - unspecified	56	27	1	11	14	8	24	25	71	10	-	-	2
Cannabis dependence - continuous	-	1	-	-	1	-	-	-	1	-	-	-	-
Chronic alcohol dependence - continuous	36	8	-	-	4	1	15	24	27	16	-	-	1
Chronic alcohol dependence - in remission	4	1	-	-	-	-	2	3	3	2	-	-	-
Cocaine abuse - continuous	5	2	-	-	-	-	2	5	7	-	-	-	-
Cocaine abuse - episodic	1	-	-	-	-	-	1	-	1	-	-	-	-
Cocaine abuse - in remission	11	2	-	-	-	1	8	4	11	2	-	-	-
Cocaine dependence - unspecified	4	2	-	-	-	3	3	-	6	-	-	-	-
Opioid abuse - continuous	4	1	-	-	-	1	2	2	4	1	-	-	-
Opioid abuse - in remission	6	1	-	-	-	1	3	3	7	-	-	-	-
Opioid abuse - unspecified	18	2	-	-	-	2	13	5	19	1	-	-	-
Opioid dependence - continuous	5	1	-	-	1	-	3	2	4	2	-	-	-
Opioid type dependence - unspecified	10	4	-	-	-	2	5	7	13	1	-	-	-
Other, mixed, or unspecified drug abuse - unspecified	11	-	-	1	-	2	3	5	8	3	-	-	-
Tobacco use disorder	369	193	-	15	45	63	185	254	381	161	-	6	14
TOTAL	**813**	**307**	**3**	**41**	**111**	**122**	**382**	**461**	**824**	**269**	**0**	**7**	**20**

Source: King Edward VII Memorial Hospital

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

Table 7.2.7
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2018

Secondary Diagnosis	Sex		Age Group						Race	
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White
Poisoning By Anti-Infectives And Other Drugs And Preparations For Ear, Nose, And Throat	-	1	1	-	-	-	-	-	1	-
Poisoning By Unspecified Drug Or Medicinal Substance	2	1	-	1	-	-	-	2	1	2
Poisoning - Opium	-	1	-	-	-	-	1	-	1	-
Poisoning - Heroin	1	-	-	-	-	1	-	-	1	-
Poisoning - Codeine, Meperidine, Morphine	-	1	-	-	-	-	-	1	1	-
Poisoning By Other Antidepressants	-	1	-	-	-	1	-	-	-	1

Table 7.2.7 cont'd
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2018

Secondary Diagnosis	Sex		Age Group						Race	
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White
Toxic Effect Of Other Specified Gases, Fumes, or Vapors	-	2	-	-	-	-	-	2	2	-
TOTAL	3	7	1	1	-	2	1	5	7	3

Source: King Edward VII Memorial Hospital

Table 7.2.8
Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances, 2019

Secondary Diagnosis	Sex		Age Group						Race	
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White
Poisoning By Aromatic Analgesics, Not Elsewhere Classified	-	1	-	-	1	-	-	-	1	-
Poisoning By Other Specified Agents Affecting Blood Constituents	-	1	-	-	-	-	-	1	-	1
Poisoning By Other Specified Analgesics And Antipyretics	-	1	-	-	-	-	-	1	1	-
Pois-Anticonvul Nec/Nos	-	1	-	-	-	-	-	1	1	-
Poisoning By Other Antipsychotics, Neuroleptics, And Major Tranquilizers	1	-	-	-	-	-	1	-	1	-
Pois-Antihyperten Agent	1	-	-	-	-	-	-	1	1	-
Poison-Insulin/Antidiab	1	-	-	-	-	-	-	1	1	-
Poisoning - anticoagulants	-	1	-	-	-	-	-	1	-	1
Poisoning By Antacids And Antigastric Secretion Drugs	-	1	-	-	-	-	1	-	1	-
Toxic Effect Of Unspecified Alcohol	1	-	-	-	-	-	1	-	1	-
Poisoning - phenothiazine-based tranquilisers	-	1	-	-	-	-	-	1	1	-
Poisoning - Antilipemics	1	-	-	-	-	-	-	1	1	-
Poisoning - Cocaine	1	-	-	-	-	-	1	-	1	-
Poisoning-Salicylates	1	2	1	-	-	-	-	2	2	1
Toxic effect - ethyl alcohol	-	1	-	-	1	-	-	-	1	-
TOTAL	7	10	1	-	2	-	4	10	14	3

Source: King Edward VII Memorial Hospital

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

The emergency room saw 91 cases in 2018 in which the primary diagnosis was related to drugs and increased to 123 cases in 2019 (see Tables 7.3.1 and 7.3.2). The main primary diagnosis in both years was for alcohol abuse. Emergency room cases in which poisoning and toxic effects were the primary diagnosis and saw 209 cases in 2018 compared to 179 cases in 2019 (see Tables 7.3.3 and 7.3.4). In 2018, there was an overall total of 377 cases reported to the emergency room for which there was a drug-related secondary diagnosis compared to 205 cases in 2019 (see Tables 7.3.5 and 7.3.6); with significantly more cases of males than females. The secondary diagnoses for the majority of drug-related cases in 2019 were due to alcohol abuse as well as other and unspecified alcohol dependence-unspecified drinking behavor in comparison to 2018, which were tobacco use disorder, alcohol abuse (unspecified), cannabis abuse (unspecified) along with other and unspecified alcohol dependacne-unspecified drinking behavor. When it came to secondary diagnosis of emergency room cases of poisoning and toxic effects of substances, 28 cases presented in 2018 and 21 cases in 2019 (see Tables 7.3.7 and 7.3.8); with more incidents occurring to females versus males in both years.

Table 7.3.1
Primary Diagnoses of Emergency Room (ER) Drug-Related Cases, 2018*

Primary Diagnosis	Sex		Age Group						Race			
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Other+
Acute Alcoholic Intoxication – Continuous	2	-	-	-	-	-	2	-	1	1	-	-
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	2	-	-	-	-	-	-	2	2	-	-	-
Other & Unspecified Alcohol Dependence	1	1	-	-	-	-	1	1	1	1	-	-
Opioid Dependence- Continuous use	1	-	-	-	-	-	1	-	1	-	-	2
Cocaine Dependence - Unspecified Use	1	-	-	-	-	-	1	-	1	-	-	-
Alcohol Abuse – Continuous Drinking Behaviour	2	1	-	1	1	-	-	1	2	1	-	-
Alcohol Abuse – Unspecified Drinking Behaviour	42	21	5	17	12	7	6	16	38	23	-	-
Tobacco Use Disorder	1	-	-	-	-	-	1	-	-	1	-	-
Cannabis Abuse – Unspecified Use	3	2	-	1	1	1	2	-	4	1	-	-
Opioid Abuse – Unspecified Use	4	1	-	-	-	-	4	1	5	-	-	
Cocaine Abuse, Unspecified Use	3	1	-	2	1	-	1	-	3	1	-	
Other, Mixed, Or Unspecified Drug Abuse, Unspecified Use	2	-	-	-	1	1	-	-	2	-	-	
TOTAL	**64**	**27**	**5**	**21**	**16**	**9**	**19**	**21**	**60**	**29**	**-**	**2**

Source: King Edward VII Memorial Hospital

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

Table 7.3.2
Primary Diagnoses of Emergency Room (ER) Drug-Related Cases, 2019*

Primary Diagnosis	Sex		Age Group						Race			
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Other+
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	1	-	-	-	-	-	-	1	1	-	-	-
Acute alcoholic intoxication - continuous	1	-	-	-	-	1	-	-	-	1	-	-
Other And Unspecified Alcohol Dependence, Continuous Drinking Behavior	1	-	-	-	1	-	-	-	1	-	-	-
Opioid Type Dependence, Unspecified Use	1	-	-	-	-	-	-	1	1	-	-	-
Alcohol Abuse, Unspecified Drinking Behavior	51	26	7	13	13	10	18	16	47	25	-	5
Alcohol Abuse, Continuous Drinking Behavior	11	5	2	-	2	3	5	4	7	9	-	-
Cannabis Abuse, Unspecified Use	4	1	1	1	-	3	-	-	5	-	-	-
Opioid Abuse, Unspecified Use	3	1	-	1	-	1	1	1	4	-	-	-
Opioid Abuse, Continuous Use	2	-	-	-	-	-	1	1	2	-	-	-
Opioid dependence - continuous	1	-	-	-	-	-	-	1	1	-	-	-
Other and unspecified alcohol dependence	4	2	-	-	1	-	2	3	4	2	-	-
Cocaine Abuse, Unspecified Use	2	-	-	-	1	-	-	1	1	1	-	-
Antidepressant Type Abuse, Unspecified Use	-	1	1	-	-	-	-	-	-	-	1	-
Other, Mixed, Or Unspecified Drug Abuse, Unspecified Use	4	1	-	1	2	-	-	2	5	-	-	-
TOTAL	**86**	**37**	**11**	**16**	**20**	**18**	**27**	**31**	**79**	**38**	**1**	**5**

Source: King Edward VII Memorial Hospital

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

Table 7.3.3
Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2018

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Poisoning By Antineoplastic And Immunosuppressive Drugs	-	2	-	-	-	-	1	1	1	1	-	-	-
Poison - Insulin & Antidiabetic Agents	1	1	1	-	-	-	1	-	2	-	-	-	-
Poisoning - Vitamins	-	2	2	-	-	-	-	-	2	-	-	-	-
Poisoning - Anticoagulants	2	-	-	-	-	-	-	2	1	1	-	-	-
Poisoning - Opium	2	-	-	-	-	-	2	-	2	-	-	-	-
Poisoning - Heroin	2	-	-	-	-	-	2	-	2	-	-	-	-
Poisoning - Salicylates	-	1	1	-	-	-	-	-	-	1	-	-	-
Poisoning - Aromatic Analgesics	1	2	2	-	1	-	-	-	2	1	-	-	-
Poisoning - Propionic Acid Derivatives	1	-	1	-	-	-	-	-	-	-	-	-	1
Poisoning - Hydantoin Derivatives	1	-	-	-	-	-	1	-	1	-	-	-	-
Poisoning - Other Antidepressant	1	1	-	1	-	1	-	-	2	-	-	-	-
Poisoning – By Iron and its Compounds	-	1	1	-	-	-	-	-	-	-	1	-	-
Poisoning – By Other and Unspecified Anticonvulsants	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning By Other Psychostimulants	2	-	1	-	1	-	-	-	2	-	-	-	-
Poisoning - Antipsychotic, Neuroleptic, & Major Tranquilisers	1	4	2	2	-	-	1	-	4	1	-	-	-
Poisoning - Benzodiazepine-Based Tranquilisers	1	-	-	-	-	-	-	1	-	1	-	-	-
Poisoning - Hallucinogens	1	2	1	-	1	-	1	-	2	-	1	-	-
Poisoning- Other Agents Affecting Skin and Mucous Membrane	-	1	1	-	-	-	-	-	-	1	-	-	-
Poisoning - Local Anti-Infective & Anti-Inflammatory Drugs	-	1	-	-	-	-	1	-	1	-	-	-	-
Poisoning - Other Specified Drugs or Medicinal Substances	3	3	3	-	1	-	1	1	3	2	-	-	1
Poisoning - Unspecified Drugs or Medicinal Substances	3	1	1	1	-	1	1	-	2	2	-	-	-
Poisoning by Antimalarial and Drug Acting on Other Blood Protozoa	-	1	1	-	-	-	-	-	-	1	-	-	-
Poisoning by Adrenal Cortical Steroids	-	1	1	-	-	-	-	-	-	1	-	-	-
Toxic effect - Non-Medicinal Substances	-	3	1	-	1	-	1	-	3	-	-	-	-
Toxic Effect - Unspecified Alcohol	-	1	-	1	-	-	-	-	-	1	-	-	-
Toxic Effect - Caustic Unspecified	4	5	3	-	-	1	3	2	8	-	-	-	1
Toxic Effect Of Other Specified Metals	-	1	-	-	-	1	-	-	-	1	-	-	-
Toxic Effect - Liquefied Petroleum Gases	-	1	-	-	-	-	1	-	-	-	-	-	1
Toxic effect - Fish and shellfish	3	5	-	-	-	3	4	1	3	2	-	-	3
Toxic Effect - Other Specified Gases, Fumes, or Vapours	2	-	-	-	-	1	1	-	2	-	-	-	-
Toxic Effect - Unspecified Gas, Fumes, or Vapour	1	2	-	-	-	2	1	-	2	-	-	-	1
Toxic Effect - Venom	56	48	19	13	9	15	29	19	63	38	-	2	1
Toxic Effect - Soap & Detergent	1	2	1	-	-	-	-	2	2	1	-	-	-
Toxic effect – Petroleum Products	3	1	-	-	-	3	1	-	2	2	-	-	-
Toxic effect - Pesticides	3	1	1	-	-	2	1	0	4	-	-	-	-
Toxic Effect - Unspecified Substances, Chiefly Nonmedical As to Source	5	2	2	-	3	1	1	-	5	1	-	1	-
TOTAL	**102**	**97**	**46**	**18**	**19**	**31**	**55**	**30**	**125**	**59**	**2**	**3**	**10**

Source: King Edward VII Memorial Hospital

Notes: * Includes Portuguese.

