2024

Annual Report of the

BERMUDA DRUG INFORMATION NETWORK

(BerDIN)

GOVERNMENT OF BERMUDA

Department for National Drug Control

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

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Government of Bermuda, Ministry of National Security, Department for National Drug Control
P.O. Box 480, HM CX, Bermuda

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

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

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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

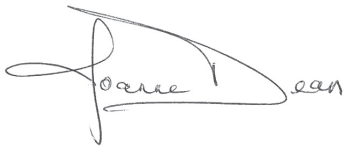
"There is immense power when a group of people with similar interests gets together to work toward the same goals." – Idowu Koyenikan

The Department for National Drug Control (DNDC) holds a unique and vital role within the Bermuda Government, acting as the central authority for research, policy analysis, and coordination related to drug control on the Island. As outlined in the National Drug Control Master Plan (NDCMP) 2017-2024, the DNDC oversees the Bermuda Drug Information Network (BerDIN) and is tasked with reducing demand, conducting research, shaping policy, and supporting interdiction agencies in supply reduction efforts. This fourteenth annual report from the BerDIN provides a detailed examination of drug market trends and substance use patterns, offering comprehensive evidence to inform drug control strategies.

It also highlights the far-reaching effects of drug use, not only on individual health but also on families and communities. The prevalence of drug use and misuse in Bermuda remains stable, with preferred substances continuing to be readily accessible within the community. In 2023, our strategic partners faced increased challenges, largely due to declining human and financial resources. Despite these difficulties and funding limitations, the DNDC and its partners remain resolute in their commitment to addressing alcohol and drug use within the community. We continue to advocate for innovative strategies to confront these pressing issues, recognising that collaboration is key to our efforts.

One of the Network's greatest strengths is its ability to facilitate the exchange of knowledge, skills, and information, enabling us to collaboratively address the operational and community-level challenges we encounter as a nation. The patterns and trends identified in this report servs as a critical resource for policymakers, researchers, and stakeholders, providing a solid evidence base for developing informed policies and launching initiatives to combat substance misuse.

However, several strategic partners were unable to supply data for 2023, further exposing gaps in the current monitoring system's limitations. For the first time in decades, we have seen a setback in the progress made in data provision. It is imperative that partners who uphold integrity and accountability continue to provide the necessary information, supporting our collective responsibility to confront these issues. As we strive to fulfill our mission, the DNDC remains dedicated to enhancing Bermuda's safety and protecting the community from the risks associated with alcohol and drug use.



Joanne Dean
Director
Department for National Drug Control

In 2023, our strategic partners faced increased challenges, largely due to declining human and financial resources.

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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
ATI	Alternatives to Incarceration
BAC	Blood Alcohol Concentration
BACB	Bermuda Addiction Certification Board
BARC	Bermuda Assessment and Referral Centre
BPCS	Bermuda Professional Counselling Services
BPS	Bermuda Police Service
BSADA	Bermuda Sport Anti-Doping Authority
BYCS	Bermuda Youth Counselling Services
CAF	Confiscation Assets Fund
CAPS	Customs Automated Processing System
CARF	Commission on Accreditation of Rehabilitation Facilities
CARIDIN	Caribbean Drug Information Network
CBD	Cannabidiol
CBP	Customs and Border Protection (US)
CCS	Certified Clinical Supervisor
CCES	Canadian Center for Ethics in Sport
CICAD	Inter-American Drug Abuse Control Commission
CLSS	Counselling and Life Skills Services
CPS	Certified Prevention Specialist
Co-Ed	Co-educational
DAST	Drug Abuse Screening Test
DCFS	Department of Child and Family Services
Detox	Detoxification
dl	Deciliters
DNDC	Department for National Drug Control
DPP	Department of Public Prosecutions
DSM	Diagnostic and Statistical Manual of Mental Disorders
DTC	Drug Treatment Court
DUI	Driving Under the Influence
EAP	Employee Assistance Programme
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMR	Electronic Medical Record
ER	Emergency Room
FCU	Financial Crime Unit
FIA	Financial Intelligence Agency
FY	Financial/Fiscal Year
FOB	Free on Board
g	Grams
GBH	Grievous Bodily Harm
HCl	Hydrochloride
HM	Her Majesty
ICADC	International Certified Alcohol and Drug Counsellor
IC&RC	International Certification and Reciprocity Consortium
ICD	International Statistical Classification of Diseases and Related Health Problems
IDU	Injecting/Intravenous Drug User
IOP	Intensive Outpatient Programme
JIU	Joint Inspection Unit of the United Nations
kg	Kilograms
L	Litre
LA	Litre of Alcohol
LLA	Liquor Licence Authority
LST	LifeSkills Training Programme
MDMA	Methylenedioxy-Methamphetamine
mg	Milligrams
MT	Men's Treatment
n	Number
NADO	National Anti-Doping Organisation
NAMLC	National Anti-Money Laundering Committee
NPT/S	Non-Prescription Tranquilisers/Stimulants
OAS	Organisation of American States
OECD	Organised and Economic Crime Department
OID	Inter-American Observatory on Drugs
PATHS	Promoting Alternative THinking Strategies
PEARL	Patient Electronic and Administrative Records Log
POCA	Proceeds of Crime Act
PWC	Professional Worldwide Controls
Q	Quarter
r	Revised
RLH	Right Living House
SAR	Suspicious Activity Report
SI	Specialist Investigations
TAAD	Triage Assessment for Addictive Disorders
TC	Therapeutic Community
TCU	Texas Christian University
THC	Tetrahydrocannabinol
TIPS	Training for Intervention Procedures by Servers of Alcohol
u	Units
UKAD	United Kingdom Anti-Doping
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
USADA	United States Anti-Doping
WHO	World Health Organisation
WTC	Women's Treatment Centre

%	Percentage
000	Thousands
-	Zero or unit less than 0.1
$	Bermuda Dollar
..	Not Applicable
…	Not Available

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

INTRODUCTION

A significant concern over the past year is the number of road traffic accidents across the Island.

The 2024 BerDIN report provides a detailed analysis of crucial drug-related data spanning the past 13 years, with a specific focus on comparing the years 2022 and 2023 across 10 chapters. Industry experts have significantly contributed to this report. A significant concern over the past year is the number of road traffic accidents across the Island. The problem is thought to be a combination of reckless or distracted driving and prior use of alcohol and/or drugs. Additionally, the expanding variety of available drugs, such as synthetic marijuana concentrates and their usage, poses new challenges for developing and implementing services aimed at minimizing harm. These services are essential to address the health and safety risks associated with increasingly complex consumption patterns, new substances, and mixtures of substances.

The information in this report is compiled to enhance the reader's comprehension of the intersection of the various components involved in drug control. Each chapter contains caveats and clarifications related to the data presented. Additionally, detailed information on methodologies, analysis qualifications, and constraints on available information are provided in each chapter. Some data is obtained from self-reported surveys, while other data is based on records reviews, psychological assessments, and biological screenings. Each piece of information is interconnected and aims to inform readers about the current drug landscape in Bermuda.

Policy considerations include addressing risk behaviors targeted by harm reduction services, the evidence supporting their work, and standards for quality care. There is also a need to develop effective risk communication strategies to alert consumers and stakeholders about the evolving risks in this field.

Coordination Mechanism

The Annual Report from the BerDIN is compiled by the Research Unit of the DNDC. It consists of national focal points from various agencies that offer drug-related interventions and services. These focal points, collected under the supervision of their respective organizations, are indicators provided by each agency to the DNDC monthly, quarterly, or annually. The data submitted to the DNDC is carefully reviewed for consistency, ensuring that accurate and reliable information is shared on a yearly basis.

This publication by the BerDIN aims to widely distribute information and raise awareness among the public about the extent of the drug issue. Moreover, it seeks to identify ways to enhance the infrastructure and support for applied research in this sector, thus enhancing both the quantity and quality of outcomes. Agencies wishing to join the Network should specialize in drug-related information in Bermuda. Different coordination methods have been implemented based on each agency's priority regarding the drug problem.

The stability of the BerDIN greatly depends on the active participation and collaboration of the respective agencies. The 2024 Annual Report represents the fourteenth year in which more than 17 sources of drug-related information have been shared to provide insights into the drug situation in Bermuda (refer to Appendix I). This data is presented in tabular form and offers the most recent information available on the Island in this field. Reporting agencies submitted their information by May 15th of the current year to allow ample time for data cleaning, verification, and further actions before the final layout and design of the report.

There is also a need to develop effective risk communication strategies to alert consumers and stakeholders about the evolving risks in this field.

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 (BerDIN) 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 NDCMP over the life of the Master and Action Plans.

Dependable, precise, and current information regarding drug prevalence is essential for steering the creation of strategies to reduce demand and carry out related activities. At the local level, data can help pinpoint trends within communities, enabling the early detection of deficiencies and the implementation of control measures. Consistent evaluation of the drug use and abuse situation can also function as an alert system for detecting new and developing patterns in drug abuse.

Purpose of the BerDIN

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

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

Core Functions of the BerDIN

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

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

Contribution to Programme Development

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

Network Members

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

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

Common Sources of Data

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

Quantitative

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

Qualitative

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

(See Summary of Sources and Data in Appendix I)

Data Gaps

Stakeholders faced numerous challengesover the past year, marked by significant gaps in addressing substance abuse, including alcohol and dug use, prevention, treatment, and support systems. These deficiencies extend to the criminal justice system and the broader impact of drug-related harm. Critical information is lacking on various fronts, such as theavailability of synthetic drugs in the market, trafficking routes and operations, concealment methods, adulteration practices, distribution from wholesale to retail, patterns of drug use within the general population, the socio-economic effects of drug use, and the social outcomes of treatment programs.

Indicators Not Reported in the 2024 Report

The following tables are not reported in the 2024 Report as the information is not available:

- Crimes
- Drug Enforcement Activity by Type of Activity

- Criminal Trials for Drug-Related Offences by Sex of Offender
- Criminal Trials for Alcohol-Related Offences by Sex of Offender
- Criminal Acquittals for Drug-Related Offences by Sex of Offender
- Criminal Acquittals for Alcohol-Related Offences by Sex of Offender
- Criminal Convictions for Drug-Related Offences by Sex of Offender
- Criminal Convictions for Alcohol-Related Offences by Sex of Offender
- Unknown Results for Drug-Related Offences by Sex of Offender
- Unknown Results for Alcohol-Related Offences by Sex of Offender
- Quantity, Value, and Duty of Tobacco and Tobacco Products Exported from Bonded Warehouses
- Illicit Tests by Sport
- Triage Assessment for Addictive Disorders Results by Number of Participants
- Primary Diagnoses of Inpatient Drug-Related Cases
- Primary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances
- Secondary Diagnoses of Inpatient Drug-Related Cases
- Secondary Diagnoses of Inpatient Cases of Poisoning and Toxic Effects of Substances
- Primary Diagnoses of Emergency Room Drug-Related Cases
- Primary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances
- Secondary Diagnoses of Emergency Room Drug-Related Cases
- Secondary Diagnoses of Emergency Room Cases of Poisoning and Toxic Effects of Substances
- Primary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases
- Secondary Diagnoses of Mid-Atlantic Wellness Institute Drug-Related Cases
- Secondary Diagnoses of Mid-Atlantic Wellness Institute Inpatient Cases of Poisoning and Toxic Effects of Substances Cases
- PRIDE Bermuda's LifeSkills Programme Statistics
- PRIDE Bermuda's PATHS Programme Statistics

DNDC's Role

The DNDC not only conducts primary drug-related research and offers technical support, but also oversees the BerDIN by gathering, organizing, generating, and distributing updated reports on drug information and associated anti-social behaviors. This is part of the ongoing initiative to standardize the dissemination of drug literature on the Island, including technical reports, posters, brochures, and other educational materials. All information shared with the DNDC is kept confidential and typically presented in an aggregated format.

Organisational Challenges

Throughout 2023, the BerDIN's success continued to rely heavily on the ability of its members to provide timely and systematic information. Agenciesthat invested in the necessary time, resources, and human capital to manage this data consistently delivered results that wereaccurate and dependable. However, this year sawseveral organizational challenges, primarly due to reduced staffing and budget constraints, Leading to persistent service waiting lists and fewer program opportunities. Despite these setbacks, the DNDC remains dedicated to strengthening partnerships with organizations, aiming to improve their capacity to organize, maintain, and utlilize data more effectively to inform policy and program development.

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 2023

The 2023 Annual Meeting of the BerDIN took place on November 4, 2023, at the Bermuda Underwater Exploration Institute (BUEI). Renee Lightbourne, a BerDIN member representing the Department of Court Services, called the meeting to order and welcomed the participants and guests.

Anthony Santucci, the Executive Director of CADA, delivered the opening remarks. He highlighted that 2023 marked the fourteenth publication produced by BerDIN, emphasizing its evolution into a central source of drug-related information. Mr. Santucci mentioned that the meeting would focus on updating the membership on recent activities and initiatives from both demand and supply reduction agencies. He expressed that challenges have hindered the ability to collect, input, and manage drug-related information, and stressed the importance of collective efforts to reduce the impact of substance misuse on society.

Following the opening remarks, the meeting was officially declared open by Executive Director Anthony Santucci. Duncan Barclay, the Results, Compliance, and Investigations Manager of the Bermuda Sports Anti-Doping Authority (BSADA), reminded the participants of the meeting's objectives and asked them to introduce themselves briefly.

Various presentations were made focusing on updating the membership on recent activities and initiatives from both demand and supply reduction agencies.

The presenters discussed the challenges of data collection and production for BerDIN but highlighted ongoing efforts to improve. Mr. Leslie Grant presented the adolescent substance treatment program administered by FOCUS Counselling Services, providing an overview of the program's history, current functioning, client breakdown, and substance issues. He emphasized the treatment of cannabis/marijuana and the activities involved in the program.

Dr. Kyla Raynor, BerDIN Coordinator and Senior Research Officer/Policy Analyst of the DNDC, presented an update on the drug situation in Bermuda, based on the 2023 Annual Report of the BerDIN. She highlighted accomplishments and expressed gratitude for support, but pointed out data gaps and validity issues in the report. Dr. Raynor concluded by urging members to continue their work despite challenges. The network was commended for its representation and work to date, and members were encouraged to provide additional data, especially qualitative data, and to have more bilateral or group meetings for further dialogue and problem resolution.

Mrs. Stephanie Tankard from the DNDC presented updates on eight surveys that were conducted during 2023, followed by the DNDC Director, Joanne Dean, who spoke about the NDCMP 2019-2024. The budget for supply and demand reduction was discussed, highlighting challenges and data gaps for policy and legislation.

Mrs. Shirley Place from Turning Point discussed a collaboration between the Bermuda Hospitals Board and the DNDC to assess substance use and road traffic accidents. The focus was on data points collected and next steps for the survey. Detective Inspector Nidol Barker and Detective Constable Damon Hollis presented on local drug interdiction, including purpose, staffing issues, concealment methods, and interdepartmental collaboration. The network noted the information provided in the presentations.

During the Government Lab update, Ms. Rentha Francis spoke about the increased mixing of substances with fentanyl and the large number of drug seizures among youth this year. Kalyn and Michelle Cannonier from Uplift discussed their hemp business products and their encouragement of micro-dosing. The meeting ended with Dr. Raynor emphasising the need for more collaboration through bilateral meetings, followed by a reminder to complete the short meeting evaluation by the participants.

Chapter 1
Criminal and Suspicious Activity

- Drug Seizures
- Financial Intelligence
- Financial Crime

1.1 DRUG SEIZURES

There have been several changes to crime and drug seizure data over the past 12 years. The number and proportion of drug enforcement activities was last collected in 2015, along with drug seizure locations (street, port, overseas) and arrests. During the same year (2015), the street dollar value for all drugs that were seized was last provided. In 2016, data on drug seizures was modified by the BPS. Since that time, drug seizure information has been reported by type of drug, total count, and total weight.

