Annual Report of the

BERMUDA DRUG INFORMATION NETWORK

(BerDIN)

2025

GOVERNMENT OF BERMUDA

Department for National Drug Control

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BERDIN'S MISSION

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

FOREWORD

"We can accomplish more together than we can alone." - Max De Pree

Each year, the Bermuda Drug Information Network Report (BerDIN) provides the most accurate and culturally relevant overview of substance use trends and patterns in Bermuda. This year's report reflects the state of substance misuse following the conclusion of the five-year National Drug Control Master Plan (NDCMP). The evaluation of that Plan has recently been finalized, and the results will be released in a separate publication. The next phase will involve developing a Master Plan that responds directly to the needs of individuals, families, and communities affected by substance misuse.

At present, the most frequently used substances continue to be cannabis, opiates, and cocaine. However, the local drug market is also being reshaped by the growing presence of synthetic substances, with synthetic cannabis products now emerging as a new concern within our community.

Our collective efforts to reduce both the demand for and supply of alcohol and drugs require a balanced and coordinated approach. On the supply side, law enforcement must keep pace with the increasingly sophisticated technology used in the drug trade. This requires not only new skills, equipment, and resources, but also strong forensic and scientific testing capabilities to detect emerging substances. Drug interdiction efforts can be further strengthened by reinforcing legal frameworks, enhancing interagency collaboration, and partnering with the private sector and financial institutions to identify suspicious financial activities linked to the illicit drug economy.

Equally important are demand reduction strategies that safeguard the most vulnerable members of our community. Addressing substance misuse requires a unified response that brings together prevention and treatment agencies, government ministries, civil society, and individuals with lived experiences. Ministries such as Health; Economy and Labor; Education; Youth, Social Development, and Seniors all have vital roles to play in preventing substance use, supporting recovery, and reducing the broader harms of drug misuse.

The BerDIN has now compiled nearly 20 years of data across most indicators – a testament of the dedication and perseverance of our stakeholders. As we look ahead to the next strategic plan for drug control, your continued partnership is essential. The landscape of substance misuse is constantly evolving, and with your support, we can ensure that Bermuda has the information needed to respond effectively, protect public health, and strengthen the resilience of our communities.

Joanne Dean
Director
Department for National Drug Control

The most frequently used substances continue to be cannabis, opiates, and cocaine.

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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
BRSC	Bermuda Road Safety Commission
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
FATF	Financial Action Task Force
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
INTERPOL	International Criminal Police Organization
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
SSATS	Survey of Substance Abuse Treatment Services
TAAD	Triage Assessment for Addictive Disorders
TC	Therapeutic Community
TCU	Texas Christian University
THC	Tetrahydrocannabinol
TIPs	Temporary Import Permits
TIPS	Training for Intervention Procedures by Servers of Alcohol
u	Units
UKAD	United Kingdom Anti-Doping
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
USADA	United States Anti-Doping
WHO	World Health Organisation
WTC	Women's Treatment Centre
%	Percentage
000	Thousands
-	Zero or unit less than 0.1
$	Bermuda Dollar
..	Not Applicable
…	Not Available

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

INTRODUCTION

The 2025 BerDIN Report provides a comprehensive analysis of drug-related statistics spanning the past 14 years, with particular emphasis on comparisons between 2023 and 2024 across 10 chapters. The report reflects the contributions of industry experts and stakeholders whose insights have been vital to its development.

Road traffic accidents remain a pressing public health concern.

Although Bermuda's drug market has distinct characteristics, the Island is not insulated from the wider global drug crisis, which continues to affect the social, economic, and safety dimensions of our community. Road traffic accidents remain a pressing public health concern. In 2023, the Department for National Drug Control (DNDC) partnered with the Bermuda Hospitals Board (BHB) to collect and analyze data on substance involvement in accidents. It is anticipated that these findings will support timely improvements in managing cases of driving under the influence of alcohol and drugs.

Synthetic marijuana concentrates and other emerging products – present new challenges for prevention, treatment, and harm-reduction services.

The expanding range of available substances – including synthetic marijuana concentrates and other emerging products – present new challenges for prevention, treatment, and harm-reduction services. These services are essential to addressing the health and safety risks associated with increasingly complex patterns of use, new psychoactive substances, and drug combinations.

The report has been designed to deepen understanding of how the many elements of drug control intersect. Each chapter provides context, cautions, and explanations regarding the data presented, along with details on methodologies, analytical standards, and the limitations of available information. Sources include self-reported surveys, administrative records, psychological assessments, and biological screenings. Together, these data sources provide a connected and holistic picture of the current state of drug use and its consequences in Bermuda. Importantly, each chapter also concludes with key implications, highlighting the practical lessons and policy considerations that emerge from the data.

Looking ahead, the findings of this report will help ensure that Bermuda's response to substance misuse remains evidence-based and adaptable, while also strengthening community resilience, protecting families, and providing meaningful support to individuals most affected.

Coordination Mechanism

The Annual BerDIN Report is compiled by the Research Unit of the DNDC in collaboration with national focal points from agencies providing drug-related interventions and services. These focal points submit data on a monthly, quarterly, or annual basis, which is then carefully reviewed by the DNDC to ensure accuracy, consistency, and reliability.

Through this collaborative structure, BerDIN not only disseminates critical information to the public but also works to strengthen Bermuda's research infrastructure, thereby supporting higher-quality outcomes in drug prevention, treatment, and policy development. Agencies seeking membership in the Network must have expertise in drug-related information, and coordination methods are tailored to each agency's priorities.

The strength and stability of BerDIN depend heavily on the active participation of its partner agencies. Now in its fourteenth year, the Network continues to integrate more than 15 sources of drug-related information, providing a multi-faceted view of Bermuda's drug situation (see Appendix I).

Data for the 2025 Report was submitted by May 15th, allowing sufficient time for data cleaning, verification, and final preparation before publication. The information is presented in tabular and narrative formats, ensuring that readers have access to the most up-to-date and reliable insights available.

BERMUDA DRUG INFORMATION NETWORK (BerDIN)

The BerDIN was established following the 1998 United Nations General Assembly Special Session (UNGASS), where the United Nations Drug Control Programme (UNDCP), now the United Nations Office on Drugs and Crime (UNODC), was mandated to improve data comparability across member states. The Lisbon Consensus emerging from this meeting led to the UNDCP and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) launching the Global Programme on Drug Abuse.

As a regional response, the Inter-American Observatory on Drugs (OID) was created in 2000 under the Inter-American Drug Abuse Control Commission (CICAD) within the Organisation of American States (OAS). Operating at the hemispheric level, the OID supports countries in the Americas and Caribbean in developing national drug information networks that use standardised data and methodologies. These networks provide objective, reliable, current, and comparable information, enabling member states to design and implement effective policies and programmes. Within this framework, the Caribbean Drug Information Network (CARIDIN) was launched in 2001 as a regional surveillance mechanism.

Although Bermuda is not a member of the OAS, it has actively participated in regional meetings and has benefits from the expertise and collaboration shared by these mechanisms, which has informed the development of its own national network.

Definition of the BerDIN

The BerDIN is a collaborative network of individuals and agencies dedicated to providing Bermuda with factual, objective, and comparable information on drugs, drug addiction, and their consequences. Its purpose is to monitor trends, inform policy development, and guide the implementation of programmes and responses *(Adapted 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

Drug use is a multifaceted phenomenon that is difficult to measure. To achieve a comprehensive understanding of Bermuda's situation, a multi-source – the BerDIN – was created to capture different dimensions of the issue.

The Network unites institutions and individuals engaged in prevention, education, treatment, rehabilitation, counselling, health, law enforcement, and control. This multi-stakeholder initiative fosters collaboration, supports national drug control efforts, and provides a mechanism to monitor and evaluate the NDCMP over its implementation.

Reliable, precise, and current information is essential for shaping strategies to reduce demand and improve interventions. At the community level, data supports the early identification of trends and service gaps, while at the national and regional levels, it serves as an early warning system for emerging drug problems.

Purpose of the BerDIN

The BerDIN plays a critical role in assessing and evaluating Bermuda's drug situation. Its objectives are to:

- Identify existing drug abuse patterns across time and population groups;
- Detect changes in drug abuse patterns, including emerging drugs and user characteristics;
- Monitor changes to determine whether they signal new or escalating problems;
- Provide detailed analyses of the drug situation in Bermuda through systematic reporting and dissemination;
- Raise awareness of drug-related issues;
- Guide the development of prevention, education, and treatment programmes and policies;
- Stimulate further discussions on drug demand reduction and supply control strategies; and
- Provide a framework for integrating agencies involved in drug control and reduction.

Core Functions of the BerDIN

To achieve its objectives, the BerDIN carries out three core functions:

1. Data collection and monitoring at the national level;
2. Analysis and interpretation of information gathered; and
3. Reporting and dissemination of findings.

Contribution to Programme Development

The BerDIN's data and analyses provide a foundation for:

- Local prevention, treatment, and control strategies;
- National-level demand reduction efforts grounded in reliable epidemiological data;
- Improved participation in international discussions on drug issues; and
- Early warning systems to alert both Bermuda and neighbouring countries of emerging drug trends.

Network Members

Formed in 2008 and sanctioned by Cabinet in 2006 as a Throne Speech initiative, the BerDIN comprises agencies directly or indirectly engaged in drug control. Membership spans across government and non-governmental entities, including:

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 and secondary sources
- Primary surveys and studies
- Psychometric assessments
- Biological screenings
- Indirect estimations or derivations

Qualitative

- Focus groups
- One-on-one interviews
- Treatment and prevention forums
- Expert opinion

(See Appendix I: Summary of Sources and Data for further details.)

Data Gaps

Over the past year, stakeholders encountered significant challenges in addressing substance abuse, including alcohol and drug use, as well as in the areas of prevention, treatment, and support systems. These gaps also extend to the criminal justice system and the wider social harms linked to drugs.

Critical information remains unavailable in several key areas: the prevalence and availability of synthetic drugs on the local market; trafficking routes, operations, and concealment methods; adulteration practices; distribution patterns from wholesale to retail; substance use trends within the general population; the socio-economic consequences of drug use; and the long-term social outcomes of treatment and rehabilitation programmes.

Closing these gaps is essential to building an accurate and timely evidence base that can strengthen policy decisions, improve service delivery, and protect individuals, families, and communities from the evolving risks of substance misuse.

Indicators Not Reported in the 2025 Report

The following indicators could not be reported in the 2025 Report due to unavailable data. For clarity, they are grouped in key domains:

1. Criminal Justice Indicators

- 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

2. Trade and Enforcement Indicators

- » Quantity, Value, and Duty of Tobacco and Tobacco Products Exported from Bonded Warehouses
- » Illicit Tests by Sport

3. Health and Clinical Indicators

- » 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
- » Total Number of Deaths (All Causes)

4. Prevention and Education Indicators

- » PRIDE Bermuda's LifeSkills Programme Statistics
- » PRIDE Bermuda's PATHS Programme Statistics

5. Treatment and Rehabilitation Indicators

(Turning Point)

- » Specimens Requested
- » Positive Specimens for Drugs
- » Positive Screens by Year and Type of Drug Detected
- » Number of Methadone Clients, Inpatient, and Outpatient Detoxifications
- » Number of New Treatment Admissions
- » Number of Persons in Treatment

DNDC's Role

The DNDC not only conducts primary research and provides technical support but also oversees the BerDIN. Its responsibilities include gathering, organising, analysing, and distributing updated information on drug use and related anti-social behaviours. This work forms part of a broader effort to standardise the dissemination of drug-related literature across the Island, through technical reports, posters, brochures, and other educational resources. All data submitted to the DNDC is kept confidential and typically reported in aggregated form.

Organisational Challenges

In 2024, the success of the BerDIN continued to rely heavily on the ability of member agencies to supply timely and systematic data. Agencies that dedicated sufficient time, resources, and the staff capacity were able to provide accurate and reliable information.

However, several organizational challenges were reported, particularly reduced staffing and budgetary constraints. These limitations contributed to ongoing waiting lists for services and fewer programme opportunities for individuals seeking support.

Despite these difficulties, the DNDC remains committed to strengthening partnerships with member organizations. Efforts continue to enhance the ability of agencies to organise, manage, and apply data more effectively to shaping policies and programmes.

Joining the BerDIN

Any agency producing drug-related data may apply to join the BerDIN by contacting the Research and Policy Unit of the Department for National Drug Control at 292-3049.

Meeting 2024

The 2024 BerDIN Annual Meeting was held on November 1st at the Bermuda Underwater Exploration Institute (BUEI), bringing together stakeholders to address the Island's ongoing drug-related challenges and to reinforce the importance of data-driven collaborative responses. The meeting highlighted that effectively tackling substance misuse requires coordination across enforcement, health, and research sectors, with particular attention to closing data gaps, strengthening surveillance, and responding proactively to emerging synthetic substances. Participants emphasised that sustained partnerships and community engagement remain central to fostering safer behaviours, building resilience, and reducing the health and social harms associated with drug use.

Key Highlights

- **Opening Remarks** – Minister of National Security, Hon. Michael Weeks, emphasised BerDIN's vital role in shaping policy and informing the public. He called for stronger data contributions and greater

inclusion of the lived experiences of those affected by addiction.

- **Objectives** – Mr. Anthony Santucci (CADA) reiterated the meeting's goals: to update members on the current drug situation and to foster dialogue.
- **Drug Situation Update** – Mrs. Joanne Dean (DNDC) presented the 2024 Annual Report, highlighting accomplishments, data gaps, and organisational challenges, while advocating for continued efforts and new research approaches.
- **Emerging Drug Trends** – Officer Jermaine Galloway, through his presentation "*Tall Cop Says Stop*", outlined emerging trends in the US, Canada, and Bermuda, including Delta-8, nicotine vapes, kratom, and psilocybin ("shrooms"). He noted that US trends often influence Bermuda, and an environmental scan revealed open sales of trending drugs and confusion among sales staff.
- **Survey Initiatives** – Mrs. Stephanie Tankard (DNDC) provided updates on six surveys, including the Drug Abuse Monitoring Survey (DAMP).
- **Emergency Room Study** – Dr. Celeste Maycock (KEMH) shared findings from a study on drunk and drugged driving, detailing demographics, vehicle types, and substances detected among patients involved in road traffic collisions.
- **Alcohol- and Drug-Related Mortality** – Mrs. Nadine Kirkos (Department of Health) presented case studies and explained toxicology report results.
- **Roadside Sobriety Checkpoints** – Chief Inspector Robert Cardwell (BPS) discussed roadside sobriety initiatives and proposed legislative changes to strengthen enforcement.
- **Bermuda's Road Safety Plan** – Mr. Dennis Lister III JP, MP (Bermuda Road Safety Commission (BRSC)) outlined ongoing initiatives and strategies to address impaired driving, emphasising the need for behavioural and cultural change.

Conclusions and Recommendations

The meeting encouraged bilateral meetings among agencies to enhance problem-solving, and members were urged to prioritise addressing persistent data gaps.

The session concluded with expression of thanks and a call for continued collaboration in tackling Bermuda's drug-related challenges.

Chapter 1
Criminal and Suspicious Activity

- Drug Seizures
- Financial Intelligence
- Financial Crime

1.1 DRUG SEIZURES

Over the past several years, there have been notable shifts in crime and drug seizure data collection practices. The last comprehensive dataset detailing enforcement activities, including seizure locations (street, port, or overseas) and associated arrests, was compiled in 2015. That year also marked the final reporting of the estimated street dollar value of all seized drugs. In 2016, the Bermuda Police Service (BPS) refined its data collection framework, categorising drug seizures by type, total count, and total weight, allowing for more standardised and comparable reporting.

Cannabis remained the most frequently seized drug.

In 2024, the BPS recorded 693 enforcement actions, resulting in the confiscation of 309,574.17 grams of illegal substances – a substantial increase compared to 55,492.19 grams seized in 2023. Cannabis remained the most frequently seized drug, with loose cannabis alone accounting for 158,605.30 grams (see Table 1.1.1). Cocaine and heroin/diamorphine were also among the primary substances seized, alongside synthetic drugs such as MDMA and methamphetamine, which continue to present emerging challenges for enforcement and public health authorities.

The significant rise in drug seizures in 2024 signals intensified law enforcement activity and possibly increased trafficking or local distribution of illicit substances. The predominance of cannabis, coupled with the appearance of synthetic drugs, suggests evolving consumption patterns and shifting market dynamics that warrant continuous monitoring. Enhanced coordination between customs, law enforcement, and health agencies will be essential to detect and disrupt supply chains while mitigating downstream social and health harms. Furthermore, linking seizure data with prevention, treatment, and community education initiatives can help ensure that enforcement efforts translate into measurable reductions in substance misuse and associated risks across Bermuda.

Enhanced coordination between customs, law enforcement, and health agencies will be essential to detect and disrupt supply chains while mitigating downstream social and health harms.