Table 7.3.4
Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2019

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other*
Poisoning By Other Specified Antibiotics	-	1	-	-	-	1	-	-	1	-	-	-	-
Poisoning By Adrenal Cortical Steroids	1	-	1	-	-	-	-	-	-	-	-	-	1
Poisoning By Other Antirheumatics	-	1	-	-	-	-	-	1	-	1	-	-	-
Poisoning - antiallergic and antiemetic drugs	1	2	1	1	1	-	-	-	2	1	-	-	-
Poisoning - anticoagulants	1	-	-	-	-	-	1	-	1	-	-	-	-
Poisoning By Methylphenidate	-	1	1	-	-	-	-	-	1	-	-	-	-
Poisoning By Parasympathomimetics (Cholinergics)	1	-	-	-	-	-	-	1	-	1	-	-	-
Poisoning By Coronary Vasodilators	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning - aromatic analgesics	1	4	1	1	2	-	1	-	5	-	-	-	-
Poisoning - benzodiazepine-based tranquilisers	2	3	-	1	2	-	-	2	1	4	-	-	-
Poisoning - cardiotonics glycosides	1	-	-	-	-	-	-	1	1	-	-	-	-
Poisoning - cocaine	2	1	-	-	-	1	1	1	3	-	-	-	-
Poisoning - codeine, meperidine, morphine	-	1	1	-	-	-	-	-	1	-	-	-	-
Poisoning - emollients, demulcents and protectants	2	-	2	-	-	-	-	-	2	-	-	-	-
Poisoning - hallucinogens	1	-	1	-	-	-	-	-	1	-	-	-	-
Poisoning - insulin and antidiabetic agents	-	1	-	-	-	-	-	1	-	1	-	-	-
Poisoning - other specified drugs or medicinal substances	5	3	5	-	-	1	1	1	4	4	-	-	-
Poisoning - propionic acid derivatives	1	2	1	1	-	1	-	-	2	1	-	-	-
Poisoning - saluretics	-	1	1	-	-	-	-	-	1	-	-	-	-
Poisoning - unspecified drugs or medicinal substances	2	1	-	2	-	-	1	-	3	-	-	-	-
Poisoning By Caffeine	1	-	-	-	1	-	-	-	1	-	-	-	-
Poisoning By Keratolytics, Keratoplastics, Other Hair Treatment Drugs And Preparations	1	-	1	-	-	-	-	-	1	-	-	-	-
Poisoning By Other And Unspecified Agents Primarily Affecting The Cardiovascular System	-	1	1	-	-	-	-	-	-	-	1	-	-
Poisoning By Other Antidepressants	-	2	-	-	-	2	-	-	-	1	-	-	1
Poisoning By Other Antihypertensive Agents	-	1	-	-	-	-	-	1	1	-	-	-	-
Poisoning By Other Sedatives And Hypnotics	-	-	-	-	-	-	-	-	-	-	-	-	-
Poisoning By Selective Serotonin Reuptake Inhibitors	-	1	1	-	-	-	-	-	-	-	1	-	-
Toxic Effect Of Corrosive Aromatics	1	1	1	-	-	-	-	1	2	-	-	-	-
Toxic effect - caustic unspecified	5	6	3	1	1	1	3	2	9	1	-	-	1
Toxic effect - non-medicinal substances	4	3	4	-	-	-	2	1	6	1	-	-	-
Toxic effect - non-petroleum-based solvents	-	1	1	-	-	-	-	-	1	-	-	-	-
Toxic effect - other specified gases, fumes, or vapours	1	1	1	-	-	1	-	-	2	-	-	-	-
Toxic effect - pesticides	1	-	1	-	-	-	-	-	-	-	-	-	1
Toxic effect - soap and detergent	-	1	-	-	-	-	1	-	1	-	-	-	-
Toxic effect - unspecified gas, fumes, or vapour	2	-	-	-	-	-	1	1	2	-	-	-	-

Table 7.3.4 cont'd
Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2019

Primary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Toxic effect - pesticides	1	-	1	-	-	-	-	-	-	-	-	-	1
Toxic effect - soap and detergent	-	1	-	-	-	-	1	-	1	-	-	-	-
Toxic effect - unspecified gas, fumes, or vapour	2	-	-	-	-	-	1	1	2	-	-	-	-
Toxic effect - venom	53	43	15	15	11	16	21	18	58	32	-	1	5
Toxic Effect Of Unspecified Substance, Chiefly Nonmedicinal As To Source	2	3	1	-	-	1	1	2	3	1	-	-	1
TOTAL	**92**	**87**	**45**	**22**	**18**	**25**	**34**	**35**	**117**	**49**	**2**	**1**	**10**

Source: King Edward VII Memorial Hospital

Note: + Includes Portuguese.

Table 7.3.5
Secondary Diagnoses of Emergency Room Drug-Related Cases, 2018*

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	4	-	-	-	1	-	3	-	3	1	-	-	-
Acute Alcoholic Intoxication - Continuous	1	1	-	-	1	-	1	-	1	1	-	-	-
Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior	43	5	-	-	3	10	25	10	36	12	-	-	-
Chronic Alcohol Dependence - Continuous	14	4	-	-	2	3	9	4	6	10	-	1	1
Opioid Type Dependence - Unspecified	12	2	-	-	-	3	11	-	13	1	-	-	-
Opioid Type Dependence- In Remission	-	2	-	-	-	-	2	-	2	-	-	-	-
Opioid Dependence - Continuous	4	-	-	-	-	1	3	-	4	-	-	-	-
Unspecified Drug Dependence, Unspecified Use	2	-	-	-	-	1	1	-	2	-	-	-	-
Unspecified Drug Dependence - Continuous Use	1	-	-	-	-	-	1	-	1	-	-	-	-
Alcohol Abuse - Unspecified	85	17	-	19	24	19	18	22	70	30	-	-	2
Alcohol Abuse - Continuous	7	1	-	-	1	-	1	6	7	1	-	-	-
Tobacco Use Disorder	41	32	-	1	8	14	24	26	45	27	1	-	-
Cannabis Abuse - Unspecified	25	15	-	3	19	7	9	2	38	2	-	-	-
Cannabis Abuse - Continuous	5	2	-	2	2	1	2	-	6	1	-	-	-
Cannabis Abuse – Episodic Use	1	-	-	1	-	-	-	-	1	-	-	-	-
Opioid Abuse - Unspecified	14	7	-	-	4	7	8	2	15	6	-	-	-
Opioid Abuse - Continuous	1	-	-	-	-	-	1	-	1	-	-	-	-
Cocaine Abuse, Unspecified Use	16	10	-	2	7	8	7	2	22	4	-	-	-
Other, Mixed, or Unspecified Drug Abuse, Unspecified Use	9	3	-	-	4	3	2	3	10	2	-	-	-
TOTAL	**285**	**101**	**-**	**28**	**76**	**77**	**128**	**77**	**238**	**98**	**1**	**1**	**3**

Source: King Edward VII Memorial Hospital

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

Table 7.3.6
Secondary Diagnoses of Emergency Room Drug-Related Cases, 2018*

Secondary Diagnosis	Sex		Age Group						Race				
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Mixed	Asian	Other+
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	2	2	-	-	2	-	1	1	3	1	-	-	-
Acute alcoholic intoxication - continuous	3	-	-	1	-	-	2	-	1	2	-	-	-
Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior	24	4	-	3	5	4	13	3	18	9	-	-	1
Alcohol abuse - continuous	5	3	-	1	1	1	-	5	6	2	-	-	-
Alcohol abuse - unspecified	68	22	-	10	19	13	28	20	53	34	-	-	3
Cannabis Abuse, Episodic Use	1	-	-	-	1	-	-	-	-	1	-	-	-
Cocaine Abuse, Unspecified Use	5	1	-	-	1	2	2	1	4	2	-	-	-
Cannabis abuse - continuous	3	-	-	-	3	-	-	-	3	-	-	-	-
Cannabis abuse - unspecified	9	8	2	1	7	2	4	1	15	2	-	-	-
Chronic alcohol dependence - continuous	3	1	-	-	1	1	1	1	3	1	-	-	-
Chronic alcohol dependence - episodic	1	-	-	-	-	-	1	-	1	-	-	-	-
Cocaine abuse - continuous	1	-	-	-	1	-	-	-	1	-	-	-	-
Cocaine dependence - unspecified	1	1	-	-	-	1	-	1	2	-	-	-	-
Opioid abuse - continuous	1	-	-	-	-	-	-	1	1	-	-	-	-
Opioid abuse - unspecified	8	-	-	-	1	-	4	3	6	2	-	-	-
Opioid dependence - continuous	3	-	-	-	-	1	1	1	3	-	-	-	-
Opioid type dependence - unspecified	13	3	-	-	-	4	11	1	15	1	-	-	-
Tobacco use disorder	2	4	-	-	1	1	1	3	4	1	1	-	-
Other, Mixed, Or Unspecified Drug Abuse, Unspecified Use	3	-	-	-	2	-	-	1	2	1	-	-	-
TOTAL	**156**	**49**	**2**	**16**	**45**	**30**	**69**	**43**	**141**	**59**	**1**	**-**	**4**

Source: King Edward VII Memorial Hospital

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

Table 7.3.7
Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2018

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other+
Poisoning - Anticoagulants	1	-	-	-	-	-	1	-	1	-	-
Poisoning - Aromatic Analgesics	-	1	-	-	1	-	-	-	-	1	-
Poisoning - Propionic Acid Derivatives	1	1	-	1	1	-	-	-	1	1	-
Poisoning - Salicylates	1	-	-	-	-	1	-	-	1	-	-
Poisoning - Codeine, Meperidine, Morphine	1	-	-	-	-	-	1	-	-	1	-
Poisoning - Heroin	1	-	-	-	-	-	1	-	1	-	-
Poisoning By Opiate Antagonists	-	1	-	-	-	1	-	-	-	-	1
Poisoning By Skeletal Muscle Relaxants	-	1	-	-	1	-	-	-	1	-	-
Poisoning - Other and Unspecified Agents Primarily Affecting the Cardiovascular System	1	-	-	-	-	-	-	1	1	-	-
Poisoning by Penicillin's	1	1	-	-	-	-	1	1	-	2	-
Poisoning- Anticonvulsants NEC/NOS	-	1	-	-	-	1	-	-	-	1	-
Poisoning by Anti- Parkinsonism Drugs	-	1	-	-	-	1	-	-	-	1	-
Poisoning – Cardio tonics	-	1	-	-	-	-	-	1	1	-	-

Table 7.3.7 cont'd
Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2018

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other*
Poisoning – Insulin/ Anti-diabetics	1	1	-	-	-	-	-	2	2	-	-
Poisoning – by Antitussives	-	1	-	-	-	-	1	-	1	-	-
Poisoning – by Expectorants	1	-	-	-	-	-	1	-	-	1	-
Poisoning – Other Specified Drugs or Medicinal Substances	-	2	-	-	-	-	-	2	2	-	-
Toxic Effects - Unspecified Alcohol	1	-	-	-	-	-	1	-	1	-	-
Toxic Effect Of Fish And Shellfish Eaten As Food	1	-	-	-	-	-	1	-	1	-	-
Toxic Effect - Venom	1	2	-	1	1	-	1	-	2	1	-
Toxic Effect – of Carbon Monoxide	1	-	-	-	-	-	-	1	1	-	-
Toxic Effect – Caustic Agents	-	1	-	-	-	-	-	1	1	-	-
TOTAL	**13**	**15**	**-**	**2**	**4**	**4**	**9**	**9**	**18**	**9**	**1**

Source: King Edward VII Memorial Hospital

Note: * Includes Portuguese

Table 7.3.8
Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances, 2019

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other*
Poisoning By Opium (Alkaloids), Unspecified	1	-	-	-	-	-	1	-	1	-	-
Poisoning By Methadone	1	-	-	-	-	-	-	1	-	1	-
Pois-Anticonvul Nec/Nos	-	1	-	-	-	-	-	1	1	-	-
Pois-Antidepressant Nec	1	1	-	-	1	-	-	1	-	2	-
Poisoning - anticoagulants	-	2	-	-	1	-	-	1	1	1	-
Poisoning - aromatic analgesics	-	1	-	-	-	-	-	1	1	-	-
Poisoning - hallucinogens	-	1	1	-	-	-	-	-	1	-	-
Poisoning - other specified drugs or medicinal substances	-	2	-	-	1	-	-	1	1	1	-
Poisoning - phenothiazine-based tranquilisers	-	1	-	-	-	-	-	1	1	-	-
Poisoning - propionic acid derivatives	-	1	-	-	1	-	-	-	-	1	-
Poisoning - salicylates	-	1	1	-	-	-	-	-	1	-	-
Toxic Effect Of Ethyl Alcohol	1	-	-	-	-	-	-	1	-	1	-
Toxic effect - acids	-	1	-	-	-	-	1	-	1	-	-
Toxic effect - venom	1	4	1	-	1	1	2	-	3	2	-
TOTAL	**5**	**16**	**3**	**-**	**5**	**1**	**4**	**8**	**12**	**9**	**-**

Source: King Edward VII Memorial Hospital

Note: * Includes Portuguese, and persons of 'Other' races.