In the year 2023, the BPS reported a total drug recovery of 55,491.30 grams, representing a significant decrease from the 240,243.31 grams recorded in 2022 (refer to Table 1.1.1). Throughout 2023, cannabis remained the predominant drug type confiscated, amounting to slightly over 49 thousand grams (as detailed in Table 1.1.1). In terms of narcotic drug seizures, crack cocaine and cocaine HCl were the most frequently seized substances during this period. Additionally, designer drugs such as Ketamine and Methamphetamine tablets were also confiscated in 2023.

During 2023, cannabis drugs continued to be the most common drug type seized.

Table 1.1.1
Drug Seizures by Type of Drug, Total Count, and Total Weight, 2022 and 2023

DRUG	2022[r]		2023	
	TOTAL COUNT (n)	TOTAL WEIGHT (g)	TOTAL COUNT (g)	TOTAL WEIGHT (n)
Cannabis (Plant Material)	322	199,081.00	71	47,727.49
Cannabis (Resin)	82	15,795.95	13	1,552.63
Cannabis (Seeds)	5	20.44	51	-
Cannabis (Plants)	365	-	1	12
Cannabis Concentrates	-	-	-*	-*
Crack Cocaine	41	403.78	43	3,578.96
Cocaine HCl	11	2,258.41	10	2,400.99
Heroin/Diamorphine drugs	13	1,501.86	6	186.86
Not a controlled substance	105	3,973.56	85	17.47
Designer Drugs:				
Fentanyl	2	111.12	2	12
MDMA	12	169.82	6	2.9
Amphetamine	1	-	-	-
Ketamine	-	-	1	15 tablets
Methamphetamine	3	110.79	1	89 tablets
Third Schedule drugs (Pharmacy and Poisons Act 1979)	10	-	18	-
TOTAL	**1,262**	**240,243.31**	**308[r]**	**55,491.30[1r]**

Source: Central Government Laboratory

Note: *information not available at time of printing
[1]Overall total does not include the tablets for ketamine and methamphetamine.
r= revised

1.2 FINANCIAL INTELLIGENCE

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

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

The majority of SARs in both 2022 and 2023 originated from banking activities and digital asset businesses.

Proceeds of Crime Appeal Tribunal Regulations 2009.

Financial intelligence data indicated a reduction in the number of Suspicious Activity Reports (SARs) received, decreasing from 935 in 2022 to 758 in 2023 (refer to Table 1.4.1). The majority of SARs in both 2022 and 2023 originated from banking activities and digital asset businesses. Additionally, there was an increase in SARs from long-term insurers and the category "insurance company/ manager". In 2023, local disclosures totaled 101, significantly surpassing overseas disclosures, which amounted to 28. A similar trend was seen in the previous year as well. Furthermore, these local disclosures included information from 291 SARs, a notable decline from the 721 disclosures recorded in 2022, reflecting a decrease of 59.6% over the year.

Table 1.2.1
Suspicious Activity Reports (SARs) by Sector, 2022 and 2023

SECTOR	2022					2023					ANNUAL PERCENTAGE CHANGE (%)
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
SARs Received											
Banks (includes a Credit Union)	71	72	58	82	283	48	44	63	57	212	-33.5
Investment Providers	16	21	19	12	68	2	6	11	4	23	-66.2
Money Service Businesses	7	6	20	7	40	23	16	4	15	58	45.0
Corporate Service	4	2	1	0	7	2	2	0	0	4	-42.9
Providers	2	3	1	3	9	0	2	2	0	4	-55.6
Law Firm	0	0	0	1	1	0	3	0	0	3	200.0
Trust Company	3	0	0	1	4	2	0	2	0	4	-
Local Regulators	18	3	3	84	108	41	28	49	35	153	41.7
Long-Term Insurers	3	-	1	2	6	0	3	2	2	7	16.7
Fund Administrators	1	11	17	20	49	4	20	7	50	81	65.3
Insurance Company/Manager	1	11	17	20	49	4	20	7	50	81	65.3
Real Estate	-	-	-	1	1	0	0	0	1	1	-
Digital Asset Business	4	94	106	147	351	42	28	71	65	206	-41.3
Investment Funds	-	-	-	-	-	-	-	-	-	-	-
Registered Charity Organization	-	-	-	-	-	-	-	1	-	1	-
Asset Recovery/Insolvency	-	-	-	-	-	-	-	1	-	1	-
Other	2	-	1	-	3	-	-	-	-	-	-100.0
TOTAL SARs RECEIVED	132	213	227	363	935	164	152	213	229	758	-18.9
ANNUAL PERCENTAGE CHANGE	2.3	44.8	92.3	202.5	81.9	24.2	-28.6	-6.2	-36.9	-18.9	
Total Local and Overseas Disclosures	70	57	43	75	245	25	31	29	44	129	-47.3
Local Entities	67	51	41	66	225	21	27	24	29	101	-55.1
Overseas Entities	3	6	2	9	20	4	4	5	15	28	40.0
Total SARs Disclosed	144	145	108	324	721	45	84	84	78	291	-59.6

Source: Financial Intelligence Agency

1.3 FINANCIAL CRIME

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

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

Under Section 50 of the PoCA, an officer can seize any cash and/or property (that is, high value watches, jewelry, gold bars, diamonds, etc.) that directly or indirectly represents any person's proceeds of criminal conduct or is intended by any person for use in any criminal conduct. Most of these cases originate following searches either by Customs Officers at the airport or by Police Officers involved in street or house searches, which are often drug related.

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

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

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

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

In 2023, SI documented a total of four seizures, with a cumulative value of $108,340. In contrast, the previous year, 2022, recorded five cash seizures, amounting to significantly more cash seized, $2,357,481.50 (refer to Table 1.5.1). Among the seizures in 2023, the forfeited cash was appraised at $90,340, whereas in 2022, it was valued at $21,741.00.

Table 1.3.1
Cash Seizures, 2022 and 2023

YEAR/QUARTER	NUMBER OF SEIZURES	SECTION 50 CASH SEIZURES ($)	FORFEITURE ($)	TOTAL ($)
2022				
Q1	1	-	9,000.00	9,000.00
Q2	-	-	-	-
Q3	4	2,335,740.50	12,741.00	2,348,481.50
Q4	-	-	-	-
Total	**5**	**2,335,740.50**	**21,741.00**	**2,357,481.50**
2023				
Q1	2	3,000.00	55,340.00	58,340.00
Q2	1	15,000.00	-	15,000.00
Q3	-	-	-	-
Q4	1	-	35,000.00	35,000.00
Total	**4**	**18,000.00**	**90,340.00**	**108,340.00**

Source: OECD, Bermuda Police Service

Chapter 2
Imports, Exports, and Licensing

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

2.1 IMPORTS AND EXPORTS

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

The importation of alcohol and tobacco provides an indication of the availability of these products and the environment in which residents are surrounded. There are varying rates of duty applied to different alcoholic beverages and tobacco products (see Appendix III). These rates, which wererevised and became effective as of April 1, 2022 reamined the same in 2023.

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

Alcohol and tobacco use continue to be a trend evidenced in Bermuda's society and the Island continues its trade, more so, the importation of alcohol and alcoholic beverages as well as tobacco and its products. It may be argued that most of these imported products are for tourists' consumption. However, this does not mean that Bermuda residents do not consume a portion of the imported alcohol and tobacco. However, Bermuda laws prohibit the sale or supply of these products to minors (under 18 years). According to the Tobacco Products (Public Health) Act 1987, a photo identification is required if a person appears to be under 25 years.[2]

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 2023, 5.5 million litres of alcohol, valued at $30.7 million, was available for local consumption and contributed $19.3 million to customs duty (see Table 2.1.1). Whereas in 2022, 6.0 million litres of alcohol, valued at $30.7 million, was available for local consumption and contributed $20.9 million to customs duty. Beer and wine in containers holding 2 litres or less continued to account for a significant portion of the beverages available for consumption.

An additional 2.6 million litres in 2023, valued at $22.0 million, were placed in bonded warehouses upon importation for future consumption when compared to 2.2 million litres, valued at $18.4 million that was placed in bonded warehouse in 2022 (see Table 2.1.2). Wine in containers holding more than 2 litres and rum and other spirits distilled from sugar caneaccounted for the bulk of alcohol and alcoholic beverages placed in bonded warehouses in both 2022 and 2023.

The year 2023 saw 1.3 million litres of alcohol and alcoholic beverages exported from bonded warehouses, valued at $5.8 million, with $3,744.98 received in customs duty (see Table 2.1.3). On the other hand, 2022 saw 677 thousand litres of alcohol and alcoholic beverages exported from bonded warehouses, valued at $2.8 million, with $3,737.92 received in customs duty.

In 2023, the value of tobacco and tobacco products available for domestic consumption was approximately $2.4 million compared to $1.8 million in 2022 (see Table 2.1.4). This resulted in a significant increase in the duty received, from $6.5 million in 2022 to $8.6 million in 2023. The major component of tobacco imports is that of cigarettes containing tobacco, with 14.68 thousand kilograms, valued at $1.4 million were brought to the Island or removed from bonded warehouses in 2022. While in 2023, 25.38 thousand kilograms of cigarettes containing tobacco valued at $1.8 million were brought to the Island or removed from bonded warehouses.

[2]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), 2022 and 2023

Tariff Code	Description	2022			2023		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	3,496,153.91	6,156,900.70	4,754,769.32	3,117,841.35	5,807,153.32	4,240,264.31
2204.100	Sparkling Wine	118,691.20	2,004,742.61	711,256.20	118,241.22	2,124,616.63	708,529.32
2204.210	Wine in containers holding 2 litres or less	1,121,739.99	12,683,452.64	6,729,194.34	1,044,250.50	12,794,265.85	6,263,827.21
2204.220	Wine in containers holding more than 2L but not more than 10L*	3,544.50	27,892.57	21,267.00	282.00	5,929.95	1,692.00
2204.290	Wine in containers greater than 2 litres	59,672.31	1,038,090.27	358,015.86	57,669.97	1,114,692.62	345,941.82
2204.300	Other Grape Must	3,162.45	40,660.51	18,974.70	55.00	697.06	330.00
2205.100	Vermouth in containers holding 2 litres or less	2,476.50	17,047.17	14,832.00	2,829.50	21,064.42	16,977.00
2205.900	Vermouth in containers holding greater than 2 litres	1,271.00	10,828.44	7,626.00	1,260.00	9,408.00	7,560.00
2206.000	Other Fermented Beverages	299,302.94	689,389.94	407,052.16	218,102.21	535,315.51	296,614.30
2207.100	Undenatured Ethyl Alcohol	238.84	1,182.76	4,633.60	1,066.12	3,621.00	5,491.20
2207.200	Denatured Ethyl Alcohol	2,342.75	7,061.54	373.27	1,738.46	5,373.68	457.32
2208.200	Brandy and Cognac	42,925.40	1,007,114.24	556,733.76	36,983.59	924,746.31	474,157.76
2208.300	Whiskies	97,460.65	1,660,889.67	1,246,418.24	104,185.56	2,017,193.21	1,349,077.44
2208.400	Rum and Other Spirits Distilled from Sugar Cane	175,161.14	1,234,718.77	2,143,478.40	151,358.54	1,119,393.95	1,852,051.52
2208.500	Gin and Geneva	36,145.86	460,653.53	498,130.88	31,718.14	429,171.25	429,816.96
2208.600	Vodka	148,987.18	1,344,348.29	1,864,367.04	138,218.99	1,326,425.33	1,734,784.96
2208.700	Liqueur & Cordials	54,863.99	622,778.87	448,158.08	55,013.47	649,413.38	451,702.08
2208.900	Other Spirituous Beverages	383,319.30	1,673,091.50	1,126,967.36	398,223.01	1,848,415.87	1,119,117.76
9801.103	Accompanied personal goods: Alcoholic beverages: Other spirits	29.00	112.00	373.81	-	-	-
9801.104	Accompanied personal goods: Alcoholic beverages: Other wine	36.00	804.75	216.00	15.00	68.63	90.00
9801.109	Accompanied personal goods: Alcoholic beverages: Other	42.00	150.15	37.54	12.00	12.92	3.23
9801.172	Goods imported by post or courier: Wine of fresh grapes	40.00	5,177.84	240.00	-	-	-
	TOTAL	**6,047,606.91**	**30,687,088.76**	20,913,115.56	**5,479,064.63**	**30,736,978.89**	**19,298,486.19**

Source: HM Customs

Table 2.1.2
Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2022 and 2023*

Tariff Code	Description	2022		2023	
		Litreage	Value ($)	Litreage	Value ($)
2203.000	Beer	221,562.00	460,293.38	35,808.37	71,454.24
2204.100	Sparkling Wine	96,354.93	1,522,906.98	84,400.40	2,126,715.91
2204.210	Wine in containers holding 2 litres or less	607,957.79	7,422,536.12	609,249.62	8,052,763.73
2204.220	Wine in containers holding more than 2 litres but not more than 10 litres	6.00	290.08	9.00	517.17
2204.290	Wine in containers greater than 2 litres	6,368.70	60,172.12	9,967.00	31,568.54
2205.100	Vermouth in containers holding 2 litres or less	2,395.50	16,056.01	3,040.50	20,695.82
2206.000	Other Fermented Beverages	3,920.46	36,600.75	3,090.60	34,042.50
2208.200	Brandy and Cognac	55,651.30	1,444,064.47	42,628.30	1,245,153.33
2208.300	Whiskies	83,384.90	1,549,418.04	87,374.75	1,950,529.90
2208.400	Rum and Other Spirits Distilled from Sugar Cane	863,594.00	2,969,780.72	1,388,613.45	4,878,494.89
2208.500	Gin and Geneva	32,724.40	495,044.05	33,110.70	489,895.81
2208.600	Vodka	105,522.70	1,178,914.29	104,552.45	1,213,957.61

Table 2.1.2 cont'd

Quantity and Value of Bonded[*] Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival[**], 2022 and 2023

Tariff Code	Description	2022		2023	
		Litreage	Value ($)	Litreage	Value ($)
2208.700	Liqueur & Cordials	40,830.60	454,563.69	47,241.80	601,482.93
2208.900	Other Spirituous Beverages	59,291.65	759,139.83	116,865.81	1,299,678.78
	TOTAL	**2,179,564.93**	**18,369,780.53**	**2,565,952.75**	22,016,951.16

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[*], 2022 and 2023

Tariff Code	Description	2022			2023		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	-	-	-	19,011.00	10,616.04	-
2204.100	Sparkling Wine	275.25	3,007.90	7.01	2,016.00	1,628.16	-
2204.210	Wine in containers holding 2 litres or less	378.00	1,551.40	47.7	1,395.00	9,417.19	135.00
2205.290	Vermouth in containers holding greater than 2 litres	-	-	-	9.00	41.50	-
2208.200	Brandy and cognac	1,026.20	39,470.87	256.69	1,390.20	66,259.86	347.81
2208.300	Whiskies	206.55	4,533.33	43.93	302.90	4,856.62	18.81
2208.400	Rum and Other Spirits Distilled from Sugar Cane	660,218.45	2,796,187.12	2,133.21	1,279,556.05	5,672,375.68	1,869.68
2208.500	Gin and Geneva	67.00	745.31	16.75	65.00	713.98	13.25
2208.600	Vodka	92.00	1,200.29	23.00	311.00	2,794.50	17.75
2208.700	Liqueur & Cordials	2,610.25	13,810.10	652.61	3,049.50	15,931.17	636.43
2208.900	Other Spirituous Beverages	2,352.50	13,826.65	557.02	2,824.19	15,091.66	706.25
	TOTAL	**667,226.20**	**2,874,332.97**	**3,737.92**	**1,310,170.84**	**5,800,493.16**	3,744.98