Table 1.1.1
Drug Seizures by Type of Drug, Total Count, and Total Weight, 2023 and 2024

DRUG	2023		2024	
	TOTAL COUNT (n)	TOTAL WEIGHT (g)	TOTAL COUNT (g)	TOTAL WEIGHT (n)
Cannabis (loose)	71	47,727.49	266	158,605.30
Cannabis (Resin)	-	1,552.63	96	91,885.81
Cannabis (Seeds)	51	-	-	-
Cannabis (Plants)	1	12	69	-
Miscellaneous cannabinoid products	-	-	99	12,176.36
Inconclusive for Hemp/Cannabis	-	-	7	166.02
Crack Cocaine	43	3,5789.96	5	5,201.05
Cocaine HCl	10	2,400.99	17	541.85
Cocaine	-	-	41	29,913.82
Heroin/Diamorphine drugs	6	186.86	7	60.12
Not a controlled substance	85	17.47	57	2,012.97
Designer Drugs:				
Fentanyl	2	12	4	Traces
MDMA	6	2.9	18	1,427.74
Ketamine	1	15 tablets	-	-
Methamphetamine	1	89 tablets	1	0.46
Third Schedule drugs (Pharmacy and Poisons Act 1979)	18	-	1	1.37
TOTAL	**354**	**55,492.19**	**693**	**309,574.17**

Source: Government Lab

1.2 FINANCIAL INTELLIGENCE

The Financial Intelligence Agency (FIA) was established under the Financial Intelligence Agency Act 2007 as an independent agency independent body to receive, gather, store, analyse, and disseminate information related to suspected proceeds of crime and potential financing of terrorism through Suspicious Activity Reports (SARs). The Act came into operation in November 2008. The FIA also shares relevant information with the BPS and foreign financial intelligence authorities.[1]

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

In addition to its founding legislation, the FIA operates under a suite of related laws, including the Proceeds of Crime Act 1997; the Proceeds of Crime Regulations (Anti-Money Laundering and Anti-Terrorist Financing Supervision and Enforcement) Act 2008; the Anti-Terrorism (Financial and Other Measures, Business in Regulated Sector) Order 2008; the Proceeds of Crime (Designated Countries and Territories) Order 1998; the Anti-Terrorism (Financial and Other Measures) Act 2004; and the Proceeds of Crime Appeal Tribunal Regulations 2009.

Many SARs in both years originated from digital asset firms and long-term insurance providers.

Financial intelligence data indicated an overall rise in the number of SARs received, increasing from 758 in 2023 to 1,020 in 2024 (see Table 1.3.1). Many SARs in both years originated from digital asset firms and long-term insurance providers. In 2024, local disclosures totaled 76, significantly fewer than overseas disclosures, which reached 251. However, these local disclosures were based on 419 SARs – a 44.0% increase from the 291 reported in 2023. Two new reporting categories, 'other-police' and 'other-customs', also emerged in 2024, each contributing previously unpublished SAR data.

The increase in SARS, particularly those linked to digital asset firms, highlights the evolving nature of financial crime and the need for adaptive oversight in Bermuda's financial system. Strengthening interagency collaboration, analytic capacity, and information-sharing mechanisms will be critical in detecting complex financial flows associated with money laundering and drug trafficking. Enhanced training for compliance officers, along with continued monitoring of digital asset transactions, can help ensure that Bermuda remains aligned with international standards for anti-money laundering and counter-terrorist financing.

Table 1.2.1
Suspicious Activity Reports (SARs) by Sector, 2023 and 2024

SECTOR	2023					2024					ANNUAL PERCENTAGE CHANGE (%)
	Q1	Q2	Q3	Q4	TOTAL	Q1	Q2	Q3	Q4	TOTAL	
SARs Received											
Banks (includes a Credit Union)	48	44	63	57	212	49	59	48	40	196	-7.5
Investment Providers	2	6	11	4	23	9	15	10	13	47	104.4
Money Service Businesses	23	16	4	15	58	11	12	12	8	43	25.9
Corporate Service Providers	2	2	-	-	4	-	4	8	2	14	250.0
Law Firm	-	2	2	-	4	-	4	5	1	10	150.0
Trust Company	-	3	-	-	3	-	8	15	14	37	1133.3
Local Regulators	2	-	2	-	4	2	-	-	-	2	-50.0
Long-Term Insurers	41	28	49	35	153	72	65	76	78	291	90.2
Accounting Firm	-	-	-	-	-	1	-	1	-	2	..
Fund Administrators	-	3	2	2	7	4	-	-	3	7	-
Insurance Company/Manager	4	20	7	50	81	7	1	1	-	9	88.9
Real Estate	-	-	-	1	1	-	-	-	-	-	-100.0
Digital Asset Business	42	28	71	65	206	116	54	34	29	233	13.1
Registered Charity Organization	-	-	1	-	1	-	-	-	-	-	-100.0
Asset Recovery/Insolvency	-	-	1	-	1	-	1	-	-	1	-
Other (Police)	-	-	-	-	-	3	21	7	9	40	..
Other (Customs)	-	-	-	-	-	28	21	30	7	86	..
Other (Reinsurance)	-	-	-	-	-	-	-	1	-	1	..
TOTAL SARs RECEIVED	164	152	213	229	758	302	265	248	205	1020	
ANNUAL PERCENTAGE CHANGE	24.2	-28.6	-6.2	-36.9	-18.9	84.1	42.6	16.4	10.5	34.6	
Total Local and Overseas Disclosures	25	31	29	44	129	119	59	49	24	175	35.7
Local Entities	21	27	24	29	101	94	37	31	13	76	-24.8
Overseas Entities	4	4	5	15	28	25	22	18	11	251	796.4
Total SARs Disclosed	45	84	84	78	291	225	113	56	25	419	44.0

Source: Financial Intelligence Agency

1.3 FINANCIAL CRIME

In 2019, the BPS reorganised its department structure, resulting in the creation of the Specialist Investigations (SI) Unit. This Unit encompasses several key areas: drug crime, financial crime, organised crime, corruption, and cybercrime.

As part of its mandate, SI manages all cash and property seized under Section 50 of the Proceeds of Crime Act (PoCA) 1997. These civil powers operate in addition to the criminal powers provided under the Misuse of Drugs Act 1972 and the Proceeds of Crime Act 1997. The key distinction between the two is that civil proceedings are determined on 'the balance of probabilities,' whereas criminal proceedings require proof 'beyond a reasonable doubt.'

Under Section 50 of the PoCA, an officer may seize any cash and/or property, such as high-value watches, jewelry, gold bars, or diamonds, that directly or indirectly represents the proceeds of criminal conduct or is intended by any person for use in criminal activity. Most of seizures arise from Customs operations at the airport or Police street and house searches, many of which drug-related.

The legislation requires that within 48 hours of a seizure, an application be made to a Magistrate for a Detention Order. If granted, it authorises further detention for up to three months. After this period, SI must either apply for another Detention Order or return the property. If sufficient evidence is obtained, a civil forfeiture hearing is held. Once the case is proven, the Magistrate issues a Forfeiture Order, allowing for the sale of property or deposit of the seized cash into the Confiscation Assets Fund (CAF).

To ensure effective operations, SI provides Section 50 PoCA training for BPS officers, the Customs and Police Joint Intelligence Unit, the Customs Cruise Ship Enforcement Team, and the United States Customs Border Patrol. This training enhances awareness and understanding of the legislation, supporting efforts to prevent the laundering of criminal assets.

Confiscation proceedings occur following criminal convictions, typically in cases involving drug trafficking and/or money laundering. After a hearing, the Judge may issue a Confiscation Order equivalent to the value of assets deemed to represent the proceeds of crime, such as houses, vehicles, or other property. The convicted person must satisfy the Order or face imprisonment in default, with interest accruing until full payment is made. If the Oder remains unsatisfied, the Court may authorise the seizure and sale of assets, with proceeds deposited into the CAF.

SI maintains strong working relationships with the Practitioners Sub-Committee of the National Anti-Money Laundering Committee (NAMLC) and continues to collaborate with international partners, including the Financial Action Task Force (FATF), the International Criminal Police Organisation (INTERPOL), the United States Department of Justice, and the United Kingdom National Crime Agency.

In 2024, SI reported two seizures with a combined value of $639,822. This represents a substantial increase from 2023, which recorded four cash seizures totaling $108,340 seized (see Table 1.4.1). Of the seizures in 2024, $228,000 was formally forfeited, compared with $90,340 forfeited in 2023.

The 2024 data highlight the continued intersection between financial crime and drug-related crime, emphasising the importance of robust regulatory oversights, enforcement, and prevention strategies. Strengthening asset tracing, confiscation procedures, and interagency intelligence-sharing will be key in dismantling criminal networks and deterring money laundering. Equally, enhancing the skills and technical capacity of law enforcement personnel through specialised training and international collaboration will ensure Bermuda's financial integrity and reinforce public confidence in its judicial and regulatory systems.

Strengthening asset tracing, confiscation procedures, and interagency intelligence-sharing will be key in dismantling criminal networks and deterring money laundering.

Table 1.3.1
Cash Seizures, 2023 and 2024

YEAR/QUARTER	NUMBER OF SEIZURES	SECTION 50 CASH SEIZURES ($)	FORFEITURE ($)	TOTAL ($)
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**

Table 1.3.1 cont'd
Cash Seizures, 2023 and 2024

YEAR/QUARTER	NUMBER OF SEIZURES	SECTION 50 CASH SEIZURES ($)	FORFEITURE ($)	TOTAL ($)
2024				
Q1	2	401,822.00	220,000.00	621,822.00
Q2	-	-	-	-
Q3	1	10,000.00	8,000.00	18,000.00
Q4	-	-	-	-
Total	**3**	**411,822.00**	**228,000.00**	**639,822.00**

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 social environment in which residents and visitors engage. Different rates of duty are applied to various alcoholic beverages and tobacco products (see Appendix II). These rates, revised and implemented on April 1, 2022, remained unchanged in 2023 and 2024.

According to the Liquor Licence Authority (LLA), there are more than 300 establishments licensed to serve or sell alcohol in Bermuda. While no available data exists for outlets selling cigarettes and other tobacco products, many supermarkets and gas stations carry these items.

The consumption of alcohol and tobacco remains widespread in Bermuda. Although a portion of imports can be attributed to the tourism industry, a significant share is also consumed by residents. Bermuda's legislation prohibits the sale or distribution of alcohol and tobacco to individuals under 18 years of age, and under the Tobacco Products (Public Health) Act 1987, individuals appearing to be under 25 must present valid photo identification.

The quantity and value of alcohol and alcohol available for domestic consumption, which includes use by both residents or visitors, comprise the amount imported during the year, plus withdrawals from bonded warehouses. These are assessed at the 'free on board' (FOB) value, excluding handling, freight, taxes, duties, and profit mark-ups.

In 2024, a total of 5.4 million litres of alcohol, valued at $32 million was available for local consumption, contributing $18.8 million in customs duty (see Table 2.1.1). Wine packaged in containers of two litres or less, along with beer, continued to account for a large share of alcohol available for consumption.

In addition, 1.3 million litres of alcohol, valued at $14.7 million, were placed in bonded warehouses for future use in 2024, compared to 2.6 million litres valued at $22 million in 2023 (see Table 2.1.2). Wine in containers exceeding two litres, followed by rum and other spirits derived from sugar cane, make up most of the warehouse stock in both years. In 2024, 639 thousand litres of alcohol and alcoholic beverages, valued at $2.7 million, were exported from bonded warehouses, generating $3,373.51 in customs duty (see Table 2.1.3). By contrast, 2023 saw 1.3 million litres exported, valued at $5.8 million, with $3,744.98 in duty collected.

The estimated value of tobacco and tobacco products intended for domestic use rose sharply to approximately $31 million in 2024, compared to $2.4 million in 2023 (see Table 2.1.4). This increase corresponds with a significant rise in the duty collected – from $8.6 million in 2023 to $12.8 million in 2024. Cigarettes containing tobacco represented the majority of tobacco imports, with quantities rising from 25.4 thousand kilograms (valued at $1.8 million) in 2023 to 41.9 thousand kilograms (valued at $12.4 million) in 2024.

The notable increase in both alcohol and tobacco imports, along with corresponding rises in duty collected, highlight ongoing demand and the economic importance of these commodities to Bermuda's domestic market. However, these trends also underscore the public health challenges linked to substance use and the need for balanced policy measures. Strengthening surveillance of import and consumption data, promoting health education on responsible alcohol use, and reinforcing age restriction enforcement are critical steps toward reducing the health and social harms associated with alcohol and tobacco. Coordinated action across trade, customs, and public health agencies will help ensure that economic interests are balanced with the protection of community well-being.

Table 2.1.1
Quantity, Value, and Duty of Alcohol and Alcoholic Beverages for Home Consumption (Imports and Removals from Bonded Warehouses), 2023 and 2024

Tariff Code	Description	2023			2024		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	3,117,841.35	5,807,153.32	4,240,264.31	3,119,406.25	6,039,138.62	4,242,392.61
2204.100	Sparkling Wine	118,241.22	2,124,616.63	708,529.32	107,685.29	1,930,380.65	645,353.94
2204.210	Wine in containers holding 2 litres or less	1,044,250.50	12,794,265.85	6,263,827.21	983,017.53	13,507,813.33	5,870,107.20
2204.220	Wine in containers holding more than 2L but not more than 10L	282.00	5,929.95	1,692.00	43.50	5,699.82	261.00
2204.290	Wine in containers greater than 2 litres	57,669.97	1,114,692.62	345,941.82	36,771.90	994,175.03	216,554.40
2204.300	Other Grape Must	55.00	697.06	330.00	311.00	1,921.91	354.00
2205.100	Vermouth in containers holding 2 litres or less	2,829.50	21,064.42	16,977.00	2,791.50	24,237.83	16,749.00
2205.900	Vermouth in containers holding greater than 2 litres	1,260.00	9,408.00	7,560.00	62.25	244.73	373.50
2206.000	Other Fermented Beverages	218,102.21	535,315.51	296,614.30	277,351.93	763,040.43	356,281.97
2207.100	Undenatured Ethyl Alcohol	1,066.12	3,621.00	5,491.20	1,053.04	3,795.46	6,445.12
2207.200	Denatured Ethyl Alcohol	1,738.46	5,373.68	457.32	644.50	2,691.95	647.89
2208.200	Brandy and Cognac	36,983.59	924,746.31	474,157.76	35,826.28	876,033.34	458,037.44
2208.300	Whiskies	104,185.56	2,017,193.21	1,349,077.44	92,977.35	1,918,238.69	1,183,630.72
2208.400	Rum and Other Spirits Distilled from Sugar Cane	151,358.54	1,119,393.95	1,852,051.52	164,415.45	1,188,104.82	2,017,752.96
2208.500	Gin and Geneva	31,718.14	429,171.25	429,816.96	32,099.57	465,647.73	439,308.80
2208.600	Vodka	138,218.99	1,326,425.33	1,734,784.96	165,301.00	1,490,678.71	1,882,892.48
2208.700	Liqueur & Cordials	55,013.47	649,413.38	451,702.08	57,241.81	690,446.37	441,964.16
2208.900	Other Spirituous Beverages	398,223.01	1,848,415.87	1,119,117.76	314,167.63	1,964,506.68	1,026,607.04
9801.104	Accompanied personal goods: Alcoholic beverages: Other wine	15.00	68.63	90.00	-	-	-
9801.109	Accompanied personal goods: Alcoholic beverages: Other	12.00	12.92	3.23	-	-	-
	TOTAL	**5,479,064.63**	**30,736,978.89**	**19,298,486.19**	**5,391,167.78**	**31,866,796.10**	**18,805,714.23**

Source: HM Customs

Table 2.1.2
Quantity and Value of Bonded Alcohol and Alcoholic Beverages Placed in Bonded Warehouses Upon Arrival**, 2023 and 2024*

Tariff Code	Description	2023		2024	
		Litreage	Value ($)	Litreage	Value ($)
2203.000	Beer	35,808.37	71,454.24	8.52	19.20
2204.100	Sparkling Wine	84,400.40	2,126,715.91	66,065.14	1,200,682.31
2204.210	Wine in containers holding 2 litres or less	609,249.62	8,052,763.73	418,843.21	6,347,887.28
2204.220	Wine in containers holding more than 2 litres but not more than 10 litres	9.00	517.17	9.00	1,447.40
2204.290	Wine in containers greater than 2 litres	9,967.00	31,568.54	1,609.00	11,865.50
2205.100	Vermouth in containers holding 2 litres or less	3,040.50	20,695.82	2,292.00	15,391.52
2206.000	Other Fermented Beverages	3,090.60	34,042.50	3,621.60	27,373.00
2207.100	Undenatured ethyl alcohol	-	-	5,000.00	6,300.00
2208.200	Brandy and Cognac	42,628.30	1,245,153.33	33,784.50	980,426.34
2208.300	Whiskies	87,374.75	1,950,529.90	62,745.20	1,363,459.25
2208.400	Rum and Other Spirits Distilled from Sugar Cane	1,388,613.45	4,878,494.89	535,288.90	2,119,074.88
2208.500	Gin and Geneva	33,110.70	489,895.81	20,532.45	320,814.56
2208.600	Vodka	104,552.45	1,213,957.61	88,727.55	1,003,767.30
2208.700	Liqueur & Cordials	47,241.80	601,482.93	29,681.90	364,806.73
2208.900	Other Spirituous Beverages	116,865.81	1,299,678.78	79,042.90	964,638.76
	TOTAL	**2,565,952.75**	**22,016,951.16**	**1,347,251.87**	**14,727,954.03**

