NEEDS ASSESSMENT

2012

For Renewal of the National Drug Control Master Plan 2013-2017

GOVERNMENT OF BERMUDA
Ministry of Public Safety
Department for National Drug Control

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"Needs are gaps between current and desired results."
~A Guide to Assessing Needs

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Assessment Highlights

The assessing of needs is an essential precursor to the process of formulating a national drug strategy. As such, the Department for National Control (DNDC) undertook a needs assessment in the latter half of 2012 aimed at: identifying the needs of various stakeholders, making justifiable and informed decisions based on information gathered; managing complex choices; and guiding the achievement of drug control results. Subsequently, the priorities will be weighed in formulating the Island's five-year National Drug Control Policies and Master Plan or national drug strategy.

As steward of the national drug strategy, the DNDC engaged a myriad of individuals from a number of stakeholder groups who represent a wide range of perspectives to inform this needs assessment. Apart from stakeholder consultations, which took the form of personal interviews or focus groups, there were a number of working groups (prevention, treatment, and enforcement and interdiction) and past and current research initiatives (survey of community needs and studies of various population groups) that substantiate the findings in this assessment.

A summary of the identified needs is outlined below.

Demand Reduction: Prevention

- Multi-media campaign devised in consultation with a selection of Bermuda's young people.
- Education in schools and where young people congregate to address the dangers of underage drinking and drug use, as well as substance use when engaging in sexual activity.
- Education and awareness around risks/harms of alcohol and drug use to specific segments of the community simultaneously so as to reinforce substance abuse prevention messages to youth and adults.
- Updated legislation to include penalties for underage drinking within private homes.
- Review of the process of enforcing underage drinking laws at licenced establishments.
- Prevention programming that is incorporated into the school curriculum for school-age young people.
- Feasibility assessment of a Juvenile Drug Court or Youth Development Prevention Programme.
- Conversations between community stakeholders and the Government of Bermuda as how an Alcohol Bureau of Control (ABC) would function within this community, with the aim of moving the process forward.

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Demand Reduction: Treatment

- Review of the admission process from the initial BARC assessment in order to increase compliance to treatment and reduce the negative stigma associated with seeking treatment.
- Provision of wholistic services that focus on substance abuse treatment and rehabilitation taking into account social issues faced by addicted persons and their families.
- Updated directory of substance abuse treatment services widely distributed and promoted.
- Promotion of treatment services to the community since many stakeholders encountered during this process were not aware of services offered by most treatment facilities.
- Provision of family-based groups by implementation and/or reengagement and reinstating of family groups for extended family member and groups for children of addicts.
- Parenting classes with women at risk for addiction and those who are in recovery.
- Feasibility of contracting with a psychiatrist to provide mental health services to persons seeking alcohol and drug treatment.
- Transitional services available that provide mentoring and work programmes.
- Programming in aftercare that address peer pressure and societal pressure.
- Feasibility of providing pre-treatment and outpatient services, especially at residential treatment centers.
- Provision of medical services to addicts at places where they frequent.
- Campaigns to counter positive messages of alcohol and drug use.
- Brief interventions to educate the public on harm reduction techniques to reduce the risk of health related complications due to problem drug use.
- Policy on improving access for substance abuse treatment.
- Policies addressing drug free schools and workplaces.
- Legislations: 1) road side sobriety checks and 2) compulsory intervention for offenders driving under the influence (DUI).

Supply Reduction: Enforcement and Interdiction

- Legislative changes to bring all relevant laws under one umbrella and giving applicable authority.
- Coordinated approach between the Bermuda Police Service and H.M. Customs.
- H.M. Customs' capability to target and dismantle drug importation rings.
- Amalgamation of intelligence function.
- Code of conduct or professional standards for interdiction personnel.
- Adequate funding of interdiction activities.
- More canines needed.

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Research, Evaluation, and Policy

- Information that will facilitate evidence-based decision making for substance abuse prevention and treatment programmes.
- Evaluation framework to assess the management, coordination, and implementation of the national drug control initiatives and strategies outlined in the national drug strategy.
- Evidence to support the establishment of laws and policies that foster healthy individuals and communities.
- Sustained facilitation, coordination, and management of the Bermuda Drug Information Network (BerDIN).

The current drug situation reveal a number of gaps in terms of where the Island's people will like to see Bermuda spanning from management and coordination, research, evaluation, and policy to demand and supply reduction. Nonetheless, a balanced approach to drug control can yield rewards and be more effective than a strategy that is dominated by results that are that are in favour of one set of initiatives at the expense of others.

Looking Ahead

"Gaps, either as opportunities or problems, are common instigators of action."

~A Guide to Assessing Needs

Not only has this needs assessment identified gaps in results, but it also highlights opportunities to improve performance on a number of areas such as service delivery and legislation among others. Further, it characterizes the measures of how drug control success is defined. It has offered a challenge for the nation to find ways to improve drug control.

In view of the recommendations put forward in this needs assessment, the DNDC, in consultation with stakeholders, will select among the various alternatives as it maps the drug control path of the Island for the next five years. The thrust, therefore, is to lead drug control efforts and initiatives that close these identified gaps within the next five years.

Joanne Dean
Director
March 1, 2013

Introduction

Before embarking on developing or renewing a National Drug Control Master Plan for the period 2012 to 2016, it was first deemed necessary by the DNDC to undertake a comprehensive needs assessment in an effort to identify gaps (opportunities or problems) and locate solutions as they relate to the drugs phenomenon in Bermuda.

A needs assessment is a widely used tool in the planning and performance improvement process that is often utilised at the community level to improve individuals, education/training, organizations, or some element within a community. This straightforward systematic methodology allows for estimation of the needs of the community and the location of possible solutions by simply asking residents their opinions about the development of substance abuse services within the community, their satisfaction with services, and what particular services are needed. Their opinions can be used in developing an agenda aimed at community change that can build the capacity of the DNDC and community-based organizations that are designed to provide its residents with services and development opportunities. This result-focused approach also helps to distinguish between people's wants and needs. Information about needs is essential for improving the drug situation in Bermuda; after all, it is unlikely that desired results can be accomplished if they are unidentified or if it is unknown where the current results stand in relation.

"This straightforward systematic methodology allowed for estimation of the needs of the community and the location of possible solutions…to set priorities to address what stakeholders view as the most threatening aspects of the drug problem."

Understanding that resources and institutional capacity to address the drug problem may be limited, the drug strategy should use the knowledge developed from this systematic process of a needs assessment to help guide the challenging decision making while balancing needs and wants and putting results before solutions. Such an exercise presents a clear description of the nature and extent of drug use and abuse and sets priorities to address what stakeholders view as the most threatening aspects of the drug problem. The products of this needs assessment are justifications for the many choices that will be made along the way, as well as for the decisions on how to proceed in accomplishing desired results.

Objectives

The needs assessment undertaken by the DNDC has many purposes. The issue to be addressed by this needs assessment is the identification of the gaps that exist between current results and desired or required results (called needs) of drug control efforts in Bermuda. It is expected that the assets of the community will be identified and potential concerns related to substance abuse prevention, treatment, and rehabilitation or problems associated with drugs will be determined. Additionally, the information gathered serves to identify those areas that the DNDC should strengthen, such as areas of weakness in workforce development, as part of a meaningful plan

for professional development and hiring. Lastly, the needs assessment would elaborate upon the impact of the problem and explains what could be done to correct the issue and improve the overall functioning of the community. In other words, the results will be used to formulate the Island's five-year strategic plan, which lays out the priority areas around drug control, policy, prevention, and treatment/rehabilitation.

Background

The Department for National Drug Control

The Department for National Drug Control, of the Ministry of Public Safety, serves as the lead government body responsible for the planning, implementation, coordination, monitoring, and evaluation of the national substance abuse prevention and treatment/rehabilitation services. The DNDC is committed to the development of healthy communities, free from the negative consequences of uncontrolled substance use and abuse and the illicit trafficking in narcotics. Among its duties, the DNDC:

1. Coordinates the management, implementation, monitoring, and evaluation of all national-level drug control efforts including the implementation of the National Master Plan and Action Plan.
2. Strengthens and sustains national-level initiatives and programmes for substance abuse prevention and treatment/rehabilitation.
3. Provides policy direction and technical oversight for the National Drug Abuse Prevention and Treatment Strategies.

The DNDC, because of its primary focus on the demand reduction areas of substance abuse prevention and treatment, has as its primary strategic goal, to advocate for the adoption of evidence-based methodology to support prevention and treatment of drug dependence on the Island. To this end, the needs assessment undertaken by the DNDC is conducted every five years and is aligned with the renewal of the National Drug Control Master Plan and Action Plan.

National Drug Control Master Plan and Action Plan

The first National Drug Control Master Plan and Action Plan for the period of 2007-2011 was created to articulate the conceptual framework for a comprehensive strategy to address the drug problem in Bermuda. The Government of Bermuda, having recognized the seriousness of the drug problem and its social, economic, and public health impact, and having taken up the responsibility of establishing measures to deal with the situation, articulated a national policy and programme of action geared towards drug control.

Introduction

The National Master Plan and its strategies have the following characteristics:

1. It is a document that expresses the will and political determination of the country to deal with the diverse manifestations of the drug problem;
2. It is an instrument adopted by the Government that precisely details what is to be done to confront the drug problem;
3. It identifies policies, strategies, objectives, and programmes to be carried out during the stated period;
4. It is an organized set of actions produced as a result of an analysis of the existing problems;
5. It assist in integrating into a single system of intervention the country's resources and activities in the fight against drugs; and
6. It is the instrument that will be used to monitor and evaluate the outcomes that are proposed to be accomplished over the time period of the Plan.

The Master Plan document seeks to ensure that measures on both the drug demand and supply reduction sides are instituted. The information obtained as part of this needs assessment process seek to identify the major problems or gaps in our community with respect to drug control and demand reduction activities.

The Drug Situation in Bermuda

Snapshot of Current Drug Situation

"…changing cultural attitudes and beliefs toward acceptance of recreational use of drugs and/or alcohol, despite the associated dangers."

Alcohol, tobacco, and other drug use remains a persistent public health issue among residents of Bermuda. Significant health and social problems have arisen out of use and abuse of drugs and alcohol in this community. Some say this is the result of changing cultural attitudes and beliefs toward acceptance of recreational use of drugs and/or alcohol, despite the associated dangers. There are multiple reasons why someone may engage in drug use such as a history of abuse, family issues, or economic hardship. Whatever the rationale for substance use, the consequences of drug use far outweigh the problems one is trying to mask by using drugs. Much of the information used to determine drug consumption in Bermuda has been derived from population based surveys of adults, school age youths, and the incarcerated population. This self-reported information provides a snapshot of the drug using sub-groups on the Island. Surveys, along with document review, biological screening, and psychometric testing, provide the answers to important questions such as who is consuming what type of drug and how frequently?; Is there a correlation between drug use and criminality?; and what are the service gaps as it relates to substance abuse prevention, treatment and rehabilitation?

Drug use prevalence has remained constant among Bermuda's residents over the past eight years with alcohol, tobacco (cigarettes), and marijuana being the most commonly used substances amongst the adult population. As of 2009, lifetime prevalence for alcohol was reported at 89.2% compared to 85.9% in 2001; 49.3% indicated use of cigarettes (66.5% in 2001); and 37.0% admitted use of marijuana (35.8% in 2001). On the other hand, when it came to current use (30 days prior to the survey period), over half of all Bermudians currently drank alcoholic beverages (58.9% versus 54.2% in 2001); 12.3% currently smoked cigarettes (18.0% in 2001), and 7.5% currently smoked marijuana (7.4% in 2001).[1]

Similar to the adult population, alcohol and marijuana use among students has remained stable over the past six years (2006-2011), while use of inhalants and tobacco (cigarettes) has declined. In 2011, highest lifetime prevalence-of-use was indicated for alcohol (54.9%), marijuana (21.2%), inhalants (12.1%), and cigarettes (10.7%). On the other hand, in 2007, highest lifetime prevalence-of-use was reported for alcohol (66.9%), marijuana (23.9%),

[1] Department for National Drug Control. (2010). *National household survey 2009*. Government of Bermuda; D. Davis, C. Hamlin, T. Stephenson. (2004). *National Drug Commission substance use opinion survey: 2001*. Government of Bermuda.

cigarettes (21.9%), and inhalants (10.8%). An overall decline in the use of alcohol (19.1% versus 37.5% in 2007) and marijuana (7.9% versus 12.8% in 2007) was observed for current use.[2]

Among the incarcerated population, drug use has also remained constant with a similar pattern of use being demonstrated over the past six years (2006-2011). Marijuana, cocaine, and opiates were indicated in highest prevalence at the time of reception during the six year interval, while a steady decline in poly drug use was observed.[3] Amongst pregnant women, a notable increase in the proportion of binge drinking episodes (9% in 2005 versus 21% in 2009) was reported in the 30 days prior to survey administration. Little change, however, was observed for current cigarette use (3.7% in 2005 versus 3.0% in 2009). For the first time in 2009, questions were asked about marijuana use. Results showed that 14.3% of pregnant women surveyed reported using marijuana in their lifetime and 3.6% admitted using it in the past 30 days prior to survey administration.[4]

"There is growing recognition that treatment and rehabilitation of illicit drug users are more effective than punishment."