Source: HM Customs

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

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

Table 2.1.4

Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2022 and 2023

Tariff Code	Description	2022			2023		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2401.100	Tobacco, Not Stemmed / Stripped	1.96 kgs -	126.46	980.00	0.90 kgs -	62.66	450.00
2401.200	Tobacco, Partly or Wholly Stemmed / Stripped	-	-	-	0.34 kgs -	39.98	170.00
2401.300	Tobacco Refuse	-	-	-	3.00 kgs 3 u	66.04	1,500.00
2402.100	Cigars, Cheroots, etc. Containing Tobacco	2,470.93 kgs -	233,040.95	78,064.43	19,524.29 kgs 160 u	274,298.10	96,004.43
2402.200	Cigarettes Containing Tobacco	14,682.53 kgs 15,350,800 u	1,350,928.51	6,140,320.00	25,375.94 kgs 20,515,360 u	1,818,364.71	8,206,144.00
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	433.25 kgs -	95,626.36	33,463.30	1,937.00 kgs -	58,134.77	20,347.19
2403.110	Water Pipe Smoking Tobacco	3.75 kgs -	122.59	1,875.00	0.55 kgs -	72.89	275.00

Table 2.1.4 cont'd

Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2022 and 2023

Tariff Code	Description	2022			2023		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2403.190	Other Smoking Tobacco	420.06 kgs -	18,751.00	210,030.00	318.71 kgs -	15,872.12	159,355.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	4.10 kgs -	39.28	2,050.00	-	-	-
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	16.26 kgs -	4,018.32	8,130.00	8.15 kgs -	614.90	4,075.00
2404.120	Products intended for inhalation without combustion: Other, containing nicotine	933.00 kgs -	85,916.18	21,479.06	3,317.08 kgs -	194,371.75	48,593.08
2404.190	Products intended for inhalation without combustion: Other	98.30 kgs -	6,263.49	1,565.96	318.71 kgs -	15,872.12	159,355.00
2404.910	Other nicotine containing products intended for the intake of nicotine into the human body: Other: For oral application	5.48 kgs -	396.70	59.51	749.5 kgs -	4,111.74	616.80
2404.920	Other nicotine containing products intended for the intake of nicotine into the human body: Other: For transdermal application	2.00 kgs -	163.76	40.95	6.98 kgs -	345.44	86.36
2404.990	Other nicotine containing products intended for the intake of nicotine into the human body: Other	16.00 kgs -	247.25	61.82	77.00 kgs -	1,402.00	350.50
9801.309	Cigarettes containing tobacco [Other]	-	-	-	-	-	-
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	- 130 u	6,010.60	2,103.72	95.00 kgs -	3,786.51	1,325.30
9803.164	Smoking Tobacco	0.45 kgs -	23.74	225.00	-	-	-
9803.171	Cigarettes Containing Tobacco	9.00 kgs 8,400 u	3,506.00	3,360.00	400.00 kgs 2 u	161.48	160.00
	TOTAL	**29,097.07 kg 15,359,330 u**	**1,798,181.19**	**6,503,808.75**	**53,126.44 kgs 20,515,525 u**	**2,434,348.35**	**8,555,106.88**

Source: HM Customs Source: HM Customs

Table 2.1.5

Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arrival**, 2022 and 2023*

Tariff Code	Description	2022		2023	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	68 kgs -	6,100.60	474 kgs -	222,193.20
2402.200	Cigarettes Containing Tobacco	1,827.12 kgs 1,380,000 u	105,909.20	3,026.42 kgs 2,940,000 u	222,193.20
2403.190	Other Smoking Tobacco	60 kgs -	3,105.00	72 kgs -	3,468.60
	TOTAL	**1,955.12 kgs 1,380,000 u**	**115,114.80**	**3,572.42 kgs 2,940,000 u**	**247,204.54**

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.

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.[3] 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).[4] Data is not currently collected on the number of new licences issued. However, the trend over the years has mainly been the renewal of licences by existing establishments rather than new or existing establishments applying for first-time licence. Data on liquor licences granted by the Liquor Licence Authority (LLA) to the various establishments located across the Island provides a representation of the ease of availability of, and access to, alcohol by residents. As of 2019, the LLA no longer classifies the type of license by district (western, eastern, central), but instead provides the overall number of licences issued in the Island for any given year.

There has been a 7% decline in the number of licenses granted to establishments from 2022 to 2023, decreasing to 305; the majority of these were renewals of existing liquor licenses. The majority of licenses issued were class A licenses, followed by those for restaurants. The applications for new licenses were predominantly submitted by individuals or companies that already held licenses. Additionally, the LLA has issued occasional liquor licenses, which saw a significant increase of 38.7% rising from 173 in 2022 to 240 in 2023.

Overall, there has been a decrease, of 7%, in the total number of licences issued…

Table 2.2.1
Liquor Licenses Issued by District and Type of Licence, 2022 and 2023

Districts and Type of Licence	2022	2023
Class 'A'	105	98
Class 'B'	13	12
Tour Boat	28	15
Nightclub	11	6
Restaurant	88	77
Hotel	15	14
Member's Club	34	28
Alfresco	31	54
Proprietary club license	1	-
Permit for Association or Organisation	2	1
Total Licences Issues to Establishments	**328**	**305**
Annual Percentage Change in Total Licences Issued to Establishments	**5.8**	**-7.0**
Total Occasional Liquor Licences Island-Wide	**173**	**240**
Annual Percentage Change in Total Occasional Liquor Licences Island-Wide	**183.6**	**38.7**
Total Licences Issued	**501**	**545**
Annual Percentage Change in Total Licences Issued	**3.0**	**8.8**

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.

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

[4]Ibid. p. 9.

Chapter 3
Training Intervention ProcedureS (TIPS)

- Sessions
- Participants
- Outcomes

3.1 ALCOHOL SALES, SERVICE TRAINING, AND CERTIFICATION

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

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

As of June 2011, TIPS certification became mandatory for managers, supervisors, and persons in-charge of bars at on-premises licensed facilities. This mandate was given in Section 39B of the Bermuda Liquor Licence Amendment Act 2010. Majority of the TIPS trainings are held online, with a small number of persons having to attend the one-off sessions held at the CADA office.

Although there was a 25% decrease in the number of TIPS training sessions from the previous year (down from 20 in 2022 to 15 in 2023), the number of participants increased, from 450 to 495 with a corresponding 37.1% increase in the number of participating establishments(see Table 3.1.1). During 2023, participants (managers, owners, and supervisors) were from 192 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 140 licenced establishments in the previous year; averaging 33 participants per session in 2023. Due to the TIPS training sessions moving to an online platform, the number of persons who can be trained at any given time does not have a cap. In terms of training outcome, more persons (472) passed the TIPS training in 2023 than in 2022 (435). At the same time, the number of failures reported in 2023 also saw an increase since 2022 (23 versus 15). The new web-based session, introduced in 2021, continued to assist with the completion certificate process by allowing CADA to get an electronic copy of participant's completion certificate within five minutes of successfully completing the exam.

Table 3.1.1
Training for Intervention ProcedureS (TIPS) Programme Statistics, 2022 and 2023

Year/Quarter	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
2022	**20**	**450**	**23**	**435**	**15**	**140**
Q1	4	80	20	76	4	24
Q2	7	159	23	152	7	39
Q3	4	97	24	96	1	32
Q4	5	114	23	111	3	45
2023	**15**	**495**	**33**	**472**	**23**	**192**
Q1	5	192	38	184	8	50
Q2	3	144	48	144	-	68
Q3	3	73	24	68	5	40
Q4	4	86	22	76	10	34

Source: CADA

Chapter 4
Substance Abuse Treatment and Counselling

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

4.1 BARC STATISTICS

Treatment Assessment and Referral

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

In 2023, the number of individuals who utilized services at BARC experienced a decline of 19.0% compared to the previous year. Specifically, BARC recorded 62 new clients in 2023, a decrease from 67 new clients in 2022 (refer to Tables 4.1.1 and 4.1.2). Concurrently, the count of existing or repeat cases—comprising assessments and referrals of clients who had previously engaged with BARC—fell by 27.5%, decreasing from 91 in 2022 to 66 in 2023 (see Table 4.1.2). Thus, in both years, repeat clients represented a larger share of all referrals.

Over both years analyzed, males constituted a substantial majority of the total referrals, significantly outnumbering females (refer to Tables 4.1.1 and 4.1.2). Furthermore, males displayed a higher propensity to re-enter the system for assessment related to treatment services in comparison to females. Notably, in neither year did any client undergo assessment more than once within the same year. In 2023, a considerable proportion of referred individuals identified as Black, accounting for 71.1% or 91 (see Tables 4.1.1 and 4.1.2). The predominant age group among clients, both new and returning, was between 31-45 years, representing 40.6% (refer to Tables 4.1.1 and 4.1.2).

Consistent with findings from previous years, the majority of new referrals reported the use of a single substance, whereas existing referrals were characterized as polydrug users, typically engaging with at least two different drugs (refer to Tables 4.1.1 and 4.1.2), and some indicated the use of more than three substances at times. In terms of clinical assessments for abuse or dependence, new clients generally received a diagnosis categorized as "mild to moderate," with a significant proportion identifying alcohol as their primary substance. In contrast, existing clients were more frequently diagnosed with "severe" conditions, with alcohol again being the predominant substance, followed closely by cannabis. A notable number of referrals to BARC originated from the DUI court or Magistrates' Court. New referrals predominantly sought assistance from the Turning Point Substance Abuse Programme for their treatment needs, while existing referrals were directed towards residential treatment options.

When it came to clinical diagnosis of abuse or dependence, new clients were likely to have a "mild to moderate" diagnosis, with a significant proportion identifying alcohol as their primary substance

The Alcohol Dependence Scale (ADS) assessment conducted with referrals indicated that the majority of both new and existing referrals exhibited "low" levels of alcohol abuse or dependence (refer to Tables 4.1.5 and 4.1.6). While a subsequent evaluation of these referrals utilizing the Texas Christian University (TCU) tool revealed that most new and existing referrals were experiencing severe substance use disorders.

Table 4.1.1
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2022 and 2023

	2022	2023
TOTAL NEW REFERRALS	**67**	**62**
Annual Percentage Change	**-7.2**	**-7.5**
SEX:		
Males	52	49
Females	15	13
AGE (YEARS):		
17-30	19	20
31-45	26	24
46-60	16	13
61-75	6	5
RACE:		
Black	31	35
White	5	7
Portuguese	1	3
Mixed	6	2
Other	-	2
Not available	24	13
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION		
One Drug	7	20
Two Drugs	29	16
Three Drugs	9	8
More than three drugs	4	4
Not Available	18	14
LEVEL OF CARE:		
Level I – Outpatient	16	10
Level II – IOP	15	6
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	3	3
None	-	5
Not Stated/ No Show	6	7
Not Available	13	-
No Treatment/Level of Care Recommended	6	2
Education	8	6

Source: Bermuda Assessment and Referral Centre

Table 4.1.1 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2022 and 2023

	2022	2023
REFERRED FROM:		
EAP	5	4
Family Court	3	9
Family Services	4	5
Magistrates Court	13	12
Parole Board	-	-
Self-referral	5	2
Supreme Court	2	2
Mental Health Court	4	-
DUI Court	18	22
Court Services*	7	-
Other Community	6	-
REFERRED TO:		
Court Services*	2	5
Harbour Light	-	1
Men's Treatment	-	1
None	7	7
Private Practice	4	-
Turning Point	17	9
WTC	2	1
Not Available	18	-
Not Stated / No Show	6	-
Focus	11	6

Source: Bermuda Assessment and Referral Centre

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

Table 4.1.2
Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2022 and 2023

	2022	2023
TOTAL EXISTING REFERRALS	**91**	**66**
Annual Percentage Change	**-5.3**	**-27.5**
SEX:		
Males	78	57
Females	13	9
AGE (YEARS):		
17-30	15	6
31-45	31	28
46-60	39	20
61-75	6	12
RACE:		
Black	58	56
White	7	2
Mixed	2	-
Other	3	1
Not Stated	2	-
Not Available	19	7
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION:		
One Drug	3	9
Two Drugs	22	15
Three Drugs	25	9
More than three drugs	19	15
Not Available	22	18
LEVEL OF CARE:		
Level I – Outpatient	8	8
Level II – IOP	23	7
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	28	22
None	-	2
Not Stated/ No Show	8	6
Not available	15	-
Client declined	-	12
No Treatment/Level of Care Recommended	9	4
Dual Diagnosis	-	1
Already in Treatment	-	3
Education	-	1

Source: Bermuda Assessment and Referral Centre

Table 4.1.2 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2022 and 2023

	2022	2023
REFERRED FROM:		
Corrections	3	-
Court Services*	16	8
EAP	3	1
Family Court	3	3
Family Services	2	4
Magistrates Court	21	24
Mental Health Treatment Court	-	3
Parole Board	-	-
Self-referral	18	8
Supreme Court	2	-
Turning Point	3	-
Other Community	5	-
DUI Court	8	7
DTC	-	5
Bermuda Housing Corporation	-	1
HOME	-	1
REFERRED TO:		
Court Services*	3	1
Focus	2	4
Harbour Light	9	9
Men's Treatment	16	12
None	7	7
Residential	-	13
Turning Point	20	10
WTC	3	1
Not Stated / No Show	5	-
Already in Treatment	-	1
Client declined	-	11
Dignity House	-	1
MWI	-	1
Pathways	-	1
Right Living House	-	8

Source: Bermuda Assessment and Referral Centre

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

Table 4.1.3
Clinical Diagnosis of New and Existing Clients' Drug Use by Drug(s) of Choice, 2022

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

Source: Bermuda Assessment and Referral Centre

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

Table 4.1.4
Clinical Diagnosis of New and Existing Clients' Drug Use by Drug(s) of Choice, 2023

Drug of Choice	Unspecified		Mild		Moderate		Severe	
	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	2	6	7	3	7	5	7	13
Cannabis	6	11	5	8	6	2	1	4
Cocaine	1	1	2	3	-	-	2	16
Heroin	-	-	-	-	-	2	5	1
TOTAL	**38**	**9**	**18**	**14**	**13**	**9**	**15**	**34**

Source: Bermuda Assessment and Referral Centre

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

Table 4.1.5
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of New Clients from the Bermuda Assessment and Referral Centre Programme, 2022 and 2023

		Number of Clients	
	Level of Severity (ADS Score)	2022	2023
Substance Abuse or Dependence	None (0)	3	5
	Low (1-13)	10	13
	Intermediate (14-21)	-	3
	Substantial (22-30)	-	1
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

Table 4.1.6
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of Existing Clients from the Bermuda and Assessment Referral Centre Programme, 2022 and 2023

		Number of Clients	
	Level of Severity (ADS Score)	2022	2023
Substance Abuse or Dependence	None (0)	-	6
	Low (1-13)	4	10
	Intermediate (14-21)	2	5
	Substantial (22-30)	3	1
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

Table 4.1.7
TCU Drug Screen V Results (Number of Clients by Score) of New Clients from the Bermuda Assessment and Referral Centre, 2022 and 2023

		Number of Clients	
	Level of Severity (ADS Score)	2022	2023
Substance Abuse or Dependence	None (0)	13	12
	Mild Substance Use Disorder (Score of 2-3)	13	5
	Moderate Substance Use Disorder (Score of 4-5)	7	3
	Severe Substance Use Disorder (Score of 6 or more)	12	9
	Not Administered/Unknown	22	2

Note: A score of 0-1 on the TCU would mean that the person has not met DSM 5 criteria for a substance use disorder.