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, 2023 and 2024*

Tariff Code	Description	2023			2024		
		Litreage	Value ($)	Duty ($)	Litreage	Value ($)	Duty ($)
2203.000	Beer	19,011.00	10,616.04	-	65,544.03	157,698.49	-
2204.100	Sparkling Wine	2,016.00	1,628.16	-	2,876.50	10,610.32	7.17
2204.210	Wine in containers holding 2 litres or less	1,395.00	9,417.19	135.00	59,879.00	209,279.92	4.50
2205.900	Vermouth in containers holding greater than 2 litres	9.00	41.50	-	9.00	41.50	-
2206.000	Other fermented beverages	-	-	-	4,164.00	11,636.42	-
2208.200	Brandy and cognac	1,390.20	66,259.86	347.81	2,229.60	45,819.53	207.78
2208.300	Whiskies	302.90	4,856.62	18.81	19,646.69	97,474.98	96.34
2208.400	Rum and Other Spirits Distilled from Sugar Cane	1,279,556.05	5,672,375.68	1,869.68	451,682.60	2,008,402.98	1,770.44
2208.500	Gin and Geneva	65.00	713.98	13.25	1,925.75	7,400.45	73.88
2208.600	Vodka	311.00	2,794.50	17.75	6,058.90	23,736.14	13.78
2208.700	Liqueur & Cordials	3,049.50	15,931.17	636.43	20,833.05	70,899.59	610.32
2208.900	Other Spirituous Beverages	2,824.19	15,091.66	706.25	5,093.85	12,924.71	589.30
	TOTAL	**1,310,170.84**	**5,800,493.16**	**3,744.98**	**639,942.97**	**2,655,925.03**	3,373.51

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), 2023 and 2024

Tariff Code	Description	2023			2024		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2401.100	Tobacco, Not Stemmed / Stripped	0.90 kgs -	62.66	450.00	0.90 kgs	62.66	450.00
2401.200	Tobacco, Partly or Wholly Stemmed / Stripped	0.34 kgs -	39.98	170.00	1.70 kgs	293.70	850.00
2401.300	Tobacco Refuse	3.00 kgs 3 u	66.04	1,500.00	-	-	-
2402.100	Cigars, Cheroots, etc. Containing Tobacco	19,524.29 kgs 160 u	274,298.10	96,004.43	17,752.04 kgs	169,398.48	53,912.72
2402.200	Cigarettes Containing Tobacco	25,375.94 kgs 20,515,360 u	1,818,364.71	8,206,144.00	41,924.53 kgs 30,906,600 u	2,181,787.14	12,362,640.00
2402.900	Other Tobacco Products; or Products of Tobacco Substitutes	1,937.00 kgs -	58,134.77	20,347.19	412.50 kgs	89,850.56	31,307.73
2403.110	Water Pipe Smoking Tobacco	0.55 kgs -	72.89	275.00	2.50 kgs	77.32	1,250.00
2403.190	Other Smoking Tobacco	318.71 kgs -	15,872.12	159,355.00	553.10 kgs	25,933.07	276,550.00
2403.910	"Homogenised" or "Reconstituted" Tobacco	-	-	-	0.15 kgs	42.51	75.00
2403.990	Tobacco Extracts and Essences; Other Manufactured Products of Tobacco	8.15 kgs -	614.90	4,075.00	3.23 kgs	311.42	1,615.00
2404.120	Products intended for inhalation without combustion: Other, containing nicotine	3,317.08 kgs -	194,371.75	48,593.08	171.00 kgs	17,063.60	4,265.90
2404.190	Products intended for inhalation without combustion: Other	318.71 kgs -	15,872.12	159,355.00	5,096.45 kgs	303,419.86	75,855.06

Table 2.1.4 cont'd

Quantity, Value, and Duty of Tobacco and Tobacco Products for Home Consumption (Imports and Removals from Bonded Warehouses), 2023 and 2024

Tariff Code	Description	2023			2024		
		Quantity	Value ($)	Duty ($)	Quantity	Value ($)	Duty ($)
2404.910	Other nicotine containing products intended for the intake of nicotine into the human body: Other: For oral application	749.50 kgs -	4,111.74	616.80	177.26 kgs	21,798.98	5,449.83
2404.920	Other nicotine containing products intended for the intake of nicotine into the human body: Other: For transdermal application	6.98 kgs -	345.44	86.36	2.00 kgs	127.20	31.80
2404.990	Other nicotine containing products intended for the intake of nicotine into the human body: Other	77.00 kgs -	1,402.00	350.50	184.00 kgs	4,345.80	1,055.84
9801.309	Cigarettes containing tobacco [Other]	-	-	-	2.00 kgs	127.20	31.80
9803.163	Smoking Tobacco; Cigars, Cheroots and Cigarillos, Containing Tobacco (Imported by Post or Courier)	95.00 kgs -	3,786.51	1,325.30	183 u	6,541.71	2,289.63
9803.171	Cigarettes Containing Tobacco	400.00 kgs 2 u	161.48	160.00	-	-	-
9803.198	E-cigarettes and similar electric vaporizing devices; cartridges for e-cigarettes or other similar products (Imported by Post or Courier)	-	-	-	408.00 kgs	5,214.50	1,256.39
	TOTAL	**53,126.44 kgs 20,515,525 u**	**2,434,348.35**	**8,555,106.88**	**77,701.36 kgs 30,906,783 u**	**2,85,242.77**	**12,823,351.08**

Source: HM Customs

Table 2.1.5

Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arrival**, 2023 and 2024*

Tariff Code	Description	2023		2024	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	474.00 kgs -	222,193.20	2,484.79 kgs	24,348.79
2402.200	Cigarettes Containing Tobacco	3,026.42 kgs 2,940,000 u	222,193.20	2,484.79 kgs 2,136,000 u	163,860.56
2403.190	Other Smoking Tobacco	72.00 kgs -	3,468.60	178 u	11,278.68
	TOTAL	**3,572.42 kgs 2,940,000 u**	**247,204.54**	**3,104.79 kgs 2,136,000 u**	**199,488.03**

Source: HM Customs

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

Table 2.1.6

Quantity and Value of Bonded Tobacco and Tobacco Products Placed in Bonded Warehouses Upon Arrival**, 2023 and 2024*

Tariff Code	Description	2023		2024	
		Quantity	Value ($)	Quantity	Value ($)
2402.100	Cigars, Cheroots, etc. Containing Tobacco	-	-	24.00 kgs	1,573.05
2402.200	Cigarettes Containing Tobacco	-	-	447.00 kgs 27,000,000 u	29,722.91
2403.190	Other Smoking Tobacco	-	-	9.00 kgs	558.36
	TOTAL	**-**	**-**	**480.00 kgs 27,000,000 u**	**31,884.32**

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 the Sale of Intoxicating Liquor

Under the Liquor Licence Act 1974, any person or business engaged in the sale of intoxicating liquor, whether retail or wholesale, must first obtain a valid licence. Failure to comply may result in legal actions, including fines or imprisonment, as determined by the Liquor Licence Authority.[2] The sale of alcohol is regulated according to licence type, which includes Class A, Class B, Tour Boat, Nightclub, Restaurant, Hotel, Member's Club, and Permit for Association or Organisations.[3]

While data on newly issued licences are not currently collected, historical trends indicate that many licences represent renewals by existing establishments rather than new applications. The number of liquor licences granted each year provides insight into the overall availability and accessibility of alcohol across the Island. Since 2019, the LLA no longer classifies licences by geographic district (Western, Central, Eastern), instead reporting a total count of licenses issued annually.

Between 2023 and 2024, the number of liquor licences issued increased by 22.6%, with most representing renewals of existing permits (see Table 2.2.1). Class A licences accounted for the largest share, followed closely by restaurant licences. The majority of new applications came from individuals or companies that already held other types of licences. Meanwhile, the number of occasional liquor licences – temporary permits granted for events – declined by 15.4%, from 240 in 2023 to 204 in 2024.

Between 2023 and 2024, the number of liquor licences issued increased by 22.6%, with most representing renewals of existing permits.

The steady rise of liquor licence renewals, coupled with the high number of active establishments, highlights the continued accessibility of alcohol across Bermuda. This trend highlights the need for close coordination between licensing authorities, enforcement agencies, and public health entities to balance commercial activity with social responsibility. Strengthening data collection on licence types and geographic distribution could enhance understanding of alcohol availability and its potential links to consumption patterns and alcohol-related harm. Furthermore, ongoing education for licence holders – emphasising responsible service practises and legal obligations – remains critical to promoting safer drinking environments and reducing community-level risks.

Table 2.2.1
Liquor Licenses Issued by District and Type of Licence, 2023 and 2024

Districts and Type of Licence	2023	2024
Class 'A'	98	122
Class 'B'	12	15
Tour Boat	15	33
Nightclub	6	11
Restaurant	77	101
Hotel	14	17
Member's Club	28	37
Alfresco	54	35
Proprietary club license	-	1
Permit for Association or Organisation	1	2
Total Licences Issues to Establishments	**305**	**374**
Annual Percentage Change in Total Licences Issued to Establishments	**-7.0**	**22.6**
Total Occasional Liquor Licences Island-Wide	**240**	**203**
Annual Percentage Change in Total Occasional Liquor Licences Island-Wide	**38.7**	**-15.4**
Total Licences Issued	**545**	**577**
Annual Percentage Change in Total Licences Issued	**3.0**	**5.9**

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.

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

[3]Ibid. p. 9.

Chapter 3
Training Intervention ProcedureS (TIPS)

- Sessions
- Participants
- Outcomes

3.1 ALCOHOL SALES, SERVICE TRAINING, AND CERTIFICATION

CADA administers the Training for Intervention ProcedureS (TIPS) programme, which is funded through a government grant disbursed by the DNDC.

TIPS is an internationally recognized training and certification programme designed to promote the responsible sale and service of alcohol. It equips participants with the knowledge and practical skills to identify and prevent sales to underage drinkers; intervene effectively in high-risk situations; differentiate between responsible and problematic alcohol use; and apply proven prevention strategies to manage alcohol-related scenarios.

Since June 2011, TIPS certification has been mandatory for managers, supervisors, and persons in charge at on-premises licensed establishments, as outlined under Section 39B of the Bermuda Liquor Licence Amendment Act 2010.

In 2024, the number of TIPS training sessions increased by 13% compared with 2023, rising from 15 to 17 sessions (see Table 3.1.1). Participation also grew, with 629 individuals trained, up from 495 the previous year. However, the number of participating establishments fell sharply by 75.5%, from 192 in 2023 to 47 in 2024. This decrease may be explained by multiple participants from the same establishment enrolling in a single session. The average number of participants per session in 2024 was 33.

The transition to an online training format has eliminated capacity limits, allowing greater numbers of individuals to participate per session. Outcomes reflected this shift: 575 participants passed the training in 2024, up from 472 in 2023. However, failed assessments also rose, increasing from 23 in 2023 to 60 in 2024.

The web-based format, first introduced in 2021, continues to streamline the certification process. CADA now receives an electronic copy of a participant's completion certificate within minutes of a successful exam, enabling faster verification and record-keeping.

Overall, these results suggest that while participation and successful certification are rising, the increase in assessment failures highlights the need for ongoing evaluation of training delivery methods to ensure comprehension and effectiveness.

Table 3.1.1
Training for Intervention ProcedureS (TIPS) Programme Statistics, 2023 and 2024

Year/Quarter	Number of TIPS Sessions	Number of Participants	Average Number of Participants Per Session	Outcome		Number of Participated Establishments
				Passed	Failed	
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
2024	**17**	**629**	**36**	**575**	**60**	**47**
Q1	5	187	37	173	14	12
Q2	4	128	32	122	6	10
Q3	3	94	31	84	10	9
Q4	5	220	44	196	30	16

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
- 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

The Bermuda Assessment and Referral Centre (BARC) provides comprehensive assessments to determine whether individuals present with substance misuse, abuse, or dependence. The assessment process identifies the clinically appropriate level of care and, where indicated, the Case Manager facilitates entry into treatment. Assessments typically last one to two hours and may include collateral contacts with family members or other relevant parties. Each evaluation examines multiple aspects of a client's life –employment, education, family and legal history, spirituality, previous treatment, mental and physical health, financial status, and substance use history. Two standardised screening tools are administered, urinalysis performed, and ongoing monitoring and support are offered.

BARC experienced a 19.4% increase in the number of individuals accessing services.

In 2024, BARC experienced a 19.4% increase in the number of individuals accessing services compared to the previous year. A total of 74 new clients were accepted in 2024, up from 62 in 2023 (see Tables 4.1.1 and 4.1.2). The number of repeat clients—those returning for assessment or referral—also rose by 27.5%, from 66 in 2023 to 83 in 2024 (see Table 4.1.2). In both years, repeat clients accounted for a greater proportion of all referrals.

Across the two-year period, males represented the clear majority of total referrals, significantly outnumbering females (see Tables 4.1.1 and 4.1.2). Males also demonstrated a higher likelihood of re-entering the system for additional evaluations. No client was assessed more than once within the same year.

In 2024, the majority of referred individuals identified as Black, accounting for 63.7% (100 clients) (see Tables 4.1.1 and 4.1.2). The predominant age group among new clients was 17-30 years, while returning clients were primarily between 31 and 60 years old, representing 40.8% of all clients that year (see Tables 4.1.1 and 4.1.2).

Compared with previous years, both new and returning referrals were more likely to be polydrug users, typically reporting use of at least two substances (see Tables 4.1.1 and 4.1.2), with some indicating use of three or more. Alcohol remained the primary substance of choice, followed by cannabis. A considerable share of BARC referrals originated from the DUI and Magistrates' Court. Most clients were subsequently referred to the Turning Point Substance Abuse Programme for treatment services.

Results from the Alcohol Dependence Scale (ADS) indicated that most of new and returning referrals exhibited "low" levels of alcohol dependence (see Tables 4.1.4 and 4.1.5). However, findings from the Texas Christian University (TCU) assessment revealed that many clients – both new and existing – met criteria for "severe" substance use disorders.

The steady rise in both new and returning BARC clients underscores the persistent and recurring nature of substance use issues in Bermuda. The data highlights the importance of early intervention and the need for sustained engagement strategies to prevent relapse and reentry into the system. The high prevalence of polydrug use points to the growing complexity of treatment needs, requiring integrated, multidisciplinary approaches that address co-occurring mental health and social challenges. Strengthening referral pathways between the courts, BARC, and treatment providers such as Turning Point, alongside increased public awareness and culturally responsive prevention programmes, will be key to reducing long term dependence and improving recovery outcomes across communities.

Table 4.1.1
Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2023 and 2024

	2023	2024
TOTAL NEW REFERRALS	**62**	**74**
Annual Percentage Change	**-7.5**	**19.4**
SEX:		
Males	49	56
Females	13	18
AGE (YEARS):		
17-30	20	28
31-45	24	24
46-60	13	12
61-75	5	6
Not Available	0	4
RACE:		
Black	35	33
White	7	6
Portuguese	3	-
Mixed	2	7
Other	2	1
Not Available	13	27
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION		
One Drug	20	14
Two Drugs	16	20
Three Drugs	8	10
More than three drugs	4	6
Not Available	14	24
LEVEL OF CARE:		
Level I – Outpatient	10	9
Level II – IOP	6	13
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	3	3
None	5	1
Not Stated/No Show	7	6
No Treatment/Level of Care Recommended	2	15
Education/Early Intervention	6	6
Not Available	23	21

Source: Bermuda Assessment and Referral Centre

Table 4.1.1 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for New Referrals, 2023 and 2024

	2023	2024
EAP	4	2
Family Court	9	5
Family Services	5	5
Magistrates Court	12	24
Self-Referral	2	6
Supreme Court	2	1
DUI Court	22	23
Court Services*	-	3
Other Community	-	3
Not Available	6	2
REFERRED TO:		
Court Services*	5	4
Harbour Light	1	2
Men's Treatment	1	2
None	7	17
Private Practice	-	1
Turning Point	9	13
WTC	1	-
FOCUS	6	2
Not Stated/No Show	-	7
Not Available	32	26

Source: Bermuda Assessment and Referral Centre

Note: *Referrals labelled "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, 2023 and 2024

	2023	2024
TOTAL EXISTING REFERRALS	**66**	**83**
Annual Percentage Change	**-27.5**	**25.8**
SEX:		
Males	57	74
Females	9	9
AGE (YEARS):		
17-30	6	8
31-45	28	32
46-60	20	32
61-75	12	11
RACE:		
Black	56	67
White	2	4
Mixed	-	3
Other	1	-
Not Available	7	9
DRUG OF CHOICE (DEPENDENCE OR ABUSE) – COMBINATION:		
One Drug	9	8
Two Drugs	15	27
Three Drugs	9	15
More than three drugs	15	16
Not Available	18	17
LEVEL OF CARE:		
Level I – Outpatient	8	5
Level II – IOP	7	18
Level III & IV – Residential (Medically Monitored/Managed Intensive Inpatient Treatment)	22	25
None	2	-
Not Stated/ No Show	6	2
Client declined	12	11
No Treatment/Level of Care Recommended	4	7
Dual Diagnosis	1	-
Already in Treatment	3	6
Education/Early Intervention	1	9

Source: Bermuda Assessment and Referral Centre

Table 4.1.2 cont'd

Bermuda Assessment and Referral Centre Programme Statistics for Existing Referrals, 2023 and 2024

	2023	2024
REFERRED FROM:		
Court Services*	8	6
EAP	1	-
Family Court	3	3
Family Services	4	4
Magistrates Court	24	40
Mental Health Treatment Court	3	2
Self-Referral	8	6
Supreme Court	-	2
DUI Court	7	13
DTC	5	5
Bermuda Housing Corporation	1	-
HOME	1	-
Not Available	1	2
REFERRED TO:		
Court Services*	1	6
Focus	4	7
Harbour Light	9	11
Men's Treatment	3	5
None	7	5
Residential	13	-
Turning Point	10	18
WTC	1	-
Already in Treatment	1	3
Client Declined	11	16
Dignity House	1	2

Source: Bermuda Assessment and Referral Centre

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

Table 4.1.3
Drug of Choice for New and Existing Clients, 2023 and 2024

Drug of Choice	2023		2024	
	New Clients	Existing Clients	New Clients	Existing Clients
Alcohol	32	45	56	63
Cannabis	19	38	38	54
Cocaine	7	17	11	36
Opiates	3	13	2	14
Other	4	2	9	8
Not Available	13	12	27	11
TOTAL	**62**	**127**	**143**	**186**

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 criterion for a substance use disorder but not the full criteria) or no criteria met.