Current Demand and Supply Reduction Activities

Given the drug situation in Bermuda has remained somewhat unchanged, at least amongst the adult and incarcerated population, the question arises as to how the country should move forward with drug control. If the Bermuda community is to address the challenge of alcohol and drug misuse, both drug supply and demand need to be reduced. There is growing recognition that treatment and rehabilitation of illicit drug users are more effective than punishment. Of course, this does not mean abandoning law enforcement activities. Instead, the supply and demand sides need to complement each other. This means balancing of efforts against drug trafficking with alternative development programmes and helping drug users to be rehabilitated and reintegrated into society.

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[2] Department for National Drug Control. (2012). *National school survey 2011. Survey of middle and senior school students on alcohol, tobacco, other drugs, and health.* Government of Bermuda; Department for National Drug Control. (2007). *Communities that care youth survey 2007*. Bermuda. Government of Bermuda.

[3] Department for National Drug Control. (2012). *Report of the 2011-2012 drug abuse monitoring survey*. Government of Bermuda

[4] Department for National Drug Control. (2010). *Alcohol, tobacco, and marijuana audit: among pregnant women attending for prenatal care*. Government of Bermuda; Department for National Drug Control. (2002). *Alcohol and tobacco audit: alcohol use disorder identification test and tobacco (cigarette) use among pregnant women attending for prenatal care*. Government of Bermuda.

Management and Coordination

Under the leadership of the Director, the DNDC has undertaken a project to improve the infrastructure of treatment services with the development of the Captain's-in-Charge facility, which is scheduled to be completed by February 2013. The DNDC continues to support stakeholders by engaging them in periodic meetings updating them on the progress with the National Drug Control Master Plan and Action Plan 2007-2012, which was evaluated in the Spring of 2012 and shown to be a successful policy.[5] The Department has focused on cross-ministry initiatives as a key feature of the Master Plan implementation. At least annually, the Department meets with all stakeholder grantees/service provision agencies via one-on-one meetings facilitated by DNDC staff. This initiative seeks to better inform stakeholders of the grant contribution process, and reporting requirements of the Department. Through the facilitation of the Bermuda Addiction Certification Board (BACB), the Department continues to advocate for and support the training and certification of addiction professionals on the Island.

Research, Evaluation, and Policy

The Research Unit of the DNDC continues to monitor drug consumption on the Island through population based surveys of adults, youths, and at-risk populations such as the incarcerated and pregnant women. Quality improvement, a secondary function of the Unit, provides the basis for evaluation of substance abuse prevention and treatment services. Additionally, legislation and policies pertaining to alcohol and drugs are monitored, and recommendations made for revisions as the drug situation in Bermuda continues to evolve. Lastly, the Research Unit currently oversees and facilitates the Bermuda Drug Information Network (BerDIN), a multi-sectoral, multi-indicator Network of organizations that collect and produce drug-related information.

Demand Reduction

Prevention

Substance abuse prevention on the Island has mainly focused on primary substance abuse prevention. Primary prevention centers exclusively on concepts to discourage the initiation of non-drug users, especially children and adolescents. Primary prevention has long been

[5] Carnevale Associates, LLC. (2012). *The National Drug Strategy in Bermuda: An Evaluation of the National Drug Control Policy and Master Plan*. p. 3.

synonymous with public education on drugs, inspired by concepts of health education and later, of health promotion. Spearheaded by the DNDC's Prevention Unit along with collaborative partners, PRIDE Bermuda and CADA, initiatives have focused on LifeSkills programming at the pre-school, primary, middle, and high school levels. All initiatives implemented by the DNDC and its partners are evidence-based programmes. For the adult population, CADA offers two programmes: *Training for Intervention ProcedureS (TIPS)* for servers of alcohol and the *Let Us Drive Programme*. PRIDE, on the other hand, focuses on education programming geared toward parents and more recently toward youths. In addition to programming, each agency provides specific services within the community to various segments. This includes initiatives such as education and awareness of drugs and its consequences, as well as harm reduction strategies.

Treatment

The Treatment Unit of the DNDC has continued to work toward the accreditation of all treatment facilities, with the Women's Treatment Centre receiving 3-year accreditation in 2010, along with the Turning Point Substance Abuse Programme. The Men's Treatment facility has been scheduled for accreditation survey review in June 2013. Full implementation of the mandatory treatment programme in prisons (Right Living House) occurred in September 2009 and received its first stream of clients in January 2010. The Treatment Officer, with the assistance of the Treatment Network, is currently drafting Minimum Standards of Care for Treatment and Rehabilitation in Bermuda.

Supply Reduction

Drug interdiction by H.M. Customs and Bermuda Police Service has increased over the years with a strategic focus placed on interdiction overseas, at the borders, and on the streets. The DNDC has supported training efforts of H.M. Customs' officers in ramp security, precursor chemicals, observation techniques, and iBASE software. Additionally, Customs has installed the x-ray scanner to detect contraband in freight containers.

Methodology

The Needs Assessment Framework

This needs assessment plays a critical role in starting the improvement process of drug control in Bermuda. It can inform future decisions; while, at the same time, it is informed by the results of past decisions. This needs assessment thereby links together past and future performance, guiding decisions throughout the improvement effort.

Needs Assessment Framework

The methodology described within this section will help to identify needs and opportunities that are based on facts and information rather than on assumptions. The needs will then be analysed, the benefits and risks of alterative activities weighed, and decisions about what to do next will be proposed. In other words, the results of what should be accomplished will be decided before deciding on the processes or combination of activities that will best achieve these results.

The needs assessment began in mid-June 2012 to determine if the needs are actually problems impacting individuals within the community that would have to be addressed and ultimately reduced or mitigated by the end of the new five-year planning period. In other words, the drug problem assessment sought to answer the question "*What drug problem does the community need to address?*" By extension, this comprehensive assessment of the drug problem also gauged the adequacy of institutions to tackle the problem, the problems that drug demand and supply create for Bermuda, and the societal impact of the drug problem.

Methodology

As part of the process it was necessary to engage in information gathering activities, including primary and secondary data collection and meetings with various individuals and stakeholder groups. The process entailed three phases outlined in the diagram below and occurred over a six-month period, ending mid-December 2012.

Phases of the Needs Assessment Process.

This initiative was spearheaded by DNDC staff members who were each responsible for different aspects of the needs assessment, with the assistance of contracted focus group facilitators.

Phase 1: Plan and Design

The evaluation of the National Drug Control Master Plan 2007-2012, which was completed in March 2012, recommended that a needs assessment[6] be undertaken before the renewal of the Master Plan for another five years (2013-2017) in order to guide and shape its formulation. This is in keeping with a best-practice approach in strategy development, implementation, and monitoring and evaluation.

In planning the activities of the needs assessment, consideration was given to engaging community stakeholders from both inside and outside of government who have programme and policy interest in defining and reducing their local substance abuse problem. This meant that, in addition to involving government officials in the dialogue, heads of community groups and

[6] Ibid. p. 25.

community activists as well as prevention, treatment, and enforcement and interdiction stakeholders needed to be part of the conversation. The most suitable persons from each of these groups were identified for participation in the meetings. Further, discussions had to include addicted persons or current and past clients in treatment (whether mandatory or discretionary) in addition to their family members and friends given these are the persons to whom service is provided. The process would be incomplete if the voices of the youths were not heard, the wider needs of the community were unaccounted, or if research did not play its role in informing the drugs situation to-date.

The design, therefore, of the needs assessment encompassed a number of activities that were deemed most suitable to gauge the needs of the community: background research, survey of community perceptions, consultations in the form of interviews and focus groups, and working groups and forums.

The resource mapping and chronology of the various activities is outlined in the table overleaf.

Methodology

Activity	Duration	Person(s) Responsible
1. Planning	June	Senior Research Officer/Policy Analyst & Research Officer
2. Design	June	Senior Research Officer/Policy Analyst & Research Officer
3. Data Collecting (by Target Audience)		
a) Background Research	June – September	Senior Research Officer/Policy Analyst & Research Officer
b) Survey of Community Needs	June	Senior Research Officer/Policy Analyst & Research Officer
c) Consultations		
i Interviews		
• Government Officials	August – November	Director, DNDC
• Heads of Community Groups	July	Senior Research Officer/Policy Analyst & Research Officer, DNDC
• Community Activists	July	Senior Research Officer/Policy Analyst & Research Officer, DNDC
ii Focus Groups		
• Men's Treatment – Current Clients	June – July	Programme Manager, Men's Treatment
• Men's Treatment – Past Clients		
• Men's Treatment – Family/Friends of Clients		
• Women's Treatment Centre – Current Clients	June – July	Programme Manager, Women's Treatment Centre
• Women's Treatment Centre – Past Clients		
• Women's Treatment Centre – Family/Friends of Clients		
• Right Living House – Clients	July	Senior Research Officer/Policy Analyst & Research Officer, DNDC
• Right Living House – Family/Friends of Clients		
• Youths	October	Senior Research Officer/Policy Analyst & Research Officer, DNDC
d) Working Groups/Forums (Service Providers)		
Prevention	August – November	Prevention Officer, DNDC
Treatment	August – October	Treatment Officer, DNDC
Enforcement and Interdiction	August – September	Senior Research Officer/Policy Analyst & Research Officer, DNDC
4. Report Writing	November-December	Senior Research Officer/Policy Analyst & Research Officer

Phase 2: Data Collection

Community refers to the stakeholders who have an interest in drug use and its damaging consequences. They gather in response to the problem and seek a solution to it. The community of stakeholders includes those who would benefit from a successful drug strategy and those who would serve as the change agents responsible for its implementation. At the minimum, the Community of stakeholders includes representatives from government organisations, non-government organisations, consumer groups, special interest groups, and those knowledgeable of the means to turn ideas into action. They represent *members of the community working together to develop the drug strategy. (Canrevale Associates, LLC (2012). The National Drug Strategy in Bermuda: An Evaluation of the National Drug Control Policy and Master Plan. pp. 9-10)*

This phase of the needs assessment involved a comprehensive background research undertaken by the Research Unit of the DNDC. This entailed a review of available drug-related data on a myriad of topic ranging from persons in treatment and prosecutions for crimes to the availability of substances and drug-related mortality. In addition, results from drug-related research and surveys as well as other supporting documents such as legislations/regulations and other contextual materials such as government expenditure on drug prevention and treatment were reviewed.

A survey of community perceptions was conducted by commissioning questions in the second quarter 2012 Omnibus Survey, which yielded responses by the end of June from a representative sample of 401 residents. The questions (*see Appendix II*) were developed by the Research Unit of the DNDC and the data collection was done by Corporate Research Associate Inc. which also provided the DNDC with summary results.

The consultation phase of the needs assessment comprised of a number of one-on-one interviews (*see question guide in Appendix III*) with government officials, heads of community groups and community activists; and focus group meetings (*see guides in Appendix IV*) with current and past clients in treatment as well as sessions with their family members and friends.

Persons were notified of their selection to participate in the consultative sessions and they all willingly offered their perspective, with the exception of one community stakeholder who declined to participate. The Director of the DNDC was responsible for engaging the government officials while the DNDC's Research Unit staff engaged the heads of community groups and community activists.

Flyers were sent to each responsible agency (Men's Treatment, Women's Treatment Centre, and Right Living House) to distribute to the respective target audience informing of upcoming focus group session (*see sample Flyer in Appendix V*). The Programme Manager of each of these facilities was responsible for organising these groups with one session for each target audience. Consent letters for participation (*see Appendix VI*) were provided to the Programme Manager of each treatment centre for their current clients' permission to participate in the focus groups. The sessions for the current and past clients were conducted at the respective treatment facility while the friends and family members met at the DNDC for their respective focus group.

This phase also included another focus group meeting with youths. External facilitators were recruited to conduct the focus group sessions and were provided with the questions guides; and in the case of the youths' focus group, the facilitator was also responsible for obtaining a representative group of youths (ages 13 to 19 years) and soliciting parental consent. All facilitators were responsible for guiding the sessions and documenting – both electronically and manually – the discussions for the DNDC.

Stakeholders assessed the nature and extent of the substance abuse problem, set priorities, and developed a shared vision about desirable long-term performance outcomes. This shared vision – expressed as performance outcomes – is expressed in strategic terms in the substance abuse strategy; but in this report they are expressed as strengths and issues or concerns of some dimension and possible suggestions for actions. This corresponds to the "community" aspect of the systems approach.[7] One-on-one meetings lasted about 30 minutes to one hour while focus group sessions lasted one and a half to two hours.

Simultaneously, a number of working groups or forums (Prevention, Treatment, and Enforcement and Interdiction) were convened with service providers to elaborate on their respective issues. Each group held between one to three meetings, each lasted about one to two hours, in addition to e-mail follow-up, to reach consensus on the issues. The Heads of the Prevention, Treatment, and Research Units of the DNDC were responsible for organizing these working groups, guiding their deliberations, and documenting the outcomes.

Phase 3: Analysis and Report Writing

Analysis and report writing of the needs assessment commenced during the month of November by DNDC's Research Unit staff. Information was analysed by looking at the main issues surfacing from each of the data collection methods and by each target audience involved in the consultative process. Subsequently, all information gathered led to the development of this final report. This needs assessment, which provides an understanding of the full extent of the drug problem, will be the impetus for the development or renewal of the National Drug Control Master and Action Plan (2013-2017).

[7] Ibid. p.10.

Summary of Findings

1.1 Review of Drug-Related Information

Quite a number surveys have been conducted by the DNDC in the past six years that provide the basis for assessing drug prevalence among various sub-populations such as youths and persons in juvenile facilities[8], adults in households, criminal offenders, pregnant women, and clients in treatment. In addition, the data obtained from these surveys is supported by secondary data, results of psychometric tests (as in the case of the Drug Abuse Screening Test (DAST) and the Alcohol Use Disorder Test (AUDIT)), and biological screening (urinalysis and brethalyser) provided by the Bermuda Drug Information Network (BerDIN).[9] Secondary data is obtained from records of prosecutions, crimes and drug enforcement activity, drug seizures and arrests, financial intelligence, imports of alcohol and tobacco, treatment programmes, drug surveillance, and mortality, among others.