Table 4.1.8
TCU Drug Screen V Results (Number of Clients by Score) of Existing Clients from the Bermuda Assessment and Referral Centre, 2022 and 2023

		Number of Clients	
	Level of Severity (ADS Score)	2022	2023
Substance Abuse or Dependence	None (0)	10	11
	Mild Substance Use Disorder (Score of 2-3)	7	5
	Moderate Substance Use Disorder (Score of 4-5)	6	3
	Severe Substance Use Disorder (Score of 6 or more)	31	22
	Not Administered/Unknown	25	2

Note: A score of 0-1 on the TCU would mean that the person has not met DSM 5 criteria for a substance use disorder.

4.2 COUNSELLING AND LIFE SKILLS SERVICES STATISTICS

Youth Counselling

The Counselling and Life Skills Services (CLSS) remains a unit within the Department of Child and Family Services (DCFS). It is the only addiction counselling agency developed to address the drug counselling, drug educational, and drug rehabilitative needs for Bermuda's youths and their families. Counselling and Life Skills (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 2023, there were 127 referrals to CLSS, a slight increase from the 121 referrals recorded in 2022. Out of the 127 referrals, 38 pertained to substance use, with 32 individuals being seen and seven undergoing substance abuse assessments (refer to Table 4.2.1). Overall, there was a marginal rise in the number of clients attended to, while the count of assessments conducted showed a decline. Furthermore, CLSS provides short-term substance education groups, consisting of eight to 10 sessions, employing evidence-based curriculums adapted to meet the specific needs of its clientele. In 2023, two such groups were held, an increase from one group in the previous year.

Table 4.2.1
Counselling and Life Skills Services Statistics, 2022 and 2023

Year	2022	2023
Number of Referrals	121	127
Number of Substance Referrals	48	38
Other Referrals	73	89
Number of Clients Seen	28	121
Substance Clients Seen	-	32
Number of Readmissions	3	1
Number of Assessments	51	38
Other Assessments	36	-
Substance Assessment	15	7
Number of Discharges	45	44
Number of Groups	1	2
Number of Group Participants	9	7

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

4.3 DRUG TREATMENT COURT STATISTICS

Drug Treatment Court

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

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

In 2023, the DTC noted a total of 18 new referrals to the program, a significant increase from the six referrals recorded in 2022 (refer to Table 4.3.1). Out of these 18 referrals, seven individuals were successfully admitted into the program. Throughout 2023, there were three terminations, while three participants completed Phase IV, and two individuals finished Phase V. Regarding the DUI program, there were 30 referrals, leading to the admission of 10 individuals. In the same year, there were four terminations and four participants achieved completion of Phase V (see Table 4.3.2).

Table 4.3.1
Drug Treatment Court (DTC) Statistics, 2022 and 2023

	2022	2023
New referrals	6	18
Programme Admissions	3	7
Terminations from Programme	4	3
Successful Completion Phase IV	1	3
Successful Completion Phase V	2	2

Source: Drug Treatment Court

Table 4.3.1
Driving Under the Influence (DUI) Statistics, 2022 and 2023

	2022	2023
New referrals	13	30
Programme Admissions	11	10
Terminations from Programme	1	4
Successful Completion Phase V	4	4

Source: Drug Treatment Court

4.4 MEN'S TREATMENT STATISTICS

Drug Abuse among Men in Treatment

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

In 2023, Men's Treatment (MT) obtained a total of 91 urine samples from its clients to conduct drug use testing, a reduction from the 65 samples collected in the preceding year (refer to Table 4.4.1). This resulted in 1,092 drug screenings for the year, an increase from the 780 screenings conducted in 2022, with each test examining 12 different substances. The positive test rate was 3.1% in 2022, which rose significantly to 19.8% in 2023. Throughout 2023, alcohol and heroin remained the most commonly used substances among men prior to entering treatment (see Table 4.4.2). Poly-drug usage persisted in 2023, with the most frequently encountered combinations being heroin/crack/THC and alcohol/THC (see Table 4.4.3).

Table 4.4.1
Drug Screening Results among Men in Treatment, 2022 and 2023

	2022	2023
Total Samples	65	91
Total Screens	780	1,092
Number of Positive Screens		
Total	**2**	**18**
% POSITIVE SCREENS	**3.1**	**19.8**

Source: Men's Treatment

Table 4.4.2
Primary Drug Used by Men Prior to Treatment, 2022 and 2023

Drug	Number of Men	
	2022	2023
Alcohol	3	7
Crack	2	4
Heroin	3	5
Fentanyl	-	1
TOTAL CLIENTS	**8**	**17**

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, 2022 and 2023

Combinations	Number of Clients	
	2022	2023
Three-Drug Combination:		
Heroin, Crack, THC	1	4
Alcohol, Crack, THC	1	1
Crack, Cannabis, Alcohol	-	1
TOTAL		
Two-Drug Combination:		
Alcohol, THC	-	3
Alcohol, Crack	1	-
Crack, THC	-	1
Heroin, Crack	2	-
Heroin, THC	-	2
TOTAL	**3**	**6**

Source: Men's Treatment

4.5 WOMEN'S TREATMENT CENTRE STATISTICS

Drug Abuse among Women in Treatment

The group of women screened at random includes those who were referred for services but did not receive admission, individuals who accessed the Women's Treatment Centre (WTC) for treatment, participants in transitional care, and those engaged in aftercare. In the year 2023, four new women began receiving substance abuse treatment at the WTC. The number of random urine screenings performed by the WTC, aimed at detecting alcohol and illicit drug use, rose notably from 696 in 2022 to 1,646 in 2023 (refer to Table 4.5.1). During 2023, there were two instances of positive screenings for opiates and cocaine. Moreover, cocaine remained the most commonly used substance among the women prior to treatment in 2023, mirroring the trend observed in 2022, with alcohol following closely behind (see Table 4.5.2). Notably, there were no reported cases of poly drug use during 2022 (refer to Table 4.5.3); however, in 2023, there were three instance of the combined use of alcohol, crack, and THC.

Table 4.5.1
Drug Screening Results among Women in Treatment, 2022 and 2023

	2022	2023
Total Samples	58	150
Total Screens	696	1,646
Number of Positive Screens		
Cocaine	-	2
Opiates	2	2
Buprenorphine	1	-
Oxy	-	1
Total	**3**	**5**
% POSITIVE SCREENS	**0.43**	**0.30**

Source: Women's Treatment Centre

Table 4.5.2
Primary Drug Used by Women Prior to Treatment, 2022 and 2023

Drug	Number of Women	
	2022	2023
Alcohol	2	3
Cocaine	3	3
Heroin	1	2
Marijuana	1	-
TOTAL CLIENTS	**7**	**8**

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, 2022 and 2023

Combinations	Number of Clients	
	2022	2023
Three-Drug Combination:		
Alcohol, Crack, THC	-	3
TOTAL	**-**	**3**

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 4,853 specimens in 2023, a slight decrease from the 4,375 specimens provided in 2022 (see Table 4.6.1). Of the total specimens provided in 2023, 3,630 or 74.8% tested positive for illicit drugs compared to 64.8% (2,841) in 2022.

The number of positive specimens excludes those specimens that tested positive for prescribed medications, such as opiates, benzodiazepines, and methadone. In both years, male clients provided the larger number of tested specimens (4,106 in 2022 and 4,524 in 2023) compared to females (269 in 2022 and 329 in 2023). The majority of positive specimens tested positive for only one drug (48.3% in 2021 and 42.4% in 2022), while the remainder tested positive for poly drug use of two or more drugs, inclusive of prescription medication.

In both years, the drug most often found in positive screens was opiates (heroin) (40.1% in 2022 and 30.1% in 2023), cocaine (30.5% in 2022 and 22.3% in 2023), and THC or marijuana (23.2% in 2022 and 16.7%) (see Table 4.6.3).

Over the two-year period under review, the total number of methadone clients increased from an average of 89 in 2022 and 102 in 2023 (see Table 4.6.4). Inpatient detoxes increased from 49 in 2022 to 83 in 2023, while, at the same time, there were no outpatient detoxes for the second year in a row.

Table 4.6.1
Proportion of Positive Drug Screens and Poly Drug Use by Turning Point Clients, 2022 and 2023

	2022	2023
Total Specimens Requested	4,375	4,853
from Females	269	329
from Males	4,106	4,524
Total Positive Specimens for Illicit Drugs*	2,841	3,630
% Positive Specimens Of Total Specimens Provided	64.9	74.8

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, 2022 and 2023

Drug	2022	2023
Alcohol	108 (2.2%)	149 (3.1%)
Benzodiazepines	53 (1.1%)	49 (1.0%)
Cocaine	1,502 (30.1%)	1,084 (22.3%)
Marijuana	1,158 (23.2%)	810 (16.7%)
Methadone	57 (1.1%)	-
Opiates	1,998 (40.1%)	1,461 (30.1%)
Oxycontin	21 (0.42%)	26 (0.5%)
Other	91 (1.8%)	51 (1.1%)

Source: Turning Point Substance Abuse Programme

Table 4.6.3
Positive Screens as a Proportion of Total Positive Screens by Year and Type of Drug Detected at Turning Point, 2022 and 2023

Drug	2022	2023
Alcohol	108 (3.8%)	149 (4.1%)
Benzodiazepines	53 (1.8%)	49 (1.3%)
Cocaine	1,502 (52.9%)	1,084 (29.9%)
Marijuana	1,158 (40.8%)	810 (22.3%)
Methadone	57 (2.0%)	-
Opiates	1,998 (70.3%)	1,461 (40.2%)
Oxycontin	21 (0.73%)	26 (0.7%)
Other	91 (3.2%)	51 (1.4%)

Source: Turning Point Substance Abuse Programme

Table 4.6.4
Number of Methadone Clients, Inpatient, and Outpatient Detoxifications at Turning Point, 2022 and 2023

Year	Methadone Clients*	Inpatient Detoxes
2022	89	49
2023	102	83

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.

In the year 2023, the RLH maintained an average of nine residents in care, as detailed in Tables 4.7.1 and 4.7.2. Over the past two years, there was an average of up to three individuals on the waiting list. The aftercare program recorded up to four participants in 2022 and three in 2023. Drug screenings were performed at various intervals throughout the two years, including random tests, following outings and day passes, after work details, and based on suspicion. A total of 131 tests were administered, with none returning positive results (107 tests in 2022, with zero positives).

Table 4.7.1
Right Living House Programme Statistics, 2022

Programme Indicators	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total (Average)
Number of Residents	9	8	9	8	9	8	8	10	8	8	7	6	**9**
Total Programme Admissions	-	1	1	-	1	-	1	3	3	-	-	-	**-**
Number of Discharges	1	1	-	1	1	-	-	-	2	-	1	1	**1**
Number of Substance Abuse Tests													
Random Tests	10	10	8	8	9	8	11	9	10	8	9	7	**107**
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Wait Listed for Admission	-	-	1	-	1	-	2	-	-	-	-	-	**1**
Residents in Aftercare	6	6	6	5	5	3	3	2	2	2	2	1	**4**

Source: Right Living House

Table 4.7.2
Right Living House Programme Statistics, 2023

Programme Indicators	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total (Average)
Number of Residents	5	8	7	9	11	11	10	12	10	10	9	9	**5**
Total Programme Admissions	-	3	-	2	2	2	-	4	0	2	-	-	**-**
Number of Discharges	1	-	1	-	-	2	1	2	2	2	1	-	**1**
Number of Substance Abuse Tests													
Random Tests	7	14	13	9	4	8	7	11	6	7	6	7	**7**
Tests for Outings & Day Passes	1	-	-	1	8	4	3	2	2	2	2	5	**1**
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Wait Listed for Admission	2	-	-	-	2	2	3	3	2	2	2	2	**2**
Residents in Aftercare	3	3	3	4	3	3	3	3	3	2	2	2	**3**

Source: Right Living House

4.8 SALVATION ARMY TREATMENT PROGRAMMES

The Salvation Army Harbour Light programme is a residential substance abuse treatment and rehabilitation initiative designed for adult males, lasting between six to twelve months, and tailored to meet individual needs. Grounded in the Christian philosophy of loving both God and humanity, this programme aims to provide support, understanding, guidance, and healing to its participants. It emphasizes a holistic approach to care, addressing the needs of the 'whole person.' Upon completing the programme, clients are anticipated to be prepared for reintegration into society, to maintain healthy lifestyles, to adopt moral and spiritual principles of conduct, and to exhibit responsible work habits.

The Community Lifeskills Recovery programme, which is also provided by the Salvation Army, offers support and services to individuals in the community who have been referred from either inpatient or outpatient treatment services, or both. This programme welcomes clients at various stages of recovery who require life skills training or relapse prevention counselling. It recognizes the importance of life skills training as a critical component in assisting both adult males and females in becoming productive members of society, delivering services in a holistic manner.

Table 4.8.1 presents the performance metrics of the Harbour Light programme for the past two fiscal years. In the fiscal year 2023/2024, the total number of clients participating in the programme varied between six and seven, in contrast to the eight to 10 clients recorded in FY 2022/2023. Throughout the year, the programme accommodated up to three clients from the drug court. Additionally, between 15 and 43 individual life skills sessions were conducted during the previous year. Table 4.8.2 details the outcomes of the Community Lifeskills Recovery Programme. In the fiscal year 2023/2024, a limited number of clients, ranging from one to four, received crisis intervention services, while up to two families benefited from relapse prevention education. The programme demonstrated its effectiveness, with up to five clients successfully reintegrating into their families and the community. Furthermore, up to four clients made consistent payments towards their outstanding bills and another four achieved financial stability during FY 2023/2024. Notably, the programme also recorded that between two and four clients abstained from substance use while enrolled over the two-year period under review.