Table 4.1.4
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of New Clients from the Bermuda Assessment and Referral Centre Programme, 2023 and 2024

		Number of Clients	
	Level of Severity (ADS Score)	2023	2024
Substance Abuse or Dependence	None (0)	5	5
	Low (1-13)	13	8
	Intermediate (14-21)	3	4
	Substantial (22-30)	1	-
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

Table 4.1.5
ADS Results (Number of Clients by Level of Severity of Alcohol Dependence) of Existing Clients from the Bermuda and Assessment Referral Centre Programme, 2023 and 2024

		Number of Clients	
	Level of Severity (ADS Score)	2023	2024
Substance Abuse or Dependence	None (0)	6	3
	Low (1-13)	10	18
	Intermediate (14-21)	5	2
	Substantial (22-30)	1	2
	Severe (31-47)	-	-

Source: Bermuda Assessment and Referral Centre

Note: The ADS was not administered to all clients.

Table 4.1.6
TCU Drug Screen V Results (Number of Clients by Score) of New Clients from the Bermuda Assessment and Referral Centre, 2023 and 2024

		Number of Clients	
	Level of Severity (ADS Score)	2023	2024
Substance Abuse or Dependence	None (0)	12	19
	Mild Substance Use Disorder (2-3)	5	7
	Moderate Substance Use Disorder (4-5)	3	5
	Severe Substance Use Disorder (6 or more)	9	14
	Not Administered/Unknown	2	29

Source: Bermuda Assessment and Referral Centre

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 4.1.7
TCU Drug Screen V Results (Number of Clients by Score) of Existing Clients from the Bermuda Assessment and Referral Centre, 2023 and 2024

		Number of Clients	
	Level of Severity (ADS Score)	2023	2024
Substance Abuse or Dependence	None (0)	11	17
	Mild Substance Use Disorder (2-3)	5	12
	Moderate Substance Use Disorder (4-5)	3	8
	Severe Substance Use Disorder (6 or more)	22	24
	Not Administered/ Unknown	2	22

Source: Bermuda Assessment and Referral Centre

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), a unit within the Department of Child and Family Services (DCFS), serves as Bermuda's only addiction counselling agency specifically designed to address the counselling, educational, and rehabilitative needs of the Island's youth and their families. Although CLSS does not provide direct substance abuse treatment for adolescents, it plays a critical preventive and supportive role. The programme aligns with the Department's mandate under the Children Act 1988, serving individuals from birth through 18 years of age.

Referrals to CLSS originate from a range of sources, including schools, parents/guardians, the courts, community agencies, and concerned individuals. The programme offers an array of services, from assessments and treatment planning to referral, community outreach, and aftercare. In addition, CLSS facilitates the Al-a-teen programme – a 12-step recovery support group for adolescents impacted by a parent or caregiver's alcohol misuse.

CLSS conducts two main group programmes that respond to the emerging client needs and referral patterns. The first is a four-session Active Parenting of Teens programme, which equips parents with tools to navigate the challenges of adolescence and turn them into opportunities for personal growth. The curriculum addresses contemporary pressures such as social media, bullying, and substance use, helping parents strengthen communication and resilience within the family. The second initiative, the six-session Cooperative Parenting and Divorce programme, supports separated or divorced parents in reducing conflict, improving co-parenting relationships, and maintaining a child-centred approach.

In 2024, CLSS received 110 referrals, representing a 15.5% decrease from 127 referrals in 2023. Of these, 46 referrals were substance-related, with 43 individuals receiving counselling services and three undergoing assessments (see Table 4.2.1). CLSS also continues to provide short-term educational groups on substance use, typically comprising eight to 10 sessions based on evidence-informed curricula tailored to the developmental and emotional needs of young people.

The decline in youth referrals to CLSS may suggest shifts in community reporting, awareness, or accessibility of early intervention services rather than a reduction in substance-related challenges. The continued presence of substance use among adolescents highlights the need for sustained prevention strategies, family-focused interventions, and school-based engagement. Strengthening partnerships between CLSS, schools, and justice agencies could help identify at-risk youth earlier and ensure consistent referral pathways. Moreover, expanding data collection on outcomes – such as behaviour change and family functioning – would enable more precise evaluation of programme effectiveness. Investing in parental education, particularly around emerging issues like social media influence and vaping, remains key to building resilience among Bermuda's youth and their families.

Table 4.2.1
Counselling and Life Skills Services Statistics, 2023 and 2024

Year	2023	2024
Number of Referrals	127	110
Number of Substance Referrals	38	46
Other Referrals	89	64
Number of Clients Seen	121	94
Substance Clients Seen	32	43
Number of Readmissions	1	3
Number of Assessments	51	16
Other Assessments	36	-
Substance Assessment	15	3
Number of Discharges	45	15
Number of Groups	1	4
Number of Group Participants	9	15

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 a structured case management initiative designed for offenders struggling with substance use disorders. It functions as an alternative to traditional sentencing, emphasising rehabilitation over incarceration. While not a treatment programme itself, DTC integrates judicial supervision with coordinated access to treatment, counselling, and community support services.

Referrals represent individuals directed to the programme for evaluation, typically initiated by the courts. Admissions reflect those deemed eligible and accepted into the programme. Some individuals may be referred by a magistrate but found ineligible or unsuitable, resulting in non-admission.

The DUI Court Programme, operating under the DTC Programme, is a core component of Bermuda's Alternatives to Incarceration (ATI) strategy. The primary aim is to reduce crime and incarceration rates through rehabilitation and long-term sobriety. The DUI Court specifically targets the reduction of impaired driving, combining education, treatment, case management, and supervision for individuals convicted of driving under the influence of alcohol and drugs.

In 2024, the DTC recorded 22 new referrals, a modest increase from the 18 referrals in 2023 (see Table 4.3.1). Of these, eight individuals were admitted into the programme. During the same year, there was one termination, while one participant completed Phase IV and another successfully completed Phase V.

For the DUI Court, 31 referrals were received in 2024, resulting in 11 admissions. No terminations were recorded during the year, and seven participants successfully completed Phase V (see Table 4.3.2).

The increase in referrals to both the Drug Treatment and DUI Court programmes reflects growing recognition of the value of rehabilitative approaches within the justice system. However, the comparatively low admission rates and modest number of completions highlight the need to strengthen screening, engagement, and support mechanisms to enhance participant retention and outcomes. Expanding collaboration between the courts, treatment providers, and social service agencies could help address barriers to admission – such as housing, instability, mental health challenges, or lack of readiness for treatment. Continued investment in ATI initiatives not only reduces incarceration costs but also promotes healthier reintegration, helping individuals rebuild stable, productive lives and ultimately strengthening community safety and resilience.

Table 4.3.1
Drug Treatment Court (DTC) Statistics, 2023 and 2024

	2023	2024
New Referrals	18	22
Programme Admissions	7	8
Terminations from Programme	3	1
Successful Completion Phase IV	3	1
Successful Completion Phase V	2	1

Source: Drug Treatment Court

Table 4.3.2
Driving Under the Influence (DUI) Statistics, 2023 and 2024

	2023	2024
New Referrals	30	31
Programme Admissions	10	11
Terminations from Programme	4	-
Successful Completion Phase V	4	7

Source: Drug Treatment Court

4.4 MEN'S TREATMENT STATISTICS

Drug Abuse among Men in Treatment

All individuals admitted to Men's Treatment (MT) undergo screening for substance use. Drug testing is conducted randomly, based on suspicion of relapse or recent use, and applied to clients participating in outings, requesting day passes, engaging in work details, or enrolled in Drug and Mental Health Treatment Court programmes.

In 2024, MT collected 88 urine samples from clients for drug testing, representing a slight decrease from 91 samples collected in 2023 (see Table 4.4.1). This accounted for 1,056 total screenings during the year, compared to 1,092 screenings conducted in 2023. Each screening tested for 12 different substances. The positive test rate in 2023 was 19.8%, while in 2024 no positive tests recorded, suggesting improved adherence to treatment plans and possibly stronger relapse prevention efforts.

Throughout 2024, cocaine and heroin remained the most frequently used substances among men before entering treatment (see Table 4.4.2). Patterns of polydrug use persisted, with clients commonly reporting combinations of alcohol and illicit drugs (see Table 4.4.3).

The absence of positive drug tests in 2024 represents a notable achievement, reflecting enhanced monitoring, structured support, and stronger commitment among participants. However, the persistence of polydrug use prior to treatment highlights the need for continued focus on comprehensive, individualised care that addresses both addiction and co-occurring mental health challenges. Strengthening aftercare and relapse prevention services – particularly during transitional periods such as work release or reintegration – will be key to sustaining recovery gains. Additionally, expanding psychosocial support and skills training for men in treatment can further reduce relapse risk and promote long-term stability, benefiting not only individuals but also their families and communities.

Table 4.4.1
Drug Screening Results among Men in Treatment, 2023 and 2024

	2023	2024
Total Samples	91	88
Total Screens	1,092	1,056
Number of Positive Screens		
Total	**18**	**-**
% POSITIVE SCREENS	**19.8**	**-**

Source: Men's Treatment

Table 4.4.2
Primary Drug Used by Men Prior to Treatment, 2023 and 2024

Drug	Number of Men	
	2023	2024
Alcohol	7	3
Crack	4	2
Cocaine	-	4
Heroin	5	4
Fentanyl	**1**	**-**
TOTAL CLIENTS	**17**	**13**

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, 2023 and 2024

Combinations	Number of Clients	
	2023	2024
Three-Drug Combination:		
Heroin, Crack, THC	4	1
Alcohol, Crack, THC	1	-
Crack, Cannabis, Alcohol	1	-
Heroin, Fentanyl, Alcohol	-	1
Heroin, Alcohol, Trazadone	-	1
Heroin, Cocaine, Marijuana	-	1
Alcohol, Heroin, Cocaine	-	1
Cocaine, Oxycontin, MDMA	-	1
TOTAL	**6**	**6**
Two-Drug Combination:		
Alcohol, THC	3	-
Alcohol, Cocaine	-	1
Crack, THC	1	-
Heroin, THC	2	-
Heroin, Cocaine	-	1
Cocaine, THC	-	1
TOTAL	**6**	**3**

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 referred for services but not admitted, individuals enrolled in treatment at the Women's Treatment Centre (WTC), participants in transitional care, and those engaged in aftercare. Random urine screenings are conducted to detect alcohol and illicit drug use, ensuring accountability and early intervention during all stages of recovery.

The number of urine screenings conducted by WTC increased significantly from 1,646 in 2023 to 2,614 in 2024 (see Table 4.5.1). Among these, four screenings tested positive for cocaine and THC. Cocaine remained the most frequently used substance among women prior to treatment, consistent with patterns observed in previous years (see Table 4.5.2). Additionally, four cases of polydrug use were identified in 2024, involving combinations of alcohol, crack cocaine, and THC (see Table 4.5.3).

The marked increase in screening activity demonstrates stronger oversight and a proactive approach to relapse prevention within the WTC. While the low rate of positive results is encouraging, the ongoing presence of cocaine and polydrug use highlights the complex nature of women's substance use and recovery needs. From a policy perspective, these findings point to the importance of maintaining robust

data collection systems, gender-responsive treatment frameworks, and interagency collaboration to ensure continuity of care from detoxification through reintegration. At the community level, expanding holistic provisions – such as trauma-informed counselling, family reunification services, employment assistance, and parenting education – can strengthen recovery outcomes and promote resilience among women and their families. By combining structured monitoring with compassionate, community-based interventions, Bermuda can continue building the treatment ecosystem that empowers recovery and reduces long-term vulnerability to relapse.

Table 4.5.1
Drug Screening Results among Women in Treatment, 2023 and 2024

	2023	2024
Total Samples	150	206
Total Screens	1,646	2,614
Number of Positive Screens		
Cocaine	2	3
Opiates	2	-
Oxy	1	-
THC	-	1
Total	**5**	**4**
% POSITIVE SCREENS	**0.30**	**0.15**

Source: Women's Treatment Centre

Table 4.5.2
Primary Drug Used by Women Prior to Treatment, 2023 and 2024

Drug	Number of Women	
	2023	2024
Alcohol	3	-
Cocaine	3	4
Heroin	2	1
TOTAL CLIENTS	**8**	**5**

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, 2023 and 2024

Combinations	Number of Clients	
	2023	2024
Three-Drug Combination:		
Alcohol, Crack, THC	**3**	**4**
Alcohol, Heroin, THC	-	1
TOTAL	**3**	**5**

Source: Women's Treatment Centre

4.6 RIGHT LIVING HOUSE STATISTICS

Mandatory Drug Treatment

The Right Living House (RLH) was established as part of a Throne Speech commitment by the then Governor of Bermuda in 2007 and welcomed its first residents on January 7, 2010. Offenders are referred to the programme through the Department of Corrections, Court Services, and the Parole Board. The RLH operates as a nine- to 12-month residential therapeutic community (TC), followed by six months of structured aftercare to support reintegration into society. Located on the Prison Farm and housed separately from general population, the facility occupies the

former residence of the Commissioner of Corrections and is fully self-contained.

The programme's overarching goal is to reduce recidivism by addressing the behavioural, psychological and social factors contributing to substance dependence and criminal behaviour. Eligibility for the full TC continuum requires that participants be within 12 to 18 months of their Earliest Release Date (ERD) or parole eligibility at the time of admission, and that they have six to nine months of parole supervision available to complete the community-based aftercare phase.

In 2024, the RLH maintained an average of five residents in treatment (see Tables 4.6.1 and 4.6.2). Over the past two years, the programme reported an average waiting list of three individuals, reflecting continued demand for residential rehabilitation within the corrections system. The aftercare programme recorded four participants in 2023 and three in 2024, demonstrating steady engagement following release.

Drug screenings were conducted throughout both years – randomly, and following outings, day passes, or work details, as well as in response to reasonable suspicion. In total, 123 tests were administered in 2024, of which two returned positive results compared to 131 tests in 2023, all of which were negative.

The RLH continues to serve as a cornerstone of Bermuda's rehabilitative justice framework, providing a structured, therapeutic pathway toward recovery and reintegration for offenders with substance use issues. The low incidence of positive drug tests in 2024 reflects effective internal controls and a supportive treatment environment. However, the consistently small resident numbers and waiting list highlight the need to expand capacity and strengthen continuity between in-custody treatment and community aftercare. From a policy standpoint, integrating the RLH data into broader criminal justice and public health monitoring systems would enhance understanding of programme outcomes, including relapse rates and post-release success. From a community perspective, expanding partnerships with employers, housing agencies, and social service providers can reinforce reintegration, reduce stigma, and promote lasting recovery – transforming the RLH experience into a bridge between incarceration and productive citizenship.