Drug Prevalence and Behaviours

Youths and Persons in Juvenile Facilities

- The 2011 National School Survey of students in M2 to S4 or equivalently ages 12 to 18 indicated that 76.0% (2,148 of 3,182) of all survey respondents reported use of at least one drug in their lifetime.

[8] See Department for National Drug Control. (2012). *Report of the survey of persons in juvenile facilities 2012.* Government of Bermuda; Department for National Drug Control. (2010). *Deconstructing the drug problem in Bermuda 2010. A pictorial presentation of the present drug situation.* Government of Bermuda.

[9] See Department for National Drug Control. (2012). *Annual report of the Bermuda Drug Information Network 2012.* Government of Bermuda.

Summary of Findings

- Students reported highest lifetime (ever) prevalence-of-use for energy drinks (65.5%), alcohol (54.8%), marijuana (21.1%), inhalants (12.1%), and cigarettes (10.7%).
- Other lifetime prevalence ranges from a low of 0.4% for heroin to a high of 3.9% for cannabis resin.
- Students reported highest current prevalence-of-use (use in the 30 days prior to the survey administration) for energy drink (31.7%), alcohol (19.5%), and marijuana (8.1%).
- Other current use prevalence ranges from a low of 0.2% for crack to a high of 2.6% for cigarettes.
- Students' average level of protection, as measured by a number of protective factors, increased in 2011 by 73% from 2007.
- The highest protective factors in 2011 were school opportunities, school rewards, and family rewards for prosocial involvement.
- Notable decline was observed in students in terms of religiousity and belief in moral order.
- The overall level of risk for students in 2011 (26.0%) was 53.0% lower than that reported in 2007.
- Highest levels of risks were observed for the factors of sensation seeking and transitions and mobility.
- About one in five students was engaged in the antisocial behaviour of attacking someone with the intent to harm or was suspended from school.
- The 2007 Youth Tobacco Survey reported that 9.0% of the 1,140 students of ages 10 to 15 years indicated lifetime use of tobacco/cigarettes, while current use was reported at 2.5%.
- One in five current users (21 of 103) indicated initiating cigarette smoking prior to age 10.
- Most (53.3%) of the 30 respondents (18 males and 12 females) who participated in a Survey of Persons in Juvenile Facilities in 2012, were in the facility because of a criminal offence and behavioural problems and 20.0% were displaced by his/her parent/guardian.
- Lifetime and current prevalence-of-use were highest for alcohol (83.3% and 20.0%), energy drinks (76.7% and 26.7%), and marijuana (73.3% and 16.7%).
- The age of initiation of substance use ranged from a low of nine years for inhalants and 16.3 years for ecstasy.
- Altogether, there has been a decline in prevalence-of-use of a number of substances among the school-age population over the past eight years.

Adults

- The 2009 Household Survey showed that 37.0% of the respondents (adults between the ages of 16 to 65 years) reported using marijuana at least one in their lifetime and 10.7% used hash.
- Lifetime use of crack cocaine and heroin was reported by only 1.0%, respectively, while use of ecstasy was reported by 2.5% of the adult survey respondents.
- Persons indicated current use of only two substances; marijuana use was reported by 7.5% and use of inhalants by 0.1% of adults.
- Average age of first drug use ranged from 14.0 (inhalants) to 26.6 years (morphine), with 21.7 years being the average age of initiation for opium, 23.8 years for heroin, and 24.7years for crack cocaine.

Criminal Offenders

- In the most recent (2011-2012) survey of the offender population (293 respondents), it was revealed that offenders were characteristically 93.2% male; 82.3% "black"; 72.4% single (never married); 60.1% with dependents; 46.8% raised by single parents; 39.2% with at most a high school education; 27.6% with part-time or odd jobs; and 54.3% were 35 years or younger.
- Highest lifetime substance use was observed for alcohol (96.9%), marijuana (91.8%), cigarettes/tobacco (87%), crack cocaine (36.5%), and heroin (26.6%).
- Current consumption was highest for alcohol (76.8%), cigarettes/tobacco (74.1%), and marijuana (64.2%).
- Urinalysis supported the self-reported use of marijuana, which confirmed the predominant use of THC (50.2%), the active chemical in marijuana, followed by cocaine (15.4%), and opiates (11.3%).
- Age of initiation of drug use ranges from a low of 14.9 years for alcohol to a high of 31.6 years for methadone. Marijuana and cigarette/tobacco use began around 15.1years and the use of heroin and cocaine began after 20 years, on average.
- Majority of the inmates (220 or 75.1%) were non-poly drug users, in that they used at most one illicit substance; whereas 57 offenders were poly drug users, of which 41 used a combination of only two illicit drugs, while 16 used combinations of three or more of these drugs.
- Over one-third or about 1 in 3 persons reported that drugs were connected to their current (35.8%) and past (34.5%) offence(s); while about one-quarter or 1 in 4 persons felt that alcohol was connected to their current (22.2%) and past (22.9%) offence(s). This is mainly because of personal use or possession of drugs (28.0%), the offence(s) committed while

under the influence of drugs or alcohol (18.8% and 24.9%), or to support their drug habit by providing money to buy drugs (16.0%).

- Many (64.8%) of the reception inmates reported buying drugs in the 12 months prior to incarceration and 49.5% bought drugs in the 30 days prior to being arrested.
- About one-quarter (24.2%) of the reception inmates indicated they had sold drugs in the past year and 19.1% in the past month prior to their arrest.
- Administrative data showed that since 2006 prosecutions for possession of drugs have declined. Males were more likely to be prosecuted for possession of drugs than females.
- Prosecutions for persons tried for possession with intent to supply cannabis increased two-fold between 2006 and 2011; whereas there was a four-time increase in the number of acquittals for this offence. Females were more like prosecuted for this category of offence.
- A decline was evident in prosecutions for importing/trafficking of drugs excepting trials and convictions for conspiracy to import drug. This category of offence was more prevalent by females.
- Alcohol-related offence prosecutions declined since 2006, but with driving while impaired accounting for a greater proportion of these offence. More females have been tried for, and convicted of, these offences.
- Data on drug seizures and arrests showed that most drugs was seized on the streets and arrests have increased over the past six years with more arrests made for drug offences locally than overseas.
- Increases were evident in the weight and value of seized cocaine and heroin during 2006 through 2011.
- Drug importation and local drug offence have increased over the period 2006 to 2010, with a slight decline in 2011.

Pregnant Women

- The 2009/2010 AUDIT revealed that 14.3% of pregnant women surveyed indicated use of marijuana in the 12 months prior to the survey, while 3.6% indicated use in the prior 30-day period.
- About one in five pregnant women (21.2%) who indicated episodes of binge drinking (five or more drinks at one in the two weeks prior to the survey) were in their third trimester.
- Pregnant women also reported smoking cigarettes in the past year (13.7%) and past month (3.0%) reference periods. The majority of current tobacco-smoking women were in their first pregnancy.

Summary of Findings

Clients in Treatment

- Referrals (whether of new of existing clients) to substance abuse treatment by the Bermuda Assessment and Referral Centre (BARC) have declined from 2006 to 2011.
- Persons referred were mainly males (83.6%), considered themselves "black" (83.8%), and were primarily between the ages of 31 and 45 years (41.4%).
- Clients were seeking treatment for their drugs of choice, which were principally cannabis, cocaine, opiates (heroin), and alcohol.
- Referrals were largely made by the clients themselves (self-referral) and then referred, for the most part, to Turning Point or Men's Treatment.
- Fewer youths have sought counselling as reported by the Bermuda Youth Counselling Services (BYCS), although the number of family conferences has increased.
- Drug Treatment Court saw an increase in referrals to the programme, and has admitted quite a few (58), with many of them successfully completing the programme (21) as of 2011.
- Drug screening results of both men and women in treatment showed that cocaine, marijuana (THC), and opiates (heroin) were more often found during urinalysis.
- While inpatient detoxes have decreased at the Turning Point Substance Abuse Programme, outpatient detoxes have increases, as did the number of methadone clients.

Mortality

- Ethanol in excess of the legal limit (80 mg), illegal drugs, or psychoactive medicines above therapeutic range were detected in at least 50% of all the death cases screen for toxicity in each year between 2006 and 2010.
- Drugs (for example, cocaine, THC, morphine, etc.) were more often prevalent in the toxicology screens than excess alcohol.

Legislations/Regulations/Policies

Currently, the legislative framework that guides drug control efforts in Bermuda is broad-based in that it contains a number of laws and regulations addressing a range of issues including alcohol and tobacco advertising and sales, road safety, and drug-related criminal activities. While some of these legislations have been enacted since the 1970s without more current reviews, others have been amended as recent as 2010. These are as follows:

- Alcohol Advertisement (Health Warning) Act 1993
- Criminal Code Amendment Act 2001
- Liquor Licence Act 1974
    - Liquor Licence Amendment Act 1998
    - Liquor Licence Amendment Act 2010
- Misuse of Drugs Act 1972
    - Misuse of Drugs Regulations 1973
- Police and Criminal Evidence Act 2006
- Proceeds of Crime Act 1997
    - Proceeds of Crime Amendment Act 2000
    - Proceeds of Crime (Money Laundering) Amendment Regulations 2007
    - Proceeds of Crime Amendment Act 2009
- Road Traffic Act 1947
    - Road Traffic Act 1997
    - Road Traffic Amendment Act 2001
    - Road Traffic (Approved Instrument) Order 2004
    - Road Traffic (Approved Instrument) Order 2008
- Tobacco Products (Public Health) Act 1987
    - Tobacco Products (Public Health) Amendment Act 2005
- Traffic Offences (Penalties) Act 1976

In a review of the legislations, there were noted gaps in laws or regulations dealing with alcohol, specifically under-age drinking and serving of alcohol to minors on private property; the legalisation or decriminalisation of marijuana; crack houses; minimum standards for treatment; drug use in schools and work places; and drug testing of government employees and elected officials. In addition, to-date, there is no legislative framework that guides the operations of the DNDC.

Contextual Materials

Government Expenditure

Overall, government expenditure on drug control (demand and supply reduction), has fluctuated over the past six years. In any given year during this period, the government has spent between $10 (2011/2012) and $18 (2010/2011) million on drug control. Demand reduction efforts received a smaller proportion of the allocated resources when compared to the allotment to supply reduction. Government expenditure on supply reduction, which entails enforcement, interdiction, and intelligence, accounted for about 60% or more of the resources dedicated to drug control, dropping to 57.6% in 2012/2013 from 82.7% in 2007/2008.

Over the past six budget years, there has been a disproportionate distribution of government expenditure on demand reduction drug control efforts (see table below). In particular, expenditure allocated to treatment services range from 66.8% in 2007/2008 to 89.9% in 2012/2013 of total expenditure on demand reduction; implying that expenditure on prevention services only accounted for less than one-third, and in most years, less than one-quarter of government's expenditure on drug demand reduction. In 2012/2013, expenditure on drug prevention reached an all time low accounting for only 10.1% of drug demand reduction expenditure. At the same time, total expenditure dedicated to drug treatment and prevention has declined over the past two years, reaching a minimum of $2.46 million in 2011/2012 or a 46.0% decline from 2010/2011, yielding corresponding declines in allotment to either drug treatment or prevention.

Government Expenditure on Demand Reduction[10]

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
	(Actual)	(Actual)	(Actual)	(Actual)	(Revised Estimate)	(Estimate)
Total ($)	**2,971,000**	**4,782,000**	**5,892,000**	**4,562,000***	**2,462,000**	**5,406,000***
% Change	*-*	*61.0*	*23.2*	*-22.6*	*-46.0*	*119.6*
Treatment ($)	**1,986,000**	**3,423,000**	**4,541,000**	**3,378,000**	**1,916,000**	**4,860,000**
% of Total	*66.8*	*71.6*	*77.1*	*74.0*	*77.8*	*89.9*
Prevention ($)	**985,000**	**1,359,000**	**1,351,000**	**1,184,000**	**546,000**	**546,000**
% of Total	*33.2*	*28.4*	*22.9*	*26.0*	*22.2*	*10.1*

*$500,000 in 2010/2011 and $2,773,000 in 2012/2013 represent capital expenditure for new treatment facility.

[10] Sourced from Government of Bermuda's Approved *estimated of revenue and expenditure for the years 2008/2009; 2009/2010; 2010/2011; 2011/2012; and 2012/2013.*

Although expenditure on supply reduction was more than that directed to demand reduction, it still has been on the decline over the past couple of years with a most recent decline in 2012/2013 by 5.4%, after taking a even more significant cut in 2011/2012 by 42.4% over 2010/2011. The majority of the supply reduction budget is allocated to the Bermuda Police Service for its drugs and intelligence division, accounting for between 58% and 90% of the expenditure in the past six years. In the past two budget years, a greater proportion of resources has been allocated to H.M. Customs and Border Control for interdiction, reaching at most 42.4% in 2012/2013. This allotment, however, is still proportionately lower than the amount given to the Bermuda Police Service.