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

The Mid-Atlantic Wellness Institute (MWI) is the only inpatient medical facility providing detoxification services for opiate and alcohol dependence. In 2018, there were 77 cases with a primary diagnosis that was drug-related within the MWI compared to 98 in 2019 (see Tables 7.4.1 and 7.4.2). Black males and between the ages of 46 and 60 accounted for the majority of these cases, with the primary diagnosis being opioid dependence and acute alcohol intoxication.

In terms of the secondary diagnoses, a total of 163 cases were reported in 2018 compared to 139 cases in 2019 (see Tables 7.4.3 and 7.4.4), with significantly more males versus females, diagnosed with cannabis dependence, a tobacco use disorder, acute alcohol intoxication, amongst other

secondary diagnoses. Similar to the primary diagnoses, black persons accounted for the bulk of the secondary diagnoses, but were between the ages of 26 and 35. There were 12 reported case of poisoning and toxic effects of substances in 2019 whilst there were none reported in the previos year.

Table 7.4.1
Primary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases, 2018*

Primary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other+
Acute Alcoholic Intoxication In Alcoholism, Continuous Drinking Behavior	17	4	-	-	4	9	8	-	12	9	-
Other And Unspecified Alcohol Dependence, Continuous Drinking Behavior	2	1	-	-	-	1	1	1	1	2	-
Opioid Dependence – Continuous	29	10	-	-	2	13	22	2	37	2	-
Cocaine Dependence – Continuous	1	-	-	1	-	-	-	-	1	-	-
Cannabis Dependence – Continuous	4	-	1	-	1	-	2	-	3	1	-
Combinations Of Opioid Type Drug With Any Other Drug Dependence, Continuous Use	1	1	-	1	-	-	1	-	2	-	-
Cannabis Abuse, Unspecified Use	-	1	1	-	-	-	-	-	1	-	-
Opioid Abuse – Continuous	1	-	-	-	-	-	1	-	1	-	-
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	-	1	-	-	-	1	-	-	-	1	-
Combinations Of Opioid Type Drug With Any Other Drug Dependence, Unspecified Use	-	1	-	-	1	-	-	-	1	-	-
Combinations of Drug Dependence Excluding Opioid Type Drug, Continuous Use	1	-	-	-	-	-	-	1	1	-	-
Alcohol Abuse- Unspecified Drinking Behaviour	1	-	-	-	-	-	1	-	-	1	-
Unspecified Drug Dependence, Continuous Use	1	-	-	-	-	1	-	-	1	-	-
TOTAL	**58**	**19**	**2**	**2**	**8**	**25**	**36**	**4**	**61**	**16**	**-**

Source: King Edward VII Memorial Hospital

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

Table 7.4.2
Primary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases, 2019*

Primary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other+
Acute Alcoholic Intoxication In Alcoholism, Continuous Drinking Behavior	31	10	-	-	9	5	22	5	23	17	1
Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior	1	-	-	-	-	-	1	-	1	-	-
Other And Unspecified Alcohol Dependence, Continuous Drinking Behavior	4	-	-	-	2	1	1	-	3	1	-
Combinations Of Opioid Type Drug With Any Other Drug Dependence, Continuous Use	5	-	-	3	1	1	-	-	5	-	-
Cannabis dependence - continuous	2	-	1	-	-	1	-	-	2	-	-
Cocaine dependence - continuous	-	3	-	-	-	2	1	-	1	2	-
Opioid dependence - continuous	29	13	-	-	1	5	29	7	35	7	-
TOTAL	**72**	**26**	**1**	**3**	**13**	**15**	**54**	**12**	**70**	**27**	**1**

Source: King Edward VII Memorial Hospital

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

Table 7.4.3
Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related[*] Cases, 2018

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other[+]
Acute Alcoholic Intoxication In Alcoholism, Continuous Drinking Behavior	19	4	-	1	5	6	9	2	17	6	-
Acute Alcoholic Intoxication In Alcoholism, Unspecified Drinking Behavior	2	-	1	-	-	1	-	-	1	1	-
Other And Unspecified Alcohol Dependence, Continuous Drinking Behavior	1	-	-	-	1	-	-	-	1	-	-
Amphetamine And Other Psychostimulant Dependence, Continuous Use	1	-	-	-	-	-	1	-	1	-	-
Hallucinogen Dependence, Continuous Use	2	-	-	-	-	-	1	1	-	2	-
Opioid Abuse – Continuous	1	-	-	-	-	1	-	-	1	-	-
Opioid Dependence – Continuous	3	-	-	-	-	1	2	-	2	1	-
Cocaine Dependence – Continuous	12	9	-	-	3	8	9	1	17	4	-
Cocaine Abuse – Continuous	1	-	-	-	-	-	-	1	1	-	-
Cannabis Dependence – Continuous	35	7	1	4	13	11	8	5	34	8	-
Cannabis Dependence – Unspecified Use	5	1	-	1	3	1	1	-	6	-	-
Cannabis Dependence – Episodic Use	-	1	-	1	-	-	-	-	-	1	-
Combinations Of Opioid Type Drug With Any Other Drug Dependence, Continuous Use	13	5	-	-	6	5	7	-	13	5	-
Combinations Of Drug Dependence Excluding Opioid Type Drug, Continuous Use	1	1	-	-	-	1	1	-	2	-	-
Combinations Of Drug Dependence Excluding Opioid Type Drug, Unspecified Use	1	1	-	-	-	1	1	-	-	2	-
Unspecified Drug Dependence, Continuous Use	2	-	-	1	1	-	-	-	1	1	-
Alcohol Abuse, Continuous Drinking Behavior	-	2	-	1	-	1	-	-	1	1	-
Alcohol Abuse – Unspecified Drinking Behavior	2	-	-	-	1	1	-	-	2	-	-
Tobacco Use Disorder	10	5	-	1	4	2	5	3	13	2	-
Cannabis Abuse – Unspecified	3	1	-	-	2	1	-	1	4	-	-
Cannabis Abuse – Continuous	5	2	1	2	2	2	-	-	7	-	-
Other, Mixed, Or Unspecified Drug Abuse, Unspecified Use	2	-	-	-	1	1	-	-	1	1	-
Other, Mixed, Or Unspecified Drug Abuse, Continuous Use	2	1	1	-	-	1	1	-	3	-	-
TOTAL	**123**	**40**	**4**	**12**	**42**	**45**	**46**	**14**	**128**	**35**	**-**

Source: Mid-Atlantic Wellness Institute

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

Table 7.4.4
Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related[*] Cases, 2019

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other[+]
Acute Alcoholic Intoxication In Alcoholism, Continuous Drinking Behavior	10	6	-	2	6	4	4	-	10	6	-
Other And Unspecified Alcohol Dependence, Continuous Drinking Behavior	-	1	-	-	1	-	-	-	-	1	-
Cocaine Dependence, Unspecified Use	-	1	-	-	1	-	-	-	-	1	-
Cannabis Dependence, Unspecified Use	1	-	-	-	1	-	-	-	1	-	-
Cannabis Dependence, Episodic Use	1	-	-	-	1	-	-	-	1	-	-
Other Specified Drug Dependence, Continuous Use	3	-	-	-	1	1	1	-	2	1	-

Table 7.4.4 cont'd
Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related[*] Cases, 2019

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other[+]
Combinations Of Opioid Type Drug With Any Other Drug Dependence, Unspecified Use	1	-	-	1	-	-	-	-	1	-	-
Combinations Of Opioid Type Drug With Any Other Drug Dependence, Continuous Use	15	3	2	3	3	3	5	2	16	2	-
Combinations Of Drug Dependence Excluding Opioid Type Drug, Continuous Use	2	-	1	-	1	-	-	-	1	1	-
Unspecified Drug Dependence, Unspecified Use	1	-	-	-	1	-	-	-	1	-	-
Unspecified Drug Dependence, Continuous Use	3	-	-	-	-	1	2	-	2	1	-
Alcohol Abuse, Continuous Drinking Behavior	4	-	-	-	1	2	1	-	3	1	-
Cannabis abuse – continuous	1	3	1	1	2	-	-	-	4	-	-
Cannabis dependence – continuous	35	11	2	10	16	5	9	4	44	2	-
Cannabis Abuse, Episodic Use	-	1	1	-	-	-	-	-	1	-	-
Cocaine dependence – continuous	5	6	-	-	2	3	4	2	10	-	1
Opioid dependence – continuous	5	1	-	-	-	1	2	3	5	1	-
Tobacco use disorder	10	3	-	-	3	3	4	3	9	4	-
Other, Mixed, Or Unspecified Drug Abuse, Unspecified Use	2	-	-	1	1	-	-	-	2	-	-
Other, Mixed, Or Unspecified Drug Abuse, Continuous Use	2	2	2	-	2	-	-	-	4	-	-
TOTAL	**101**	**38**	**9**	**18**	**43**	**23**	**32**	**14**	**117**	**21**	**1**

Source: Mid-Atlantic Wellness Institute

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

Table 7.4.5
Secondary Diagnoses of Mid-Atlantic Wellness Institute Inpatient Cases of Poisoning and Toxic Effects of Substances[*] Cases, 2019

Secondary Diagnosis	Sex		Age Group						Race		
	Male	Female	<18 Yrs	18-25 Yrs	26-35 Yrs	36-45 Yrs	46-60 Yrs	61+ Yrs	Black	White	Other[+]
Poisoning By Unspecified Analgesic And Antipyretic	-	1	-	1	-	-	-	-	1	-	-
Poisoning By Unspecified Drug Or Medicinal Substance	-	4	-	2	2	-	-	-	3	1	-
Toxic Effect Of Unspecified Substance, Chiefly Nonmedicinal As To Source	2	5	3	2	1	-	1	-	4	2	1
TOTAL	**2**	**10**	**3**	**5**	**3**	**-**	**1**	**-**	**8**	**3**	**1**

Source: Mid-Atlantic Wellness Institute

7.5 MORTALITY: SUSPICIOUS DEATHS

Toxicology Screening Results

The concept of "drug-related" mortality is complex. The collection of data on drug-related mortality is technically demanding but extremely important. The difficulty often arises because of the fact that some deaths are attributed to multiple causes. Summarising the conditions that caused the death can be intricate and patterns or trends of death might be missed. A death can be directly attributable to drugs, for example, overdose, or indirectly by the use of drugs related to external circumstances, for example, traffic accidents. In addition, there are deaths attributable to problem drug use as well as deaths related to drugs but which are due to circumstantial reasons, for example, violence related to drug trafficking or drug-related crime.[9]

The challenge with drug-related deaths is that the causes of death recorded by physicians certifying the deaths in certain cases are usually linked to causes other than substance or

[9] EMCDDA. (2009). Statistical Bulletin 2008. *Drug Related Deaths – Methods and Definitions*. http://www.emcdda.europa.eu/stats08/drd/methods (accessed September 13, 2012)

drug use overdose. For instance, a person may be involved in a fatal road traffic accident. In this case, the physician records or codes the death as "transport accident" using the ICD-10[10]. In this instance, it was the transport accident that led directly to the death. This is, therefore, the underlying cause of death, otherwise known as the primary or proximate cause of death. In other words, it is the disease or injury that initiated all other causes or conditions and started the train of morbid events leading directly to death, or the circumstances or violence that produced the fatal injury. However, any antecedent or intermediate causes of death must also be observed and recorded. As such, a death record usually provides an arrangement of the causal or etiological relationship of the medical conditions that finally led to the death; in the end, yielding the underlying cause of death. For example, the transport accident may have been caused by excess alcohol or drug overdose. In instances where there may be an intermediate cause, physicians must determine if these suspicious deaths are related to substance use and then send these cases to the Central Government Laboratory for toxicology screening.