Table 4.8.1
Salvation Army Harbour Light Residential Treatment Programme Performance, 2022/2023 and 2023/2024

Programme Indicators	FY 2022/2023				FY 2023/2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intakes/Screenings/Assessments	3	6	3	5	2	5	4	2
Enrollment	2	4	-	3	1	5	4	2
Completions	-	2	2	2	2	0	0	1
Total Clients	7	10	9	9	8	9	10	10
Random Drug Tests	3	32	7	15	1	5	7	-
Positive Drug Tests	-	2	-	-	-	1	1	-
NA/AA Meetings (Mandatory)	36	39	39	39	36	41	39	39
Community Outreach: Volunteer Days	-	2	-	8	1	1	5	21
Community Outreach: Number of Client's Volunteering	-	8	-	8	6	8	8	8
Community Outreach: Other Activities	-	2	-	7	3	5	5	5
Enquiries re HL Programe	20	31	14	7	11	13	24	27
Referrals to HL from Outside Agencies	6	16	7	11	4	10	11	24
Referrals from HL to Outside Agencies	5	8	7	3	2	5	-	-
Number of Drug Court Residents	3	2	2	4	3	3	3	2
Number of Probation/Parole Residents	1	1	2	3	1	3	3	3
Antigen Test	-	-	-	-	1	5	-	-
Positive Antigen Test	-	-	-	-	-	-	-	-
Discharge Against Clinical Advice	3	4	1	1	2	2	3	3
External Client Sessions	19	18	20	2	12	16	32	50
Doctors Appointments	13	30	26	22	29	16	20	11

Source: Salvation Army

Table 4.8.2
Salvation Army Community Life Skills Recovery Programme Performance, 2022/2023 and 2023/2024

Programme Indicators	FY 2022/2023				FY 2023/2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total number of clients who participated in the programme		5	5	2	4	4	4	4
Number of new clients referred	2	-	-	1	3	-	-	1
Number of intakes / screenings / assessments	2	1	-	1	3	-	1	1
Number of evening groups	13	13	11	18	10	7	7	9
Clients who received crisis intervention	1	1	2	2	1	-	4	-
Families who received relapse prevention	2	-	2	-	-	-	2	-
Clients who reintegrated with families, employment, education, community	4	5	5	2	2	2	1	2
Clients who obtained financial stability (financial planning and banking)	3	4	4	2	2	4	4	3
Clients who opened and reactivated bank accounts	-	-	-	-	2	2	-	-
Clients with secured savings in bank accounts	4	4	4	1	1	3	4	3
Clients who made regular payments towards outstanding bills	1	1	-	-	1	3	4	2
Clients who abstained from substance abuse	4	5	5	2	2	3	4	3
New Care Plan	3	4	1	1	11	36	25	12
Care Plan Review	2	5	4	1	11	36	25	12
Life Skills Individual Sessions	53	46	46	16	24	43	16	15
Case Management Sessions	13	10	10	6	11	7	7	7
Referrals for Outside Services	10	4	9	5	13	20	9	2
NA/AA Meetings (Mandatory)	36	39	39	39	39	40	37	39
Community Outreach: Number of Clients Volunteering	2	3	2	1	3	2	2	2
Community Outreach Volunteer Days	38	83	57	10	26	34	30	35
Assisting Clients With Medical	-	-	1	-	8	7	4	7
Assisting Clients With Housing	3	3	3	-	1	-	-	-
External Visits	-	-	1	-	13	21	5	2
Random Drug Testing	-	13	6	2	2	-	-	2
Negative Random Drug Test	-	13	6	2	2	-	-	2
Positive Drug Test	-	-	-	-	-	-	-	-
Drug Court Client	-	1	-	-	1	1	1	1
Clients Who Completed Life Skills	-	-	3	-	-	-	-	-
Clients Who Self Discharged	-	-	-	1	-	-	2	-

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 illustrates the programme's performance over the past two fiscal years. In the fiscal year 2023/2024, the programme maintained operations at a single house with a capacity of 12 beds, consistent with the previous year. During this period, the programme served an average of eight clients. Additionally, there were 16 aftercare sessions conducted in 2023/2024, each catering to between six and ten clients. Random drug testing of clients yielded no positive results.

Table 4.9.1
Focus Counselling Services Supportive Residence Programme Performance, 2022/2023 and 2023/2024

Programme Indicators	FY 2022/2023				FY 2023/2024			
	Q1	Q1	Q1	Q1	Q1	Q2	Q3	Q4
Number of Houses	1	1	1	1	1	1	1	1
Number of Beds	12	12	12	12	12	12	12	12
Average Number of Clients/ Occupancy	7	7	7	7	6	6	8	10
Number of Drug Tests*	28	28	28	28	24	24	32	40
Number of Aftercare Sessions	13	13	13	13	16	16	16	16
Average Number of Participants in Aftercare	5	5	5	5	6	6	8	10
House meetings	13	13	13	13	6	6	8	10
Number of residents employed	2	2	2	2	4	4	4	5
Number of Drug Court clients	1	1	1	1	2	2	2	2
Number of Probation/Parole clients	-	-	-	-	-	-	2	2
Number of Individual Counseling	20	20	20	20	16	16	16	16

Source: Focus Counselling Services

*None were positive

4.10 CLIENTS IN TREATMENT

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

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

In the year 2023, there was a notable increase in the total number of new treatment admissions, rising by 19 individuals, alongside a rise in the admissions of individuals with a history of prior treatment (referred to as repeaters) (refer to Tables 4.10.1 and 4.10.2). Specifically, the count of new clients entering treatment in 2023 reached 84, comprising 70 men and 14 women. When considering individuals who were not new to treatment, which includes those continuing from previous years along with the newly admitted clients, the total amounted to 343, consisting of 290 men and 53 women. It is evident that the male population in treatment significantly surpassed that of females. This disparity does not imply a lack of need for treatment among women; rather, it may indicate that fewer women sought the available treatment services for various reasons. It is acknowledged that women encounter unique barriers to accessing treatment compared to men. Concurrently, treatment facilities perform intake and assessment for individuals seeking services, including those who may not qualify for admission into a program and those who do qualify but cannot be accommodated due to capacity limitations, resulting in their placement on a waiting list. These figures are not reflected in the tables provided below. Regarding capacity and utilization of treatment services, the majority of clients were served by Turning Point.

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

Table 4.10.1
Number of New Treatment Admissions, 2022 and 2023

Treatment Agency	2022			2023		
	Male	Female	Total	Male	Female	Total
WTC	-	4	4	-	4	4
MT	5	-	5	12	-	12
Turning Point (Methadone, Inpatient, Outpatient/Detox)	12	6	18	28	10	38
Salvation Army Harbour Light	17	-	17	11	-	11
Salvation Army Life Skills	5	-	5	4	-	4
FOCUS Counselling Services	5	1	6	7	-	7
RLH	8	-	8	8	-	8
TOTAL	**52**	**11**	**63**	**70**	**14**	**84**

Source: Treatment Agencies

Table 4.10.2
Number of Persons in Treatment, 2022 and 2023

Treatment Agency	2022			2023		
	Male	Female	Total	Male	Female	Total
WTC	-	4	4	-	4	4
MT	5	-	5	12	-	12
Turning Point (Methadone, Inpatient, Outpatient/Detox)	12	6	18	28	10	38
Salvation Army Harbour Light	17	-	17	11	-	11
Salvation Army Life Skills	5	-	5	4	-	4
FOCUS Counselling Services	5	1	6	7	-	7
RLH	8	-	8	8	-	8
TOTAL	**52**	**11**	**63**	**70**	**14**	**84**

Source: Treatment Agencies

Notes: * Number includes those in aftercare outpatient treatment.

Chapter 5
Drug Screening Surveillance

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

5.1 BERMUDA SPORT ANTI-DOPING AUTHORITY STATISTICS

Anti-Doping and Illicit Drug Use in Sports

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

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

During 2023 there were no illicit drug tests administered by BSADA (see Table 5.1.1). In 2022, the Minister of Youth and Sports revoked the illicit drug programme. The number of anti-doping tests (of both urine and blood) increased by eight from 42 in 2022 to 50 in 2023 and none tested positive.

Most of these tests were done for the sports of athletics, cycling, and triathalon. On the other hand, most of the anti-doping tests were administered for competition purposes by BSADA (see Tables 5.1.2 and 5.1.3). There were no positive tests for performance enhancing drugs in 2022 or 2023 (see Table 5.1.1). In competition and out of competition testing were for a number of sports, but mainly for athletics and triathlon in both years under review (see Tables 5.1.4 and 5.1.5).

Table 5.1.1
Drug Testing Results at BSADA, 2022 and 2023

Year	Illicit Tests		Anti-Doping Tests	
	Number of Tests	Number of Positive THC	Number of Tests	Positive
2022	66	-	42	-
2023	-	-	50	-

Source: BSADA

Table 5.1.2
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2022

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

Source: BSADA

Table 5.1.3
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2023

National Anti-Doping Organisations/Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Bermuda Sport Anti-Doping Authority (BSADA)	10	5	-
United States Anti-Doping (USADA)	-	12	1
Professional Worldwide Controls (PWC)	-	5	2
United Kingdom Anti-Doping (UKAD)	-	4	-
Canadian Center for Ethics in Sport (CCES)	-	6	1
Australian Sports Anti-Doping Authority	-	1	-
South African Institute for Drug Free Sports	-	-	-
Clearidium	-	7	1
Total	**10**	**40**	**5**

Source: BSADA

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

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

Source: BSADA

Table 5.1.5
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2023

Sport	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Aquatics	-	2	1
Athletics	6	9	1
Boxing	-	1	-
Cycling	2	10	1
Paralympic Sport	-	4	1
Rowing	-	1	-
Sailing	-	4	-
Triathlon	2	9	1
Total	**10**	**40**	**5**

Source: BSADA

5.2 DEPARTMENT OF CORRECTIONS STATISTICS: WESTGATE CORRECTIONAL FACILITY

Drug Use among Criminal Offenders

Provision of urinalysis screening results from the Westgate Correctional Facility[5] 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 the year 2023, 78% of inmates undergoing reception were subjected to screening for illicit substances (refer to Table

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

5.2.1). Notably, 21.3% opted out of the screening process, a rise from the 15.1% who declined in 2022. Additionally, one individual was released before the collection of specimens, compared to five in the previous year. The number of drug screenings conducted on reception inmates fell to 110 in 2023, a decrease from 136 in 2022. The total count of positive results for illicit drugs also saw a decline, with 82 positive screens recorded in 2023, down from 87 in 2022 (see Table 5.2.2). The screening outcomes revealed that marijuana, cocaine, and opiates were the most commonly detected substances in this demographic, in that order (see Tables 5.2.3 and 5.2.5). Random urine analyses indicated the presence of THC (marijuana) during screenings in both 2022 and 2023 among offenders incarcerated at Westgate Correctional Facility (see Table 5.2.4).

Among the inmates received, there was a slight increase in the number of first-time offenders, rising from 29 in 2022 to 35 in 2023 (refer to Table 5.2.6). Conversely, the percentage of repeat offenders admitted to Westgate decreased from 137 (82.5%) in 2022 to 106 in 2023 (refer to Table 5.2.6). Urinalysis screenings indicated that the majority of both first-time and repeat offenders tested positive for THC, cocaine, and/or opiates (refer to Table 5.2.7). The highest rate of substance use was observed for marijuana, followed by cocaine and opiates (heroin) in both years analyzed.

The highest rate of substance use was observed for marijuana, followed by cocaine and opiates (heroin) in both years analyzed.

Table 5.2.1
Screening Results at Reception by Number and Proportion of Inmates, 2022 and 2023

Year	Reception Inmates	Screened	Refused	Released
2022	166	136 (81.9)	25 (15.1)	5 (3.0)
2023	141	110 (78.0)	30 (21.3)	1 (0.7)

Source: Westgate Correctional Facility

Table 5.2.2
Percentage of Positive Illicit Drug Screens among Prison Reception Inmates, 2022 and 2023

Year	Number of Positive Illicit Drug Screens	Percentage of Total Screens
2022	87	64.0
2023	82	74.5

Source: Westgate Correctional Facility

Table 5.2.3
Drug Prevalence (Urinalysis) at Reception by Number and Proportion of Screened Offenders, 2022 and 2023

Substance	2022	2023
Marijuana	65 (47.8)	68 (61.8)
Opiates	30 (22.1)	28 (25.5)
Cocaine	10 (7.4)	7 (6.4)
MTH	2 (1.5)	1 (0.9)
BZO	-	4 (3.64)
PCP	-	1 (0.9)
MOP	-	2 (1.82)
BAR	-	1 (0.9)
OXY	-	2 (1.82)
Poly Drug Use	21 (15.4)	26 (23.6)

Source: Westgate Correctional Facility

Note: Drug prevalence is derived from the number of positive results in each category compared to the overall number of offenders who were screened.
MTH=methamphetamines; BZO=Benzodiapines; PHEN= Phencyclidine; MOP=Morphine; BAR=Barbiturates; OXY=Oxycodone

Table 5.2.4
Random Positive Urine Screens by Substance and Number and Proportion of Inmates, 2022 and 2023

	2022	2023
Overall Positive	**2 (1.2)**	**21 (14.9)**
Marijuana	2	19 (13.5)
Benzodiapines	-	2 (1.4)

Source: Westgate Correctional Facility

Table 5.2.5
Drug Prevalence at Reception by Number and Proportion of Positive Illicit Drug Screens, 2022 and 2023

Year	Marijuana	Cocaine	Opiates	MTH	Poly Drug Use
2022	65 (74.7)	30 (34.5)	10 (11.5)	2 (2.3)	21 (24.1)
2023	68 (82.9)	28 (34.1)	7 (8.5)	1 (1.2)	26 (31.7)

Source: Westgate Correctional Facility

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

Table 5.2.6
Number and Proportion of First-Time and Repeat Offenders by Year, 2022 and 2023

Year	Category of Offenders		
	Reception inmates	First-time offenders	Repeat offenders
2022	166	29 (17.5)	137 (82.5)
2023	141	35 (24.8)	106 (75.2)

Source: Westgate Correctional Facility

Table 5.2.7
Any Illicit Drug Prevalence (Urinalysis) by Number and Proportion of First-Time and Repeat Offenders, 2022 and 2023

Year	Offender	Marijuana	Cocaine	Opiates
2022	Repeat offender	53 (31.9)	28 (16.9)	8 (4.8)
	First-time offender	13 (7.8)	2 (1.2)	2 (1.2)
2023	Repeat offender	54 (38.3)	29 (20.6)	6 (4.3)
	First-time offender	18 (12.8)	4 (2.8)	1 (0.7)

Source: Westgate Correctional Facility

Table 5.2.8
Number of First-Time and Repeater Offenders with Poly Drug Use, 2022 and 2023

Year	First-Time Offender	Repeat Offender
2022	2	20
2023	4	25

Source: Westgate Correctional Facility

5.3 DEPARTMENT OF CORRECTIONS STATISTICS: PRISON FARM

Drug Use among Criminal Offenders

The Prison Farm serves as a correctional institution designed to accommodate adult males within a minimum-security environment, with a total capacity of 111 inmates. In the year 2023, the facility collected a total of 94 urine specimens, a considerable increase from the 20 specimens collected in 2022 (refer to Tables 5.3.1 and 5.3.2). These specimens were obtained at various intervals for different drug testing purposes, including random drug screenings, tests for day or work release, and investigations conducted when there are suspicions of drug use, among other scenarios. From the specimens submitted, one individual tested positive for illegal substances in 2023 compared to none in 2022.

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

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens
Random	20	20	-
Suspicion	-	-	-
Work Detail	-	-	-
Total	20	20	-

Source: Department of Corrections

Table 5.3.2
Drug Screening Results for Persons at the Prison Farm, 2023

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens
Random	94	94	1
Suspicion	-	-	-
Work Detail	8	8	-
Total	102	102	1

Source: Department of Corrections

5.4 DEPARTMENT OF CORRECTIONS STATISTICS: CO-ED FACILITY

Drug Use among Criminal Offenders

The Co-Ed facility serves as a correctional institution for female and juvenile offenders, operating under minimum-security conditions. In the year 2023, the Co-Ed facility collected a total of 29 urine samples, an increase from the 20 samples collected in 2022 (refer to Tables 5.4.1 and 5.4.2). Similar to the Prison Farm, these samples were gathered at various intervals for different types of drug testing, including random drug tests, tests conducted for day or work release, and tests administered when there is suspicion of drug use. Among the samples collected in 2023, four tested positive for THC, while one sample each tested positive for cocaine and morphine. None of the collected samples tested positive for any substance in 2022.

Table 5.4.1
Drug Screening Results for Persons at the Co-Ed Facility, 2022 and 2023

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens		
			THC	Cocaine	MOR
2022	20	20	-	-	-
2023	29	29	4	1	1

Source: Department of Corrections

Note: During 2023, no test was completed for day release, suspicion, work detail, or work release.
MOR=Morphine.