Government Expenditure on Supply Reduction[11]

	2007/2008 (Actual)	2008/2009 (Actual)	2009/2010 (Actual)	2010/2011 (Actual)	2011/2012 (Revised Estimate)	2012/2013 (Estimate)
Total ($)	**14,246,000**	**13,031,000**	**11,551,000**	**13,490,000**	**7,767,000**	**7,351,000**
% Change	*-*	*-8.5*	*-11.4*	*16.8*	*-42.4*	*-5.4*
Police ($)	**12,818,000**	**11,003,000**	**9,365,000**	**11,228,000**	**5,058,000**	**4,236,000**
% of Total	*90.0*	*84.4*	*81.1*	*83.2*	*65.1*	*57.6*
Customs ($)	**1,428,000**	**2,028,000**	**2,186,000**	**2,262,000**	**-**	**-**
% of Total	*10.0*	*15.6*	*18.9*	*16.8*	*-*	*-*
Border Control ($)	**-**	**-**	**-**	**-**	**2,709,000**	**3,115,000**
% of Total	*-*	*-*	*-*	*-*	*34.9*	*42.4*

[11] Ibid.

1.2 Community Perceptions

In recent years, Bermuda's residents have had common concerns relating to safety, crime, drug prevalence, and health. To evaluate the community's perceptions of these issues and assess their magnitude, the DNDC commissioned questions in the second quarter 2012 Omnibus Survey[12], which solicited responses from a representative sample of 401 residents across the Island.

Residents were asked how safe they felt in their own neighbourhood as a measure of feelings of personal safety. Overall, eight in 10 residents reported feeling mostly safe (79%), while one in 10 felt extremely safe (12%). In comparison, less than one in 10 residents reported feeling unsafe (9%) in their own neighbourhood to any extent. Feelings of safety were similar across parishes, genders, and income levels. Younger residents, however, were slightly more likely to feel unsafe (17%) than their older counterparts (7%), as were Bermudians (10%) compared to non-Bermudians (2%). Residents were also asked how their current feelings of safety compared to those from six months ago. The majority of Bermuda residents felt they are as safe (58%) as they were half a year ago. On the other hand, almost one-third of the respondents felt that their neighbourhoods have become less safe (31%), while just one in 10 felt safer (10%). Demographically, White residents were much more likely to feel less safe (50%) than Black residents (18%).

To assess the prevalence of drugs and crimes, residents were asked which types of crime they knew to have occurred in their neighbourhood in the past year. Theft was the most commonly indicated crime, as over one-half (56%) were aware of cars or personal property being stolen, while a similar number (54%) witnessed breaking and entering to steal. Violent crime was seen in relatively few neighbourhoods. Fewer than two in 10 (18%) residents indicated gun crimes, while just over one in 10 (13%) indicated that an assault had occurred in their neighbourhood in the past year. Some differences were evident among Parishes. Sandy's/Southampton and Pembroke/ Devonshire both showed higher levels of drug-related (27% each) and gun-related (24% and 30%, respectively) crimes than the other Parishes. In contrast, Pembroke/Devonshire (41%) is notably lower than the other Parishes in terms of breaking and entering.

In order to measure perceptions of overall physical and mental well-being, respondents were asked how they would rate their own health. Almost all residents considered themselves to be healthy, as four in 10 said their health was very good (42%), while one-half felt their health is good (54%). Only 3% indicated their health was poor. These results were consistent across all demographic factors, including age.

[12]Corporate Research Associate Inc. (2012). The Bermuda Omnibus Survey© Second Quarter 2012. Summary report on the Department for National Drug Control's Research.

1.3 Consultation Participants' Profile

The stakeholders who participated in the needs assessment represented the entire spectrum of drug control efforts in Bermuda – from policy and activist perspectives to drug prevention and treatment, even to interdiction and enforcement. A total of 118 unique participants (some individuals contributed to more than one interview or group and were no counted twice) were engaged in the needs assessment and represented the following nine identified stakeholder groups (59 participants from Groups 1 to 7 and 59 from Groups 8 and 9) or 35 departments or agencies. Persons in these groups are involved in one way or another in the drug control efforts in Bermuda. *(See Appendix I for a complete list of participants involved in the one-on-one interviews and working groups. Names of persons who participate in the focus group sessions are omitted for confidentiality purposes).*

1. Government Officials
2. Heads of Community Groups
3. Community Activists
4. Prevention Stakeholders
5. Treatment Stakeholders
6. Enforcement and Interdiction Stakeholders
7. Youths
8. Clients (Current and Past) in Treatment
9. Family Members/Friends of Clients (Past and Present) in Treatment

1.4 Key Findings from the Consultation Process

The summary findings presented in this section arose from the consultation process outlined in the Methodology section of this report.

A few of the noted **strengths** were as follows:

- Research.
- Two new programmes introduced by the BYCS: Adolescent Intensive Outpatient Programme (AIOP) and Intensive Outpatient Programme (IOP).
- Implementation of treatment programme targeting incarcerated addicts (Right Living House).
- Workforce development a central focus through the Bermuda Addiction Certification Board.
- Two treatment centres have received international accreditation.

They following represent the main **gaps** raised by the majority of the stakeholders. These can be viewed as the pressing needs of those involved in dealing with the drugs problem in Bermuda.

Summary of Findings

- Strategies to deal with drug use by youths and their attitudes towards marijuana, in particular, and drugs, in general. Further, there should be strategies in place to deal with children of families affected by drug use. In addition, there needs to be a change in cultures and norms.
- Information, awareness, education, tools, workshop about the various prevention and treatment service providers, in particular, their functions and roles in the community for the public in general and tailored for clients and addicts as well. This can be done in the form of brochures, booklet, very graphic images of drugs, etc.
- PSAs of all sorts need to be developed and constantly being broadcasted to target the respective audiences. The messages of these PSAs need to be more than "just say no".
- Drug education needs to be introduced as part of the school curriculum especially two to three year before the age of initiation and even it if means that it has to be legislated for public and private schools.
- Targeting persons in need of support services/families/parents/children of alcoholics and addicts using lunch time meetings, etc.
- Rewards for clients in treatment or prevention programmes; publicize prevention successes/positives.
- Though there is understanding of the operating economic climate, stakeholders cited money and resources as needs in addition to political will to support the fight against drugs by showing support via the allocation of resources.
- Dealing with other issues stemming from drug use/residential facility and staff to deal with dual diagnosis.
- It is of the view that more resources are being directed toward treatment services rather than there being a balanced approach to treatment and prevention efforts.

1.5 Needs of Specific Groups

Government's Perspective

A total of 17 government officials (*see Appendix I*) participated in one-on-one interviews with the Director of the DNDC. The following summarises the main areas of concern and gaps that surfaced.

1. Inconsistent social-education and social media.
2. Character or moral decline in family and community values and passive tolerance.
3. A bold prevention family strategy that is culturally relevant.
4. Improved prevention and treatment services using "street corner in the club education".
5. Establishments having a reflection of their substance abuse personality/identity.
6. Wraparound services and more networking to address challenges.
7. Quality social and recreational programmes as a substitute for substance abuse to assist young people; programmes in communication and other life skills for preschool students.
8. Parent-child relationship problems or dismantling of the family unit.
9. Burglary, assault, other crimes, and gang involvement.
10. Difficulty functioning in traditional school setting.
11. Cash-based drug culture and its impact on the detection of drug-related transactions.
12. Women and minors being used to facilitate drugs transactions.
13. Drunk driving and its relationship to road traffic accidents requiring legislative changes.
14. Ongoing education/awareness campaigns or mass media blitz (education, treatment, and prevention) on alcohol highlighting difference between socially acceptable and unacceptable behaviours; on anti-drunk driving; insight from "life of an addict".
15. Combined alcohol and prescription drug use among youths.
16. Economic analysis of the extent to which the illicit drug trade supports the Bermuda economy and/or community assessment of drugs to society (financially, socially, physically, mentally, etc.).
17. Legislation requiring mandatory assessment/treatment before clients can receive financial assistance.
18. Treatment agencies should partner to show a united front to the public.
19. Earlier engagement of children and throughout their matriculation in school.
20. Discussion and clear decision on who should bear the cost of substance abuse treatment.
21. Formula used to calculate the value of street drugs that can be used in the court.
22. Coordinated and linked community efforts for real success and impact.
23. Competing and changing priorities of the Bermuda Police Service (BPS) and H.M. Customs and reduction in the size of their drug units.
24. Recidivism and repeat offenders.
25. Difficulty accessing treatment in a timely and productive manner.
26. Stigma, job security, and safety issues for professionals accessing local treatment agencies.

27. Drug free workplace policy within government at all levels and/or prevention work with at-risk work places to address concerns around effects of substance use and abuse.
28. Research on increased use of drugs during pregnancy; and impact of drug use on achievement levels, psychological impact, and reasons for use by young people.
29. Monitoring of trends to keep pace with changing community needs.
30. Generating data on changes in the perception of risk, programme efficacy, and quality control.
31. Identify barriers to attendance in treatment and prevention services to enhance retention.
32. Mental health and stress management issues related to drug use.
33. DUI services.
34. Coordination of support services (church, family, financial, employment, etc.).
35. Support for statistics and public education on drug-related facts, abuse, and drug trade.
36. Country's position or firm and definite stance on issues of drugs.
37. Established standard for "healthy community" which should encompass impact of drugs misuse and abuse.
38. Facilities are known to be used for money laundering, e.g., hair dressing salons.
39. Extensive programme evaluations of community-based prevention programmes.
40. Treatment providers to learn more about attrition prevention procedure used during initial contact with a potential client and prevention officers be versed in prevention curricula in order to demonstrate competence.

Community Stakeholders' and Activists' Perspective

A total of 18 persons in this group participated in one-on-one interviews (14 heads of community groups and 4 community activist) and represented stakeholders in prevention, treatment, clergy, sports, addicted persons, youths, and the community, in general (*see Appendix I*). The following summarises the main areas of concern raised by this group of stakeholders.

1. Bureaucracy of getting into treatment coupled with the lengthy admission and assessment processes and requirements. There may be need for a BARC satellite office. The issue of a lack of clients' anonymity of in this process was also raised.
2. Jobs/employment and housing for clients after treatment or prison.
3. Drug and alcohol use in the workplace, cricket and football clubs, and in prison.
4. Long-term/more intense treatment or one treatment facility with everything under its roof.
5. Parents and PTA to be more involved and informed.
6. Spiritual empowerment of individuals.

Addicted Persons' Perspective

When combined, a total of 29 current clients and 17 past clients participated in these focus group sessions, and represented Men's Treatment, Women's Treatment Centre, and Right Living House. The following summarises a few of the main points raised by current and past clients in treatment.

1. No information on available services and their location.
2. Difficulty accessing services after initial contact with BARC and repeatedly being sent away before entering care which left persons open to continued drug use (no safety net), coupled with waiting list due to unavailability of beds.
3. Engaged in various activities at any cost (prostitution, lying, stealing, manipulating, etc.) to support drug habit.
4. Need for separate facility to deal with mental health disorders and substance abuse problems. Additionally, treatment facilities are not equipped to deal with dual diagnosis.
5. Need for family services or meetings, transitional services, aftercare programmes, mentor programmes, and work programmes.

Family/Friends of Clients' Perspective

The views below represent those of 13 friends or family member of past and current clients in treatment who participated in either of three focus group sessions representing clients in Men's Treatment, Women's Treatment Centre, or Right Living House.

1. Peer and societal pressure and easy availability of substances.
2. Social acceptance and glamorization of drugs.
3. Family breakdown, dysfunctional families, role modeling of drug use and unaddressed root problems. Children are learning very early about the drug trade.
4. Need for more education about substance about to avoid enabling.
5. Need for family support groups, transitional services, aftercare programmes, mentor programmes, and work programmes.

Youths' Perspective

The following summarises the core issues raised by the seven youths who participated in the focus group session. These youths represented a mix of ages, ethnicities, and gender.

1. Information, education and awareness: knowledge of services offered by the community, need for awareness day, workshops, visits to treatment centres, drug free school fair, and motivational programmes.

2. Use of different marketing media for prevention messages (internet/twitter, facebook, blackberry, videos, music, games, graphic images, etc.)
3. Youths were very vocal about drug and alcohol use and engagement in sexual activity where reasons for use dominated.
4. There's the notion by this group that three-quarters of youths participate in under-age drinking.
5. Common attitudes of youths towards drug use range from popularity, curiosity, pleasure, fun, acceptance, rush, and stress relief.

Service Providers

Prevention

Nine stakeholders participated in the prevention forum (*see Appendix I*). Apart from the main findings of the consultation process outlined in Section 1.4, the following summarises the other principal areas of concern or need.

1. Community partnerships where prevention agencies need to work together and not be competitive or threatening; meet and discuss operational issues on a consistent basis; keep them involved.
2. Public education to all audiences including parents on drug abuse risks.
3. High school prevention programmes and programmes in P1-P4 that are quality research- and outcome-based.
4. Capacity building of treatment and prevention professionals; and to maintain certification; prevention strategies to employers/supervisors.
5. Juvenile Drug Court/Youth Development Prevention Programme.
6. Late night transportation needed for persons drinking alcohol.
7. Alcohol Bureau Control (ABC) needed to regulate and oversee all areas of alcohol.

Treatment

Drug treatment seems to be a developing and dynamic area as the concerns were wide and varied. The following summarises the main areas of concern or need which were raised by the 10 stakeholders who participated in this working group.

1. Access to treatment and need for pretreatment or outpatient/outreach without duplication of services.
2. Quality (type and coverage) of treatment services (e.g., inpatient service for detox clients, services for marijuana, dual diagnosis, intensive outpatient programme)
3. Prevention of health risks related to drug use.