Table 4.6.1
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	-	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

Table 4.6.2
Right Living House Programme Statistics, 2024

Programme Indicators	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total (Average)
Number of Residents	9	10	10	9	9	10	10	7	9	10	8	9	4
Total Programme Admissions	-	1	-	-	1	-	-	2	2	0	1	1	3
Number of Discharges	-	-	1	-	-	-	3	-	1	2	-	1	3
Number of Substance Abuse Tests													-
Random Tests	4	3	3	2	1	4	9	4	2	5	8	5	4
Tests for Outings & Day Passes	1	2	2	1	-	2	6	3	3	8	8	4	3
Work Detail	-	-	1	1	2	3	3	1	3	3	4	10	3
Suspicious Tests	-	-	-	-	-	-	-	-	-	-	1	1	-

Table 4.6.2 cont'd
Right Living House Programme Statistics, 2024

Programme Indicators	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total (Average)
Number of Positive Substance Abuse Test	-	-	-	-	-	-	-	-	-	-	1	1	-
Wait Listed for Admission	-	-	-	-	-	-	1	1	2	2	2	1	1
Residents in Aftercare	3	3	3	4	4	4	4	4	5	3	3	3	4

Source: Right Living House

4.7 SALVATION ARMY TREATMENT PROGRAMMES

The Salvation Army Harbour Light Programme is a residential substance abuse treatment and rehabilitation initiative for adult males, typically lasting between six and 12 months and tailored to individual needs. Rooted in the Christian philosophy of compassion, service, and holistic healing, the programme aims to support clients through recovery while addressing their physical, emotional, social, and spiritual well-being. Upon completion, participants are expected to be prepared for reintegration into society, maintain healthy lifestyles, uphold moral and spiritual principles, and demonstrate responsible work and personal habits.

The Community Lifeskills Recovery Programme, also operated by the Salvation Army, provides ongoing support to individuals in various stages of recovery, including those referred from inpatient and outpatient treatment services. This programme emphasises life skills development and relapse prevention, recognising that practical day-to-day skills are essential for achieving long-term stability. Services are delivered holistically and are available to both men and women seeking to strengthen their recovery and improve social and economic self-sufficiency.

In fiscal year (FY) 2024/2025, the Harbour Light Programme supported between three and five clients, consistent with FY 2023/2024, which saw between two and five participants (see Table 4.7.1). During the year, up to three clients were referred from the DTC, reflecting continued integration between judicial diversion and rehabilitative treatment services.

The Community Lifeskills Recovery Programme reported between four and seven active participants during FY 2024/2025 (see Table 4.7.2). The programme facilitated nine to 12 evening group sessions and offered 13 to 50 individual life skills sessions, demonstrating flexibility in meeting diverse client needs. The initiative produced measurable progress: up to six clients achieved financial stability, four consistently made payments on outstanding bills, and between four and six clients remained abstinent from substance use throughout the two-year review period.

The Salvation Army's treatment and recovery programmes continue to play a vital role in Bermuda's continuum of care particularly for individuals in or transitioning from the criminal justice system. The stability of client numbers, despite small cohort sizes, highlights the need to sustain funding and resources for faith-based and community-led initiatives that offer individualised, holistic care. From a policy standpoint, integrating outcomes metrics – such as employment, housing stability, and sustained abstinence – into monitoring systems would provide a clearer picture of programme effectiveness and long-term recovery trends. From a community perspective, the programmes' emphasis on life skills, moral grounding, and personal responsibility reinforces social reintegration and resilience. Strengthening interagency collaboration among treatment providers, faith-based organisations, and social services will be key to expanding reach and ensuring continuity of care for individuals striving towards sustained recovery and productive citizenship.

Table 4.7.1
Salvation Army Harbour Light Residential Treatment Programme Performance, 2023/2024 and 2024/2025

Programme Indicators	FY 2023/2024				FY 2024/2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intakes/Screenings/Assessments	2	5	4	2	3	5	1	1
Enrollment	1	5	4	2	3	4	6	6
Completions	2	-	-	1	1	2	2	2
Total Clients	8	9	10	10	11	12	11	11
Random Drug Tests	1	5	7	-	41	11	10	4
Positive Drug Tests	-	1	1	-	-	2	-	-
NA/AA Meetings (Mandatory)	36	41	39	39	40	39	42	40
Community Outreach:Volunteer Days	1	1	5	21	9	13	8	2
Community Outreach: Number of Client's Volunteering	6	8	8	8	7	9	8	6
Community Outreach: Other Activities	3	5	5	5	7	5	4	1
Enquiries re HL Programe	11	13	24	27	23	50	25	30
Referrals to HL from Outside Agencies	4	10	11	24	8	12	22	19
Referrals from HL to Outside Agencies	2	5	-	-	4	4	7	5
Number of Drug Court Residents	3	3	3	2	3	2	2	3
Number of Probation/Parole Residents	1	3	3	3	-	-	-	1
Antigen Test	1	5	-	-	3	-	-	-
Positive Antigen Test	-	-	-	-	-	-	-	-
Discharge Against Clinical Advice	2	2	3	3	1	3	-	7
External Client Sessions	12	16	32	50	42	50	51	46
Doctors Appointments	29	16	20	11	22	19	14	18

Source: Salvation Army

Table 4.7.2
Salvation Army Community Life Skills Recovery Programme Performance, 2023/2024 and 2024/2025

Programme Indicators	FY 2023/2024				FY 2024/2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total number of clients who participated in the programme	4	4	4	4	4	5	5	7
Number of new clients referred	3	-	-	1	1	2	2	2
Number of intakes / screenings / assessments	3	-	1	1	1	2	2	2
Number of evening groups	10	7	7	9	12	11	13	9
Clients who received crisis intervention	1	-	4	-	1	1	-	1
Families who received relapse prevention	-	-	2	-	-	-	1	-
Clients who reintegrated with families, employment, education, community	2	2	1	2	1	2	1	2
Clients who were in stable committed relationships	-	-	-	-	-	-	-	-
Clients who obtained financial stability (financial planning and banking)	2	4	4	3	3	4	4	6
Clients who opened and reactivated bank accounts	2	2	-	-	4	2	2	2
Clients with secured savings in bank accounts	1	3	4	3	3	4	5	6
Clients who made regular payments towards outstanding bills	1	3	4	2	2	2	4	4
Clients who abstained from substance abuse	2	3	4	3	4	5	5	6
New Care Plan	11	36	25	12	27	26	28	15
Care Plan Review	11	36	25	12	26	28	29	21
Life Skills Individual Sessions	24	43	16	15	21	13	26	50
Case Management Sessions	11	7	7	7	23	23	28	22
Referrals for Outside Services	13	20	9	2	-	1	5	4
NA/AA Meetings (Mandatory)	39	40	37	39	38	40	42	48

Table 4.7.2 cont'd
Salvation Army Community Life Skills Recovery Programme Performance, 2023/2024 and 2024/2025

Programme Indicators	FY 2023/2024				FY 2024/2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Community Outreach: Number of Clients Volunteering	3	2	2	2	3	2	1	1
Community Outreach Volunteer Days	26	34	30	35	48	31	28	24
Assisting Clients With Medical	8	7	4	7	17	5	3	3
Assisting Clients With Housing	1	-	-	-	1	1	1	1
External Visits	13	21	5	2	-	-	-	-
Random Drug Testing	2	-	-	2	5	9	18	34
Negative Random Drug Test	2	-	-	2	5	8	13	29
Positive Drug Test	-	-	-	-	-	1	5	6
Antigen Test	-	-	-	-	2	1	3	3
Negative Antigen Test	-	-	-	-	2	1	2	3
Positive Antigen Test	-	-	-	-	-	-	1	-
Drug Court Client	1	1	1	1	1	2	1	2
Clients Who Completed Life Skills	-	-	-	-	-	-	-	-
Clients Who Self Discharged	-	-	2	-	-	1	1	1

Source: Salvation Army

4.8 FOCUS COUNSELLING SERVICES SUPPORTIVE RESIDENCY PROGRAMME

The FOCUS Supportive Residency Programme, also known as Transitional Housing or Accommodation, provides structured housing and ongoing support for men who have completed a residential substance abuse treatment programme and are in the process of rebuilding their lives. The programme offers a stable, substance-free environment designed to help residents reintegrate into society while maintaining their recovery.

Residents are required to work, contribute a portion of their earnings toward the rent, attend weekly meetings, and participate in random drug testing to support accountability and long-term stability. The model encourages personal responsibility while providing the structure and guidance necessary for a successful transition from treatment to independent living.

In fiscal year 2023/2024, the programme continued operations at a single facility with a capacity of 12 beds, consistent with the previous year (see Table 4.8.1). During this period, the facility hosted up to 12 residents at a time and held 13 aftercare sessions each quarter, offering continued emotional and recovery support. Between eight and 10 clients were employed during FY 2024/2025, reflecting steady reintegration into the workforce. Notably, all random drug tests conducted during the year returned negative results, indicating high compliance and sustained sobriety among participants.

The FOCUS Supportive Residency Programme remains a critical bridge between intensive treatment and independent living, offering men in recovery the opportunity to rebuild stable and purposeful lives. The consistent employment outcomes and absence of positive drug tests demonstrate the effectiveness of structured transitional housing in supporting long-term recovery. From a policy perspective, expanding transitional housing capacity and standardising outcome monitoring across similar programmes could strengthen Bermuda's recovery infrastructure and reduce relapse risk. From a community standpoint, FOCUS' model exemplifies how recovery-oriented housing – grounded in accountability, employment, and aftercare – can foster resilience, social integration, and family restoration. Continued collaboration between government, nonprofits, and employers will be essential to sustain and scale these positive outcomes across the island.

Table 4.8.1
Focus Counselling Services Supportive Residence Programme Performance, 2023/2024 and 2024/2025

Programme Indicators	FY 2022/2023				FY 2024/2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Houses	1	1	1	1	1	1	1	1
Number of Beds	12	12	12	12	12	12	12	12
Average Number of Clients/ Occupancy	6	6	8	10	12	11	11	11
Number of Drug Tests*	24	24	32	40	12	18	12	12
Number of Aftercare Sessions	16	16	16	16	13	13	13	13
Average Number of Participants in Aftercare	6	6	8	10	12	11	11	11
House meetings	6	6	8	10	12	11	11	11
Number of residents employed	4	4	4	5	8	8	9	10
Number of Drug Court clients	2	2	2	2	3	3	3	3
Number of Probation/Parole clients	-	-	2	2	-	-	2	2
Number of Individual Counselling	16	16	16	16	38	30	38	38

Source: Focus Counselling Services

*None were positive

4.9 CLIENTS IN TREATMENT

Tables 4.9.1 and 4.9.2 present the number of 'unique' individuals admitted to treatment programmes in Bermuda, offering insight into both the accessibility and availability of substance abuse and dependence services across the Island. These data also serve as an indicator of whether clients assessed and referred by BARC are successfully engaging with the recommended level of care. The figures exclude individuals who sought or received treatment more than once in a given year, though a small number of repeat clients were recorded.

Clients received publicly- or grant-funded services from any of the seven treatment programmes listed in the accompanying tables. This group of providers has remained consistent over several years, with no new treatment centres added during the reporting period. The programmes collectively offer three primary types of care: outpatient services, including the opioid treatment programme; inpatient or residential treatment, including non-hospital settings; and in-prison therapeutic services.

Clients typically seek treatment for one of three main substance use categories: combined alcohol and drug abuse, drug abuse only, or alcohol abuse only. Some clients also present with co-occurring mental health disorders; however, data disaggregated at this level are not currently compiled, though available from individual programmes.

In 2024, a total of 45 new treatment admissions were recorded, along with 72 returning clients (see Tables 4.9.1 and 4.9.2). The combined total of 117 clients represents those receiving treatment across five of Bermuda's treatment facilities during the year. However, it is important to note that data from Turning Point, the Island's primary outpatient service provider, were unavailable for 2024. Because Turing Point serves the majority of outpatient clients, this data gap significantly limits the ability to draw firm conclusions about year-to-year changes in admissions and overall treatment trends. Among new clients, 41 were men and four were women, consistent with the gender distribution observed in other sections of this report.

The 2024 treatment data underscore the ongoing demand for accessible, comprehensive substance use services in Bermuda while also highlighting key information gaps that constrain full analysis. The absence of data from a major provider such as Turning Point illustrates the need for a coordinated, standardised reporting framework to ensure consistent monitoring across all treatment programmes. From a policy perspective, strengthening data integration among providers would enable more accurate tracking of treatment engagement, outcomes, and service gaps – ultimately informing more effective resource allocation and planning. From a community perspective, ensuring equitable access to treatment – particularly for women and individuals with co-occurring disorders remains essential to building recovery-oriented systems of care. Enhanced collaboration between treatment centres, public health agencies, and social support services can promote long-term recovery, reduce relapse, and contribute to a healthier, more resilient Bermuda.

The 2024 treatment data underscore the ongoing demand for accessible, comprehensive substance use services in Bermuda while also highlighting key information gaps that constrain full analysis.

Table 4.9.1
Number of New Treatment Admissions, 2023 and 2024

Treatment Agency	2023			2024		
	Male	Female	Total	Male	Female	Total
WTC	-	4	4	-	4	4
MT	12	-	12	5	-	5
Turning Point (Methadone, Inpatient, Outpatient/Detox)*	28	10	38	-	-	-
Salvation Army Harbour Light	11	-	11	18	-	18
Salvation Army Life Skills	4	-	4	7	-	7
FOCUS Counselling Services	7	-	7	3	-	3
RLH	8	-	8	8	-	8
TOTAL	**70**	**14**	**84**	**41**	**4**	**45**

Source: Treatment Agencies

*Data not available.

Table 4.9.2
Number of Persons in Treatment, 2023 and 2024

Treatment Agency	2023			2024		
	Male	Female	Total	Male	Female	Total
WTC	-	8	8	-	8	8
MT	17	-	17	13	-	13
Turning Point (Methadone, Inpatient, Outpatient/Detox)*	233	45	278	-	-	-
Salvation Army Harbour Light+	20	-	20	25	-	25
Salvation Army Life Skills	5	-	5	10	-	10
FOCUS Counselling Services	7	-	7	6	2	8
RLH	8	-	8	8	-	8
TOTAL	**290**	**53**	**343**	**62**	**10**	**72**

Source: Treatment Agencies

Notes:
*Data not available.
+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) is responsible for ensuring that sports organisations across Bermuda comply with the World Anti-Doping Code and the Bermuda Government Policy Paper on Anti-Doping. Through its education, testing, and enforcement efforts, BSADA aims to foster a doping-free and drug-free sporting environment, aligning local practices with global standards. Its key functions include the delivery of education and awareness programmes, the administration of athlete testing, and the management of intelligence and results to anti-doping rule violations.

Since 2022, BSADA has operated under a single programme – World Anti-Doping Agency (WADA) Programme – following the revocation of the Bermuda-specific Illicit Drug Programme by the Minister of Youth and Sports. The WADA Programme focuses exclusively on performance-enhancing substance testing and compliance with international standards. In addition to testing, BSADA continues to provide drug prevention education to athletes, coaches, and parents through workshops and information sessions, serving individuals as young as 13 years old to adult athletes.

During 2024, BSADA conducted a total of 48 anti-doping tests (both urine and blood), representing a slight decrease from 50 tests in 2023 (see Table 5.1.1). None of the tests in either year returned positive results for performance-enhancing substances. The majority of tests were conducted within the sports of athletics, cycling, and triathlon, reflecting Bermuda's active participation in these disciplines (see Tables 5.1.4 and 5.1.5). Most testing was performed for competitive reasons in accordance with international anti-doping protocols.

The continued absence of positive test results in both 2023 and 2024 highlights the effectiveness of Bermuda's anti-doping framework and the high level of compliance among local athletes. However, the discontinuation of the local illicit drug testing programme highlights a potential gap in monitoring recreational drug use among athletes that could have implications for both performance and health. From a policy perspective, re-establishing complementary prevention and wellness initiatives – focused on mental health, lifestyle choices, and responsible recovery – could strengthen Bermuda's holistic approach to athlete well-being. Continued investment in education and capacity-building, particularly for coaches, youth athlete, and medical professionals, will be critical to maintaining integrity in sport and ensuring Bermuda's adherence to international standards. From a community standpoint, BSADA's proactive engagement with young athletes offers an opportunity to instill values of fairness, discipline, and health-conscious behaviour that extend beyond sport, reinforcing broader national goals of prevention and resilience.

Table 5.1.1
Drug Testing Results at BSADA, 2023 and 2024

Year	Illicit Tests		Anti-Doping Tests	
	Number of Tests	Number of Positive THC	Number of Tests	Positive
2023	-	-	50	-
2024	-	-	48	-

Source: BSADA

Table 5.1.2
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	-
Clearidium	-	7	1
Total	**10**	**40**	**5**

Source: BSADA

Table 5.1.3
Performance Enhancement Testing by National Anti-Doping Organisations (Testing Missions Issued by BSADA), 2024

National Anti-Doping Organisations/Service Provider	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Bermuda Sport Anti-Doping Authority (BSADA)	8	9	-
United States Anti-Doping (USADA)	-	11	1
Professional Worldwide Controls (PWC)	-	5	1
United Kingdom Anti-Doping (UKAD)	-	1	1
Canadian Center for Ethics in Sport (CCES)	-	5	1
Australian Sports Anti-Doping Authority	-	-	-
Clearidium	-	4	1
Total	**8**	**35**	**5**

Source: BSADA

Table 5.1.4
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

Table 5.1.5
Performance Enhancing Tests by Sport (Testing Missions Issued by BSADA), 2024

Sport	Urine In Competition	Urine Out of Competition	Blood Out of Competition
Aquatics	-	6	-
Athletics	3	5	2
Boxing	-	1	-
Cycling	5	4	1
Paralympic Sport	-	4	1
Rowing	-	1	-
Sailing	-	5	-
Triathlon	-	9	1
Total	**8**	**35**	**5**

Source: BSADA

5.2 DEPARTMENT OF CORRECTIONS STATISTICS: WESTGATE CORRECTIONAL FACILITY

Drug Use among Criminal Offenders

Urinalysis screenings conducted at the Westgate Correctional Facility[4] provide valuable insights into the patterns of drug use among criminal offenders. The data allow for comparisons by drug type and by offender status – whether first-time or repeat offenders.