The toxicology screening is performed by the Government Analyst to determine the presence or absence of drugs. In 2019, 37 cases were screened compared to 55 in 2018 (see Table 7.5.1). Most of the cases forwarded for screening were for males, 41 in 2018 and 27 cases in 2019. In addition, the majority of the cases screened were of older persons, in particular persons over the age of 46.

Ethanol in excess of the legal limit and drugs (illegal or psychoactive medicines above therapeutic range), were detected in some of the cases screened in each year under review. For instance, in 2018, 52.7% of the cases (29 of 55) screened positive for excess ethanol or illegal or non-prescribed drugs compared to 64.9% (24 of 37) in 2019. Drugs, for example, THC, cocaine, codeine, morphine, and others, as well as drugs in combination with others, were more often detected than excess alcohol. In other instances, ethanol was detected, but the quantity was below the legal limit or no substance at all was detected.

…Of all cases where excess alcohol or drugs were detected in the toxicology screens, the cause of death was recorded as transport accident.

In general, of all cases where excess alcohol or drugs were detected in the toxicology screens, the cause of death was recorded as mainly transport accident (see Table 7.5.1). However, there were also instances of deaths, which were caused as a result of other external causes, such as some disease of the circulatory system and drowning, where excess alcohol or drugs were detected. Epidemiological research has indicated that alcohol use increases the risk for many chronic health consequences (for example, diseases) and acute consequences (for example, traffic crashes).[11] However, conclusions on causality of death due to excess alcohol or drug use cannot be inferred, but the data suggests that there may be some relationship between substance use and cause of death, especially, among those categorised as external causes. As a consequence, considerable care should be exercised when interpreting statistics on drug-induced deaths.

[10] See http://apps.who.int/classifications/icd10/browse/2010/en

[11] J. Rehm, G. Gerhard, C. T. Sempos, M. Trevisan. (2003). *Alcohol-Related Morbidity and Mortality*. National Institute on Alcohol Abuse and Alcoholism.

Table 7.5.1
Toxicology Screens, Substances Detected, and Causes of Death, 2018 and 2019

	2018	2019
Total Number of Deaths (All Causes)	**543**	**544**
Proportion of Deaths with Toxicology Screens (%)	10.1	6.8
Total Number of Toxicology Screens	55	37
By Sex:		
Males	41	27
Females	14	10
By Age Group:		
< 18 Years	1	1
18 – 25 Years	3	3
26 – 35 Years	6	2
36 – 45 Years	4	4
46 – 60 Years	20	10
60+ Years	21	17

Table 7.5.1 cont'd
Toxicology Screens, Substances Detected, and Causes of Death, 2018 and 2019

	2018	2019
Substances Detected in Toxicology Screens (Number of Cases)		
Ethanol[a] (>80 mg)	3	3
Drugs[b]	17	18
Ethanol and Drugs	9	3
None/<80 mg Ethanol/Drugs in Therapeutic Range	26	13
Causes of Death (ICD-10)[c,d] (Persons with Detected Substances)	**29**	**24**
Diseases of the Circulatory System	3	7
Diseases of the Nervous System	1	-
External Causes of Morbidity and Mortality		
Transport Accident	8	7
Other External Causes of Accidental Injury	-	1
Assault	4	1
Intentional Self-Harm	1	3
Accidental Drowning and Submersion	-	-
Accidental Poisoning by Exposure to Noxious Substance	-	2
Certain Infectious & Parasitic Disease	2	…
Pending	10	2
Defined and Unknown Causes of Death Not Elsewhere Classified	-	1

Source: Central Government Laboratory and Epidemiology and Surveillance

Notes:
[a] Whether in blood, vitreous, or urine.
[b] Drugs whether in blood, vitreous, urine, or liver and include: 6-MAM, amitriptyline, benzoylecgonine, BZE, cocaine, codeine, diphenhydramine, hydrocodone, ibuprofen, midazolam, morphine, paracetamol, THC, THC-OH, THC-COOH, or a combination.
[c] All death certificates for 2017 have not been received. Therefore this data is based on 95% of registered deaths.
[d] Internationally accepted classification of deaths according to the World Health Organisation (WHO) http://apps.who.int/classifications/icd10/browse/2010/en

7.6 PRENATAL DRUG USE

Drug Use among Pregnant Women

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

Many pregnant women sometimes use medications without prior consideration to the adverse effects of these substances on their unborn children. Pregnant women who use drugs during their pregnancy pass the drugs along to the baby through the placenta. Women who smoke marijuana while they are pregnant are more likely to have low birth-weight, premature babies. These conditions can both lead to developmental delays and respiratory problems. Another obstacle these babies face is withdrawal symptoms for almost a week after birth. The most common long-term effect on these infants is that they may have a shorter attention span than a child not exposed to the drug. These problems are more prevalent in women who smoke more than six times per week.[12] 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.[13]

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.

[12] 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.

[13] 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.

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 2019, all of the nineteen confirmed positive tests was for marijuana. During this reporting period, the majority (11) of the woman who tested positive for marijuana, did so in their second trimester compared to one woman in 2018.

In 2019, all of the nineteen confirmed positive tests was for marijuana.

Table 7.6.1
Drug Screening for Marijuana among Pregnant Women Attending the Maternal Health Clinic, 2018 and 2019

	Number of Pregnant Women	
	2018	2019
Total Number of Tests	3	19
Total Number of Positive Tests	1	19
Positive Tests by Gestation		
First Trimester	-	5
Second Trimester	1	11
Third Trimester	-	3

Source: Maternal Health Clinic

Chapter 8
Drug Prevention Programmes

- PRIDE Bermuda's LifeSkills Training
- CADA's LifeSkills Training
- PATHS Programme

TEN YEAR SNAPSHOT

Time Series of Drug Prevention Programmes, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012[a]	2013	2014[b,c]	2015[d]	2016[e]	2017[f]	2018	2019
PRIDE Bermuda's Lifeskills Programme (Primary Level)										
Number of Schools Participated	…	…	11	9	11	12	10	9	9	8
Number of Classes Participated	…	…	25	20	21	22	22	20	27	22
Number of Sessions	…	…	257	175	188	227	229	178	241	118
Proportion of Curriculum Completed (%)	…	…	93	98	99	98	99	100	97	57
CADA's Lifeskills Programme (Middle and High school Level)										
Number of Schools Participated	…	…	2	3	2	2	2	2	1	-
Number of Classes Participated	…	…	3	5	4	5	5	5	3	-
Number of Sessions	…	…	43	31	48	60	63	66	65	-
Proportion of Curriculum Completed (%)	…	…	96	100	100	100	100	100	100	-
PRIDE Bermuda's PATHS Programme										
Number of Schools Participated	..	..	..	1	1	1	1	2	2	3
Number of Classes Participated	..	..	..	2	4	5	1	3	3	4
Average Number of Sessions	..	..	..	54	74	78	64	64	86	44
Proportion of Curriculum Completed (%)	..	..	..	60	75	93	76	50	65	28
Number of Students Evaluated	..	..	..	..	61	76	105	132	126	..

Source: PRIDE Bermuda

Notes:
[a] The PATHS Programme included 1 primary, 1 middle and 1 high school.
[b] The Lifeskills Programme included 1 primary and 1 high school.
[c] The PATHS Programme included primary school grades 1 and 2.
[d] The PATHS Programme included only primary school grades 1 to 3.
[e] The PATHS Programme included only primary school grades 1 to 5.
[f] As of 2017 the PATHS Programme included only primary school grades 1 to 6.

8.1 BOTVIN'S LIFESKILLS TRAINING PROGRAMME

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

PRIDE and CADA, as part of their programme performance monitoring, compile LST programme data. The data in Table 8.1.1 shows that in both school years, 2018/2019 and 2019/2020, PRIDE has implemented the LST programme in classrooms at only the primary level. Specifically, in the 2018/2019 school year, 27 classrooms across nine primary schools implemented the LST programme. Similarly, the LST programme coverage in the 2019/2020 school year spanned 22 classrooms across eight primary schools. There were a number of students (18) who dropped out of the programme during the 2018/2019 school year, which decreased to two dropouts in 2019/2020. A total of 396 and 359 students completed the programme at this level, during the two academic years in review, respectively.

…the LST programme coverage in the 2019/2020 school year spanned 22 classrooms across 8 primary schools.

Across all participating classrooms in the primary schools, there were 241 sessions for students in 2018/2019 and 118 in 2019/2020. The notable decrease in the number of sessions from the 2018/2019 school year to the 2019/2020 school year can be attributed to the COVID-19 pandemic, causing a suspension in classes as of March 20th, 2020. As a result of the pandemic, sessions were incomplete. The average pre-test score for the students at the primary level was 57.0% versus 72.0% at the post test in 2018/2019 and 58.0% for the pre-test in 2019/2020. 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 10.0% in 2018/2019.

CADA, on the other hand, implemented the LST at only the middle-school level in one school year, 2018/2019 and none during the 2019/2020 school year, due to the COVID-19 pandemic. The 2018/2019 school year had three classes in one school that participated in the 14-module Level 1 middle-school programme, with 51 students completing the curriculum over 65 sessions (see Table 8.1.2). There was a 100.0% completion rate of all the modules in the three classes in the 2018/2019 school year. In 2018/2019, the gain score increased to 10.0% with an average pre-test score of 68.0% compared to 78.0% at the post test.

Table 8.1.1
PRIDE Bermuda's LifeSkills Programme Statistics, 2018/2019 and 2019/2020

Programme Indicators	School Year and Level	
	2018/2019	2019/2020
	PRIMARY	PRIMARY
Number of Schools Participated	9	8
Number of Classes Participated	27	22
Number of Students Engaged	414	361
Number of Students Dropped Out	18	2
Number of Students Retained	396	359
Number of Sessions	241	118[1]
Number of Modules Completed	210	101[2]
Total Number of Modules	216	176
Proportion of Curriculum Completed (%)	97	57
Average Pre-Test Score (%)	57	58
Average Post Test Score (%)	72	…[3]
Total Number of Cycles Completed	**23**	**6**

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, 2018/2019 and 2019/2020

Programme Indicators	School Year and Level			
	2018/2019		2019/2020[1]	
	MIDDLE	HIGH	MIDDLE	HIGH
Number of Schools Participated	1	..	..	..
Number of Classes Participated	3	..	..	..
Number of Students Engaged	52	..	..	..
Number of Students Dropped Out	1	..	..	..
Number of Students Retained	51	..	..	..
Number of Sessions	65	..	..	..
Number of Modules Completed	54	..	..	..
Total Number of Modules	54	..	..	..
Proportion of Curriculum Completed (%)	100	..	..	..
Average Pre-Test Score (%)	68	..	..	..
Average Post Test Score (%)	78	..	..	..

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.

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 2019/2020 academic year, the curriculum was delivered to three primary schools in comparison to the two primary schools in 2018/2019. 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 three classes at all six of the primary levels participated in the 2018/2019 school year.The curriculum was delivered two times each week with each session being approximately 30 minutes in length. A total of 223 students at the six primary levels were engaged for the entire programme in 2018/2019 and 294 students at the six primary levels in 2019/2020 (see Tables 8.2.1 and 8.2.2). The students at the Primary 1 level completed all of the 135 modules in 2018/2019 (100.0% curriculum completion) and 52 of the 132 in 2019/2020 (39.3% curriculum completion). The Primary 2 level saw completion rates of 41.0% in 2018/2019 and 18.3% in 2019/2020. At the Primary 3 level, the classes completed 70.7% of the curriculum in 2018/2019 and 26.5% in 2019/2020. For the 2018/2019 school year, Primary 4 completed 78.6% of the curriculum, Primary 5 completed 41.7%, and Primary 6 completed 59.3%. In contrast, in the 2019/2020 school year, Primary 4 completed 35.7% of the curriculum, Primary 5 completed 29.3%, and Primary 6 completed 15.6%. The signifganly lower completeion rates can be attributed to the suspension of classes, due to the COVID-19 pandemic. An evaluation of behaviors was not completed for the 2019/2020 school year.