4. Measures to reduce drunk driving.
5. Centralized services or a roving psychiatrist.
6. Drug court advocate.

Enforcement and Interdiction

In the enforcement and interdiction working group, eight persons (six from the Bermuda Police Service and two from H.M. Customs) (*see Appendix I*) participated in delineating their issues. The following summarises the major areas of concern which arose during the discussions.

1. Legislative changes to bring all relevant laws under one umbrella and giving applicable authority.
2. Coordinated approach between the Bermuda Police Service and H.M. Customs.
3. H.M. Customs' capability to target and dismantle drug importation rings.
4. Amalgamation of intelligence function.
5. Code of conduct or professional standards for interdiction personnel.
6. Adequate funding of interdiction activities.
7. More canines needed.

Analysis of Findings

Government's Perspective

Illicit drugs have a significant negative impact on Bermuda and on individual Bermudians. They are a major source of funding for illegal activity. The economic costs, including health care (for example, HIV/AIDS and hepatitis), lost productivity, property crime, and enforcement are estimated to exceed millions of dollars annually. In 2011 there were over 600 persons arrested on drug offences and over 800 drug seizures. Given that Government's expenditure on both demand and supply reduction services has declined significantly over the past six years, it is imperative that only those services and programmes that are evidence-based or best practices are funded moving forward.

If Bermuda is to reduce the impact of illicit drugs, it will need to address weaknesses in co-ordination, information, service delivery, and comprehensive public reporting. With the assistance of 17 Government officials, the needs assessment process found the following:

- Bermuda requires stronger leadership and more consistent co-ordination to set a strategy, common objectives, and collective performance expectations. It must be able to respond quickly to emerging concerns about illicit drug use or the illicit drug trade. The present structure for leadership and for co-ordination of national efforts needs to be reviewed and improved.
- Improvements in current programmes are suggested to improve awareness, access and the provision of comprehensive services.
- Despite a failing economy, drug sales continue to flourish and efforts should be made through both demand reduction and supply reduction agencies to the decrease prevalence of users and number of drug sales.
- As alcohol use continues among both the adult population and youths, efforts are to be made to deter adults from driving under the influence by implementing mandatory DUI classes, and roadside sobriety check points. Underage drinking appears to remain popular among our young people and therefore programmes need to focus on alerting the public on the dangers of early initiation; while the Police Service must enforce current drinking laws and penalties.
- The problem of drug use and abuse is a community issue and as such more planning and coordination, with input from those involved in and affected by illicit drug use is recommended.
- Changes to legislation relevant to illicit drugs should focus not just on reducing supply (enforcement) but also on reducing demand. Legislation addressing drug free workplaces would serve this purpose.

All levels of Government are involved in Bermuda's efforts to reduce the harm and availability of illicit drugs. These include efforts in health, corrections, social services, and courts, and by prosecutors and police forces. The Department for National Drug Control is also involved directly in activities to reduce the demand for and the supply of illicit drugs. As is the responsibility of all Governments', the Government of Bermuda has committed itself to improving the health, safety and overall wellbeing of residents of Bermuda.

Community Stakeholders' and Activists' Perspectives

Many of the needs arising out of the information gathering sessions with community stakeholders' were related to: 1) service delivery, 2) diversification of services, 3) policies related to workplaces, sporting events, and in prisons, and 4) community driven responses to substance use. Treatment responses focused on multiple levels, including individuals, families, the immediate community context, and the wider social environment.

Core underlying principles of an effective intervention response include the need for engagement at the level of the individual, family, service, community, environmental, and policy. Treatment provision should also be seen in the context of a broad, collaborative approach aimed at the prevention of problems and linking school-based and public education and communication initiatives with community-based advice, information and treatment provision. No single treatment is appropriate for all individuals.

Effective substance abuse responses depend on an integrated response at all levels including the community. Agencies involved in treatment programmes should not only work together but also integrate with related programmes. Integration may include the following dimensions:

- The integration of different types of demand reduction programmes, of which treatment and rehabilitation are a component, with each other;
- The integration of issues relating to illicit drug abuse with the abuse of other substances and with other general health issues, in particular HIV and Acquired Immunodeficiency Syndrome (AIDS);
- The integration of demand reduction and supply reduction programmes as part of a comprehensive strategy; and
- The integration of programmes related to drug abuse with those dealing with major social and humanitarian issues such as poverty and employment.

Strategies for community-based treatment intervention are an effective means of delivering interventions. Many people affected by the adverse consequences of substance abuse may have limited contact with existing organizations. Innovative methods are needed in order to

reach populations most affected by substance abuse. A community-based response involving local agencies and organizations, including outreach services, is a necessary component of a strategy that seeks to reach drug abusers who are not in contact with services. A community-based response aims at:

- Encouraging behaviour changes directly in the community;
- Actively involving local organizations, community members and target populations; and
- Establishing an integrated network of community-based services.

It is also important to mention the term "community empowerment" implies something more than just community participation. If communities can establish a sense of ownership of facilities and services, the latter are much more likely to be successful and sustainable.

Concerning policy, as indicated in The National Drug Control Policies and Master Plan (NDCMP) 2007-2011, the DNDC was tasked with implementing policies directed toward drug free workplaces and drug-free schools (pg. 75, 91 NDCMP). To date, however, these policies have yet to be drafted. To this end, the NDCMP 2013-2017 will seek to advocate for these policies to be drafted.

Addicted Persons

Issues raised by this needs assessment process from the perspective of the addicted community were related to effective service delivery, more specifically that of service access and diversification of services. Key determinants of effective service delivery include diversification, availability, and accessibility. Services need to be effective in making and retaining contact with target populations. They need to be able to provide a variety of services in order to be responsive to the health and service needs of the target populations. The key ingredients include:

- Being user-friendly
- Geographical accessibility
- Economic affordability
- Community-based response
- Provision of an adequate, coordinated mix of agency-based and non-agency-based services
- Encouraging client participation and involvement
- Providing secondary prevention as well as treatment
- Services that are flexible and open to improvement and change

Family/Friends of Addicted Persons

Views represented by family and friends of addicted persons were centered around education and support services directed toward loved ones of addicts. There was also indication that resistance skills should be taught to addicts to assist them with resisting peer and social pressure to use drugs. People who develop drug or alcohol problems have families, sometimes they will be estranged from them, often they will be in contact with them, and frequently they will be living with them. 'Problem drug users' are also sons, daughters, parents, partners, grandchildren, siblings, and members of extended family networks. The nature of these family relations and circumstances are extremely variable and depend on a whole range of other factors including divorce and separation, closeness and geographical dispersal, and culture and ethnicity. For some families, the nature of their relationships and care arrangements will be affected by problems like unemployment and debt, insecure housing, and health and mental health issues.

Whatever the exact nature of these relationships and circumstances, the impact of problem drug use on families is profound, and often devastating. It can include anguish and unhappiness, experience of stigma and discrimination, isolation, poverty, mental health problems, and social exclusion. Some families feel that their only option is to withdraw support and to break their ties with a family member with a substance misuse problem; but this too is very difficult to cope with. Many families struggle on, often on the margins of communities and with limited support. At the same time, families play a critical role in supporting family members with drug problems, with benefits not only for the individual concerned, but for their communities and society as a whole; for example, providing emotional support, housing, access to leisure and other forms of meaningful activity, and initiating and supporting engagement with formal treatment services. In short, families play a big part in making a reality of recovery, but this has not always been recognised or supported.

For family and friends of drug- or alcohol-addicted individuals, addressing the addiction is one of the most difficult aspects of helping the addicted person seek treatment. Alcohol and drug addiction are both considered "family diseases", and family involvement with people combating drug and alcohol addiction requires continual attendance at meetings during and after the formal inpatient or outpatient addiction therapy session. Additionally, while these meetings help individuals to understand the disease and how to support someone they care about, they also assist friends and family with their own emotional support during what is most often an incredibly trying and stressful time.

Youths

A segment of Bermuda's young people provided many suggestions on how to best address substance abuse amongst this population. Majority of responses focused on: 1) education and awareness; and 2) attitudes and beliefs of youths toward alcohol and drug use. Focus group members were keen to mention they believed a majority of young people participate in under-age drinking on the Island, which is mostly driven by curiosity, as a stress relief, and also to fit in with other peers. Although most young people who experiment with alcohol and other drugs do not experience major issues, drug use can cause many and varied problems. Using legal or illegal drugs may not only affect the young people themselves, but also friends, family, and others around them.

There are many consequences associated with alcohol and drug use by young people. The short term risks of alcohol and other drug use include risk of injury, loss of possessions, relationship problems, time away from school or work, and perhaps even trouble with the law. The longer term risks include the risk of developmental problems, dependence, and chronic health problems. The risks associated with drinking can be far greater for young people than for adults, because they are still developing, both physically and emotionally. This means that drinking is more likely to cause physical, mental health, and social problems for them. Furthermore, as the brain is still developing until the mid-20s, heavy drinking before this age is likely to cause problems with brain development, and can lead to difficulties with memory and learning.

There are many factors associated with initiation of alcohol and drug use. Social factors play a primary and fundamental role in promoting the initiation of substance use among adolescents such as use of alcohol and/or drugs by peers, siblings and other family members. For some young people, whatever the reason for experimentation, as they mature there is a tendency to move on from experimentation with inhalants and alcohol to harder substances such as cocaine or ecstasy. Another factor influencing whether or not a young person engages in alcohol and drug use, is the level of risk and protection they are exposed to. Results of the National School Survey demonstrated an increase in the level of protection by 73% amongst the survey cohort when compared to 2007 results. Unfortunately a notable decrease in religiousity and belief in moral order was observed among respondents and may be indicative of students feeling less likely to be motivated to follow society's standards and more likely to engage in delinquent behaviours. This fact is further supported by current crime statistics which reflect increasing levels of violence within some Bermuda communities, especially that of gun violence.

Service Providers

During one-on-one meetings and forums with substance abuse prevention and treatment stakeholders, both prevention and treatment practitioners expressed an overall concern with the DNDC implementing substance abuse prevention and treatment programming. The shared view of most practitioners was that the National Office should solely have a policy role as opposed to implementing programming.

Providers expressed concerns that although the NDCMP 2007-2011 indicates a balanced approach to demand and supply reduction, the amount of funds expanded by the Government of Bermuda appears to be more directed to substance abuse treatment services and less toward substance abuse prevention and/or interdiction initiatives. A truly balanced approach would strike a 50-50 balance between demand and supply reduction. Therefore prevention and treatment services should be given equal priority during budget planning, as well as between the interdiction agencies of the BPS and H.M. Customs.

Prevention

The central concerns of Bermuda's prevention practitioners focused on the broad categories of: 1) developing community partnerships; 2) broader scope of public education directed towards risks associated with drug use; 3) school based programmes for primary and high schools; 4) capacity building for professionals; 5) programming and initiatives for: young people involved in criminality and adults who have consumed alcohol and need to be safely transported; and 6) implementation of an Alcohol Bureau of Control (ABC).

While all suggestions have been evaluated for suitability, there are some programmes that are more likely to be implemented given the mandate and prioritisation of the DNDC. The Prevention Unit of the DNDC has as one of its chief responsibilities to provide substance abuse public education and awareness campaigns to various segments of the Bermuda community. Of recent, much of the Department's focus has been solely on youths, with various activities taking place over the few recent years. Additionally, along with the Bermuda Addiction Certification Board (BACB), the DNDC provides specialised trainings for prevention practitioners throughout the year.

Considerable gaps remain in policies directed toward drug policy formation in schools and the workplace. These two policies have the potential to significantly impact the population both within schools and the workplace. Priority needs to be given to researching, drafting and implementing comprehensive policies.

Treatment

Suggestions by treatment practitioners regarding substance abuse treatment services have been dominated by: 1) diversification of services; 2) quality assurance of services; 3) reduction in health complications from drug use; and 4) measures to reduce drunk driving. Each person seeking services has a unique experience to substance abuse treatment. By providing a myriad of services to persons needing add-on or booster services such as pre-treatment and outpatient type services prior to, or in the absence of, residential treatment, allows for programmes to have the greatest impact with the substance using community. Central to substance abuse treatment is the identification of persons who, in addition to being a substance abuser, may have a mental health condition. It is suspected that many drug and alcohol users suffer with co-morbid conditions making treatment of problem drug use that much more difficult.

Similarly, the health implications of problem alcohol and drug use can be detrimental. There are several conditions arising out of regular consumption, which often go undiagnosed and untreated for many years. To stem the negative outcomes associated with substance abuse, addicts must receive medical services on a regular basis. Unfortunately, this usually does not occur until a person enters the treatment network.

Drunk driving poses another health and safety risk to residents. The prevalence of drunk driving in accidents has increased over the years in Bermuda and as such measures need to be enacted to decrease its occurrence and/or to increase the penalties to violators.

Lastly, to address the quality of services provided, the DNDC continues to advocate for, and work with, treatment facilities to gain CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation. Thus far, two treatment facilities have received accreditation with another looking toward being surveyed for accreditation in 2013.

Enforcement and Interdiction

The two agencies responsible for enforcement and interdiction of drugs in Bermuda, the Bermuda Police Service and H.M. Customs, have jointly indicated the following as priority issues: 1) legislation; 2) coordination of services; 3) enactment of professional standards; and 4) resources allocation. The interdiction of illicit drugs into Bermuda is the effort to seize them, together with the transport and/or persons who carry them on their way from the producing country to the importing country; many of the seizures occur just as the drugs are brought across the border. The principal drugs subject to interdiction are cannabis, cocaine, and heroin marijuana; of which majority arrive in Bermuda from the United States. Local law enforcement has made interdiction a significant part of its effort to control the supply of drugs, at least for cannabis, cocaine, and heroin.