In 2024, 82.4% of inmates entering the facility underwent drug screening for illegal substances (see Table 5.2.1). Notably, 13.2% declined screening, representing a decrease from the 21.3% in 2023, suggesting improved compliance with intake testing procedures. However, some individuals were released before specimen collection could occur, a circumstance not reported in the prior year.

The total number of drug screenings increased from 110 in 2023 to 131 in 2024, marking a 19% rise. Correspondingly,

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

positive test results also increased, with 109 positive screens recorded in 2024 compared to 82 in 2023 (refer to Table 5.2.2). The most frequently detected substances were marijuana (THC), cocaine, and opiates, in that order (see Tables 5.2.3 and 5.2.5). Random urinalysis results further confirmed the continued presence of marijuana among incarcerated individuals during both 2023 and 2024 (see Table 5.2.4).

The most frequently detected substances were marijuana (THC), cocaine, and opiates.

In terms of offender type, there was a modest rise in first-time offenders, from 29 in 2023 to 35 in 2024 (see Table 5.2.6). Conversely, the number of repeat offenders decreased from 137 (82.5%) in 2023 to 106 in 2024 (see Table 5.2.6). Screening outcomes revealed that both first-time and repeat offenders most commonly tested positive for THC, cocaine, and opiates (see Table 5.2.7). Marijuana remained the dominant substance of use across both groups, followed by cocaine and heroin. In 2024, there was a modest rise in polydrug use among both first-time offenders and repeat offender (see Table 5.2.8).

The increase in both screenings and positive test results at Westgate highlights the persistent role of substance use in criminal offending and the ongoing need for integrated treatment and prevention strategies within the corrections system. The high prevalence of marijuana and cocaine use, alongside rising intake positivity rates, points to the need for early intervention and pre-screening assessment to address addiction before incarceration. From a policy perspective, strengthening the alignment between correctional services, the Department of Health, and community-based treatment providers could ensure that inmates receive evidence-based rehabilitation both during custody and after release. Expanding drug treatment and relapse prevention programs within prisons, coupled with consistent post-release monitoring, can reduce recidivism and promote reintegration.

From a community standpoint, these findings reinforce the importance of providing social support, employment opportunities, and counselling for returning citizens to break the cycle of substance use and reoffending. Investing in staff training, including corrections officers and case managers, on substance use identification and trauma-informed care, would further enhance Bermuda's capacity to manage substance related issues then the justice system while fostering a more rehabilitative correctional environment.

Table 5.2.1
Screening Results at Reception by Number and Proportion of Inmates, 2023 and 2024

Year	Reception Inmates	Screened	Refused	Released
2023	141	110 (78.0)	30 (21.3)	1 (0.7)
2024	159	131 (82.4)	21 (13.2)	7 (4.4)

Source: Westgate Correctional Facility

Table 5.2.2
Percentage of Positive Illicit Drug Screens among Prison Reception Inmates, 2023 and 2024

Year	Number of Positive Illicit Drug Screens	Percentage of Total Screens
2023	82	74.0
2024	109	83.2

Source: Westgate Correctional Facility

Table 5.2.3
Drug Prevalence (Urinalysis) at Reception by Number and Proportion of Screened Offenders, 2023 and 2024

Substance	2023	2024
Marijuana	68 (61.8)	88 (67.2)
Opiates	28 (25.5)	32(24.4)
Cocaine	7 (6.4)	3 (2.3)
Methadone	-	2 (1.5)
BZO	4 (3.64)	-
PCP	1 (0.9)	-
MOP	2 (1.82)	-
BAR	1 (0.9)	-
OXY	2 (1.82)	-
MTH	1 (0.9)	1 (0.8)
POLYDRUG USE	26 (23.6)	35 (26.7)

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; 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, 2023 and 2024

	2023	2024
Overall Positive	**21 (14.9)**	**13 (8.2)**
Marijuana	19 (13.5)	13 (8.2)
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, 2023 and 2024

Year	Marijuana	Cocaine	Opiates	MTH	Poly Drug Use
2023	68 (82.9)	28 (34.1)	7 (8.5)	1 (1.2)	26 (31.7)
2024	88 (80.7)	32 (29.4)	3(2.8)	1 (0.9)	35 (32.1)

Source: Westgate Correctional Facility

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

Table 5.2.6
Number and Proportion of First-Time and Repeat Offenders by Year, 2023 and 2024

Year	Category of Offenders		
	Reception inmates	First-time offenders	Repeat offenders
2023	141	35 (24.8)	106 (75.2)
2024	159	50 (31.4)	109 (68.6)

Source: Westgate Correctional Facility

Table 5.2.7
Any Illicit Drug Prevalence (Urinalysis) by Number and Proportion of First-Time and Repeat Offenders, 2023 and 2024

Year	Offender	Marijuana	Cocaine	Opiates
2023	Repeat offender	54 (50.9)	29 (27.4)	6 (5.7)
	First-time offender	18 (51.4)	4 (11.4)	1 (2.9)
2024	Repeat offender	68 (62.4)	32 (29.4)	2 (1.8)
	First-time offender	20 (40.0)	-	1 (2.0)

Source: Westgate Correctional Facility

Table 5.2.8
Number of First-Time and Repeater Offenders with Polydrug Use, 2023 and 2024

Year	First-Time Offender	Repeat Offender
2023	4	25
2024	6	29

Source: Westgate Correctional Facility

5.3 DEPARTMENT OF CORRECTIONS STATISTICS: PRISON FARM

Drug Use among Criminal Offenders

The Prison Farm is a minimum-security correctional facility that accommodates adult males and has a total capacity of 111 inmates. The facility provides a structured environment focused on rehabilitation, vocational engagement, and preparation for reintegration into society.

In 2024, the Prison Farm collected a total of 213 urine specimens for drug testing – more than double the 94 specimens collected in 2023 (see Tables 5.3.1 and 5.3.2). Specimens were obtained through various testing mechanisms, including random screenings, day or work release checks, and investigations prompted by suspected drug use. Of those tested, five individuals returned positive results for illegal substances in 2024 – four for THC and one for opiates – compared with one positive result in 2023.

The increase in drug testing at the Prison Farm reflects heightened vigilance and a proactive approach to monitoring substance use among minimum-security inmates. Although the number of positive tests remains relatively low, the continued detection of marijuana and opiates highlights the need for ongoing substance use education and rehabilitation even in less restrictive correctional settings. From a policy standpoint, these results point to the importance of maintaining consistent drug testing protocols across facilities and integrating test results into a unified corrections data system for better trend analysis. Strengthening collaboration between correctional programmes and external treatment providers could ensure continuity of care for inmates nearing release, supporting both recovery and successful reintegration.

From a community perspective, the Prison Farm's rehabilitative model presents an opportunity to expand vocational, therapeutic, and reentry initiatives that reduce relapse risk and recidivism. Incorporating substance use prevention, mental health counselling, and life skills training into daily operations can reinforce long-term behavioural change. Continued investment in staff training on addiction awareness and trauma-informed care will further enhance the facility's capacity to balance accountability with rehabilitation contributing to safer communities and more sustainable recovery outcomes.

Table 5.3.1
Drug Screening Results for Persons at the Prison Farm, 2023

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens (THC)
Random	94	94	1
Work Detail	8	8	-
Total	**102**	**102**	**1**

Source: Department of Corrections

Table 5.3.2
Drug Screening Results for Persons at the Prison Farm, 2024

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens	
			THC	Opiates
Random	206	206	4	1
Work Detail	7	7	-	-
Total	**213**	**213**	**4**	**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 2024, the Co-Ed facility collected a total of 27 urine samples, a slight decrease from the 29 samples collected in 2023 (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 2024, two tested positive for THC compared to 2023 were one person tested positive for the same substance.

The limited but recurring presence of marijuana use among female and juvenile offenders indicates that substance misuse remains a concern even within smaller, lower-security correctional settings. From a policy perspective, this highlights the importance of maintaining consistent substance use screening protocols and ensuring that treatment interventions within correctional facilities are tailored to gender and age-specific needs. Expanding rehabilitative programming that integrates education, vocational training, and therapeutic services for young offenders can significantly reduce reoffending and improve long-term outcomes.

From a community perspective, strengthening partnerships between the Co-Ed facility, schools, youth organisations, and family support services can help bridge the transition from incarceration to stable community life. Providing continued

access to counselling, mentorship, and skill-building opportunities after release – particularly for adolescents – can reinforce positive identity development, resilience, and recovery. Investing in staff training on trauma-informed, youth responsive, and culturally sensitive care will further enhance their facilities capacity to promote rehabilitation and social reintegration among women and young people, ultimately contributing to safer and healthier communities.

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

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens		
			THC	Cocaine	MOR
Random	29	29	4	1	1
Work Release	-	-	-	-	-

Source: Department of Corrections

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

Table 5.4.2
Drug Screening Results for Persons at the Co-Ed Facility, 2024

Type of Test	Specimens Requested	Specimens Provided	Number of Positive Specimens		
			THC	Cocaine	MOR
Random	27	27	2	-	-
Work Release	1	1	-	-	-

Source: Department of Corrections

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

Chapter 6
Impaired Driving

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

6.1 BLOOD ALCOHOL CONCENTRATION

Blood Alcohol Levels of Motorists

Blood alcohol concentration (BAC) is the proportion of alcohol to blood in the body, expressed as grams per deciliters of blood (g/dL). For example, 0.08 percent represents 0.08 g/dL, or 80 mg/dL. Research shows that the risk of a motor vehicle crash increases steadily with rising BAC, and that even small amounts of alcohol can impair performance on demanding driving tasks. Compared with drivers who have not consumed alcohol, the relative risk of a single-vehicle fatal crash is estimated as follows: for drivers with BAC between 0.02 and 0.04, 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.[5]

Alcohol, one of the most widely used psychoactive substances, acts primarily as a central nervous system depressant. It is rapidly absorbed through the gastrointestinal tract into the bloodstream, distributed to bodily fluids and tissues, and metabolised mainly in the liver into acetaldehyde. The average liver processes one unit of alcohol per hour – the amount typically found in 12 ounces of beer, four ounces of wine, or one ounce of 50-proof liquor. Blood alcohol levels decline at a fixed metabolic rate, regardless of total intake, but can remain elevated for many hours after drinking. Body weight strongly influences BAC: lighter individuals reach higher concentrations for the same alcohol intake.

Roadside Sobriety Testing

The BPS initiated introduced roadside sobriety testing in September 2018. In 2024, 96 persons were stopped and tested by breathalyser test (see Table 6.1.1). During this reporting period, the BPS reporting structure changed; therefore, it does not account for 'not classified' data. Important to note, breathalyser testing is not mandatory, even in cases of accidents.

In 2024, more males (68) were tested compared with females (10), reflecting overall stop patterns. Of those tested, 71 failed the breathalyser test, while only seven passed.

BAC Results and Trends

The mean BAC for all samples increased from 135 mg/dL in 2023 to 168 mg/dL in 2024 (see Table 6.1.2). Among those who failed, mean BAC rose from 163 mg/dL in 2023 to 176 mg/dL in 2024.

Accident-related cases showed even higher levels: in 2023, the mean failed BAC was 175 mg/d and slightly higher at 194 mg/dL during the current reporting period.

On average, there were 194 recorded accidents in 2024 in which the driver's BAC exceeded the legal limit of 80 mg/dL. Failed readings in 2024 ranged from 83 to 389 mg/dL, with the upper end representing more than four times the legal limit (see Table 6.1.2).

The majority of failed tests in 2024 were between two and three times above the legal threshold.

The majority of failed tests in 2024 (31 persons) were between two and three times above the legal threshold. Seven individuals tested within the legal limit, compared with 16 in 2023. Notably, four accidents in 2024 involved drivers with BAC levels three to four times the legal limit, and two drivers recorded levels more than four times the legal threshold (see Table 6.1.3).

Key Implications

The rising average BAC among drivers stopped for testing, particularly in cases involving accidents, suggests persistent high-risk drinking and driving behaviours. These findings highlight the need for strengthened enforcement measures, including consideration of mandatory testing after accidents; expanded public education campaigns on impaired driving risks; and continued monitoring of BAC patterns to support evidence-based policy and prevention strategies.

[5] 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, 2023 and 2024

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
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
2024[d]	**96**	**78**	**68**	**10**	**71**	**7**	**-**	**62**	**6**	**-**	**9**	**1**	**-**
Q1	24	16	14	2	15	1	-	13	1	-	2	-	-
Q2	35	28	25	3	24	4	-	22	3	-	2	1	-
Q3	20	18	15	3	16	2	-	13	2	-	3	-	-
Q4	16	15	13	2	15	-	-	13	-	-	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.
[d] One person did not have a specific quarter recorded for their record.
*For 2024, the BPS reporting structure changed and does not collect 'not classified 'data.

Table 6.1.2
Breathalyser Readings for Impaired Driving Incidences, 2023 and 2024*

	2023					2024				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Mean Reading: All Breathalyser Samples	172	133	127	107	**135**	176	175	156	163	**168**
Mean Reading: Failed Breathalyser Samples	181	175	150	147	**163**	181	192	167	163	**176**
Mean Reading: Failed Breathalyser Samples of Males	181	167	149	147	**161**	180	186	164	166	**174**
Mean Reading: Failed Breathalyser Samples of Females	110	180	209	170	**167**	202	251	184	146	**196**
Mean Reading: Accident with Failed Breathalyser Samples	195	164	180	162	**175**	225	205	179	168	**194**
Mean Reading: Accident with Passed Breathalyser Samples	66	..	59	56	**45**	71	59	38	..	**56**
Range of Reading: Failed Breathalyser Samples	86-278	85-266	85-214	81-217	**85-278**	91-337	107-389	130-248	83-257	**83-389**
Range of Reading: Passed Breathalyser Samples	36-79	0-76	40-79	0-64	**0-79**	67-74	23-70	28-67	..	**0-74**

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, 2023 and 2024*

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**	**-**

Table 6.1.3 cont'd
Number of Breathalyser Sample Readings by Limit, 2023 and 2024*

Year	Within Limit	1-2 Times Above Limit	2-3 Times Above Limit	3-4 Times Above Limit	4+ Times Above Limit
2024	**7**	30	31[a]	8	2
Q1	1	6	6	2	1
Q2	4	9	10	4	1
Q3	2	10	5	1	-
Q4	-	5	9	1	-
Male	**6**	**27**	**27**	**7**	**1**
Female	**1**	**3**	**4**	**1**	**1**
Accident	**5**	**9**	**10**	**4**	**2**

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 because they only gave one breathalyser sample. The one breathalyser sample given was included in the table above.

[a] One person did not have a specific quarter documented for their record but did have their sex recorded.

6.2 IMPAIRED DRIVING PROGRAMME STATISTICS

Counselling and Treatment for DUI Offenders

FOCUS Counselling Services delivers The Flex Module Impaired Driving Series, which is approved by the Government of Bermuda under Section 35(K) of the Road Traffic Act 1947.

Successful completion of the programme satisfies the court's requirement for a reduction in the period of disqualification under Section 4 of the Traffic Offences (Penalty) Act 1976 of a DUI/Impaired driving offenders.

The Flex Module is a locally adapted version of a widely replicated impaired driving offender intervention model. Delivered by certified addictions counsellors, the curriculum is participant-focused and user-friendly. It provides a personalised roadmap for responsible decision-making; alignment with Bermuda's impaired driving education standards; a personal change plan integrated across the course; emphasis on accountability and responsibility for behaviour; and practical strategies to reduce drinking behaviours.

Programme Structure

The programme runs for a six-week cycle (12 hours total). The schedule is Wednesday evenings from 5:30 pm to 7:30 pm at a cost of $425 (includes all programme materials). A certificate of completion is issued, with eligibility for reduction in disqualification period. The programme is geared toward Impaired Driving offenders and offender prevention.

All participants complete a comprehensive alcohol and drug assessment to determine whether they may benefit from other services offered by FOCUS Counselling Services or through its referral partners.

Curriculum Highlights

The programme engages participants through four structured modules:

- Why Am I Here? – Reflecting on arrest experiences and opportunities for change.
- Use, Misuse, and Problem Use – Exploring relationships with substances, from responsible use to problem use.
- Feelings and Behaviour – Understanding how events, self-talk, and emotions influence behaviour.
- Change vs. Consequences – Examining the financial, legal, and social impacts of impaired driving.