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	2	2	2	2	2	2
Number of Classes Participated	3	3	3	3	3	3
Number of Students Engaged	35	33	34	38	46	37
Number of Students Dropped Out	-	2	-	1	1	1
Number of Students Retained	35	31	34	37	45	36
Number of Sessions	135	64	106	99	50	64
Number of Modules Completed	135	64	106	99	50	64
Total Number of Modules	135	156	150	126	120	108
Proportion of Curriculum Completed (%)	100.0	41.0	70.7	78.6	41.7	59.3
Number of Students Evaluated	(n=24)	(n=24)[a]	(n=23)[b]	(n=24)	(n=16)[c]	(n=15)
Evaluation of Behaviours						
Improvement (% of students)						
Aggression/Disruptive Behaviours	63.0	27.0	41.0	17.0	9.0	25.0
Concentration/Attention	54.0	67.0	86.0	42.0	57.0	58.0
Social and Emotional Competence	84.0	20.0	86.0	67.0	65.0	66.0
Negative Change (% of students)						
Aggression/Disruptive Behaviours	25.0	46.0	43.0	25.0	31.0	47.0
Concentration/Attention	54.0	58.0	70.0	46.0	50.0	67.0
Social and Emotional Competence	54.0	75.0	96.0	33.0	43.0	93.0

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

Programme Indicators	2019/2020					
	Primary 1	Primary 2	Primary 3	Primary 4	Primary 5	Primary 6
No Change (% of students)						
Aggression/Disruptive Behaviours	46.0	41.0	48.0	58.0	56.0	53.0
Concentration/Attention	29.0	34.0	26.0	37.0	50.0	33.0
Social and Emotional Competence	38.0	17.0	4.0	42.0	38.0	-
No Change (% of students)						
Aggression/Disruptive Behaviours	29.0	13.0	9.0	17.0	13.0	-
Concentration/Attention	17.0	8.0	4.0	17.0	-	-
Social and Emotional Competence	8.0	8.0	-	25.0	19.0	7.0

Source: PRIDE Bermuda

Notes:
[a] One class of P2 students was not assessed since the teacher was out sick at the start of the programme and did not complete the pre-assessment. One student left.
[b] Two students left.
[c] One student left.

Table 8.2.2
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

Chapter 9
Certified Professionals

- Occupation
- Type of Certification

TEN YEAR SNAPSHOT

Time Series/Trend Analysis of Certified Treatment Professionals, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Certified Treatment Professionals	...	34	34	42	49	53	54	61	63	67
Treatment	...	29	29	37	43	47	48	55	57	61
Prevention	...	5	5	5	6	6	6	6	6	6

Source: Bermuda Addiction Certification Board

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 gained seven professionals since the last report. Specifically, in 2019, there were 67 certified persons in substance abuse treatment and prevention occupations, compared to 63 professionals in 2018; 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 four persons in 2019, while prevention specialists remained the same over the last two years. It should be noted that there are also private and other practitioners who have not yet been certified by the BACB.

…there were 67 certified persons in substance abuse treatment and prevention occupations; most of whom are alcohol or drug counsellors…

Table 9.1.1
Certified Treatment and Prevention Professionals by Occupation, 2018 and 2019

Occupation	2018	2019
Treatment		
Alcohol/Drug Counsellors	40	44
Associate Counsellors	6	6
Clinical Supervisors	11	11
Prevention		
Prevention Specialists	6	6
Associate Prevention Professional	-	-
TOTAL	**63**	**67**

Source: Bermuda Addiction Certification Board

Table 9.1.2
Certified Treatment and Prevention Professionals by Type of Certification, 2018 and 2019

Field of Certification	2018	2019
Treatment		
ICADC	40	44
CCS	11	11
ACAD	6	6
Prevention		
CPS	6	6
APP	-	-
TOTAL	**63**[r]	**67**

Source: Bermuda Addiction Certification Board

Chapter 10
Survey Data

- Public Perceptions of Crime and Health
- Treatment Demand Indicators
- Youth Drug Prevalence

TEN YEAR SNAPSHOT

Time Series/Trend Analysis of Survey Data, 2010 to 2019

SUMMARY INDICATORS (TOTAL)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Public Perceptions of Crime and Health (n=400)										
Overall how safe do you feel in your neighborhood?										
Safe (Extremely and Mostly)	..	91	98	95	98	96	97	98	96	98
Unsafe (Extremely and Mostly)	..	9	2	5	1	3	2	2	3	2
Overall which types of crime do you know to have occurred in your neighborhood?										
People openly selling or using drugs? Yes	..	21	20	19	21	13	19	22	25	22
A theft (auto or personal property) having occurred? Yes	..	56	42	45	39	37	29	30	28	28
Breaking and entering to steal personal property? Yes	..	54	42	44	36	35	40	31	33	28
Crimes committed with guns? Yes	..	18	10	14	18	13	12	11	31	13
Overall how would you rate your own health in terms of physical and mental well-being?										
Good (Very and Good)	..	..	..	..	..	..	..	..	95	95
Poor (Very and Poor)	..	..	..	..	..	..	..	..	4	4
Refused/ Don't Know/No answer	..	..	..	..	..	..	..	..	1	1
National School Survey										
Ever Used At Least One Drug (%)	..	76.0	..	..	..	71.0	..	..	..	52.8
Lifetime[a] Use of Legal Drugs (%)[b]	..	..	..	..	..	64.5	..	..	..	50.0
Lifetime Use of Illegal Drugs (%)[c]	..	..	..	..	..	27.0	..	..	..	9.9
Current[d] Use of Legal Drugs (%)	..	..	..	..	..	22.9	..	..	..	15.3
Curent Use if Illegal Drugs (%)	..	..	..	..	..	11.2	..	..	..	8.2
Average Protective Factor Score[e] (%)	..	…	..	..	..	74.7	..	..	..	70.2
Average Risk Factor Score (%)	..	…	..	..	..	24.0	..	..	..	18.3

Sources: DNDC's Commissioned Questions in 2nd Quarter Bermuda Omnibus Survey© and DNDC's National School Survey

Notes:
[a] Students responding to "ever" consuming the substance (asked of all survey respondents).
[b] Percentages are computed with the number as a proportion of grade level total.
[c] "Illegal drugs" also include "Other drugs" for 2019.
[d] Of students who responded to "ever" consuming the substance, 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).
[e] Some scores are low because of the small number of responses to the survey items comprising the particular scale.

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 2020 Omnibus Survey, a sample survey of 400 residents, to evaluate the community's perceptions of issues regarding safety in neighbourhoods, crime committed in nighbourhoods, and the perception of respondents' overall health.

Bermuda residents' perceived safety has improved from its already high level enjoyed for five consecutive years.

Safety in Neighbourhood

Bermuda residents' perceived safety has improved from its already high level enjoyed for five consecutive years. Virtually all residents, regardless of parish or demographic, reported feeling either mostly or extremely safe in their neighbourhoods. Of note, the proportion of the population feeling 'extremely safe' has risen significantly in the last year (42% now report feeling 'extremely safe', up nine points). Furthermore, residents predominantly feel as safe or safer in their neighbourhood compared to six months ago, consistent with past results. It is positive to note that virtually all residents indicated that they feel safe in their neighbourhood to some degree. Moreover, compared with last year, a greater number now said they feel extremely safe, reaching the highest ratings since tracking began. The degree to which residents feel safe is highly consistent across parishes and demographics (see Table 10.1.1).

Despite more people feeling extremely safe in their neighbourhood over the past year, a solid majority indicated that they feel as safe as they did six months ago. Meanwhile, just over one in 10 felt more safe, and one in 10 felt less safe. These findings are consistent with the past few years' results. Across parishes, those in Hamilton/Smith's/St.George's were more likely than those in Warwick/Paget and Pembroke/Devonshire to indicate that they feel as safe as they did six months ago. It is highly positive to note that higher income earners were more likely to feel as safe, while lower income earners were more likely to feel safer than they did six months ago.

Crimes Committed in Neighbourhood

When considering residents' knowledge of crimes occurring in their neighbourhood over twelve months, findings are highly consistent with the past few years of research. Specifically, in terms of the top types of crimes committed, three in 10 residents were aware of a theft (auto or personal property), while an equal proportion 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).

While awareness of various crimes being committed have mostly been downward trending across the board, the greatest declines were with respect to theft, and breaking and entering to steal personal property.

Minimal shift was evident in the prevalence of different types of crimes reported by residents, though notable changes were evident when comparing results over the past eight years. While awareness of various crimes being committed have mostly been downward trending across the board, the greatest declines were with respect to theft, and breaking and entering to steal personal property. Bermudians, as opposed to non- Bermudians, were more likely to be aware of people openly selling or using drugs. White residents and those living in Pembroke/Devonshire, as opposed to those in Hamilton/Smith's/St. George's and Sandys/Southampton, were more likely to report being aware of a theft having occurred. Those living in Hamilton/Smith's/St.George's were least likely to be aware of crimes committed with guns. White residents were also more likely to be aware of a break and enter having occurred. Residents under the age of 35 and Bermudians were more likely to be aware of an assault.

Consistent with past results, just over one-half of residents cited knowledge of at least one type of crime committed in their neighbourhood within the past 12 months, with few residents reporting awareness of three or more different types of crimes. Across the population, Bermudians, and white residents were more likely to be aware of at least one type of crime committed in their neighbourhood. Residents in Sandys/Southampton were more likely than those in Warwick/Paget and Pembroke/Devonshire to not be aware of any crimes committed in their neighbourhood.

The majority of residents indicated that neighbourhood crimes have remained about the same since COVID-19 cases were reported in Bermuda. Nonetheless, it is positive to note that more than one in 10 said that crime has decreased, while fewer than one in 10 perceived an increase. Residents living in Warwick/Paget were more likely than residents in Sandys/Southampton and Hamilton/Smith's/St.George's to perceive a change in neighbourhood crimes following COVID-19 cases being reported.

Perception of Overall Health

Overall, virtually all residents continued to perceive themselves to be in good mental and physical health, with approximately one in three residents rating their health as very good. Howeveratings of very good have been slowly declining

Virtually all residents continued to perceive themselves to be in good mental and physical health, with approximately one in three residents rating their health as very good.

since 2016, while a greater number perceived their health as good. Among the small number who perceived their health as poor or very poor (n = 17), just over half indicated their mental well-being has been negatively affected by COVID-19, and just under four in 10 have experienced negative effects to their physical well-being. Regionally, residents of Warwick/Paget parishes were more likely than residents in Sandys/Southampton to report being in very good health; a finding that is consistent with one year go. Also consistent with last year, results were highly similar across the population, although non- Bermudian citizens were more likely than their counterparts to report being in very good health. Due to very small sample sizes, subgroup analysis is not provided and caution should be taken when interpreting differences across the population.

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 = 400)

	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	42	44	48	39	39	42	42	47	35	45	40	39	46	45	47	43	36
Mostly Safe	56	53	49	59	61	56	57	51	64	53	59	59	52	53	53	55	64
Mostly Unsafe	1	1	0	1	0	0	1	0	1	1	0	0	2	1	0	1	0
Extremely Unsafe	1	0	3	1	0	2	0	2	0	2	1	1	1	0	0	1	0
Don't Know/No Answer	0	2	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0
Weighted Sample Size (#)	**400**	**73**	**97**	**112**	**106**	**183**	**217**	**114**	**131**	**108**	**93**	**171**	**136**	**197**	**117**	**316**	**83**
Unweighted Sample Size (#)	**400**	**80**	**96**	**104**	**108**	**159**	**241**	**117**	**127**	**112**	**42**	**159**	**199**	**216**	**111**	**330**	**69**
% Exremely/Mostly Safe	98	97	97	98	100	98	99	97	99	98	99	98	98	98	100	98	100
% Mostly/Extremely Unsafe	1	1	3	2	-	2	1	2	1	2	1	1	2	1	-	2	-

Source: DNDC's Commissioned Questions in 2nd Quarter 2020 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 = 400)

	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	22	20	15	26	25	26	19	26	26	18	22	23	21	23	21	25	11
No	73	71	81	71	71	70	76	69	68	81	76	73	73	72	75	71	83
Don't Know	5	9	4	3	4	4	5	4	6	2	2	5	6	5	4	4	6
Weighted Sample Size (#)	**400**	**73**	**97**	**112**	**106**	**183**	**217**	**114**	**131**	**108**	**93**	**171**	**136**	**197**	**117**	**316**	**83**
Unweighted Sample Size (#)	**400**	**80**	**96**	**104**	**108**	**159**	**241**	**117**	**127**	**112**	**42**	**159**	**199**	**216**	**111**	**330**	**69**

Source: DNDC's Commissioned Questions in 2nd Quarter 2020 Bermuda Omnibus Survey©

A theft (auto or personal property) having occurred?