Chapter 6
Impaired Driving

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

6.1 BLOOD ALCOHOL CONCENTRATION

Blood Alcohol Levels of Motorists

The proportion of alcohol to blood in the body is expressed as the blood alcohol concentration (BAC). In the field of traffic safety, BAC is expressed as the percentage of alcohol in deciliters of blood, for example, 0.08 percent (that is, 0.08 grams per deciliter or 80 mg/100 dl). Research has documented that the risk of a motor vehicle crash increases as BAC increases and that the more demanding the driving task, the greater the impairment caused by low doses of alcohol. Compared with drivers who have not consumed alcohol, the risk of a single-vehicle fatal crash for drivers with BAC between 0.02 and 0.04 percent is estimated to be 1.4 times higher; for those with BAC between 0.05 and 0.09 percent, 11.1 times higher; for drivers with BAC between 0.10 and 0.14 percent, 48 times higher; and for those with BAC at or above 0.15 percent, the risk is estimated to be 380 times higher.[6]

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 2023, 177 persons were stopped to undertake a breathalyser test (see Table 6.1.1). During this reporting period, three of the persons who were stopped were sent to the hospital to give a blood sample. For those persons who are categorized as not classified, according to the BPS, they are considered as a refusal since they only gave one breathalyser sample instead of the two samples required to proceed to prosecution. Breathalyser testing is not mandatory, not even when there has been an accident.

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

In 2023, more males (149) provided a sample for testing compared to females (25); similarly, overall, more males were stopped than females. In general, most persons failed the breathalyser test, irrespective of whether they were male or female. For instance, of those who provided a breathalyser sample in 2023, 114 out of the 177 failed, while only 17 passed the breathalyser test.

Overall, the mean BAC reading for all samples provided decreased over the reporting periods under review; from 160 mg/dl in 2022 to 135 mg/dl in 2023 (see Table 6.1.2). Similarly, the mean BAC reading for individuals who failed the breathalyser test decreased from 168 mg/dl in 2022 to 163 mg/dl in 2023. In instances where there were accidents, the average BAC was significantly above the legal limit. In 2022, the mean failed BAC, in cases where there were accidents, was recorded at 163 mg/dl and slightly higher at 175 mg/dl during the current reporting period. There were 181 instances recorded in 2023 where accidents occurred, and the average BAC was over the legal limit. As a reminder, the alcohol limit in Bermuda is less than 80 mg/dl. Failed breathalyser readings, nonetheless, ranged from 93 to 342 mg/dl in 2022 and 85 to 278 mg/dl in 2023; the upper end of the range in 2023 is equivalent to over three times the legal limit. On average, most persons (58) who failed the breathalyser test were one to two times above the legal limit in 2023 (see Table 6.1.3). Of those who were tested in 2023, 16 were within the legal limit when compared to six in 2022. There was one instance in 2023 where an accident occurred and the corresponding breathalyser reading was as much as three to four times above the legal limit, while two persons were recorded as being four or more times over the legal limit in 2022.

[6] 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, 2022 and 2023

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
2022	**114**	**114**	**96**	**18**	**72**	**6**	**36**	**62**	**4**	**30**	**10**	**2**	**6**
Q1	15	15	11	4	10	1	4	8	-	3	2	1	1
Q2	36	36	33	3	20	1	15	19	1	13	1	-	2
Q3	38	38	32	6	29	2	7	25	1	6	4	1	1
Q4	25	25	20	5	13	2	10	10	2	8	3	-	2
2023	**177**	**174**	**149**	**25**	**114**	**17**	**43**	**98**	**17**	**34**	**16**	**-**	**9**
Q1	65	62	54	8	42	4	16	36	4	14	6	-	2
Q2	54	54	47	7	29	8	17	26	8	13	3	-	4
Q3	22	22	20	2	17	2	3	16	2	2	1	-	1
Q4	36	36	28	8	26	3	7	20	3	5	6	-	2

Source: Bermuda Police Service

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

Table 6.1.2
Breathalyser Readings for Impaired Driving Incidences, 2022 and 2023*

	2022					2023				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mean Reading: All Breathalyser Samples	162	151	170	155	**160**	172	133	127	107	**135**
Mean Reading: Failed Breathalyser Samples	169	154	180	169	**168**	181	175	150	147	**163**
Mean Reading: Failed Breathalyser Samples of Males	172	154	215	174	**179**	181	167	149	147	**161**
Mean Reading: Failed Breathalyser Samples of Females	166	158	192	150	**167**	110	180	209	170	**167**
Mean Reading: Accident with Failed Breathalyser Samples	167	138	167	178	**163**	195	164	180	162	**175**
Mean Reading: Accident with Passed Breathalyser Samples	-	-	-	33	**8**	66	-	59	56	**45**
Range of Reading: Failed Breathalyser Samples	107-231	93-306	103-342	104-245	**93-342**	86-278	85-266	85-214	81-217	**85-278**
Range of Reading: Passed Breathalyser Samples	-	0-18	0-60	21-50	**0-60**	36-79	0-76	40-79	0-64	**0-79**

Source: Bermuda Police Service

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

Table 6.1.3
Number of Breathalyser Sample Readings by Limit, 2022 and 2023*

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

Table 6.1.3 cont'd
Number of Breathalyser Sample Readings by Limit, 2022 and 2023*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2023	**16**	58	51	4	-
Q1	4	23	18	1	-
Q2	7	14	12	3	-
Q3	2	8	9	-	-
Q4	3	13	12	-	-
Male	**16**	**52**	**41**	**4**	-
Female	-	**6**	**10**	-	-
Accident	**2**	**10**	**18**	**1**	-

Source: Bermuda Police Service

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

6.2 IMPAIRED DRIVING PROGRAMME STATISTICS

Counselling and Treatment for DUI Offenders

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

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

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

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

Participants will explore the following:

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

In this reporting period, there were five programme participants in comparison to the seven in 2022 (see Table 6.2.1). Most of the participants in either year were males and between the ages of 36 to 40 and 46 to 50 years old , respectively (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 2023 were diagnosed as 'no diagnoses'. Specifically, in 2023, 20.0% (one) of the participants were diagnosed as mild, none was reported as moderate, and 60.0% (three) were reported to have no diagnosis (see Table 6.2.3). Each person received a certificate for programme attendance and completion, indicating that he/she has completed all aspects of the DUI Programme.

Table 6.2.1
Imparied Driving Education Classes' Inquiries and Participants, 2022 and 2023

	2022	2023
Number of Inquiries	15	7
Number of Participants	7	5

Source: FOCUS Counselling Services

Table 6.2.2
Impaired Driving Programme Participants' Statistics, 2022 and 2023

Year	Sex		Age				
	Male	Female	17-35	36-40	41-45	46-50	50+
2022	6	1	-	2	2	1	2
2023	4	1	-	-	1	3	1

Source: FOCUS Counselling Services

Table 6.2.3
Triage Assessment for Addictive Disorders Results (TAAD) by Number of Participants, 2022 and 2023

TAAD Scores		2022	2023
No Diagnosis		5	3
Mild		1	1
Moderate		1	-
Severe	Early Dependence	-	-
	Mid to Late Dependence	1	-
TOTAL		**7**	**5**

Source: FOCUS Counselling Services

Chapter 7
Health

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

SPECIAL NOTE

On October 29th, 2022, a new electronic medical record (EMR) system was introduced to the King Edward VII Memorial Hospital (KEMH) and Mid-Atlantic Wellness Institute (MWI). The Patient Electronic and Administrative Records Log (PEARL) was implemented to:

1. Help reduce duplication and delays, while improving coordination of care and access to full information for patients and clinical teams.
2. Assist in upgrading and meeting the standards of care that are upheld across hospitals around the world and;
3. Serve as a tool for staff to use in the delivery of care, where patients are at the heart of what they do whilst delivering the highest quality and safest care to patients.

The public can expect to see data from KEMH and MWI in time for the publishing of the 2025 BerDIN Report. The 2024 BerDIN Report is void of 2023 data from KEMH and MWI due largely to the change in IT infrastructure with the introduction of PEARL. The Bermuda Hospitals Board (BHB) is currently working on the new EMR system to ensure that it provides accurate and complete data.

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.[7]

This key epidemiological indicator collects data on the extent of infectious diseases – primarily HIV/AIDS, hepatitis B, and hepatitis C infection – among people who inject drugs for non-medical purposes (intravenous drug users or IDUs). The Epidemiology and Surveillance Unit of the Department of Health collects data for this indicator and tracks it on an ongoing basis through the monitoring of routine diagnostic testing for HIV, hepatitis B, and hepatitis C infection.

Prevalence of drug-related infectious diseases were not existent in the reporting periods under review. In 2023, there were no reported cases of HIV and AIDS, in comparison to the three HIV cases and three cases of AIDS recorded the previous year (see Table 7.1.1). The highest reported infection for both years under review was chlamydia, which saw a large increase of 56.0% since the last reporting period (207 in 2022 vs. 323 in 2023).

The highest reported infection for both years under review was chlamydia, which saw a large increase of 56.0% since the last reporting period.

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.

Table 7.1.1
Drug-Related Infectious Disease, 2022 and 2023

Infection	2022		2023	
	Number of Cases	Number of ATOD-Related Cases	Number of Cases	Number of ATOD-Related Cases
HIV	3	-	-	-
AIDS	3	-	-	-
Hepatitis B[a]	-	-	6	-
Hepatitis C[b]	-	-	3	-
Chlamydia	207	-	323	-
Gonorrhoea	20	-	13	-
Herpes[c]	62	-	64	-
Syphilis	2	-	13	-
Total	**297**	**-**	**422**	**-**

Source: Epidemiology & Surveillance Unit

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

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

7.2 MORTALITY: SUSPICIOUS DEATHS

Toxicology Screening Results

The Government Analyst performs toxicology screenings to determine the presence or absence of drugs. In 2023, 63 cases were screened (see Table 7.2.1). Most of the cases forwarded for screening were for males, 51 in 2023. In addition, the majority of the cases screened were of older persons, in particular persons 60+ years.

Ethanol, in excess of the legal limit and drugs (illegal or psychoactive medicines above therapeutic range), was detected in some of the cases screened in 2023. For instance, 14.3% of the cases (9 of 63) screened positive for excess ethanol or illegal or non-prescribed drugs. Drugs, for example, THC, cocaine, codeine, morphine, and others, as well as drugs in combination with others, were more often detected than excess alcohol. In other instances, ethanol was detected, but the quantity was below the legal limit or no substance at all was detected (29 of 63).

Due to staffing and system resource issues, the Epidemiology and Surveillance Unit were unable to provide the results for the following: total number of deaths, proportion of deaths with toxicology screens and causes of death (persons with detected substances).

Table 7.2.1
Toxicology Screens and Substances Detected, 2023

	2023
Total Number of Toxicology Screens	63
By Sex:	
Males	51
Females	12
By Age Group:	
< 18 Years	1
18 – 25 Years	4
26 – 35 Years	3
36 – 45 Years	7
46 – 60 Years	21
60+ Years	22
Not Stated	5
Substances Detected in Toxicology Screens (Number of Cases)	
Ethanol[a] (>80 mg) Only	9
Drugs[b] Only	20
Ethanol and Drugs	5
None/<80 mg Ethanol/Drugs in Therapeutic Range	29

Source: Central Government Laboratory

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

7.3 PRENATAL DRUG USE

Drug Use among Pregnant Women

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

Many pregnant women sometimes use medications without prior consideration to the adverse effects of these substances on their unborn children. Pregnant women who use drugs during their pregnancy pass the drugs along to the baby through the placenta. Women who smoke marijuana while they are pregnant are more likely to have low birth-weight, premature babies. These conditions can both lead to developmental delays and respiratory problems. Another obstacle these babies face is withdrawal symptoms for almost a week after birth. The most common long-term effect on these infants is that they may have a shorter attention span than a child not exposed to the drug. These problems are more prevalent in women who smoke more than six times per week.[8] 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.[9]

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

The data reported by the Maternal Health Clinic in Bermuda (see Table 7.3.1) only represents a proportion of pregnant women receiving pre-natal care and shows that one or more than one illicit drugs was present in their bodies over their gestational cycle. In 2023, 10 of the 31 tests administered confirmed positive for marijuana. During this reporting period, the majority (six) of the woman who tested positive for marijuana, did so in their second trimester compared to two women in 2022 in the same trimester.

In 2023, ten of the 31 tests administered confirmed positive for marijuana.

Table 7.3.1
Drug Screening for Marijuana among Pregnant Women Attending the Maternal Health Clinic, 2022 and 2023

	Number of Pregnant Women	
	2022	2023
Total Number of Tests	25	31
Total Number of Positive Tests	10	10
Positive Tests by Gestation		
First Trimester	3	3
Second Trimester	2	6
Third Trimester	5	1

Source: Maternal Health Clinic

[8] 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.

[9] 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.

Chapter 8
Certified Professionals

- Occupation
- Type of Certification

8.1 CERTIFIED TREATMENT AND PREVENTION PROFESSIONALS

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

Certification of treatment and prevention professionals occurs every two years, ending in May, at which time persons must be recertified. Statistics from the BACB showed that the fields of drug treatment and prevention saw an increase, by four professionals, since the last report. Specifically, in 2023, there were 70 certified persons in substance abuse treatment and prevention occupations, compared to 66 professionals in 2022; most of whom are alcohol or drug counsellors followed by clinical supervisors (see Table 8.1.1). 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 8.1.2). The number of certified substance abuse counsellors increased by one in 2023, while there was one more clinical supervisor and two more persons who have their ACAD. The number of prevention specialists remained the same over the last two years. It should be noted that there are also private and other practitioners who have not yet been certified by the BACB.

In 2023, there were 70 certified persons in substance abuse treatment and prevention occupations; most of whom are alcohol or drug counsellors followed by clinical supervisors.

Table 8.1.1
Certified Treatment and Prevention Professionals by Occupation, 2022 and 2023

Occupation	2022	2023
Treatment		
Alcohol/Drug Counsellors	48	49
Associate Counsellors	4	6
Clinical Supervisors	10	11
Prevention		
Prevention Specialists	4	4
Associate Prevention Professional	-	-
Total	**66**	**70**

Source: Bermuda Addiction Certification Board

Table 8.1.2
Certified Treatment and Prevention Professionals by Type of Certification, 2022 and 2023

Field of Certification	2022	2023
Treatment		
ICADC	48	49
CCS	10	11
ACAD	4	6
Prevention		
CPS	4	4
APP	-	-
Total	**66**	**70**

Source: Bermuda Addiction Certification Board

Chapter 9
Survey Data

- Public Perceptions of Crime and Health
- Treatment Demand Indicators
- Drug Prevalence: Criminal Offenders

9.1 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 2024 Omnibus Survey, a representative sample survey of 400 residents, to evaluate the community's perceptions of issues regarding safety in neighbourhoods, crime committed in neighbourhoods, and the perception of respondents' overall health.

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

Safety in Neighbourhood

Residents continued to report feelings of safety in their neighbourhoods (98%; unchanged from 2023). Nonetheless, perceptions of feeling extremely safe (37%: down 7 points) were marginally down since last asked. Very few residents indicated they feel unsafe, to some degree, in their neighbourhood (1%; down 1 point). Findings were in line with results from two years ago (2022). Reports of feeling extremely safe were greatest among those in the Warwick/Paget parishes and lowest in Pembroke/Devonshire. Three-quarters of residents indicated they feel as safe in their neighbourhood as they did six months ago (75%; down 4 points). Proportions of those feeling safer (13%; up 1 point) and less safe (11%; up 3 points) were consistent with results from 2023. A handful of residents were unsure in this regard (2%; unchanged). Black residents were more likely to indicate they feel safer than six months ago.

Crimes Committed in Neighbourhood

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

Awareness of crimes was similar to recent years. Awareness of theft (33%; up 3 points) was greatest among residents, followed by knowledge of breaking and entering (30%; up 1 point), people openly selling or using drugs (23%; down 2 points), and crimes committed with guns (14%; up 1 point). Just one in 10 was aware of an assault (9%; unchanged) or murder (9%; unchanged) in their area. Non-Bermudians were more commonly aware of crimes committed with guns compared to Bermudians. Awareness of theft and breaking and entering were greater among white residents than black residents. Residents with household incomes of less than $150k had greater knowledge of people openly selling or using drugs than their more affluent counterparts. Older residents (55+ years) were less likely to be aware of theft. This year, more than one-half of residents reported knowledge of some sort of crime in their neighbourhood in the past year, while 45% were unaware of any crimes in their neighbourhood. Nearly one in five residents reported knowing of at least three to six instances of criminal activities in the last year. Across all parishes, residents of Pembroke and Devonshire were the most likely to report knowing about any crime in their neighbourhood over the past 12 months. Generally, white residents knew of more crime in their neighbourhoods from the past year compared to black residents.