In general, interdiction has two general goals. The primary one is to reduce the consumption of specific drugs within Bermuda by making it more expensive and risky for smugglers to conduct their business. Drug seizures raise costs by increasing the amount that has to be shipped in order to ensure that a given quantity will reach the market. Additionally, an effective interdiction program will, among other things, raise the probability that a courier is arrested, thereby increasing the price smugglers have to pay to those who undertake the task. These higher fees raise smugglers' costs of doing business and thus the price they must charge their customers, the importers. Finally, the increased costs lead to a higher retail price and serve to lower consumption of the drug.

A second, more modest, general goal is to increase the difficulty of smuggling itself and to provide suitable punishment. Smugglers, or at least the principals in smuggling organizations, are among the most highly rewarded participants in the drug trades. There is support for programs that conspicuously make their lives less easy and that subject them to the risks of punishment.

It is difficult, however, to make smuggling very risky when the Island is determined also to maintain the free flow of commerce and traffic. Hundreds of thousands of people enter the country each year; cargo imports also amount to hundreds of thousands of tons. Only a few hundred tons of cocaine need to be concealed in that mountain of goods and only a few thousand of those who enter need be in the smuggling business to ensure an adequate supply of cocaine or heroin.

Interdiction has accounted for a significant portion of the Government of Bermuda expenditures on drug control. By the end of the 1990s, many critics of the interdiction effort argued that these resources should be put into drug treatment programmes and other programs that could reduce the demand for illegal drugs. Nevertheless, the Government of Bermuda has remained committed to interdiction operations.

Policy and Legislation

The approach of the Government of Bermuda to the drug problem is borne out of the recognition that drug use is a major public health and safety threat, and that drug addiction is a preventable and treatable disease. Using science and research to information policy decisions, the Department for National Drug Control is responsible for guiding and developing drug policies. As drug consumption is seen more and more as primarily a health issue, policy objectives are shifting from the unrealistic goal of drug-free society toward more achievable goals of harm reduction and reducing drug-related violence. Consideration of human rights and proportionality of sentences are becoming essential elements in a growing number of countries'

application of drug legislation. In some cases, today's trends are creating legal contradictions to the obligations set in the UN treaties.

As Bermuda moves forward with the next installation of the National Master Plan, it is important for researchers to evaluate the current gaps in laws and policies related to both alcohol and drug consumption and sales. Additionally, the framework within which demand reduction and supply reduction take place are dependent on appropriate policies being in place. Any new Plan would need to address the needs of substance abuse treatment and prevention services. As eluded to previously in this report, amendments to current legislation is expected as some laws are now outdated as global priorities in drug control have shifted.

Some of the policy and legislative initiatives are to include:

- Updated legislation to include penalties for underage drinking within private homes.
- Review of the process of enforcing underage drinking laws at licensed establishments.
- Policy on improving access for substance abuse treatment.
- Policies addressing drug free schools and workplaces.
- Creation of a comprehensive alcohol policy leading to legislative amendments including: 1) road side sobriety checks; 2) compulsory intervention for offenders driving under the influence (DUI); bans on alcohol advertising; social host laws, and compliance checks amongst others.
- Legislative changes to bring all relevant laws under one umbrella and giving applicable authority to interdiction agencies.

Conclusions

"Both strategies can only be successful and effective if they are combined in a balanced and comprehensive manner."

The needs assessment conducted on behalf of the Department for National Drug Control was implemented to inform substance abuse services and drug control policies in Bermuda as the Department realigns the national-level response to supply and demand reduction for the next five-year period. For many years, much of the work of drug control policies has focused on supply reduction as some felt it promised the best results and several international conventions were drafted in an attempt to slow down production and curb the supply of illicit drugs. However, research indicates a balance between supply reduction and demand reduction activities provides a better and more useful approach to drug control. Supply reduction can be achieved by national and international legal measures (United Nations (UN) Single Convention), police action, and law enforcement. Within demand reduction strategies, drug education can function as an important tool if it is applied adequately and appropriately. Both strategies can only be successful and effective if they are combined in a balanced and comprehensive manner.

"Demand reduction programmes… should embrace information, education, public awareness, early intervention, counselling, treatment, rehabilitation, relapse prevention, aftercare, and social reintegration."

For some time there has been a consensus among the Member States of the UN to invest in and develop a range of prevention and treatment activities. The Declaration on the Guiding Principles of Drug Demand Reduction states that:

> *Demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse. They should embrace information, education, public awareness, early intervention, counselling, treatment, rehabilitation, relapse prevention, aftercare, and social reintegration. Early help and access to services should be offered to those in need.*[13]

Additionally, successful drug abuse treatment strategies must be placed in that broader policy framework where drug supply and demand reduction efforts are of central importance. Preventive education against drug abuse is vital in shaping and developing the personality of young people because it seeks to inspire life goals. For many years primary substance abuse prevention has been the focus of prevention activities in Bermuda. However, professional drug education as an instrument of drug policy has always encountered difficulties in that too much was expected of it, and it had to contend with sensational, high profile, common sense approaches (media, public opinion, etc.). One major problem was that evaluation studies have

[13] United Nations Office on Drugs and Crime. Drug abuse treatment and rehabilitation: A practical planning and implementation guide. Publication ISBN 92-1-148160-0, p. II.2.

repeatedly demonstrated that the effects of educational programmes are frequently weak, often with a mixture of positive (intended) and negative (undesired) results.[14]

Concerning substance abuse treatment, there is a growing expectation in many communities that a myriad of treatment services should be accessible, regardless of age, race, gender, sexual preference, social and economic class, and location. In addition to helping people to stop using drugs, treatment services also focus on attaining immediate health benefits through reducing harmful drug-taking and associated behaviour that pose as health risks. Literature indicates that treatment programmes also need to collaborate with other service providers to resolve the range of health, behavioural, social, and economic problems confronting individuals and families affected by drug abuse. Support for treatment services in the community is clearly advantageous. It can foster a positive climate of drug abuse prevention and can help to ensure that the interventions receive the necessary resources for the operation and development of the services.

While the balance of the contributions to substance abuse prevention and treatment tends to be provided by health, social, and criminal justice sectors over time, ideally, all sectors should be involved. The DNDC works to support the work of the interdiction teams by providing technical assistance support for training, and through the provision of educational materials and supplies. However, the work of drug interdiction in Bermuda is one of the core functions of the BPS and H.M. Customs. Both the BPS and H.M. Customs have independently developed a strategic response to supply reduction in Bermuda as part of the agencies mandated functions.

[14] Goos, C. J. M. (1983). Drug Education, Is It Any Good? In: Proceedings 13th ICAA Institute on the Prevention and Treatment of Drug Dependence, Oslo.

Policy Implications and Recommendations

Priority Activities: 2013-2017

In accordance with its mandate for coordinating the alcohol and drug demand reduction strategy of Bermuda, the DNDC, for the last 10 years, has been implementing a wide range of community-based programmes, for the prevention of alcoholism and drug abuse and the treatment and rehabilitation of addicts. The community-based organisations associated with the programmes have been engaged in a wide variety of innovative, needs-based, localized interventions, adapted to the needs of the community, in general, and the target groups in particular. Recommendations for action are based on the current weaknesses and community needs identified through the needs assessment process along with internationally recommended programme standards provided by various expert groups. In many instances, prevention and treatment services are in the process of implementing some of these recommendations.

"…all programme initiatives, current and new, require adequate finding to achieve the intended outcomes."

Of course, all programme initiatives, current and new, require adequate funding to achieve the intended outcomes. In many instances funding has been reduced to both government departments and non-governmental agencies. Notwithstanding, the question arises as to how do we successfully interdict drugs and provide demand reduction services to the Bermuda community. In order to make an impact on problem alcohol and drug use, funds need to be allocated to fix the problem. With reduced resources supply and demand activities will be decreased resulting in some cases in a loss of services or reduction in services and by extension a reduction in the diffusion of behaviour change.

The needs and priorities established through this process will be reviewed in 2015 and again in 2017 to determine successes and more importantly challenges to implementation. The midpoint review (2015) will be conducted by the research team within the DNDC, while the overall review at 2017 will be conducted by an external evaluator.

Recommendations for Action

A treatment framework presents a description of important principles that underlie the approaches to treatment in the country and set out the goals, objectives and activities for the national treatment system. Similarly, the prevention policy must be developed at the same rate as treatment policy if an overall balanced approach is to be achieved. Overall, strategic planning is a critical task in which one or more agencies determine the nature and extent of the needs of the respective population and establish a framework to make the best use of resources

to address those needs. Most countries have a national drug master plan or a broader national policy framework designed to organise and guide how the country should tackle the problem. Because drug abuse problems can affect many sections of the population and lead to health, social, and legal problems, those plans are often integrated within existing law enforcement, justice, education, health, labour, agriculture, economic, and social policy. The following recommendations have been developed in partnership with community stakeholders and partners working within drug-related disciplines. The National Drug Control Master Plan 2013-2017 will provide the goals, objectives, and strategies that will be employed to meet some of the actions, if not all, that are prioritized below.

Demand Reduction

Prevention

A decision about which educational method or technique is the most appropriate very much depends on the goals of the prevention programme or educational action, the target group to whom the programme is addressed, and the funds available. A number of communication methods and techniques should be applied to attain the goals and objectives of substance abuse prevention. The recommendations suggested herein reflect the prevention goals and objectives for 2013-2017. Substance abuse prevention should aim to diversify prevention efforts to incorporate not just primary prevention but also secondary and tertiary intervention. Initiatives aimed at various population groups are key to preventing and intervening with those affected by or addicted to alcohol and/or drugs.

Research has showed that the impact of prevention could be much greater if some of the following were taken into consideration:[15]

- Information does not unconditionally lead to changes in attitude and in behaviour;
- Young people who are the main target group of drug prevention need guidance in learning to solve problems of adolescence much more than they need drug information and drug education;
- Drug education and information might be of more use to parents, educators, teachers and other key-persons in contact with young people, than for the adolescents themselves; and

[15] United Nations Educational Scientific and Cultural Organization, Prevention of Drug Abuse Unit, Division for the Renovation of Educational Curricula and Structures. (1995). Preventive Education Series. Drug education: Programmes and methodology an overview of opportunities for drug prevention.

- Drug use prevention will only be credible to young people if placed in the broader context of licit substances, such as alcohol, tobacco and psychopharmaceuticals.

Public Education Using Group Methods and Mass Media

In general, a distinction is made between education using group methods and education using mass media techniques. Generally speaking, the first choice to be made is between an approach using group methods or one in favour of mass media techniques and, in this respect, a very important question is the desired influence on the target group. What does one want to change, strengthen or confirm? Education using group methods essentially has more impact on attitudes, social norms and behaviour like "stay drug free", learn peer refusal skills, etc. Models within the group methods and techniques include:

- Knowledge and drug information model
- Affective education model
- Social influence model
- Life skills model of drug education

Moreover, the relationship between an educator or change agent and the selected target group is close, especially if the educator is considered both credible and expert. An educator applying group methods can also pay more attention to specific cultural and social psychological factors presumed to have great impact on attitudes and social norms in respect of drugs and drug abuse. However, education utilising mass media channels has a potentially wider range of public exposure, but the relationship between the source (educator or educational organisation) and the target audience is often rather weak. It is hardly possible to discuss social norms and behaviour with the target audience in these circumstances, and we cannot therefore expect dramatic changes in attitudes or behaviour through mass media education.

On the other hand, mass media could serve to raise awareness of the existence of drug problems by offering correct information and news about the latest methods of treatment and research findings. Another important function of mass media can be to support drug education activities initiated in a community by using the "news and agenda setting" function to announce information on those activities, to interview key persons involved in the programme and broadcast statements of opinion by community leaders about their attitudes towards drug education programmes. Public education amongst all segments of the Bermuda community is needed such as programmes with youth, the adult population, at risk or high risk groups (incarcerated, children of addicts, juveniles in correctional facilities).

Policy Implications and Recommendations

Drug Curriculum

School based drug prevention should become a priority area of development. Programmes such as the Drug Wise Drug Education for Students 14 to 19 years and the High Profile Youth Work Curriculum about Drugs, should be researched for feasibility in the Bermuda community. The "Drug Wise" programme is a broad, factual person/skills focused prevention programme, including many educational methods (lecturing, discussion, peer support, materials, etc.). The "High Profile Curriculum" is a rather traditional, cognitive based educational programme that fits into most subjects of the curriculum, whatever the type and level of education or professional training. This approach is illustrated in the following table:

DRUG ISSUES IN EDUCATION CURRICULA

Subject	Drug Related Matters
Mathematics	Calculating spread of HIV, drug surveys
English	Drugs in literature
Biological sciences	Central nervous system and effects of drugs

Evidence-based Practice and Policy

The DNDC must continue to advocate for evidence-based programmes related to ATOD, especially in the context of substance abuse prevention. Policies and/or legislation changes should be implemented directed toward drug free workplaces, advertising and promotion restrictions on alcohol and tobacco products and mandatory DUI health education for all DUI offenders.

Training Programmes

Certification and training should continue to be promoted to increase competency levels of prevention providers. Additionally, most drug prevention programmes deal mainly with primary prevention. Health professionals, teachers, social workers, and others involved with young people are often confronted with substance abuse problems at an early phase, in hospitals, or during primary care and crisis intervention. Many are not familiar with coping and intervening with drug problems, scant attention has been paid to this aspect.