(n = 400)

	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	33	32	34	34	31	33	33	26	45	34	32	34	33	30	41	33	32
No	63	65	62	62	64	64	62	70	52	62	65	63	62	65	56	63	64
Don't Know	4	3	4	4	5	4	4	5	3	4	3	4	5	5	3	4	4
Weighted Sample Size (#)	**400**	**82**	**88**	**114**	**115**	**190**	**210**	**159**	**124**	**90**	**104**	**165**	**131**	**215**	**127**	**333**	**67**
Unweighted Sample Size (#)	**400**	**81**	**86**	**112**	**118**	**193**	**207**	**154**	**125**	**91**	**84**	**171**	**145**	**194**	**137**	**338**	**62**

Source: DNDC's Commissioned Questions in 2nd Quarter 2020 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 = 400)**

	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	28	21	30	30	28	26	29	25	32	30	17	32	29	21	33	30	20
No	70	76	67	70	69	72	69	73	65	70	83	64	68	76	66	68	76
Don't Know	2	3	3	0	3	3	2	3	3	0	0	3	3	3	1	2	4
Weighted Sample Size (#)	**400**	**73**	**97**	**112**	**106**	**183**	**217**	**114**	**131**	**108**	**93**	**171**	**136**	**197**	**117**	**316**	**83**
Unweighted Sample Size (#)	**400**	**80**	**96**	**104**	**108**	**159**	**241**	**117**	**127**	**112**	**42**	**159**	**199**	**216**	**111**	**330**	**69**

Source: DNDC's Commissioned Questions in 2nd Quarter 2020 Bermuda Omnibus Survey©

Crimes committed with guns? **(n = 400)**

	Bermuda Overall %	Parish				Gender		Household Income			Age			Race		Bermudian?	
		Sndy/ Sthp	War/ Paget	Pem/ Devon	Ham/ Sm/Sg	Male	Female	<$75K	$75K-$150K	>150K	18-34	35-54	55+	Black	White	Yes	No
Yes	13	9	21	18	1	11	14	18	10	11	17	11	12	14	8	13	11
No	86	87	76	81	99	87	85	81	88	89	83	86	87	84	90	86	85
Don't Know	2	3	2	0	1	2	1	1	2	0	0	3	1	2	2	1	4
Weighted Sample Size (#)	**400**	**73**	**97**	**112**	**106**	**183**	**217**	**114**	**131**	**108**	**93**	**171**	**136**	**197**	**117**	**316**	**83**
Unweighted Sample Size (#)	**400**	**80**	**96**	**104**	**108**	**159**	**241**	**117**	**127**	**112**	**42**	**159**	**199**	**216**	**111**	**330**	**69**

Source: DNDC's Commissioned Questions in 2nd Quarter 2020 Bermuda Omnibus Survey©

Table 10.1.3

Overall, how would you rate your own health in terms of physical and mental well-being? **(n = 400)**

	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	36	38	46	33	28	35	38	32	39	37	38	35	38	35	37	33	48
Good	59	55	51	61	70	62	57	61	56	62	62	59	57	61	59	62	48
Poor	3	2	3	5	2	1	5	4	5	1	-	4	3	2	4	3	2
Very Poor	1	3	-	-	1	1	1	2	-	-	-	1	1	1	-	1	1
Refused	1	2	1	-	-	1	-	1	-	-	-	1	1	1	-	-	1
Don't Know/No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Weighted Sample Size (#)	**400**	**73**	**97**	**112**	**106**	**183**	**217**	**114**	**131**	**108**	**93**	**171**	**136**	**197**	**117**	**316**	**83**
Unweighted Sample Size (#)	400	80	96	104	108	159	241	117	127	112	42	159	199	216	111	330	69
% Very Good/Good	96	93	96	94	98	97	95	93	95	99	100	94	95	96	95	96	96
% Poor/ Very Poor	4	5	3	5	2	2	5	5	5	1	-	5	4	4	4	4	3

Source: DNDC's Commissioned Questions in 2nd Quarter 2020 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 2019 to December 2019. There were 69 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 59 males and 10 females required inpatient (including residential), outpatient, and in-prison (residential) treatment services. Most persons (44) were clients of the Turning Point Programme.

Persons requiring treatment services ranged from 18 years to 70 years with the majority (7.2%) of these clients being 39 years old. These persons who sought treatment were more likely to self-refer (53.6%) or, in other instances, sought treatment because of a court order or to complete probation or parole (20.3%). There were 60.9% of clients who sought treatment during this period who have received treatment sometime in the past, from as early as the year 1990 to as recent as 2018. However, only 4.3% of persons who sought treatment have been receiving substitution treatment, such as methadone.

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

In terms of the primary drug of impact for which persons sought treatment (see Table 10.2.2), nearly three in 10 (29.0%) of them sought treatment for alcohol use, while 17 persons sought treatment for use of heroin (24.6%) and 18 persons sought treatment for cannabis and cocaine (24.6%). Persons also sought treatment for crack and opiates in general (including methadone).

Most of the persons (71.0%) have reported daily use of drugs, whereas 8.7% 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 (34.8%) was reported as the main method of administering the drugs, followed by eating/drinking (27.5 %) (see Table 10.2.4).

The age of first use of the identified primary drug ranged from seven years to 70 years, with an average age of onset being 20.6 years. However, most (34.8%) of the persons who sought treatment indicated that they first used their primary drug between the ages of 13 to 17 years, while just over one in 10 (11.6%) 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 13.8 years for cannabis to 30.0 years for opiates (see Table 10.2.6). The average age at which alcohol use began was 16.0 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 reported that their primary drug was "always available" (82.6%) or "mostly available" (10.1%) and neary three in five (55.1%) indicated that they purchased their drugs from a regular supplier (see Table 10.2.7). At the same time, the majority of the persons (60.9%) stated that they did not make money or obtain drugs by selling illegal drugs or being involved in the manufacture or transportation of drugs.

Persons also specified the way(s) in which the various drugs were usually packaged for sale (see Table 10.2.8), utilising paper, plastic, or foil in which drugs are wrapped or twisted, and quantities can be sold for any dollar value in demand; but some common denominations are $10, $20, $50, and $100. Reported prices paid for drugs still seemed volatile and, hence, were not included in this publication until they can be reliably validated, possibly from other sources or treatment agencies.

Table 10.2.1
Demographic Characteristics of Clients Seeking Treatment, 2019

Characteristic	Number of Persons
Total	**69**
Sex	
Males	59
Females	10
Facility	
Men's Treatment	10
Women's Treatment Centre	1
Turning Point	44
Right Living House	-
Salvation Army Harbour Light	2
FOCUS	12
Type of Treatment Facility	
Inpatient	19
Outpatient	48
Treatment in Prison	1
Not Stated	1

Table 10.2.1
Demographic Characteristics of Clients Seeking Treatment, 2019

Characteristic	Number of Persons
Source of Referral	
Self-Referred	37
Court/Probation/Parole	14
Family/Friends	3
Other Drug-Treatment Centre	1
Hospital/Other Medical Source	5
General Practitioner	2
Other	2
Not Known	1
Not Stated	4
Living Status (With Whom)	
Alone	24
With Parents	16
Alone with Child	1
Alone with Partner	3
With Partner and Child/Children	4
With Friends	5
Other	11
Not Known	2
Not Stated	3
Living Status (Where)	
Stable Accommodation	45
Unstable Accommodation	18
Institution (Prison/Clinic)	1
Not Known	1
Not Stated	4
Nationality	
National of Bermuda	64
National of Another Country	3
Not Stated	2
Labour Status	
Regular Employment	26
Economically Inactive	-
Unemployed	33
Pupil/student	1
Other	7
Not Stated	2
Highest Education Level Completed	
Never Went to School/Never Completed Primary School	1
Primary Level of Education	18
Secondary level of Education	38
Higher Level of Education	10
Not Stated	2

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.2
Primary Drug of Impact of Clients Seeking Treatment, 2019

Primary Drug of Impact	Number of Persons
Heroin	17
Crack (only)	9
Alcohol	20
Cannabis	10
Opiates (Methadone, Other Opiates)	3
Cocaine	8
Not Stated	2

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.3
Frequency of Drug Use, 2019

Frequency	Number of Persons
Used daily	49
Not used in past month	8
Used 2-6 days per week or less	6
Used once per week or less	4
Not Stated	2

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.4
Primary Route of Drug Administration, 2019

Primary Route	Number of Persons
Smoke/Inhale	34
Sniff	36
Eat/Drink	16
Inject	7
Others	1
Not Known	4

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.5
Age of First Use of Primary Drug, 2019

Age	Number of Persons
Less than 13 years	8
13 – 17 Years	24
18 – 20 Years	13
21 – 24 Years	3
25 – 29 Years	7
30 – 34 Years	6
35 – 39 Years	3
40+ Years	2
Not Known	3

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.6
Average Age of Initiation by Type of (Secondary) Drug, 2019

Drug	Average Age of Initiation
Cannabis	13.8
Alcohol	16.0
Opiates (Total)	30.0
Heroin	25.0
Methadone	-
Cocaine (Total)	26.0
Cocaine	28.0
Crack	24.4
MDMA and Other Derivatives	27.0
Other Substances	19.0

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.7
Drug Market (Availability, Supplier, and Proceeds), 2019

Availability of Primary Drug	Number of Persons
Always Available	57
Mostly Available	7
Sometimes Available	3
Not Known	2
Purchased from Regular Supplier	
Yes	38
No	20
Not Known	11
Made Money or Obtained Drugs by Selling Illegal Drugs or Being Involved in Manufacture or Transportation of Drugs	
Yes	21
No	42
Not Known	6

Source: DNDC's Treatment Demand Indicators Survey

Table 10.2.8
Drug Market (Packaging of Drugs), 2019

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 DRUG PREVALENCE

Surveys to assess drug consumption, as well as to identify the current levels of protection and risk among middle and senior school students, have indicated use of alcohol, tobacco, and other drugs (ATODs), both in the lifetime and current use periods. For instance, the 2019 National School Survey indicated that 52.8% of all survey respondents or just over half (1,459 of 2,764) in M2 to S4 have reported use of at least one drug in their lifetime. This includes the use of all legal and illegal drugs listed in Table 10.3.1, excluding energy drinks.

Students recorded the highest lifetime prevalence-of-use for energy drinks, alcohol, marijuana, and inhalants.

In this survey, students recorded the highest lifetime prevalence-of-use for energy drinks (51.8%), alcohol (45.2%), marijuana (18.3%), and inhalants (10.2%). Other lifetime prevalence ranges from a low of 0.5% for poppers and GHB to a high of 5.2% for cigarettes.

Students reported the highest current prevalence-of-use for energy drinks (19.2%), alcohol (13.2%), and marijuana (7.6%). Other current use prevalence ranges from a low of 0.2% for heroin to a high of 2.2% for inhalants.

Social factors are fundamental in promoting or deterring the initiation of substance use among adolescents and the engagement in problem behaviours. Influence can come from the community, family, school, peers, and the individuals' environments. While overall scores provide a general picture of the risk and protective factor profile, they can mask problems within individual grades. Tables 10.3.3 and 10.3.4 present individual-grade data for risk and protective factor scale scores. This detailed information provides prevention planners with a snapshot; revealing the risk and protective factor scales that are of greatest concern by grade level. It allows those prevention planners to focus on the most appropriate points in youth development for preventive intervention action – and to target their prevention efforts as precisely as possible.

Younger students tend to report different factors than older students as being the most elevated or suppressed, as seen in Tables 10.3.3 and 10.3.4. When it came to the three highest protection scales, M2 students reported highest levels for: Family Rewards for Prosocial Involvement (86), Family Opportunity for Prosocial Involvement (80), and Family Attachment (79). However, S4 students reported highest levels for: *Family Rewards for Prosocial Involvement* (86), *Interaction with Prosocial Peers* (80), and *Peer Prosocial Involvement* (80). On the other hand, M2 students reported their three highest levels of risk as *Transitions and Mobility* (61), *Sensation Seeking* (46), and *Family Conflict* (26). S4 students, on the other hand, reported their three highest levels of risk as *Sensation Seeking* (63), *Friends Use of Drugs* (62), and *Transitions and Mobility* (61).