Perception of Overall Health

Virtually all Bermuda residents perceived their health positively, with two-thirds believing that they have good health (64%; up 4 points), the highest documented proportion since first asked in June 2012. Three in 10 reported it is very good (30%; down 4 points) and just five percent of residents felt their health is poor (5%; unchanged). No one reported their health as very poor. Residents with household incomes of $150k+ more commonly indicated their health is very good.

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

Table 9.1.1

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	37	40	47	29	35	39	36	38	40	33	45	34	36	41	32	37	37
Mostly Safe	61	58	52	69	64	59	62	59	59	66	55	66	60	56	66	61	63
Mostly Unsafe	1	2	1	1	1	1	1	2	1	1	-	-	3	2	1	2	-
Extremely Unsafe	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Don't Know/No Answer	-	-	-	1	-	-	-	1	-	-	-	-	1	1	-	-	-
Weighted Sample Size (#)	**400**	**78**	**90**	**104**	**125**	**186**	**209**	**135**	**126**	**112**	**80**	**159**	**161**	**204**	**118**	**340**	**60**
Unweighted Sample Size (#)	**400**	**86**	**90**	**100**	**119**	**164**	**231**	**148**	**122**	**101**	**54**	**140**	**206**	**237**	**104**	**353**	**47**
% Exremely/Mostly Safe	98	98	98	98	99	98	98	97	99	99	100	100	96	97	99	98	100
% Mostly/Extremely Unsafe	1	2	2	1	1	2	1	2	1	1	-	-	3	2	1	2	-

Source: DNDC's Commissioned Questions in 2nd Quarter 2024 Bermuda Omnibus Survey©

Table 9.1.2

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	23	25	21	30	17	24	21	27	27	15	26	20	24	22	18	24	18
No	75	75	77	67	80	75	76	69	73	84	73	80	71	76	80	74	80
Don't Know	2	-	2	2	3	1	3	4	1	1	1	-	4	3	2	2	1
Weighted Sample Size (#)	**400**	**78**	**90**	**104**	**125**	**186**	**209**	**135**	**126**	**112**	**80**	**159**	**161**	**204**	**118**	**340**	**60**
Unweighted Sample Size (#)	**400**	**86**	**90**	**100**	**119**	**164**	**231**	**148**	**122**	**101**	**54**	**140**	**206**	**237**	**104**	**353**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2024 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	27	32	40	33	38	30	30	32	44	36	40	25	24	54	34	31
No	65	73	67	59	63	59	69	69	68	56	64	58	71	74	43	64	67
Don't Know	2	-	1	1	4	3	1	2	-	1	-	2	3	2	3	2	1
Weighted Sample Size (#)	**400**	**78**	**90**	**104**	**125**	**186**	**209**	**135**	**126**	**112**	**80**	**159**	**161**	**204**	**118**	**340**	**60**
Unweighted Sample Size (#)	**400**	**86**	**90**	**100**	**119**	**164**	**231**	**148**	**122**	**101**	**54**	**140**	**206**	**237**	**104**	**353**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2024 Bermuda Omnibus Survey©

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	30	29	28	39	24	33	28	29	27	37	26	34	28	24	42	29	32
No	68	71	71	59	71	63	72	70	70	61	71	64	70	75	53	68	66
Don't Know	2	-	1	1	5	4	1	1	2	2	3	2	2	2	5	2	1
Weighted Sample Size (#)	**400**	**78**	**90**	**104**	**125**	**186**	**209**	**135**	**126**	**112**	**80**	**159**	**161**	**204**	**118**	**340**	**60**
Unweighted Sample Size (#)	**400**	**86**	**90**	**100**	**119**	**164**	**231**	**148**	**122**	**101**	**54**	**140**	**206**	**237**	**104**	**353**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2024 Bermuda Omnibus Survey©

Table 9.1.2 cont'd

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

Crimes committed with guns? **(n = 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	14	10	17	26	7	15	13	18	13	10	12	16	14	16	13	13	24
No	84	90	83	72	90	83	85	79	87	89	88	82	84	83	84	85	75
Don't Know	2	-	-	2	3	2	2	3	-	1	-	3	2	1	3	2	1
Weighted Sample Size (#)	**400**	**78**	**90**	**104**	**125**	**186**	**209**	**135**	**126**	**112**	**80**	**159**	**161**	**204**	**118**	**340**	**60**
Unweighted Sample Size (#)	**400**	**86**	**90**	**100**	**119**	**164**	**231**	**148**	**122**	**101**	**54**	**140**	**206**	**237**	**104**	**353**	**47**

Source: DNDC's Commissioned Questions in 2nd Quarter 2024 Bermuda Omnibus Survey©

Table 9.1.3

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	30	21	34	33	30	29	32	26	26	39	38	27	29	28	31	29	35
Good	64	69	59	61	68	66	62	64	70	59	60	69	63	65	65	64	65
Poor	5	8	6	4	2	4	5	8	4	1	3	4	7	5	4	6	0
Very Poor	-	-	1	1	-	-	-	1	-	-	-	-	1	1	-	-	-
Refused	-	1	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-
Don't Know/No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Weighted Sample Size (#)	**400**	**78**	**90**	**104**	**125**	**186**	**209**	**135**	**126**	**112**	**80**	**159**	**161**	**204**	**118**	**340**	**60**
Unweighted Sample Size (#)	**400**	**86**	**90**	**100**	**119**	**164**	**231**	**148**	**122**	**101**	**54**	**140**	**206**	**237**	**104**	**353**	**47**
% Very Good/Good	94	90	93	95	98	95	94	90	96	98	97	96	91	93	96	93	100
% Poor/ Very Poor	5	8	7	5	2	5	6	10	4	1	3	4	7	6	4	6	-

Source: DNDC's Commissioned Questions in 2nd Quarter 2024 Bermuda Omnibus Survey©

9.2 TREATMENT DEMAND INDICATORS

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

This section of the report contains data on the clients who sought treatment from January 2023 to December 2023. There were 19 persons who sought substance abuse treatment over this period at these treatment facilities and for whom a questionnaire was completed. A total of 18 males and one female required inpatient (including residential) and outpatient treatment services. Most persons (11) were clients of Salvation Army's Harbour Light.

Persons requiring treatment services ranged from 25 years to 65 years with the majority (36.8%) of these clients being 57 and 65 years old. These persons who sought treatment were more likely to be self-referred (57.9%). There were 78.9% of clients who sought treatment during this period who have received treatment sometime in the past, from as early as the year 2000 to as recent as 2023.

In terms of the primary drug of impact for which persons sought treatment, just under four in 10 (36.8%) of them sought treatment for crack use, while four persons sought treatment for alcohol use, and three persons who sought treatment for heroin.

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

Most of the persons (63.2%) have reported daily use of drugs, whereas 21.1% indicated that they have used drugs two to six days per week or less prior to seeking treatment. Smoking/inhaling (36.8%) was reported as the main method of administering the drugs, followed by eating/drinking (31.6%).

The age of first use of the identified primary drug ranged from 11 years to 40 years, with an average age of onset being 20.1 years. However, most (57.9%) of the persons

who sought treatment indicated that they first used their primary drug between the ages of 11 to 18 years. Apart from the main drug of choice, some persons also reported the use of a secondary drug, for which the age of initiation ranged from an average of 12.5 years for cannabis to 23.0 years for crack. The average age at which alcohol use began was 6.0 years.

The drug market is still operational in Bermuda as reflected by the demand for and availability or supply of drugs. Most persons who sought treatment did not report the availability of their primary drug. For those who did, they noted that their primary drug, crack, was "always available" (42.1%), and alcohol was "always available" (52.6%) with just over four in 10 (42.1%) indicating that they purchased their drugs from a regular supplier. At the same time, most persons (57.9%) 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, 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.

9.3 DRUG PREVALENCE: CRIMINAL OFFENDERS

The Drug Abuse Monitoring Survey is conducted every three years with the survey conducted in 2023-2024 being the sixth of its kind. The survey lasted for one year, from May 1st 2023 through April 30th 2024 and was administered to offenders on reception at two correctional facilities in Bermuda.

The Drug Abuse Monitoring Survey serves several purposes. Surveillance of drug use in Bermuda is a focal point of the DNDC's Research Unit, especially monitoring drug consumption among high-risk populations, such as the inmate population. The collection of data related to drug of choice and length of use allows for the classification of offenders based on the level of severity of substance abuse problems, which is a good indicator of those requiring substance abuse treatment. The information provided also highlights the type of crimes committed by substance users, especially by the type of drug consumed.

The survey targeted the incarcerated population who were housed at either the Westgate Correctional or the Co-Educational facility (reception offenders). Persons who are received at the Westgate Correctional facility would be offenders 18 years and above, whereas persons at the Co-Ed facility would be offenders below the age of 18 years. Therefore, the ages of the respondents are wide-ranging.

The questionnaire was administered by a trained interviewer, who were current staff members at the facilities, in the form of a face-to-face interview with the reception inmate, once relased from quarantine.

Overall, 71.7% of the total respondents have reported the use of at least one drug in their lifetime.

9.3.1 Drug Use

Respondents were asked to report if they have *"ever taken or used* (…) in their lifetime? Their negative responses ("No") to these questions provided the number of respondents who reported that they have never tried any of the drugs surveyed. Overall, 71.7% (99) of the total respondents (n = 138) have reported the use of at least one drug in their lifetime.

Lifetime and current prevalence of substance use are presented in Table 9.3.1. The results showed that respondents recorded the highest lifetime consumption for alcohol (69.6%), marijuana (67.4%), cigarettes/tobacco (60.1%), crack cocaine (28.3%), and cocaine powder (18.8%) as well as heroin (18.8%) (see Table 9.3.1). Other lifetime prevalence ranged from a low of 3.6% for methamphetamine to a high of 11.6% for ecstasy. In terms of current use, respondents indicated the highest consumption for marijuana (48.6%), cigarettes/tobacco (44.9%), and alcohol (39.1%). Consumption of other substances in the current use period ranged from a low of 0% for LSD and valium or benzodiazepine to a high of 17.4% for crack cocaine.

The respondents used drugs, on average, as seldom as one day in the last month to as frequent as 21 days. On average, the respondents who reported current use of substances indicated use of six substances for more than half of the preceding 30-day period: methadone (21.0 days), followed by cigarettes/tobacco (19.7 days), marijuana (17.4 days), crack (15.6 days), heroin (15.4 days), and other street drugs (18.3%) (see Table 9.3.1).

Respondents were asked to report the age at which they first used 12 listed substances. Some of these substances are generally considered to be the major gateway drugs, usually preceding the use of hard drugs.[10] The average age of onset is based only on the ages of first use of respondents who indicated ever engaging in the behaviour, that is, lifetime users.

As can be seen from Table 9.3.1, the average age of initiation of drug use for the overall surveyed population ranges from a low of 14.1 years for marijuana to a high of 34.8 years for other street drugs. There were persons who began using cigarettes/tobacco around 15.3 years. Alcohol use began around 15.1 years, and the use of methamphetamine began around 25.5 years, on average.

[10]National Center on Addiction and Substance Abuse. (1994). National Study Shows "Gateway" Drugs Lead to Cocaine Use. In R. J. Hackett (Ed.), *Columbia University Record, 20*(4). Columbia University, NY: Office of Public Information. http://www.columbia.edu/cu/record/archives/vol20/vol20_iss10/record2010.24.html (accessed January 25, 2012).

Table 9.3.1
Lifetime and Current Prevalence of Substance Use by Proportion of Respondents, 2023/2024

Substance	Lifetime Use (%) (n = 138)	Average Age of First Use (Years)	Current Use (%) (n = 138)	Average Number of Days Used In Last 30 Days
Cigarettes/Tobacco	60.1	15.3	44.9	19.7
Alcohol	69.6	15.1	39.1	11.1
Marijuana	67.4	14.1	48.6	17.4
Crack Cocaine	28.3	24.3	17.4	15.6
Cocaine Powder	18.8	23.5	5.8	6.4
Heroin	18.8	25.3	11.6	15.4
Ecstasy	11.6	27.7	0.7	3.0
LSD	-	20.8	-	-
Methamphetamine	3.6	25.5	0.7	1.0
Valium/Benzodiazepine	4.3	22.5	-	-
Methadone	6.5	33.1	2.9	21.0
Other Street Drugs	6.5	34.8	2.9	18.3

Source: DNDC's 2023-2024 Drug Abuse Monitoring Survey

9.3.2 Drug and Alcohol Connection with Offence

The participants were presented with specific inquiries in order to establish any potential link between drugs and/or alcohol and their present or past offenses. It is worth mentioning that a significant proportion of individuals, approximately 23.9%, stated that drugs were associated with both their current and previous offenses (Table 9.3.2). Conversely, one in every four individuals (23.9%) acknowledged that alcohol played a role in their current (8.7%) and past (8.0%) offenses.

Drugs were found to have stronger associations with both past and current offences compared to alcohol. When asked about the relationship between drugs, alcohol, and the offences committed, 12.3% of respondents stated that the offence was a result of personal drug use or involvement in the drug trade (8.0%). Similarly, 15.2% of respondents indicated that the offence(s) were committed while under the influence of drugs, and another 15.2% reported that the offence was committed in order to support their drug addiction by obtaining money for drugs. The connection between offences committed under the influence of alcohol is equally concerning, as the results reveal that alcohol played a significant role in the offending behavior of approximately one out of every 11 respondents (9.4%).

Table 9.3.2
Drug and Alcohol Connection with Offence, 2023/2024 *(n = 138)*

Drug Connection To Offence(s)	Respondents (%)
Drug connection to current offence(s) (Yes)	23.9
Drug connection to previous offence(s) (Yes)	23.9
Ways Drugs Were Connected To Offence(s)	**Respondents (%)**
Offence committed while under the influence of drugs	15.2
Offence committed to support drug habit (for money to buy drugs)	15.2
Through being involved with the drug trade	8.0
Personal use of drugs (possession)	12.3
Other	1.4
Alcohol Connection To Offence(s)	**Respondents (%)**
Alcohol connection to current offence(s) (Yes)	8.7
Alcohol connection to previous offence(s) (Yes)	8.0
Ways Alcohol Was Connected To Offence(s)	**Respondents (%)**
Offence committed while under the influence of alcohol	9.4
Offence committed to support alcohol habit (for money to buy alcohol)	2.2
Drunk driving	0.7
Other[1]	0.7

Source: DNDC's 2023-2024 Drug Abuse Monitoring Survey

Note: [1] Includes: stealing alcohol and was intoxicated when the police were called

9.3.3 Drug Prices and Drug Market

Reported prices paid for drugs seemed very volatile. At the same time, not all of the reception inmates were able to provide answers to the questions in this section of the questionnaire. While there was, in fact, extremities in the prices reported for the various quantities of the different substances, an average price was evident, for some commonly purchased quantities of drugs.

For instance, the mean prices paid for an ounce of cannabis is reported to be about $685 as reported by the 20 persons who provided an answer to this question. Other modal prices, as reported by respondents, include: $43 for a gram of cannabis (18 respondents); $167 for a gram of cannabis resin (three respondents); $2,478 for an ounce of cocaine (nine respondents); $50 for a rock of cocaine (one respondent); $37 for a rock of crack (three respondents); and $317 for a gram of heroin (six respondents).