Programme Outcomes

In terms of participation, 15 individuals completed the programme in 2024, a significant increase compared with five participants in 2023 (see Table 6.2.1). In terms of demographics, most participants were male, with the largest groups aged 41–45 and 50+ (see Table 6.2.2). Looking at assessment results in 2024, participants were evaluated using the Triage Assessment for Addictive Disorders (TAAD). Results showed that 66.7% (10 participants) had no diagnosis, 20.0% (three participants) were classified as mild, no one was classified as moderate (see Table 6.2.3).

All participants successfully completed the programme and received certificates of attendance and completion, confirming compliance with all requirements of the DUI Programme.

Key Implications

The increase in participation from 2023 to 2024 demonstrates growing engagement with impaired driving interventions. While most participants did not meet criteria for a substance use disorder, the programme plays a preventative and educational role, emphasising behavioural change and accountability. These outcomes suggest the need to continue supporting court mandates and preventative interventions as part of a broader strategy to reduce impaired driving in Bermuda.

Table 6.2.1
Impaired Driving Education Classes' Inquiries and Participants, 2023 and 2024

	2023	2024
Number of Inquiries	7	30
Number of Participants	5	15

Source: FOCUS Counselling Services

Table 6.2.2
Impaired Driving Programme Participants' Statistics, 2023 and 2024

Year	Sex		Age				
	Male	Female	17-35	36-40	41-45	46-50	50+
2023	4	1	-	-	1	3	1
2024	11	4	3	2	4	2	4

Source: FOCUS Counselling Services

Table 6.2.3
Triage Assessment for Addictive Disorders Results (TAAD) by Number of Participants, 2023 and 2024

TAAD Scores		2023	2024
No Diagnosis		3	10
Mild		1	3
Moderate		-	-
Severe	Early Dependence	-	-
	Mid to Late Dependence	1	2
TOTAL		**5**	**15**

Source: FOCUS Counselling Services

Chapter 7
Health

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

7.1 DRUG-RELATED INFECTIOUS DISEASES

Illicit drug use—particularly injection drug use—remains closely linked to the transmission of infectious diseases such as HIV, hepatitis B, and hepatitis C. Even in countries with relatively low HIV prevalence among intravenous drug users (IDUs), these infections present substantial public health challenges and place a significant burden on healthcare systems. The relationship between injection drug use and the spread of these infections is well established, highlighting the importance of prevention strategies that focus on reducing both injection drug use and the sharing of injecting equipment.

Research also highlights a strong connection between drug use and high-risk sexual behaviours, further reinforcing the need to align drug prevention efforts with broader sexual health initiatives.[6]

This key epidemiological indicator monitors the prevalence of infectious diseases—particularly HIV/AIDS, hepatitis B, and hepatitis C—among individuals who inject drugs for non-medical purposes. The Department of Health's Epidemiology and Surveillance Unit collects and analyses these data through routine diagnostic testing.

Across both years, chlamydia was the most frequently reported infection.

During the reporting period, no drug-related infectious diseases were identified. In 2024, eight cases of HIV were reported, with no cases of AIDS, compared with zero cases of both HIV and AIDS in 2023 (see Table 7.1.1). Across both years, chlamydia was the most frequently reported infection; however, reported cases declined by 11.1%, from 323 in 2023 to 287 cases in 2024.

To strengthen data accuracy and comparability regarding infectious diseases among IDUs, enhanced monitoring is recommended. This includes assessing potential links between injection drug use and other sexually transmitted infections such as chlamydia, gonorrhoea, herpes, and syphilis. Additionally, underreporting of infections remains a concern and highlights the need for targeted public health interventions. These findings underscore the importance of sustained surveillance to detect emerging risks promptly, and they point to the need for integrating substance use prevention with broader sexual and reproductive health services. Expanding harm reduction measures, such as access to clean needles early diagnostic testing, and safe injection practices, may reduce transmission rates and ease the burden on healthcare systems. Finally, strengthening collaboration between drug prevention services, sexual health clinics, and surveillance units will be critical to ensuring a comprehensive and coordinated response.

Table 7.1.1
Drug-Related Infectious Diseases, 2023 and 2024

Infection	2023		2024	
	Number of Cases	Number of Related Cases	Number of Cases	Number of Related Cases
HIV	-	-	8	-
Hepatitis B[a]	6	-	5	-
Hepatitis C[b]	3	-	7	-
Chlamydia	323	-	287	-
Gonorrhoea	13	-	41	-
Herpes[c]	64	-	48	-
Syphilis	13	-	6	-
Total	422	-	402	-

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.

[6] 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 conducts toxicology screenings to determine the presence or absence of drugs in suspicious deaths. In 2024, a total of 48 cases were screened (see Table 7.2.1), the majority of which involved males (37 cases). Most screenings were of individuals aged 46-60 years.

Ethanol above the legal limit and drugs – either illegal substances or psychoactive medicines exceeding the therapeutic ranges – were detected in some cases. Of the 48 screenings in 2024, 10.4% (five cases) tested positive for excess ethanol or illegal/non-prescribed drugs. Substances detected included THC, cocaine, codeine, morphine, and others, often in combination. In contrast, alcohol alone was less frequently implicated. In 23 cases, ethanol was detected below the legal limit, or no substance were detected at all.

The concept of "drug-related" mortality is inherently complex. Fatalities may result directly from drug use, such as overdose, or indirectly through external circumstances, such as traffic accidents or violence linked to substance use and trafficking.[7] Determining causality is challenging, as deaths often involve multiple contributing factors that obscure patterns or trends.

A further challenge lies in how physicians certify causes of death. Deaths are classified according to the International Classification of Diseases (ICD-10).[8] In many cases, the underlying cause of death, such as a transport accident, is recorded as the initiating event, without noting whatever drugs or alcohol were involved. Contributing or immediate causes may therefore go unreported unless toxicology testing is conducted. For example, a fatal road accident caused by impaired driving may be classified as a "transport accident" unless further investigation reveals substance involvement. When such involvement is suspected, cases are referred to the Central Government Laboratory for toxicology screening.

The findings highlight the need for stronger integration between mortality records, toxicology results, and surveillance systems to improve the identification of drug-related deaths. Enhanced linkage would allow for a clearer understanding of both direct and indirect substance-related fatalities and ensure that the role of drugs is not overlooked in cases where multiple causes are recorded. Improved data quality in this area would strengthen public health responses, guide prevention and harm reduction strategies, and provide a more accurate picture of the impact of substance use on mortality in Bermuda.

Table 7.2.1
Toxicology Screens, Substances Detected, and Causes of Death 2024

	2024
Total Number of Deaths (All Causes)	616
Proportion of Deaths with Toxicology Screens (%)	7.8
Total Number of Toxicology Screens	48
By Sex:	
Males	37
Females	11
By Age Group:	
< 18 Years	2
18 – 25 Years	5
26 – 35 Years	3
36 – 45 Years	8
46 – 60 Years	21
60+ Years	9
Substances Detected in Toxicology Screens (Number of Cases)	
Ethanol[a] (>80 mg) Only	5
Drugs[b] Only	16
Ethanol and Drugs	4
None/<80 mg Ethanol/Drugs in Therapeutic Range	23

[7] EMCDDA. (2024). Statistical Bulletin 2024. *Drug Related Deaths – Methods and Definitions.* https://www.euda.europa.eu/data/statistical-bulletin/archive_en (accessed August 5, 2025).

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

Table 7.2.1 cont'd
Toxicology Screens, Substances Detected, and Causes of Death 2024

	2024
Causes of Death (ICD-10)[c] (Persons with Detected Substances)	**48**
External Causes of Morbidity and Mortality	
External Causes of Accidental Drowning and Submersion	3
Assault	6
Intentional Self-Harm	1
Transport Accident	4
Pending	34

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.
[c] Internationally accepted classification of deaths according to the WHO (http://apps.who.int/classifications/icd10/browse/2010/en).

7.3 PRENATAL DRUG USE

Drug Use among Pregnant Women

Substance use during pregnancy presents complex challenges and significant risks to both mother and child. Public health experts emphasise that many expectant mothers may consume drugs or medications without fully understanding the potential harm to their unborn babies. Substances used during pregnancy can pass through the placenta and directly affect fetal development.

Marijuana use during pregnancy, for example, has been associated with low birth weight and premature delivery – outcomes linked to developmental delays and respiratory complications. Newborns exposed in utero may also experience withdrawal symptoms lasting up to a week after birth. Long-term effects have been documented, including reduced attention span, particularly in cases where mothers reported frequent marijuana use (more than six times per week) during pregnancy.[9]

The severity of neonatal withdrawal symptoms depends on the type of drug used, the frequency of use, and the timing of the last dose. According to the American Academy of Pediatrics, if more than a week passes between the mother's last drug use and delivery, the likelihood of withdrawal symptoms in the newborn is significantly reduced. Substances such as heroin, oxycodone, cocaine, alcohol, marijuana, and even inhalants like glue, gasoline, and paint thinner have all been linked to withdrawal symptoms in newborns.[10]

In Bermuda, there is currently no national legislation mandating newborn drug screening. Testing may be conducted at birth if there is suspicion or a documented history of maternal drug use. Over the years, very few newborns have tested positive for illicit substances—three cases in 2008, and typically one or two in other years. The most frequently detected substances were cocaine or combinations of cocaine and cannabis.

Data from the Maternal Health Clinic (see Table 7.3.1) provides partial insight into the prevalence of drug use among pregnant women receiving prenatal care. In 2024, 18 tests were administered, of which seven were positive for marijuana. Most positive cases (six) occurred during the second and third trimesters, mirroring results from 2023, when seven women also tested positive in the same stages of pregnancy.

In 2024, seven of the 18 tests administered confirmed positive for marijuana.

Although the number of positive tests remains small, the persistence of marijuana use among pregnant women highlights the need for targeted prevention and early intervention. Strengthening prenatal education on the risks of substance use, expanding access to supportive services, and considering cleaner policy frameworks for maternal and neonatal drug screening could help mitigate long-term health consequences for both mothers and infants. Enhanced monitoring will also be important for identifying emerging patterns of substance use in this vulnerable population.

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

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

Table 7.3.1
Drug Screening for Marijuana among Pregnant Women Attending the Maternal Health Clinic, 2023 and 2024

	Number of Pregnant Women	
	2023	2024
Total Number of Tests	31	18
Total Number of Positive Tests	10	7
Positive Tests by Gestation		
First Trimester	3	1
Second Trimester	6	3
Third Trimester	1	3

Source: Maternal Health Clinic

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 that meets established standards of excellence in addiction prevention and treatment. In essence, men and women working to prevent or counsel addiction-related problems are required to demonstrate rigorous, competency-based knowledge, skills, and attitudes aligned with international benchmarks.

Since becoming a member board of the International Certification and Reciprocity Consortium (IC&RC) in 1997, the BACB has adhered to the highest credentialing standards within the addiction field. The certification process requires candidates to complete specialized education, targeted training, and supervised practice prior to both a written and an oral case presentation examination. This process ensures that Bermuda's addiction professionals – whether clinicians, clinical supervisors, or prevention specialists – can deliver effective evidence-based services within the substance abuse field.

In 2024, there were 63 certified persons in substance abuse treatment and prevention occupations; most of whom are alcohol or drug counsellors followed by clinical supervisors.

Certification and recertification occurs on a biennial cycle ending in each May, at which time all certified professionals must renew their credentials to maintain their status. According to BACB statistics, the addiction treatment and prevention workforce experienced a net decline in 2024 compared with the prior year. Specifically, there were 63 certified individuals in 2024, down from 70 professionals in 2023 (see Table 8.1.1). The majority of certified professionals hold the ICADC (International Certified Alcohol and Drug Counselor) credential, while a smaller number possess CCS (Certified Clinical Supervisor) credential (see Table 8.1.2). The number of certified substance abuse counsellors declined by five, associate counselors by two, and prevention specialist by one in 2024.

The decline in certified addiction professionals highlights a potential workforce sustainability challenge within Bermuda's behavioural health system. Maintaining an adequate pipeline of qualified counsellors and prevention specialists is critical for ensuring accessible, high-quality addiction services, especially amid rising needs for early intervention, harm reduction, and culturally responsive care. The reduction in credentialed professionals may reflect broader workforce constraints – such as limited recruitment capacity, funding, or training opportunities – which, if unaddressed, could impact the continuity and reach of treatment programmes across the island

To mitigate these challenges, strengthening professional development pathways through scholarships, continuing education incentives, and mentorship opportunities could help attract and retain new entrants in the field. Expanding collaboration between the BACB, educational institutions, and health agencies can also enhance training alignment with emerging substance use trends, including behavioural addictions and co-occurring disorders. Sustained investment in credentialing infrastructure and workforce planning will be essential to ensure that Bermuda's addiction services system remains both resilient and prepared to meet future public health demands.

Table 8.1.1
Certified Treatment and Prevention Professionals by Occupation, 2023 and 2024

Occupation	2023	2024
Treatment		
Alcohol/Drug Counsellors	49	44
Associate Counsellors	6	4
Clinical Supervisors	11	12
Prevention		
Prevention Specialists	4	3
Associate Prevention Professional	-	-
Total	**70**	**63**

Source: Bermuda Addiction Certification Board

Table 8.1.2
Certified Treatment and Prevention Professionals by Type of Certification, 2023 and 2024

Field of Certification	2023	2024
Treatment		
ICADC	49	44
CCS	11	12
ACAD	6	4
Prevention		
CPS	4	3
APP	-	-
Total	**70**	**63**

Source: Bermuda Addiction Certification Board

Chapter 9
Survey Data

- Public Perceptions of Crime and Health
- Treatment Demand Indicators

9.1 PUBLIC PERCEPTIONS OF CRIME AND HEALTH

Concerns about crime, drug prevalence, and health remain persistent issues for Bermuda residents. To assess public perceptions, the DNDC analysed data from the second quarter 2025 Omnibus Survey, which included a representative sample of 400 residents. The survey examined residents' views on neighbourhood safety, local crime, and overall health.

Safety in Neighbourhoods

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

The vast majority of residents continue to feel safe in their neighbourhoods, although the proportion reporting that they feel *extremely* safe has reached its lowest level since 2014. Currently, 97% of residents report feeling safe, a slight decline of one percentage point from 2024, with approximately one-third describing their safety as "extreme" (see Table 9.1.1). Conversely, 3% of residents – up two points from last year – report feeling unsafe, with women more likely than men to indicate they feel mostly or extremely unsafe.

Compared to six months ago, most residents report feeling equally safe or safer in their neighbourhoods, consistent with trends observed last year. About one in 10 residents say they feel less safe. Residents with lower household incomes under $75,000 are more likely to report feeling safer than six months ago, while higher-income residents generally report no change. Younger adults (ages 18–34), Black residents, and non-Bermudians are more likely to report an increased sense of safety compared with their respective counterparts. Bermudian citizens, on the other hand, generally report no change in their perceived safety.

Crimes Committed in Neighbourhoods

Six in 10 residents report awareness of at least one crime in their area over the past year.

The types of crime residents report being aware of in their neighbourhoods remain largely consistent with 2024 findings. Theft continues to be the most commonly recognised crime (see Table 9.1.2). Six in 10 residents report awareness of at least one crime in their area over the past year. Reports of gun-related crimes and murder have seen a slight increase, while reports of breaking and entering have declined marginally. Awareness of other crime types has remained stable.

By parish, reports of murder are more frequent in Warwick/Paget than in Hamilton/Smiths/St. George's or Pembroke/Devonshire. White residents are more likely than Black residents to report knowledge of theft and break-ins, while adults aged 35–54 are more likely than other age groups to report break-ins. Non-Bermudians report higher awareness of gun-related crimes than Bermudians. Slightly fewer residents now report being unaware of any crimes in their neighbourhoods, reflecting a growing number who acknowledge at least one recent incident. Black residents and lower-income households are the least likely to be report awareness of local crimes.

Perception of Overall Health

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

Over nine in 10 residents rate their physical and mental health as either good or very good, consistent with the previous year (see Table 9.1.3). Only 5% describe their health as poor or very poor. Women are more likely than men to report their health as very good, whereas men more often rate their health simply as good.

Key Implications

While neighbourhood safety remains high, the decline in residents feeling extremely safe suggests that even minor shifts in perception may indicate emerging concerns, particularly among women and higher-income households. Awareness of crime is uneven across demographic groups, highlighting the importance of targeted community engagement and information campaigns to ensure that all residents, including Black and lower-income households, are informed about local crime trends and safety measures, The light increase in gun-related crimes and murder highlights the need for ongoing monitoring and prevention strategies in specific parishes and among populations reporting higher awareness. Positive perceptions of overall health indicate a generally stable public health status, though smaller gender differences in self-rated health suggest opportunities to promote health awareness and preventive care across all groups. These findings can inform policy planning aimed at improving quality of life, community cohesion, and equitable access to health and safety resources throughout Bermuda.