Table 10.3.1
Lifetime Use[a] of ATODs and Energy Drinks by Grade Level of Survey Respondents, 2019

Substance	Grade Level[b]														Overall (*n = 2,764*)	
	M2 (*n = 590*)		M3 (*n = 499*)		S1 (*n = 479*)		S2 (*n = 469*)		S3 (*n = 382*)		S4 (*n = 337*)		NS (*n = 8*)			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
LEGAL DRUGS	**177**	**30.0**	**205**	**41.1**	**252**	**52.6**	**286**	**61.0**	**235**	**61.5**	**225**	**66.5**	**2**	**25.0**	**1,382**	**50.0**
Alcohol	132	22.0	174	34.9	230	48.0	267	56.9	224	58.6	219	65.0	2	25.0	1,248	45.2
Cigarettes	8	1.4	15	3.0	16	3.3	26	5.5	39	10.2	41	12.2	-	-	145	5.2
Inhalants	64	10.8	52	10.4	61	12.7	53	11.3	33	8.6	19	5.6	1	12.5	283	10.2
ILLEGAL DRUGS[c]	**16**	**2.7**	**14**	**2.8**	**44**	**9.2**	**76**	**16.2**	**66**	**17.3**	**58**	**17.2**	**-**	**-**	**274**	**9.9**
Amphetamines & Methamphetamines	1	0.2	-	-	4	0.8	8	1.7	5	1.3	6	1.8	-	-	24	0.9
Amphetamines-																
type Stimulants	-	-	-	-	-	-	7	1.5	8	2.1	10	3.0	-	-	25	0.9
Analgesics	1	0.2	5	1.0	6	1.3	21	4.5	16	4.2	18	5.3	-	-	67	2.4
Beedi	2	0.3	2	0.4	5	1.0	6	1.3	7	1.8	2	0.6	-	-	24	0.9
Cannabis Resin	2	0.3	1	0.2	12	2.5	35	7.5	41	10.7	30	8.9	-	-	121	4.4
Cocaine	2	0.3	-	-	2	0.4	7	1.5	7	1.8	7	2.1	-	-	25	0.9
Crack	2	0.3	-	-	1	0.2	8	1.7	4	1.0	3	0.9	-	-	18	0.7
Ecstasy	3	0.5	1	0.2	3	0.6	15	3.2	8	2.1	18	5.3	-	-	48	1.7

Table 10.3.1 cont'd

Lifetime Use[a] of ATODs and Energy Drinks by Grade Level of Survey Respondents, 2019

Substance	Grade Level[b]														Overall (n = 2,764)	
	M2 (n = 590)		M3 (n = 499)		S1 (n = 479)		S2 (n = 469)		S3 (n = 382)		S4 (n = 337)		NS (n = 8)			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
GHB	1	0.2	-	-	1	0.2	5	1.1	4	1.0	2	0.6	-	-	13	0.5
Grabba	2	0.3	1	0.2	6	1.3	19	4.1	17	4.5	12	3.6	-	-	57	2.1
Hallucinogens	1	0.2	-	-	2	0.4	16	3.4	6	1.6	6	1.8	-	-	31	1.1
Hashish	1	0.2	-	-	5	1.0	34	7.2	30	7.9	24	7.1	-	-	94	3.4
Heroin	1	0.2	1	0.2	3	0.6	7	1.5	5	1.3	4	1.2	-	-	21	0.8
Ketamine	1	0.2	2	0.4	5	1.0	9	1.9	4	1.0	1	0.3	-	-	22	0.8
Marijuana	13	2.2	22	4.4	71	14.8	120	25.6	145	38.0	135	40.1	-	-	506	18.3
Poppers	-	-	1	0.2	-	-	6	1.3	5	1.3	2	0.6	-	-	14	0.5
Tranquilizers																
without	10	1.7	4	0.8	12	2.5	20	4.3	4	1.0	2	0.6	-	-	52	1.9
prescription	-	-	1	0.2	2	0.4	9	1.9	7	1.8	4	1.2	-	-	23	0.8
Other Drugs	10	1.7	4	0.8	12	2.5	20	4.3	4	1.0	2	0.6	-	-	52	1.9
Energy Drinks	220	37.3	206	41.3	277	57.8	278	59.3	236	61.8	214	63.5	1	12.5	1,432	51.8

Source: DNDC's National School Survey 2019

Notes: [a] Students responding to "ever" consuming the substance (asked of all survey respondents).
[b] Percentages are computed with the number as a proportion of grade level total.
[c] "Illegal drugs" also include "Other drugs".

Table 10.3.2

Current Use[a] of ATODs and Energy Drinks by Grade Level of Survey Respondents, 2019

Substance	Grade Level[b]												Overall (n = 2,764)	
	M2 (n = 590)		M3 (n = 499)		S1 (n = 479)		S2 (n = 469)		S3 (n = 382)		S4 (n = 337)			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
LEGAL DRUGS	**36**	**6.1**	**35**	**7.0**	**61**	**12.7**	**98**	**35.0**	**92**	**24.1**	**98**	**35.0**	**422**	**15.3**
Alcohol	13	2.2	32	6.4	49	10.2	94	27.9	87	22.8	94	27.9	365	13.2
Cigarettes	3	0.5	5	1.0	7	1.5	13	3.9	12	3.1	13	3.9	48	1.7
Inhalants	22	3.7	3	0.6	13	2.7	6	1.8	6	1.6	6	1.8	62	2.2
ILLEGAL DRUGS[d]	**5**	**0.8**	**10**	**2.0**	**30**	**6.3**	**59**	**17.5**	**70**	**18.3**	**59**	**17.5**	**228**	**8.2**
Cocaine	2	0.3	-	-	1	0.2	-	-	1	0.3	-	-	8	0.3
Crack	2	0.3	-	-	-	-	1	0.3	-	-	1	0.3	7	0.3
Ecstasy	1	0.2	-	-	1	0.2	9	2.7	2	0.5	9	2.7	19	0.7
Heroin	1	0.2	-	-	1	0.2	2	0.6	-	-	2	0.6	6	0.2
Marijuana	4	0.7	7	1.4	25	5.2	57	16.9	67	17.5	57	16.9	210	7.6
Other Drugs	2	0.3	4	0.8	6	1.3	4	1.2	5	1.3	4	1.2	28	1.0
Energy Drinks	63	10.7	72	14.4	113	23.6	72	21.4	86	22.5	72	21.4	532	19.2

Source: DNDC's National School Survey 2019

Notes: [a] Of students who responded to "ever" consuming the substance, 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).
[b] Percentages are computed with the current use number as a proportion of total grade level survey respondents for each substance.
[c] Survey did not measure current use of cannabis resin, hashish, hallucinogens, poppers, analgesics, beady, ketamine, GHB, amphetamine-type stimulant, amphetamines and methamphetamines, and grabba.
[d] "Illegal drugs" also include "Other drugs".

Table 10.3.3
Protective Factor Scale Proportions[a] Reported by Survey Respondents by Grade Level, 2019

		M2	M3	S1	S2	S3	S4
		%	%	%	%	%	%
Community Domain	Community Rewards for Prosocial Involvement	65	62	63	66	61	58
	Community Opportunities for Prosocial Involvement	44	50	50	49	53	57
Family Domain	Family Attachment	79	77	72	63	70	71
	Family Opportunities for Prosocial Involvement	80	74	75	67	68	69
	Family Rewards for Prosocial Involvement	86	85	88	83	87	86
School Domain	School Opportunities for Prosocial Involvement	77	75	80	74	75	76
	School Rewards for Prosocial Involvement	69	72	73	68	71	71
Peer and Individual Domain	Rewards for Prosocial Involvement	71	72	78	70	79	76
	Interaction with Prosocial Peers	69	72	79	75	79	80
	Belief in the Moral Order	69	42	76	68	65	66
	Peer Prosocial Involvement	65	70	78	75	79	80
	Religiousity	48	47	59	51	54	49
	Social Skills	70	72	80	73	75	73
	Average	**78**	**71**	**69**	**70**	**65**	**68**

Source: DNDC's National School Survey 2019

Note: [a] Some scores are low because of the small number of responses to the survey items comprising the particular scale.

Table 10.3.4
Risk Factor Scale Scores[a] Reported by Survey Respondents by Grade Level, 2019

		M2	M3	S1	S2	S3	S4
		%	%	%	%	%	%
Community Domain	Low Neighbourhood Attachment	9	10	12	11	11	11
	Community Disorganisation	8	11	13	12	16	16
	Transitions and Mobility	61	63	43	62	61	61
	Perceived Availability of Drugs	11	16	24	33	42	50
	Perceived Availability of Handguns	2	3	4	3	7	6
	Laws and Norms Favourable to Drug Use	21	25	20	19	19	18
	Laws and Norms Favourable to Handguns	20	28	33	42	46	49
Family Domain	Family History of Antisocial Behaviour	18	21	27	33	41	37
	Poor Family Management	3	4	6	10	6	11
	Family Conflict	26	32	33	32	35	31
	Parental Attitudes Favourable toward ATOD Use	1	2	3	6	6	11
	Parental Attitudes Favourable toward Antisocial Behaviour	3	5	6	8	7	8
School Domain	Poor Academic Performance	7	6	12	13	12	12
	Lack of Commitment to School	11	12	8	12	19	14
Peer and Individual Domain	Rebelliousness	13	15	19	16	16	15
	Gang Involvement	1	1	2	3	4	4
	Favourable Attitudes toward ATOD Use	2	3	10	14	18	27
	Favourable Attitudes toward Antisocial Behaviour	2	2	6	6	4	5
	Sensation Seeking	46	50	61	62	63	63
	Peer Rewards for Antisocial Behaviour	15	27	41	46	51	49
	Friends' Use of Drugs	6	19	28	47	57	62
	Friends Delinquent Behaviour	5	8	11	15	17	16

Table 10.3.4 cont'd

Risk Factor Scale Scores[a] Reported by Survey Respondents by Grade Level, 2019

		M2	M3	S1	S2	S3	S4
		%	%	%	%	%	%
Peer and Individual Domain	Low Perceived Risks of Drug Use	8	8	28	42	54	58
	Early Initiation of Drug Use	7	11	8	5	6	9
	Intention to Use	2	3	6	12	16	15
	Average	**15**	**12**	**15**	**19**	**23**	**26**

Source: DNDC's National School Survey 2019

Note: [a] Some scores are low because of the small number of responses to the survey items comprising the particular scale.

Chapter 11
Financing Drug Control

- Drug Treatment and Prevention Expenditure
- Enforcement and Interdiction Expenditure

TEN YEAR SNAPSHOT

Time Series of Government Expenditure on Financing Drug Control, FY 2010/2011 to 2019/2020

	2010/ 2011 ACTUAL ($000)	2011/ 2012 ACTUAL ($000)	2012/2013 ACTUAL ($000)	2013/2014 ACTUAL ($000)	2014/2015 ACTUAL ($000)	2015/2016 ACTUAL ($000)	2016/2017 ACTUAL ($000)	2017/2018 ACTUAL ($000)	2018/2019 ACTUAL ($000)	2019/2020 REVISED ($000)
TOTAL DEMAND REDUCTION	**4,562**	**16,661**	**13,203**	**9,996**	**9,329**	**9,343**	**9,874**	**9,793**	**8,878**	**9,755**
TREATMENT	3,378	15,850	12,537	9,306	8,546	8,626	9,184	9,023	8,131	8,976
PREVENTION	1,184	711	666	690	694	717	690	770	747	779
TOTAL SUPPLY REDUCTION	**74,001**	**10,426**	**1,150**	**5,741**	**5,998**	**5,437**	**5,051**	**5,682**	**6,001**	**6,665**
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	71,739	6,365	1,133	1,312	1,222	1,260	1,032	1,443	1,869	2,557
Customs – Interdiction	2,262	4,061	17	4,429	4,776	3,862	4,019	4,259	4,132	4,108

Sources: Government of Bermuda Budget

11.1 DRUG CONTROL EXPENDITURE

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

Overall, allocation of funding for drug control demand and supply reduction efforts has seen an increase. In total, the government expended just over $16.4 million on drug control in Bermuda in FY 2019/2020, up from the previous FY 2018/2019, where drug control expenditure stood at $14.9 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; $8.9 million and $9.8 million vs. $6.0 million and $6.7 million in FY 2018/2019 and FY 2019/2020, 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. Funding for treatment services, in general, increased by 10.4% from FY 2018/2019 to FY 2019/2020; funding for prevention services increased by 4.3% (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 considerable increase by 11.1% year over year – moving from a $6.0 million in FY 2018/2019 to $6.7 million in FY 2019/2020.