Despite the instability of drug prices reported in this survey, they do, however, add to the existing data on drug prices from other primary and secondary sources.

Respondents were asked to indicate if they bought any illegal drugs, for "*yourself*" or "*others*" over the past 12 months. Interestingly, nearly four in 10 (37.7%) of survey respondents said they had, while only 9.4% reported buying illegal drugs for themselves or others during the past 30 days prior to being arrested . When asked if they had sold illegal drugs to make money in the past 12 months, 30.4% or 42 respondents indicated they had sold drugs. On the other hand, when it came to selling illegal drugs during the past 30 days, prior to being arrested, 8.7% (n = 12), admitted they had sold drugs.

Table 9.3.3
Drug Prices and the Drug Market, 2023/2024

Substance	Mean Price ($)
Cannabis (ounce)	685
Cannabis (gram)	43
Cannabis Resin (gram)	167
Cocaine (ounce)	2,478
Cocaine (rock)	50
Crack (rock)	37
Heroin (gram)	317
Drug Market in Past Year and Month	**Proportion of Survey Respondents (%)**
Brought illegal drug in past year	37.7%
Sold illegal drug in past year	30.4%
Brought illegal drug in past month	9.4%
Sold illegal drug in past month	8.7%

Source: DNDC's 2023-2024 Drug Abuse Monitoring Survey

Chapter 10
Financing Drug Control

- Drug Treatment and Prevention Expenditure
- Enforcement and Interdiction Expenditure

10.1 DRUG CONTROL EXPENDITURE

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

Overall, allocation of funding for drug control demand and supply reduction efforts has seen a decrease of $1.16million. In total, the government expended just over $14.26 million on drug control in Bermuda in FY 2023/2024, much less than the previous FY 2022/2023, where drug control expenditure stood at $15.42 million. Of the overall drug control expenditure, demand reduction activities received the larger proportion of the allocated resources in both years under review when compared to the allotment given to supply reduction for the years under review (see Tables 10.1.1 and 10.1.2).

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

On the demand reduction side, in particular, disparity in allotment continued to exist between treatment and prevention, with treatment receiving the greater proportion of funding. Funding for treatment services, in general, decreased by 6.3% from FY 2022/2023 to FY 2023/2024; while funding for prevention services remained the same over the years under review (see Table 10.1.1).

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 10.1.2). Government expenditure on supply reduction, which encompasses enforcement, interdiction, and intelligence, saw a large decrease of 11.9% year over year.

Sufficient evidence exists that point to the fact that Bermuda continues to witness a constant presence of illicit drug use and drug-related criminal activities, such as violence and illicit trafficking. In response to this growing threat, the Government of Bermuda has initiated and continued to operationalise a complementary battery of measures to combat the problem, on both the demand and supply reduction sides. With the technical support from the DNDC and through the implementation of the NDCMP 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 10.1.1
Government Expenditure on Drug Treatment and Prevention, 2022/2023 and 2023/2024

	2022/2023 ACTUAL ($000)	2023/2024 REVISED ($000)
TREATMENT	8,810[r]	8,259
% Change	-4.1	-6.3
DNDC (MT, WTC, Treatment Unit)	3,613	2,299
Grantees		
Salvation Army	50	50
FOCUS Counselling Services	230	230
Other (BACB)	**100**	**100**
Other Agencies		
BARC	420	563
CLSS	975	947
Drug Treatment Court	453	453
Mandatory Drug Treatment (RLH)	1,036	1,036
Turning Point Substance Abuse Programme[+]	1,933	2,581
PREVENTION	**741**	**741**
% Change	**-4.3**	**-**
DNDC (Prevention Unit & Community Education)	492	492
Grantees		
PRIDE	169	169
CADA	80	80
TOTAL DEMAND REDUCTION	**9,451**	**9,000**
% Change	**-4.1**	**-4.8**

Source: Government of Bermuda Budget

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

Table 10.1.2
Government Expenditure on Enforcement and Interdiction, 2022/2023 and 2023/2024

	2022/2023 ACTUAL ($000)	2023/2024 REVISED ($000)
ENFORCEMENT AND INTERDICTION		
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	2,252	1,267
Customs – Interdiction	3,717	3,994
TOTAL SUPPLY REDUCTION	**5,969**	**5,261**
% Change	**-0.4**	**-11.9**

Source: Government of Bermuda Budget

Bermuda's Drug and Alcohol Landscape: A Call for Action

The branches responsible for managing demand and supply reduction in Bermuda have seen a decline in their administrative budgets in recent years. Despite the increased need for intervention and treatment services following the pandemic, there has been no corresponding boost in funding. Over the past year, alcohol and drug misuse has been linked to numerous cases of morbidity and mortality on the Island.

The BPS reported an unprecedented number of breathalyser tests conducted in 2023. Toxicology reports highlighted an alarming rise in accidents and fatalities associated with substance misuse, often occurring behind the wheel. The following key facts provide a snapshot of the current drug situation, based on indicators provided in this report.

Key Facts:

- **Health and Safety Perceptions:** A significant majority of Bermudians assess their physical and mental health as "good" and feel "mostly safe" within their communities.
- **Alcohol Availability:** Alcohol remains widely available and affordable, contributing to its continued consumption.
- **Youth Exposure:** Youth reports indicate instances of being passengers in vehicles driven by individuals under the influence of alcohol.
- **Licencing Trends:** The LLA saw a one-third increase in occasional licences in the past year, while Temporary Import Permits (TIPs) decreased by 25%.
- **Breathalyser Tests:** Nearly two-thirds of those tested failed, with motorists registering alcohol levels one to three times above the legal limit.
- **Youth Referrals:** Referrals for substance abuse among youth dropped by 20.8%.
- **Treatment Admissions:** Treatment facility admissions rose by 27.5% across six centers in 2022, while repeat admissions fell by 40.5%.
- **Substance Use:** Individuals seeking treatment reported alcohol, cocaine, and/or marijuana use.
- **Severity of Substance Use Disorders:** Fewer individuals were categorized as having a severe substance use disorder in 2023 compared to the previous year.
- **Inmate Drug Tests:** While fewer inmates were received in 2023, a higher proportion tested positive for substances, particularly marijuana and cocaine, followed by opiates. There were also a few instances of positive tests for PCP and morphine, substances not detected in prior years.

Moving Forward

The rising rates of alcohol- and drug-related incidents and fatalities in Bermuda underscores the urgent need for enhanced prevention strategies and greater access to evidence-based treatment services. This report offers critical data and insights to support ongoing collaborative efforts. A comprehensive societal approach is essential to equip individuals – especially youth – with the knowledge and resilience to make informed decisions and access validated treatment services for substance use disorders.

As 2024 marks the final year of the National Drug Strategy, it is crucial to prioritize sustainable harm reduction strategies for both prevention and treatment. Addressing this issue effectively requires acknowledging its scope and securing the necessary funding to support intervention efforts.

There were also a few instances of positive tests for PCP and morphine, substances not detected in prior years.

SUMMARY OF SOURCES AND DATA

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

* Updated/Expanded indicators.

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

TARIFF CODE	DESCRIPTION	2022 (From April 1, 2022)	2023 (From April 1, 2023)
2202.910	Non-alcoholic beer	15% per L	15% per L
2202.990	Other	15% per L	15% per L
2203.000	Beer	$1.36 per L	$1.36 per L
2204.100	Sparkling Wine	$6.00 per L	$6.00 per L
2204.210	Wine in Containers Holding 2 Litres or Less	$6.00 per L	$6.00 per L
2204.290	Wine in Containers Greater Than 2 Litres	$6.00 per L	$6.00 per L
2204.220	Wine in containers holding more than 2 l but not more than 10 l	$6.00 per L	$6.00 per L
2204.300	Other Grape Must	$6.00 per L	$6.00 per L
2205.100	Vermouth in Containers Holding 2 Litres or Less	$6.00 per L	$6.00 per L
2205.900	Vermouth in Containers Holding Greater Than 2 Litres	$6.00 per L	$6.00 per L
2206.000	Other fermented beverages (for example, cider, perry, mead, saké); mixtures of fermented beverages and mixtures of fermented beverages	$1.36 per L	$1.36 per L
2207.100	Undenatured Ethyl Alcohol	$32.00 per LA	$32.00 per LA
2207.200	Denatured Ethyl Alcohol	$0.75 per LA	$0.75 per LA
2208.200	Brandy and Cognac	$32.00 per LA	$32.00 per LA
2208.300	Whiskies	$32.00 per LA	$32.00 per LA
2208.400	Rum and Other Spirits from Sugar Cane	$32.00 per LA	$32.00 per LA
2208.500	Gin and Geneva	$32.00 per LA	$32.00 per LA
2208.600	Vodka	$32.00 per LA	$32.00 per LA
2208.700	Liqueur and Cordials	$32.00 per LA	$32.00 per LA
2208.900	Other Spirituous Beverages	$32.00 per LA	$32.00 per LA
9801.104	Accompanied Personal Goods:Wine of Fresh Grapes	$6.00per L	$6.00 per L
9801.103	Accompanied Personal Goods: Spirituous Beverages	$12.89 per L	$12.89 per L
9803.172	Wine of Fresh Grapes	$6.00per L	$6.00per L
9803.173	Spirituous Beverages	$12.89 per L	$12.89 per L
2401.100	Tobacco, Not Stemmed/Stripped	$500.00 per KG	$500.00 per KG
2401.200	Tobacco, Partly or Wholly Stemmed/Stripped	$500.00 per KG	$500.00 per KG
2401.300	Tobacco Refuse	$500.00 per KG	$500.00 per KG
2402.100	Cigars, Cheroots, etc. Containing Tobacco	35.0%	35.0%
2402.200	Cigarettes Containing Tobacco	$0.40 per U	$0.40 per U
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	35.0%	35.0%
2403.110	Water Pipe Smoking Tobacco	500.00	500.00
2403.190	Other Smoking Tobacco	500.00	500.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	500.00	500.00
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	500.00	500.00
9801.209	Accompanied Personal Goods: Cigarettes Containing Tobacco	$80.00 per 200 U	$80.00 per 200 U
9801.309	Accompanied Personal Goods: Cigars Containing Tobacco	35.0%	35.0%
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	35.0%	35.0%
9803.164	Smoking Tobacco (Imported by Post or Courier)	$500.00 per KG	$500.00 per KG
9803.171	Cigarettes Containing Tobacco (Imported by Post or Courier)	$80.00 per 200 U	$80.00 per 200 U

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

DEFINITIONS OF TERMS AND CONCEPTS

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

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

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

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

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

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

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

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

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

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

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

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

DRUG TESTING: Toxicology analysis of body fluids (such as blood, urine, or saliva) or hair or other body tissue to determine the presence of various psychoactive substances (legal or illegal). Drug testing is employed to monitor abstinence from psychoactive substances in individuals pursuing drug rehabilitation programmes, to monitor surreptitious drug use among patients on maintenance therapy, and where employment is conditional on abstinence from such substances.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

VAPING: This fairly new epidemic, known as vaping, is the inhaling of a vapor that is created by an electronic cigarette or other vaping devices. These battery-powered smoking devices contain cartridges that are filled with liquids such as: nicotine, flavorings, and other chemicals. The liquids are heated into a vapor, which is then inhaled, creating the term vaping.

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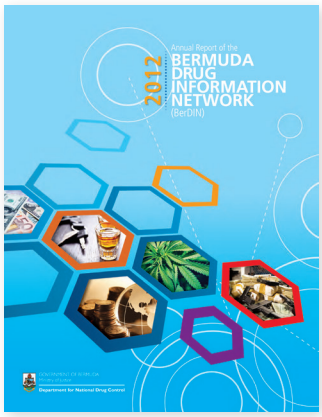
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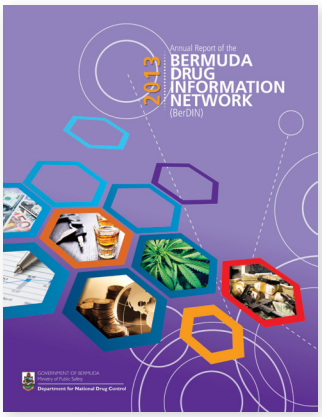
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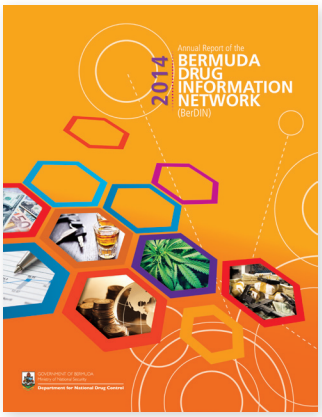
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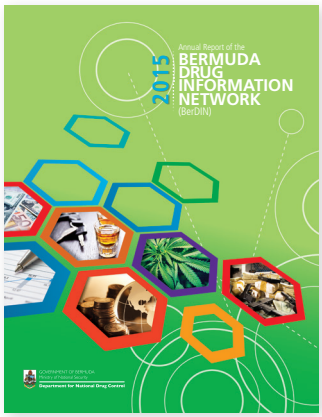
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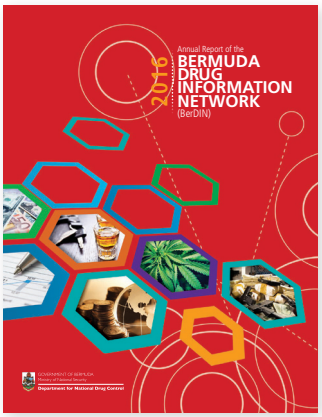
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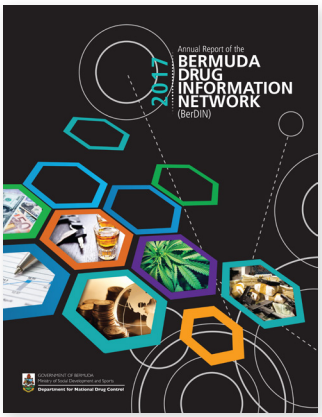
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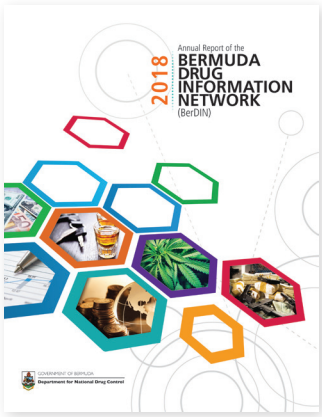
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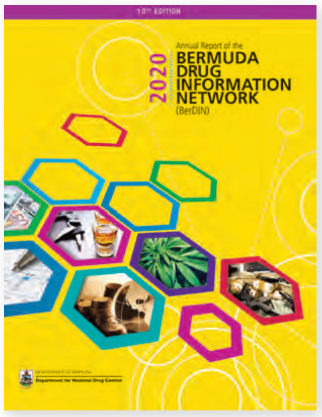
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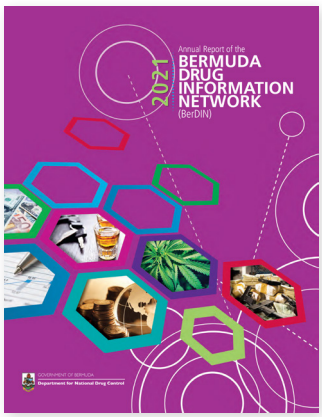
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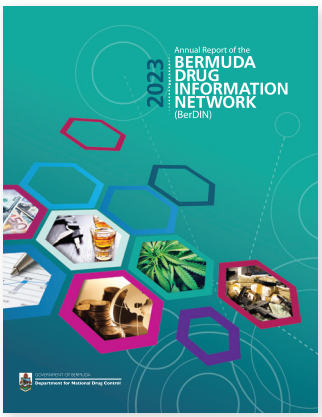
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