Policy Implications and Recommendations

Recommendations for Action:

- A multi-media campaign, devised in consultation with a selection of Bermuda's young people, should be implemented.
- Education in schools and where young people congregate, is needed addressing the dangers of underage drinking and drug use, as well as substance use when engaging in sexual activity.
- Legislation should be updated to include penalties for underage drinking within private homes.
- The process of enforcing underage drinking laws at licenced establishments should undergo a review.
- Provide education and awareness around risks/harms of alcohol and drug use to specific segments of the community simultaneously so as to reinforce substance abuse prevention messages to youth and adults. This would entail information sessions at workplaces, presentations at schools and to Parent Teacher Associations (PTAs), workshops for teachers and parents.
- Prevention programming that is incorporated into the school curriculum has been shown to be most effective with young people. Implementation of such a curriculum should take priority when developing programmes for school-age young people.
- The feasibility a Juvenile Drug Court or Youth Development Prevention Programme should be reached to determine if such a programme would be a good fit for Bermuda.
- Conversations should continue between community stakeholders and the Government of Bermuda as how an Alcohol Bureau of Control would function within this community, with the aim of moving the process forward.

Treatment

There is increasing recognition that treatment service users are part of the community and that the process of service development needs to be accountable to and shaped by the wide range of community interests. Service users play an important role in helping to shape an approach that ensures appropriate accountability and responsibility of all those involved in providing services. In the planning process for the National Drug Control Master Plan 2013-2017, every effort was made to contact and involve those groups that are likely to be affected by the development of the strategic framework or system of treatment. That can lead to local support and advocacy for treatment.

On recommendation from the United Nations Office of Drugs and Crime (UNODC), training programmes, meant for the service providers, on the principles and practices of care and

protection in substance abuse rehabilitation have, over the years, set certain minimum standards of services among the rehabilitation professionals. However, considering the size of the country, the varying degrees of capacity among the implementing agencies, the need has long been felt to identify the best practices in the delivery of services and to codify them into a set of guidelines that could be uniformly applied to all the implementing agencies as minimum standards. The DNDC has already begun drafting the Minimum Standards of Care with the objective of providing "whole person recovery" by defining the essential components involved in alcohol and drug demand reduction programmes. This Manual has laid down the framework of networking and linkages between the services and institutions to ensure holistic interventions and optimum utilization of resources.

There is a growing interest in the development of accreditation systems for substance abuse treatment services. Accreditation relates to a system of assurance that a service provider meets a set of performance standards and the existing legal regulations relating to the organization, management, and delivery of treatment. Similar to initiatives of The Centre for Substance Abuse in the United States and Inter-American Drug Abuse Control Commission (CICAD), Bermuda has sought to have all treatment facilities on the Island accredited. To this end, the Women's Treatment Centre and Turning Point Substance Abuse Programme have received accreditation. Currently, other treatment facilities are being assessed to determine suitability for accreditation.

Recommendations for Action:

- The DNDC should review the admission process from the initial BARC assessment in order to increase compliance to treatment and reduce the negative stigma associated with seeking treatment.
- Where possible agencies should work towards providing wholistic services that focus on substance abuse treatment and rehabilitation taking into account social issues faced by addicted persons and their families, such as poverty and unemployment.
- The DNDC, along with appropriate stakeholders, should develop policies addressing drug free schools and workplaces.
- DNDC should update, distribute and promote the service directory of substance abuse treatment services.
- Treatment facilities must devise the best methodology to promote their services to the community. Many stakeholders encountered during this process were not aware of services offered by most treatment facilities.
- Policy on improving access for substance abuse treatment.
- The DNDC must determine the feasibility of contracting with a psychiatrist to provide mental health services to persons seeking alcohol and drug treatment.

- All treatment facilities are encouraged to implement and/or reengage families through the provision of family-based groups.
- Facilities should look at ways to reinstate family groups (for example, extended family members and groups for children of addicts).
- Parenting classes should be implemented with women at risk for addiction and those who are in recovery.
- In cases were aftercare is available, programming should address peer pressure and societal pressure.
- Campaigns to counter positive messages of alcohol and drug use.
- Transitional services available that provide mentoring, and work programmes.
- Determine the feasibility of providing pre-treatment and outpatient services, especially at residential treatment centers.
- Brief interventions to educate the public on harm reduction techniques to reduce the risk of health related complications due to problem drug use.
- Provide addicts with medical services by hosting health check-ups at places where they frequent.
- Legislations: 1) road side sobriety checks; 2) graduated driver's licence laws; 3) compulsory intervention for DUI offenders.

Supply Reduction

Enforcement and Interdiction

Both the BPS and H.M. Customs have drug interdiction as one of its core functions. One would expect this would result in a reciprocal relationship of sharing information and in some instances resources as it relates to interdiction of drugs. However, with the collapse of the joint intelligence force, which existed for some years, Bermuda's interdiction agencies work in silos. Often times there is a lack of communication in relation to interdiction cases with each agency carrying out duties independently. As of a result of meetings held during the needs assessment process it was the expressed desire of both agencies to re-establish some of the relationships that were successful in years past. This was the ideology behind the following recommendations put forth.

Recommendations for Action:

- Legislative changes to bring all relevant laws under one umbrella and giving applicable authority.
- Coordinated approach between the Bermuda Police Service and H.M. Customs.
- H.M. Customs' capability to target and dismantle drug importation rings.

- Amalgamation of intelligence function.
- Code of conduct or professional standards for interdiction personnel.
- Adequate funding of interdiction activities.
- More canines needed.

Research, Evaluation, and Policy

The Research Unit of the DNDC offers support, provides technical assistance, and contributes to the research and knowledge base of drug prevention, treatment, and enforcement and interdiction, specific to the Bermuda context. It is, however, guided by international standards and protocols and utilises a best-practice approach.

Recommendations for Action:

- Information that will facilitate evidence-based decision making for substance abuse prevention and treatment programmes.
- Evaluation framework to assess the management, coordination, and implementation of the national drug control initiatives and strategies outlined in the national drug strategy.
- Evidence to support the establishment of laws and policies that foster healthy individuals and communities.
- Sustained facilitation, coordination, and management of the Bermuda Drug Information Network (BerDIN).

Appendix I: List of Participants

Government Officials

1.	Hon. Wayne Perinchief, *Minister*	Border Control, Ministry of National Security
2.	Mr. Marc Telemaque, *Permanent Secretary*	Border Control, Ministry of National Security
3.	Ms. Wendy McDowell, *Commissioner of Education*	Ministry of Education
4.	Mrs. Gina Hurst-Maybury, *Director*	Department of Court Services
5.	Mr. Edward Lamb, *Commissioner of Prisons*	Department of Corrections
6.	Ms. Lucinda Pearman, *Acting Collector*	H.M. Customs
7.	Mr. Tracey Kelly, *Senior Customs Officer*	H.M. Customs
8.	Mr. Christopher Pendle, *Chief Financial Officer*	H.M. Customs
9.	Ms. Diana Taylor, *Director*	Financial Assistance
10.	Dr. Jennifer Astrid-Sterling, *Chief Executive Officer*	Bermuda Health Council
11.	Dr. Cheryl Peek-Ball, Acting Chief Medical Officer	Department of Health
12.	Ms. Lauren Trott, *Programme Manger*	Bermuda Youth Counselling Services, Department of Child and Family Services
13.	Mr. Michael DeSilva, *Commissioner of Police*	Bermuda Police Service
14.	Mr. David Mirfield, *Assistant Commissioner of Police*	Bermuda Police Service
15.	Mr. Antoine Daniels, *Assistant Commissioner of Police*	Bermuda Police Service
16.	Mr. Darrin Simons, *Superintendent*	Bermuda Police Service
17.	Mr. Sinclair White, *Director*	Financial Intelligence Agency

Head of Community Groups

1.	Ms. Judith Burgess, *Executive Director*	PRIDE
2.	Mrs. Gillian Freelove-Jones, *Executive Director*	CADA
3.	Ms. Martha Dismount, *Executive Director*	The Family Centre
4.	Ms. Michelle Wade, *Executive Director*	Teen Services
5.	Mrs. Sandy Butterfield, *Executive Director*	FOCUS Counselling Service
6.	Dr. Ernest Peets Jr., *Programme Coordinator*	FOCUS Counselling Service
7.	Ms. Doris DeCosta, *Executive Director*	Employee Assistance Programme (EAP)
8.	Ms. Gita Blakeney-Saltus, *Regional VP*	CARON Bermuda
9.	Ms. Shirley Place, *Clinical Director*	Turning Point Substance Abuse Programme
10.	Mr. Curtis Mitchell, *Programme Manager*	Turning Point Substance Abuse Programme
11.	Mr. Juan Wolffe, *Magistrate*	Drug Court
12.	Dr. Fiona Ross, *General Practitioner*	Private Physician
13.	Dr. Maria Seaman, *Pastor*	Shekinah Workshop Centre
14.	Ms. Donna Watson, *President*	Bermuda Track and Field Association

Appendix I: List of Participants

Community Activists

1.	Ms. Gina Spence, *Radio Host*	
2.	Ms. Rickeesha Binns, *Recovering Addict*	
3.	Mr. Bakari Simons, *Student/Youth*	The Berkeley Institute
4.	Mr. Calvin Simons, *Senior Sports Development Officer*	Department of Youth and Sports

Prevention

1.	Ms. Judith Burgess, CPS, *Executive Director*	PRIDE
2.	Ms. Truell Landy, CPS, *Programme Director*	PRIDE
3.	Mrs. Gillian Freelove-Jones, *Executive Director*	CADA
4.	Ms. Andrea McKey, *Customs Officer*	H.M. Customs
5.	Ms. Leila Wadson, *Community Development Team Leader*	The Family Centre
6.	Ms. Vernelda Perinchief, *Enrollment Officer*	Mirrors Programme
7.	Dy-Juan DeRoza, *Assessment Officer*	Epidemiology and Surveillance Unit

Treatment

1.	Ms. Donna Trott, *Clinical Suervisor*	Bermuda Assessment Referral Centre (BARC)
2.	Mr. Derek Flood, *Assessment and Treatment Unit Manager*	Department of Court Services
3.	Ms. Lashonna Smith, *Senior Probation Officer*	Department of Court Services
4.	Ms. Cecile Harris, *Psychotherapist*	Bermuda Professional Counselling
5.	Mrs. Sandy Butterfield, *Executive Director*	FOCUS Counselling Service
6.	Ms. Shirley Place, *Clinical Director*	Turning Point Substance Abuse Programme
7.	Mrs. Angria Bassett, *Programme Manager*	Women's Treatment Centre
8.	Mr. Vaughn Mosher, *Manager*	Benedicts Associates Ltd.
9.	Ms. Gita Blakeney-Saltus, *Executive Director*	CARON Bermuda
10.	Ms. Fiona Elkinson, *Counsellor*	CARON Bermuda

Enforcement and Interdiction

1.	Mr. Antoine Daniels, *Assistant Commissioner of Police*	Bermuda Police Service
2.	Mr. Darrin Simons, *Superintendent*	Bermuda Police Service
3.	Mr. Sean Field-Lament, *Superintendent*	Bermuda Police Service
4.	Mr. Robert Cardwell, *Inspector*	Bermuda Police Service
5.	Mr. David Bhagwan, *Detective Sergeant*	Bermuda Police Service
6.	Mr. Christopher Pendle, *Chief Financial Officer*	H.M. Customs
7.	Ms. Kelly Trott, *Principal Customs Officer*	H.M. Customs
8.	Mr. Roderick Masters, *Senior Customs Officer*	H.M. Customs

Appendix II: Omnibus Survey Questions

Bermuda Omnibus

FINAL COMMISSIONED QUESTIONS

DNDC

Second Quarter 2012

DN1 *New question.* How safe do you feel in your neighborhood? Do you feel… **[READ RESPONSES. ALLOW ONE RESPONSE ONLY]**

1	Extremely safe	2	Mostly safe
3	Mostly unsafe	4	Extremely unsafe

[VOLUNTEERED]

8 Don't know/no answer

DN2 [Q3 2011]. Compared to six months ago, do you now personally feel **[READ RESPONSES]** in your own neighborhood? **[ALLOW ONE RESPONSE ONLY]**

1	Safer	2	As safe, or	3	Less safe

[VOLUNTEERED]

8 Don't know

DN3 *New question. 6 questions, discounted to one paid question and results will be published in the Bermuda Omnibus report.* Which of the following types of crimes do you know to have occurred in your neighborhood in the past 12 months? Do you know of **[READ RESPONSES…]**

a) People openly selling or using drugs?
b) A theft (auto or personal property) having occurred?
c) Breaking and entering to steal personal property?
d) An assault (violent physical attacks or sexual assault/rape)?
e) Crimes committed with guns?
f) Murder?

1	Yes	2	No

[VOLUNTEERED]

8 Don't know

Appendix II: Omnibus Survey Questions

DN4 *New question.* Overall, how would you rate your own health in terms of physical and mental well-being? Would you say you are in… **[READ. ALLOW ONE RESPONSE ONLY]** health?

1 Very good
2 Good
3 Poor or
4 Very poor
[VOLUNTEERED]
7 Refused
8 Don't know/no answer

Appendix III: One-On-One Interview Guide

National Drug Control Master Plan 2013-2017

Questions for Needs Assessment

Community One-on-One Meetings

Prevention Stakeholders (PRIDE, CADA, Family Centre, Teen Services)

1. How do you define substance abuse prevention?
2. What are the trends you see in young people relative to substance use?
3. What strategies would you like to see DNDC use to promote/market prevention services?
4. Are you involved in or aware of prevention coalitions in your community?
5. What services would you like to see prevention programs offer that they currently do not?
6. How would you rate the quality of prevention programming in Bermuda?
7. What community, family and individual protective factors would you like to see promoted and how?
8. What community, family and individual risk factors would you like to see mitigated and how?