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	Other	Yes	No
Extremely Safe	32	35	33	26	34	34	30	29	29	36	35	36	26	33	31	31	32	32
Mostly Safe	65	65	63	71	64	65	65	68	68	62	62	62	69	63	67	66	65	67
Mostly Unsafe	2	1	4	3	2	1	4	2	2	2	3	1	4	3	2	2	3	1
Extremely Unsafe	-	-	-	1	1	-	1	1	1	-	-	-	1	-	-	1	-	-
Don't Know/No Answer	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Weighted Sample Size (#)	**400**	**88**	**86**	**106**	**110**	**189**	**210**	**122**	**139**	**111**	**70**	**168**	**163**	**203**	**118**	**61**	**336**	**64**
Unweighted Sample Size (#)	**400**	**87**	**85**	**102**	**118**	**176**	**223**	**122**	**145**	**103**	**34**	**146**	**220**	**228**	**107**	**47**	**349**	**50**
% Exremely/Mostly Safe	97	99	96	96	98	99	95	97	97	98	97	99	95	97	98	97	97	99
% Mostly/Extremely Unsafe	3	1	4	4	2	1	5	3	3	2	3	1	4	3	2	3	3	1

Source: DNDC's Commissioned Questions in 2nd Quarter 2025 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	Other	Yes	No
Yes	25	21	30	25	24	25	25	18	31	27	27	24	27	22	32	20	20	19
No	70	78	67	67	71	70	71	76	67	70	73	69	71	77	62	69	69	72
Don't Know	4	1	3	8	4	5	4	6	2	3	-	7	3	1	6	11	11	9
Weighted Sample Size (#)	**400**	**88**	**86**	**106**	**110**	**189**	**210**	**122**	**139**	**111**	**70**	**168**	**163**	**203**	**118**	**61**	**61**	**64**
Unweighted Sample Size (#)	**400**	**87**	**85**	**102**	**118**	**176**	**223**	**122**	**145**	**103**	**37**	**146**	**220**	**228**	**107**	**47**	**47**	**50**

Source: DNDC's Commissioned Questions in 2nd Quarter 2025 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	Other	Yes	No
Yes	32	31	38	30	28	33	31	27	37	32	34	36	27	25	41	38	31	37
No	65	64	60	69	70	65	66	71	59	67	63	62	70	72	55	62	66	61
Don't Know	2	5	2	1	2	2	3	2	4	1	3	2	2	2	4	-	3	2
Weighted Sample Size (#)	**400**	**88**	**86**	**106**	**110**	**189**	**210**	**122**	**139**	**111**	**70**	**168**	**163**	**203**	**118**	**61**	**336**	**64**
Unweighted Sample Size (#)	**400**	**87**	**85**	**102**	**118**	**176**	**223**	**122**	**145**	**103**	**34**	**146**	**220**	**228**	**107**	**47**	**349**	**50**

Source: DNDC's Commissioned Questions in 2nd Quarter 2025 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	Other	Yes	No
Yes	27	19	25	34	28	27	28	19	33	27	14	35	26	20	34	41	29	19
No	70	76	73	63	71	70	70	77	64	70	83	62	72	79	61	58	69	76
Don't Know	3	5	2	3	1	3	2	3	3	2	3	3	2	2	5	1	2	5
Weighted Sample Size (#)	**400**	**88**	**86**	**106**	**110**	**189**	**210**	**122**	**139**	**111**	**70**	**168**	**163**	**203**	**118**	**61**	**336**	**64**
Unweighted Sample Size (#)	**400**	**87**	**85**	**102**	**118**	**176**	**223**	**122**	**145**	**103**	**34**	**146**	**220**	**228**	**107**	**47**	**349**	**50**

Source: DNDC's Commissioned Questions in 2nd Quarter 2025 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	Other	Yes	No
Yes	20	26	27	18	11	22	19	16	25	22	16	25	18	20	17	25	18	31
No	78	72	72	79	87	76	80	81	75	76	84	72	81	79	81	70	81	63
Don't Know	2	2	2	2	2	2	2	3	-	2	-	3	1	1	2	5	1	7
Weighted Sample Size (#)	**400**	**88**	**86**	**106**	**110**	**189**	**210**	**122**	**139**	**111**	**70**	**168**	**163**	**203**	**118**	**61**	**336**	**64**
Unweighted Sample Size (#)	**400**	**87**	**85**	**102**	**118**	**176**	**223**	**122**	**145**	**103**	**34**	**146**	**220**	**228**	**107**	**47**	**349**	**50**

Source: DNDC's Commissioned Questions in 2nd Quarter 2025 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	Other	Yes	No
Very Good	32	33	30	39	25	26	38	31	31	35	32	34	30	32	32	33	31	36
Good	62	65	63	56	66	69	56	61	64	61	65	63	61	63	61	65	63	60
Poor	4	1	5	4	7	3	5	6	3	5	3	2	7	4	5	2	4	4
Very Poor	1	-	1	1	3	2	1	2	1	-	-	1	2	1	1	-	1	1
Refused	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Weighted Sample Size (#)	**400**	**88**	**86**	**106**	**110**	**189**	**210**	**122**	**139**	**111**	**70**	**168**	**163**	**203**	**118**	**61**	**336**	**64**
Unweighted Sample Size (#)	**400**	**87**	**85**	**102**	**118**	**176**	**223**	**122**	**145**	**103**	**34**	**146**	**220**	**228**	**107**	**47**	**349**	**50**
% Very Good/Good	94	99	93	95	90	95	94	91	96	95	97	97	90	95	94	98	94	95
% Poor/ Very Poor	5	1	6	5	10	5	6	8	4	5	3	3	9	5	6	2	6	5

Source: DNDC's Commissioned Questions in 2nd Quarter 2025 Bermuda Omnibus Survey©

9.2 TREATMENT DEMAND INDICATORS

The demand for treatment services and the characteristics of problematic drug use in Bermuda continue to be monitored through an ongoing survey developed by the DNDC and administered by treatment agencies across the Island. Although full coverage has not yet been achieved at all facilities, the data presented here primarily reflect responses from clients treated at four key agencies: Men's Treatment, Women's Treatment Centre, Salvation Army Harbour Light, and FOCUS Counselling Services.

This section focuses on clients who sought substance abuse treatment between January and December 2024. During this period, 19 individuals completed questionnaires following inpatient (including residential) or outpatient services—16 men and three women. The majority of these clients (16) were treated at the Salvation Army's Harbour Light.

Clients ranged in age from 31 to 65 years, with the most frequently reported age being 52 (21.1%). More than half (57.9%) were self-referred, while nearly one-third (31.6%) had previously received treatment, with prior interventions occurring between 2004 and 2023.

Regarding the primary substance of concern, 15.8% of clients sought help for crack cocaine use. Alcohol was the primary substance for six individuals, heroin for seven, and cannabis and cocaine for one client each. Most clients (78.9%) reported daily drug use prior to seeking treatment. Ingestion was the most common method of administration (36.8%), followed by smoking or inhaling (31.6%).

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

The age of first use for the primary substance ranged from 13 to 30 years, with an average onset age of 18.0 years. A majority (57.9%) reported first using their primary drug between ages 14 and 16. Some clients also reported use of secondary substances, with average initiation ages ranging from 15.0 years for cannabis to 27.0 years for crack. Alcohol use typically began at an average age of 15.5 years.

The active drug market in Bermuda is reflected in both client demand and reported substance availability. While many clients did not comment on availability, those who did indicated that heroin (36.8%) and alcohol (42.1%) were "always available." A significant portion (57.9%) reported purchasing drugs from regular suppliers, and 52.6%

disclosed involvement in the drug trade, including selling, manufacturing, or transporting drugs.

Clients also described common packaging methods for drug sales, including wrapping substances in paper, plastic, or foil. Although prices vary widely depending on demand, common sale amounts included $10, $20, $50, and $100. Due to ongoing price fluctuations, reported drug costs have been excluded from this report until more reliable data can be obtained.

The findings highlight a continued demand for substance use treatment in Bermuda, particularly among middle-aged men and individuals with prior treatment experience. The early age of onset for many substances highlights the need for preventive interventions targeting adolescents and young adults. The persistence of daily use and high availability of substances, coupled with ongoing involvement in the drug trade, points to the broader systemic challenges in addressing substance abuse. These patterns suggest that treatment services must not only focus on individual rehabilitation but also be integrated with community-based prevention, education, and enforcement strategies. Strengthening access to comprehensive care and monitoring trends in drug availability can help inform targeted interventions aimed at reducing both substance use and associated harms within the population.

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 provides direct funding to select treatment and prevention initiatives, while supporting additional programmes through annual grants to community-based partners and stakeholders.

Overall, funding allocations for drug control, encompassing both demand and supply reduction efforts, decreased by 5.5% over the last reporting period. In total, the Government of Bermuda expended just over $13.9 million on drug control in FY 2024/2025, slightly below the $14.7 million spent in FY 2023/2024. Across both fiscal years, demand reduction activities consistently received the larger share of the allocated resources than supply reduction efforts (see Tables 10.1.1 and 10.1.2). The total demand reduction budget includes expenditures for the DNDC's Research and Coordination (administration) Units.

Within demand reduction, disparities in funding persisted between treatment and prevention services, with treatment receiving the larger allocation

Within demand reduction, disparities in funding persisted between treatment and prevention services, with treatment receiving the larger allocation. Funding for treatment services decreased by 6.9% from FY 2023/2024 to FY 2024/2025, while funding for prevention services increased by 11.7% over the same period (see Table 10.1.1).

On the supply reduction side, HM Customs received the majority of the budget for interdiction activities, while the BPS received a smaller allocation for its Drugs, Financial Crime, and Intelligence Division (see Table 10.1.2). Overall, government expenditure on supply reduction, which covers enforcement, interdiction, and intelligence, declined by 11.8% year over year.

Despite these fluctuations in funding, Bermuda continues to experience persistent illicit drug use and related criminal activities, including violence and trafficking. In response, the Government has implemented a coordinated set of measures to address the problem on both the demand and supply sides. With the technical support from the DNDC, and through the implementation of the NDCMP and Action Plan, the Government remains committed to a strategic approach that ensures adequate funding for substance abuse prevention, treatment, and rehabilitation services.

The observed trends in expenditure carry several important implications. The reduction in treatment funding, despite ongoing demand, suggests a need for careful monitoring to ensure service capacity and quality are maintained. Conversely, the increase in prevention funding indicates a strategic shift towards early intervention and long-term harm reduction, which may help reduce future treatment demand. The decline in supply reduction funding, particularly for enforcement and interdiction, highlights the importance of balancing fiscal constraints with the continued presence of illicit drug activity in the community. Overall, these patterns highlight the necessity of a comprehensive and adaptive strategy that aligns financial resources with evolving patterns of substance use and drug-related harm, ensuring that both prevention and treatment services remain accessible, effective, and responsive to the needs of Bermuda's population.

Table 10.1.1
Government Expenditure on Drug Treatment and Prevention, 2023/2024 and 2024/2025

	2023/2024 ACTUAL ($000)	2024/2025 REVISED ($000)
TREATMENT	**8,424**	**7,841**
% Change	2.0	-6.9
DNDC (MT, WTC, Treatment Unit)	2,164	1,900
Grantees		
Salvation Army	50	50
FOCUS Counselling Services	230	230
Other (BACB)	**100**	**100**
Other Agencies		
BARC	563	500
CLSS	947	1,189
Drug Treatment Court	453	471
Mandatory Drug Treatment (RLH)	1,036	785
Turning Point Substance Abuse Programme+	2,581	2,602
Capital Projects	-	14
PREVENTION	**609**	**680**
% Change	**-**	**11.7**
DNDC (Prevention Unit & Community Education)	360	431
Grantees		
PRIDE	169	169
CADA	80	80
Research	269	264
Coordination (Administration)	956	1,196
TOTAL DEMAND REDUCTION	**10,258***	**9,981***
% Change	**14.0**	**-2.7**

Source: Government of Bermuda Budget

Notes: + Sourced directly from Turning Point Substance Abuse Programme.
* These totals include the Research and the Coordination expenditure.

Table 10.1.2
Government Expenditure on Enforcement and Interdiction, 2023/2024 and 2024/2025

	2023/2024 ACTUAL ($000)	2024/2025 REVISED ($000)
ENFORCEMENT AND INTERDICTION		
Police – Enforcement (Drugs, Financial Crime, & Intelligence Divisions)	971	961
Customs – Interdiction	3,480	2,963
TOTAL SUPPLY REDUCTION	**4,451**	**3,924**
% Change	**-15.4**	**-11.8**

Source: Government of Bermuda Budget

Latest Trends in Drug Demand and Harm

Substance use in Bermuda continues to reflect global patterns while maintaining local characteristics shared by availability, culture, and community dynamics. Alcohol remains the most widely consumed substance, followed by cannabis and cocaine. The rate of opioid use has remained stable over the last decade, while synthetic substances – particularly synthetic cannabinoids – are emerging as a new concern. Over the past two years, alcohol has been the primary substance reported among individuals in treatment, with cannabis second. Males continue to represent the majority of treatment clients, while women remain underrepresented, often due to caregiving responsibilities and stigma related to seeking help.

The health, social, and economic harms associated with substance use remain significant yet preventable. Cannabis use during pregnancy continues despite health advisories, highlighting the need for sustained prevention and education efforts. Meanwhile, the average BAC among drivers in road accidents continues to rise, highlighting persistent challenges with impaired driving. Toxicology analyses further show that a portion of fatal accidents remain linked to substance misuse.

Key Facts and Emerging Patterns

- **Drug and Cash Seizures:** Enforcement efforts recorded substantial increases in both drug and cash seizures, reflecting strengthened interdiction and intelligence operations.
- **Synthetic Substances:** Early detection systems identified growing evidence of synthetic drug use, particularly among young adults and women, requiring updated testing and treatment protocols.
- **Alcohol Availability:** Import and licensing data indicate sustained availability and accessibility of alcohol, reinforcing the importance of community-based prevention initiatives.
- **Breathalyser Tests:** Nearly two-thirds of tested drivers exceeded the legal alcohol limit, with some recording BAC levels up to three times higher than permitted.
- **Treatment Access:** The number of new and repeat clients seeking assessment and treatment increased in 2024, demonstrating both greater demand and improved system engagement.
- **Youth Referrals:** Referrals for substance-related issues among youth rose by 21.1% while only 6.5% received services – signaling an urgent need to expand adolescent prevention and early intervention programmes.
- **Severity of Substance Use Disorders:** Assessments indicate an increase in clients presenting with severe substance use disorders, emphasising the need for more intensive and longer-term treatment options.
- **Inmate Drug Tests:** A greater proportion of incoming inmates tested positive for marijuana and cocaine, with opiates remaining a consistent secondary substance, reaffirming the link between substance use and criminal involvement.
- **Workforce and Professional Development:** The number of certified addiction professionals slightly declined, underscoring the need or sustained investment in credentialing, supervision, and workforce retention.
- **Financial and Organised Crime:** Financial intelligence and law enforcement collaboration have strengthened, yet new methods of money laundering through digital assets require continuous monitoring.
- **Community and Faith-Based Services:** Programmes such as Harbour Light, Right Living House, and FOCUS Counselling continue to provide critical residential and transitional services, contributing to long-term recovery outcomes.

Strategic Implications

The findings across all chapters highlight that Bermuda's drug situation is shaped by interconnected systems – law enforcement, health, justice, education, and community services – that must continue to operate in coordination. The rise in synthetic substances, combined with the steady availability of alcohol and the persistence of impaired driving, suggests that prevention and enforcement must evolve together, supported by up-to-date intelligence and cross-agency collaboration.

Expanding data collection – particularly on youth, women, and synthetic drug use – will strengthen Bermuda's ability to identify emerging risks early. Likewise, increasing the capacity of treatment and prevention professionals will ensure that individuals and families have equitable access to high-quality care.

Path Forward

Looking ahead, Bermuda's response to substance misuse will benefit from:

- **Enhanced data systems** to capture real-time trends and outcomes;
- **Integrated prevention and treatment frameworks** that address both substance use and mental health;
- **Stronger workforce development** to maintain professional excellence in service delivery;
- **Community engagement and empowerment**, ensuring that prevention and recovery are rooted in lived experience; and
- **Collaborative governance**, aligning public health, safety, and social equity objectives.

The BerDIN will continue to serve as the national mechanism for tracking, analysing, and reporting drug-related trends – bridging evidence and action. A resilient, coordinated approach – one that values data, compassion, and collaboration – will enable Bermuda to protect its people, strengthen families, and sustain communities for years to come.

SUMMARY OF SOURCES AND DATA

SOURCES	DATA
1. Bermuda Addiction Certification Board	Certified Professionals
2. Bermuda Hospitals Board	
– Turning Point Substance Abuse Programme	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 Polydrug Use
– Prison Farm	Drug Screening Results
– Co-Ed Facility	Drug Screening Results
– Right Living House	Residents, Admissions, Discharges, Drug Tests and 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* Drug Abuse Monitoring Survey Treatment Demand* Government Expenditure on Drug Prevention and Treatment; Enforcement and Interdiction
– Men's Treatment Centre	Drug Screening Results Primary Drug of Impact Polydrug Use Clients in Treatment
– Women's Treatment Centre	Drug Screening Results Primary Drug of Impact Polydrug 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. Salvation Army	Programme Outcomes Clients in Treatment
16. Supreme Court	Prosecutions

* Updated indicators.

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

TARIFF CODE	DESCRIPTION	2022 (From April 1, 2022)	2023 (*same as 2022*)
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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