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, 2018/2019 and 2019/2020

	2018/2019 ACTUAL ($000)	2019/2020 REVISED ($000)
TREATMENT	**8,131**	**8,976**
% Change	**-9.9**	**10.4**
DNDC (MT, WTC, Treatment Unit)	2,487	2,524
Grantees		
Salvation Army	100	100
FOCUS Counselling Services	300	300
Other (BACB)	**100**	**100**
Other Agencies		
BARC	525	538
CLSS	712	905
Drug Treatment Court	309	431
Mandatory Drug Treatment (RLH)	1,391	1,492
Turning Point Substance Abuse Programme+	2,307	2,586
PREVENTION	**747**	**779**
% Change	**-3.5**	**4.3**

Table 11.1.1 cont'd
Government Expenditure on Drug Treatment and Prevention, 2018/2019 and 2019/2020

	2018/2019 ACUTAL ($000)	2019/2020 REVISED ($000)
PREVENTION		
DNDC (Prevention Unit & Community Education)	464	496
Grantees		
PRIDE	183	183
CADA	100	100
TOTAL DEMAND REDUCTION	**8,878**	**9,755**
% Change	**-9.3**	**9.9**

Source: Government of Bermuda Budget

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

Table 11.1.2
Government Expenditure on Enforcement and Interdiction, 2018/2019 and 2019/2020

	2018/2019 ACTUAL ($000)	2019/2020 REVISED ($000)
ENFORCEMENT AND INTERDICTION		
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	1,869	2,557
Customs – Interdiction	4,132	4,108
TOTAL SUPPLY REDUCTION	6,001	**6,665**
% Change	**-8.2**	**11.1**

Source: Government of Bermuda Budget

LOOKING AHEAD

In order to move forward, we first must look back! In this publication, the reader was provided with a snapshot of key indicators from over the past decade. To be effective, however, Bermuda's response to the current drug problem must balance solutions to drug supply/demand and should be rooted in evidence with shared responsibility. This is no easy task. Economic uncertainty with shrinking resources in a time of a global pandemic (COVID-19) is a reality facing all agencies working in drug control, both locally and internationally. Institutional and individual level barriers continue to impact access to substance abuse treatment, especially for vulnerable groups in Bermuda. Adolescent intervention and treatment remains one of the top three gaps in services not addressed over the past 10 years, yet use of alcohol and marijuana has increased, even if marginally, in this cohort. Some success has been achieved in the judicial system with the implementation of the Mental Health Court. This accomplishment, however, has been overshawdowed by a lack of appropriate treatment facilities to refer mental health clients and those with co-occuring disorders. Additionally, decreasing the flow of drugs onto the Island is no easy undertaking. Supply reduction agencies remain challenged, both with human and financial resource shortages, as they persist with interdicting drugs overseas and at the borders.

As a result of the changing climate in which drug use occurs, the National Master Plan 2019-2024 has sought to introduce alternative control policies that speak to a balanced approach in addressing the national drug problem. Outlined in this Plan are useful and specific recommendations on interventions and programme design to address the underlying causes of increased drug taking, and providing alternative strategies that might be more effective in preventing it or reducing its harmful consequences. Although, the Plan has yet to be enacted by the current government, demand and supply reduction agencies have implemented a host of new objectives that are laid out in the Plan. Many lessons learnt over the past 10 years related to the tracking and monitoring of drug control indicators, and has lead to the conclusion that there is no one piece of information that informs the drug sitation in Bermuda. It is through the efforts of many, this publication stands, with other local information, as one of the principal bodies of information to advise the drug situation in Bermuda.

Achieving a better understanding of the complex origins of these problems, by deconstructing and identifying culturally appropriate interventions to counter them, requires a robust infrastructure for planning, implementing, and disseminating relevant, good-quality research in these areas. The Government must continue to provide support so that no one person is left behind. Health-centered approaches to drug use and associated diseases lead to better public health outcomes. The challenges in drug control have not deterred the DNDCs resolve to identify and report on key indicators that inform the drug situation in Bermuda. The BerDIN has done a tremendous job over the past decade of capturing and expanding information on the drug situation, while ensuring that the information available provides the best evidence for decision-making in Bermuda. The Network remains steadfast, now more than ever, to the provision of reliable, accurate, and up-to-date information.

Health-centered approaches to drug use and associated diseases lead to better public health outcomes.

Adolescent intervention and treatment remains one of the top three gaps in services not addressed over the past 10 years, yet use of alcohol and marijuana has increased, even if marginally, in this cohort.

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 Enforcement Activity 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.*

APPENDIX II

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

TARIFF CODE	DESCRIPTION	2018 (From April 1, 2018)	2019 (From April 1, 2019)
2202.910	Non-alcoholic beer	15% per L	15% per L
2202990	Other	15% per L	15% per L
2203.000	Beer	$1.26 per L	$1.26 per L
2204.100	Sparkling Wine	$4.70 per L	$6.00 per L
2204.210	Wine in Containers Holding 2 Litres or Less	$5.00 per L	$6.00 per L
2204.290	Wine in Containers Greater Than 2 Litres	$5.00 per L	$6.00 per L
2204.220	Wine in containers holding more than 2 l but not more than 10 l	$5.00 per L	$6.00 per L
2204.300	Other Grape Must	$5.00 per L	$6.00 per L
2205.100	Vermouth in Containers Holding 2 Litres or Less	$5.00 per L	$6.00 per L
2205.900	Vermouth in Containers Holding Greater Than 2 Litres	$5.00 per L	$6.00 per L
2206.000	Other fermented beverages (for example, cider, perry, mead, saké); mixtures of fermented beverages and mixtures of fermented beverages	$1.26 per L	$1.36 per L
2207.100	Undenatured Ethyl Alcohol	$31.35 per LA	$83.00 per LA
2207.200	Denatured Ethyl Alcohol	$0.75 per LA	$0.75 per LA
2208.200	Brandy and Cognac	$31.35 per LA	$82.00 per LA
2208.300	Whiskies	$31.35 per LA	**$82.00 per LA**
2208.400	Rum and Other Spirits From Sugar Cane	$31.35 per LA	**$82.00 per LA**
2208.500	Gin and Geneva	$31.35 per LA	**$82.00 per LA**
2208.600	Vodka	$31.35 per LA	$82.00 per LA
2208.700	Liqueur and Cordials	$31.35 per LA	$82.00 per LA
2208.900	Other Spirituous Beverages	$31.35 per LA	$82.00 per LA
9802.001	Accompanied Personal Goods:Wine of Fresh Grapes	$2.89 per L	$2.89 per L
9802.002	Accompanied Personal Goods: Spirituous Beverages	$10.63 per L	$10.63 per L
2401.100	Tobacco, Not Stemmed/Stripped	$300.00 per KG	$500.00 per KG
2401.200	Tobacco, Partly or Wholly Stemmed/Stripped	$300.00 per KG	$500.00 per KG
2401.300	Tobacco Refuse	$300.00 per KG	$500.00 per KG
2402.100	Cigars, Cheroots, etc. Containing Tobacco	$300.00 per KG	$300.00 per KG
2402.200	Cigarettes Containing Tobacco	$0.37 per U	**$0.40 per U**
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	35.0%	35.0%
2403.110	Water Pipe Smoking Tobacco	35.0%	35.0%
2403.190	Other Smoking Tobacco	35.0%	500.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	35.0%	500.00
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	35.0%	35.0%
9802.003	Accompanied Personal Goods: Cigarettes Containing Tobacco	$44.00 per 200 U	$44.00 per 200 U
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	35.0%	35.0%
9803.171	Cigarettes Containing Tobacco	$74 per carton	$74 per carton

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 a 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.

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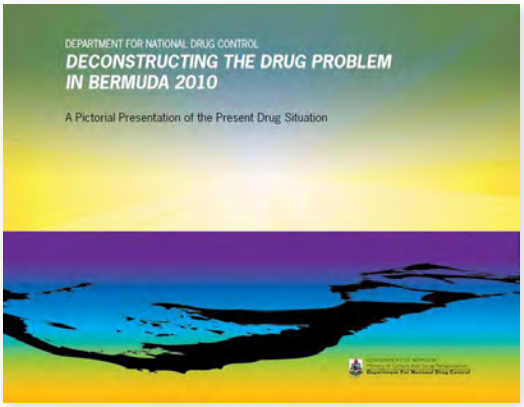
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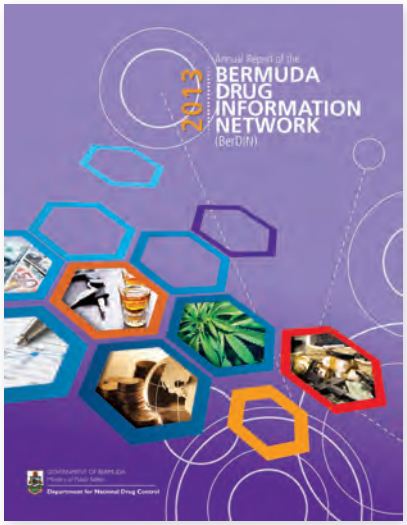
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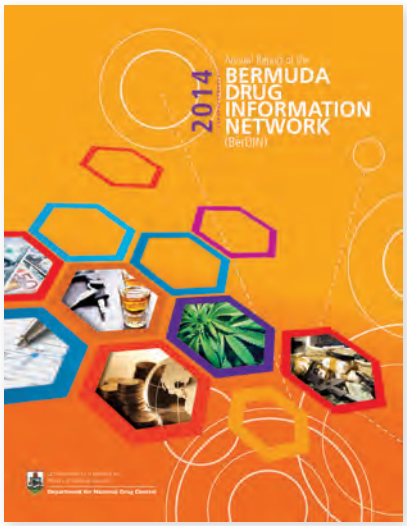
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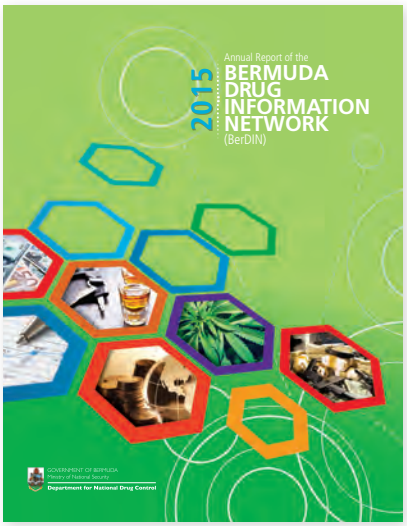
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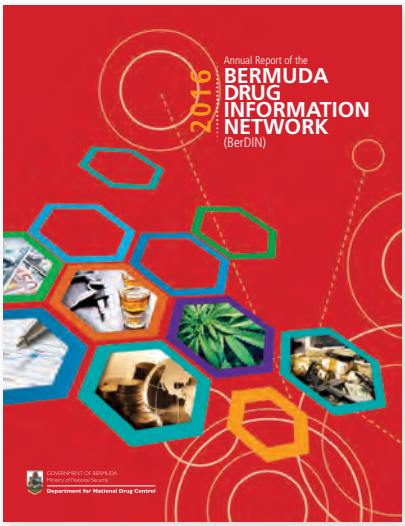
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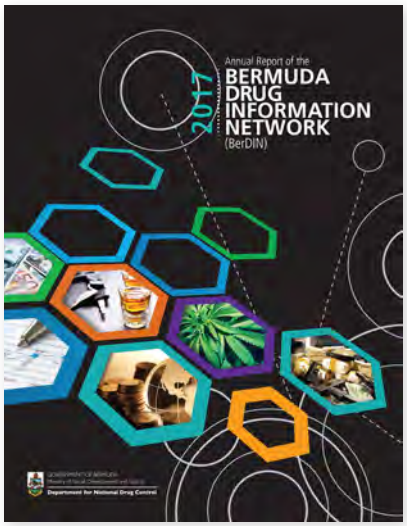
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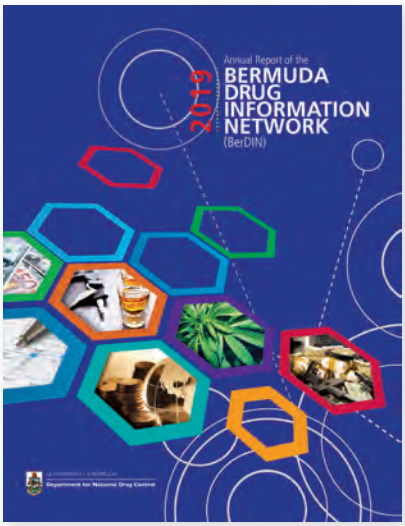
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