Treatment Stakeholders (FOCUS, Turning Point, Caron Bermuda, EAP, Bermuda Track and Field Association)

1. What are the trends you are seeing in use? (ages, type of drugs).
2. Are you seeing any substance abuse problems with the older adults 54 years of age and older?
3. What strategies would alleviate the barriers to treatment for special populations (mandated clients, youth, the elderly)?
4. What portion of your clients is non-voluntary (Drug Court or Family Court referrals)?
5. What strategies would you like to see this community use to support persons in recovery?
6. How would you rate the quality of treatment programmes in Bermuda?
7. What strategies would you like to this community use to support prevention?
8. How should treatment services be marketed to reduce the stigma of substance disorders?
9. We are trying to improve the treatment and support services for people with alcohol or drug use problems, what advice do you have for us?

Appendix III: One-On-One Interview Guide

Other Stakeholders

1. List the top three problems in your community relative to substance abuse?
2. How would you describe the community's attitude towards substance abuse?
3. Among youth in your area what drugs do you feel are the top two used?
4. What are the types of substance abuse problems you see among adults?
5. What prevention strategies would you like to see the DNDC pursue?
6. Are there services/supports for recovering persons in the community that traditional service providers and networks are not aware of such as a self-help group sponsored by a local church, etc.?
7. We are trying to improve prevention and treatment services for people with alcohol or drug use problems, what advice do you have for us?

Appendix IV: Focus Group Guides

Focus Group Format and Questions
Current & Past Clients

Location:
Men's Treatment
Barry Hill Road, St. George's

Date/Time:
July 21, 2012
10:00 a.m. - 12:00 noon (Current Clients)
2:00 p.m. - 4:00 p.m. (Past Clients)

Location:
Women's Treatment Centre
Northshore Road, Devonshire

Date/Time:
July 18, 2012
5:00 p.m. - 7:00 p.m. (Current Clients)

July 19, 2012
5:00 p.m. - 7:00 p.m. (Past Clients)

Goal: The goal of this focus group is to gather information on the following:
- Identify needs of addicted men [and women] in Bermuda.
- Determine challenges of men [and women] seeking treatment.
- Discover a way forward for substance abuse treatment of men [and women] in Bermuda.

Audience: Current and past clients of MT [and WTC]

Facilitator's Role: The facilitator will be responsible for:
1) Asking the discussion questions (below),
2) Recording responses via digital recording device and by taking notes,
3) Providing DNDC with recording device and prepare a brief written summary of key points, and
4) Providing an invoice of services rendered.

Supplies: Flip Chart Paper
- Markers
- Blank Paper - for participants to take notes

Questions to Ask:

1. I would like to start by asking each of you to tell us your first name and what brought you here today?
2. Thinking about your experiences in either the addiction or mental health systems, once a person recognizes that he/she needs help with a drug, alcohol, or mental health problem, what types of problems do people usually face when they are trying to get the help they need?
   Probe:
   - waiting list; no program for concurrent disorders; being bounced back and forth between the two systems; transportation issues; duplication of assessments.
3. How do you think people feel about (ask about problems mentioned above, i.e., waiting list, etc.):
   Probe:
   - frustrated; scared; angry; disappointed.
4. When you were using substances, how did you support your habit?
5. In your opinion are there enough substance abuse treatment programmes in the Bermuda community?
6. Are there enough programmes for persons who are experimenting with drugs or alcohol, but do not meet the eligibility criteria for residential treatment?
7. Are there programmes accessible to persons who need them?
8. How would you rate the quality of treatment programs you have interacted with?
9. For persons with both a substance abuse and a mental disorder, what are the barriers to treatment?
10. What services would you like to see substance abuse treatment providers offer that they currently do not?
11. What services are needed in the community to prevent people from using substances?
12. What services are needed in the community to help people in treatment stay clean and sober?
13. Thinking about your time in residential treatment, in your opinion, what aspects of the MT programme should change so that you are more likely to stay and complete the treatment programme?
14. Thinking about your experiences getting treatment and ongoing support, what has been the most helpful? What has been the least helpful and could have been done better?
15. We are trying to improve the treatment and support for people with both mental health and alcohol or drug use problems, what advice do you have for us?

Focus Group Format and Questions
Family Group

Location:	Department for National Drug Control 11 Parliament Street, Hamilton
Date/Time:	Family Members of Current and Past Clients of MT July 19, 2012 6:00 p.m. - 7:00 p.m. Family Members of Current and Past Clients of WTC July 20, 2012 5:30 p.m. - 7:30 p.m.
Goal:	The goal of this focus group is to gather information on the following: • Obtain perceptions of substance abuse treatment from family members of addicts. • Identify needs of families of addicted men [and women]. • Determine challenges to families of men [and women] seeking treatment.
Audience:	Family members of current and past clients of MT [and WTC]
Facilitator's Role:	The facilitator will be responsible for: 1) Asking the discussion questions (below), 2) Recording responses via digital recording device and by taking notes, 3) Providing DNDC with recording device and prepare a brief written summary of key points, and 4) Providing an invoice of services rendered.
Supplies:	Flip Chart Paper • Markers • Blank Paper - for participants to take notes • Snacks

Questions to Ask:

1. List the top three problems in your community relative to substance abuse?
2. How would you describe the community's attitude towards substance abuse?

Appendix IV: Focus Group Guides

3. What are the barriers to accessing treatment programs? (e.g., transportation, cultural/religious issues, wait lists, cost)
4. How would you rate the quality of treatment programs?
5. How has substance use/abuse by a family member or friend impacted your family?
6. What services would you like to see substance abuse treatment providers offer that they currently do not?
7. How do you think current treatment programmes and services could be strengthened?
8. Are there programmes/activities for families that you would like to see implemented?
9. What prevention strategies would you like the Department for National Drug Control to pursue?
10. We are trying to improve the treatment and support services for people with alcohol or drug use problems, and their families, what advice do you have for us?

Focus Group Format and Questions
Current Clients

Location:	Right Living House (RLH) Prison Farm, St. George's
Date/Time:	Thursday, August 9, 2012 6:00 p.m. – 8:00 p.m.
Goal:	The goal of this focus group is to gather information on the following: • Identify needs of substance abuse/addicted incarcerated men in Bermuda. • Determine challenges of incarcerated men seeking treatment. • Discover a way forward for substance abuse treatment of incarcerated men in Bermuda.
Audience:	Current clients at RLH
Facilitator's Role:	The facilitator will be responsible for: 1) Asking the discussion questions (below), 2) Recording responses via digital recording device and by taking notes, 3) Providing DNDC with recording device and prepare a brief written summary of key points, and 4) Providing an invoice of services rendered.
Supplies:	• Flip Chart Paper • Markers • Blank Paper - for participants to take notes

Questions to Ask:

1. Thinking about the crime that lead you to be incarcerated, was the crime you committed related to drugs?
2. Were you under the influence of drugs or alcohol at the time you committed your crime?
3. When you were using substances, how did you support your habit?
4. Why did you decide to seek substance abuse treatment at RLH?
5. Have you received treatment from other facilities in Bermuda?

6. How would you rate the quality of the RLH treatment programme? Other treatment programmes in Bermuda?
7. In general, are there enough substance abuse treatment programs in the Bermuda community?
8. Thinking about your experiences with drug treatment, once a person recognizes that he needs help with a drug or alcohol what types of problems do people usually face when they are trying to get the help they need?
   Probe:
   - waiting list; no program for concurrent disorders; being bounced back and forth between the two systems; transportation issues; duplication of assessments.
9. How do you think people feel about (ask about problems mentioned above, i.e., waiting list, etc.):
   Probe:
   - frustrated; scared; angry; disappointed.
10. What services are needed in the community to prevent people from using substances?
11. What services would you like to see RLH offer that it currently does not?
12. What services are needed in the community to help people stay clean and sober once they leave RLH?
13. Thinking about your time at RLH, in your opinion, what aspects of the programme should change so that you are more likely to not re-enter the prison system?
14. Thinking about your experiences at RLH, what has been the most helpful? What has been the least helpful and could have been done better?
15. We are trying to improve the treatment and support for incarcerated people with alcohol or drug use problems, what advice do you have for us?

Focus Group Format and Questions
Family Group

Location:	Department for National Drug Control Suite 304, 11 Parliament Street, Hamilton
Date/Time:	Monday, August 13, 2012 5:30 p.m. - 7:30 p.m.
Goal:	The goal of this focus group is to gather information on the following: • Obtain perceptions of substance abuse treatment from family members of addicts who are incarcerated. • Identify needs of families of addicted incarcerated men. • Determine challenges and benefits to families of men in mandatory treatment.
Audience:	Family members of clients of RLH
Facilitator's Role:	The facilitator will be responsible for: 1) Asking the discussion questions (below), 2) Recording responses via digital recording device and by taking notes, 3) Providing DNDC with recording device and prepare a brief written summary of key points, and 4) Providing an invoice of services rendered.
Supplies:	• Flip Chart Paper • Markers • Blank Paper - for participants to take notes • Snacks

Questions to Ask:

1. List the top three problems in your community relative to substance abuse?
2. How would you describe the community's attitude towards substance abuse?
3. How has substance use/abuse and incarceration by a family member or friend impacted your family?
4. How would you rate the quality of the RLH treatment programme?
5. How do you think current treatment programme for incarcerated men could be strengthened to reduce recidivism within the prison system?

6. Are there after care or support programmes for clients after they leave RLH or transition back in society that you would like to see implemented?
7. Are there programmes/activities for families that you would like to see implemented?
8. What prevention strategies would you like the Department for National Drug Control to pursue?
9. We are trying to improve the overall treatment and support services for people with alcohol or drug use problems, and their families, what advice do you have for us?

Focus Group Format and Questions
Youth Group

Location:	Department for National Drug Control Suite 304, 11 Parliament Street, Hamilton
Date/Time:	Monday, October 8, 2012 4:00 p.m. – 6:00 p.m.
Goal:	The goal of this focus group is to gather information on the following: • To determine young people's perceptions/attitudes of substance use in Bermuda. • To find out the substance abuse prevention and treatment needs of Bermuda's youths.
Audience:	Youths of Bermuda
Facilitator's Role:	The facilitator will be responsible for: 1) Recruit no less than 10 youths (13-19 years) 2) Asking the discussion questions (below), 3) Recording responses via digital recording device and by taking notes, 4) Providing DNDC with recording device and prepare a brief written summary of key points, and 5) Providing an invoice of services rendered.
Supplies:	Flip Chart Paper • Markers • Blank Paper - for participants to take notes • Snacks

Questions to Ask:

1. List the top three problems in your community relative to substance abuse?
2. How would you describe young people's attitude towards alcohol use? Drug use?
3. In your opinion, do many youths in Bermuda participate in underage drinking?
4. Have you ever in the pass been pressured to drink alcohol or try drugs by a friend? How did you respond?
5. How has substance use/abuse by a family member or friend impacted you? Your family?

6. What services would you like to see substance abuse treatment providers offer that they currently do not?
7. Are there drug prevention programmes/activities for young people that you would like to see implemented?
8. How do you think drug prevention programmes/strategies/messages should be marketed?
9. We are trying to improve drug prevention services and treatment for young people, and their families, what advice do you have for us?

Appendix V: Sample Flyer

GOVERNMENT OF BERMUDA
Ministry of Justice
Department for National Drug Control

WOMEN'S TREATMENT CENTRE (WTC)
FOCUS GROUP MEETING

PAST CLIENTS IN TREATMENT

- We are interested in hearing about your treatment experiences and the impact of substance abuse treatment on your life.
- Help us improve substance abuse treatment for residents of Bermuda by sharing your opinions on treatment services offered on the Island for persons with substance abuse problems.
- Participate in the process of developing our new National Drug Control Master Plan for 2012-2016. Your input will help to formulate treatment strategies for the next five years.
- All notes and the information from the focus group will be kept strictly confidential.
- It is important that we have representatives from every aspect of the community.

We need your help....

- **THURSDAY, JULY 19**
- **5:30 P.M. –7:30 P.M**

Palmetto Palms
112 North Shore Road
Devonshire

Phone: 292-5982
E-mail: abassett@tbinet.bm

Snacks will be served

> **5:30 p.m.**
>
> Welcome

> **5:40 p.m.**
>
> Focus Group Discussion with External Facilitator

> **7:30 p.m.**
>
> Adjourn

Appendix VI: Consent

GOVERNMENT OF BERMUDA
Ministry of Justice
Department for National Drug Control

CLIENT'S CONSENT TO PARTICIPATE IN FOCUS GROUP

The Department for National Drug Control is in the process of conducting a Needs Assessment as part of the renewal of the National Drug Control Master Plan. Feedback from all relevant persons is required in order to adequately address the needs of Bermuda's residents. Your input and participation in this process are therefore critical in representing clients who are in substance abuse treatment services. Your collective contribution will be used in formulating the new Master Plan. Let your voice be heard by signing the consent below.

I, _____,

do agree to participate in the **FOCUS GROUP** organised by the Women's Treatment Centre of the Department for National Drug Control.

Suite 304, Melbourne House, 11 parliament Street, Hamilton HM 12
P.O. Box HM 460, Hamilton HMCX, Bermuda
Phone: (441) 292-3049 Fax: (441) 295-2066 E-mail: ddean@gov.bm Website: www.gov.bm

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GOVERNMENT OF BERMUDA
Ministry of Public Safety
Department for National Drug Control