A BALANCED APPROACH

2013 2017 NATIONAL DRUG CONTROL

MASTER PLAN AND ACTION PLAN

NATIONAL DRUG CONTROL MASTER PLAN and ACTION PLAN 2013 – 2017

A BALANCED APPROACH

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VISION

Healthy, drug-free communities.

MISSION

To keep Bermuda safe from the threats posed by alcohol and other drugs misuse and abuse.

GOAL

To reduce drug-related harms by recognising the drug problem as a major public health threat to the nation.

To minimise the immediate concerns to the citizens in the context of the principal harms of drug use and abuse such as crime, public nuisance, drug-related violence, physical and mental health problems, social costs and community degradation

To respect human rights, local judicial norms and cultural attitudes toward alcohol and drug use.

OBJECTIVES

To provide effective coordination and oversight of the National Drug Control Master Plan.

To ensure appropriate resources for drug related programmes is available.

To implement a balanced, multi-disciplinary approach to substance abuse prevention and treatment.

To educate the public about risks and methods for preventing engagement in inappropriate use of alcohol, tobacco and other drugs.

To expand the implementation of research-based prevention programming to effectively reduce drug use amongst youth.

Community partnerships will promote prevention activities that address environmental change.

To improve access to treatment services.

To improve the quality of treatment and rehabilitation services.

To educate the public on the health risks associated with substance use and abuse.

To develop measures to reduce drunk driving.

To have a coordinated approach between BPS and H.M. Customs.

To increase H.M. Customs' capability to target and dismantle drug importation rings.

To have an amalgamated intelligence function/arm.

To establish a code of conduct or professional standards for interdiction personnel (or across the justice system).

To gather information that will facilitate evidence-based decision making for substance abuse prevention and treatment programmes.

To provide an evaluation framework to assess the management, coordination and implementation of the national drug control initiatives and the strategies outlined in the National Master Plan.

To provide evidence to support the establishment of laws and policies that foster healthy individuals and communities.

To facilitate, coordinate and manage the Bermuda Drug Information Network (BerDIN).

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Minister's Statement

Although progress has been made in lowering rates of substance abuse in Bermuda, the use of mind- and behaviour-altering substances continues to take a major toll on the health of individuals, families and communities on our Island. Substance abuse involving drugs, alcohol, or both, is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse and crime. Moreover, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues facing Bermuda.

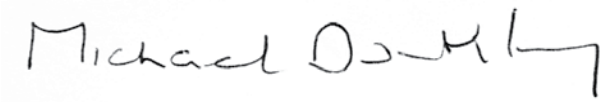
In the past decade, drug use has remained constant among Bermuda's residents with alcohol and marijuana remaining the most prevalent drugs consumed by adults, school-age children and college students. Law enforcement has strategically refocused its activities to include interdiction overseas, prior to drugs arriving in Bermuda and within Bermuda's borders. These activities have resulted in increased drug seizures and increases in prosecutions for money laundering, drug trafficking and conspiracy to import drugs.

I am pleased to present the National Drug Control Master Plan 2013–2017. It represents the second National Strategy on drugs and has been developed with the technical support of the Department for National Drug Control. The response by the Department is to continue the integrated and balanced approach established in the 2007–2011 National Plan and to focus on prevention, treatment and drug interdiction, supported by evidence-based research and established best practices. Both drug supply and demand need to be reduced. There is growing recognition that treatment and rehabilitation of illicit drug users is 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.

Drug control for Bermuda means creating a balance between supply reduction activities, such as seizures and arrests and demand reduction (drug prevention and treatment); and paying greater attention to the health issues related to drug misuse and abuse, such as reducing overdoses, psychiatric problems and the incidence of diseases and infections, such as HIV and hepatitis. Prevention, treatment, rehabilitation, reintegration and health all have to be recognised as key elements in the strategy to reduce drug demand along with strategies for supply reduction. Our direction is guided by the United Nations (UN) Single Convention and the 2010 Hemispheric Drug Strategy of the Inter-American Drug Abuse Control Commission within the Organisation of American States.

It is my belief that as we work to implement the Drug Control Plan for 2013–2017, we need to be united in our vision for a healthy and drug-free community with each sector of our community playing its role.

The Department for National Drug Control (DNDC) and its strategic partners should be commended for their input and unparalleled support in the planning and drafting of this National Master Plan.



The Hon. Michael Dunkley, JP, MP
Minister of National Security

Section 1: Introduction

Purpose

The main purpose of the Master Plan is to implement policies and programmes that reduce the harms caused by alcohol and other drug use and to prevent future problems. To accomplish this, a wide scope of actions, including demand reduction, supply reduction and harm reduction initiatives, have been proposed. Another objective of the Plan is to reduce the harm that drugs has on others such as the individual, families and communities. To this end, the response to the drug problem is to comprehensively focus on approaches that address prevention, treatment, research, legislation, institutional frameworks, law enforcement and interdiction, protection of the borders, drug supply reduction, international cooperation and evaluation. Lastly, this document serves as an instrument to be used to monitor and evaluate the desired outcomes to be accomplished over the time period of the Plan.

Through a balanced approach, such as that recommended in the United Nations Guiding Principles on Demand Reduction, "an integrated approach to solving the drug problem should be adopted and should consist of a balance between drug demand reduction and supply reduction", Bermuda will strive to achieve measurable decreases in drug use, availability and the consequences of drug use by 2017.

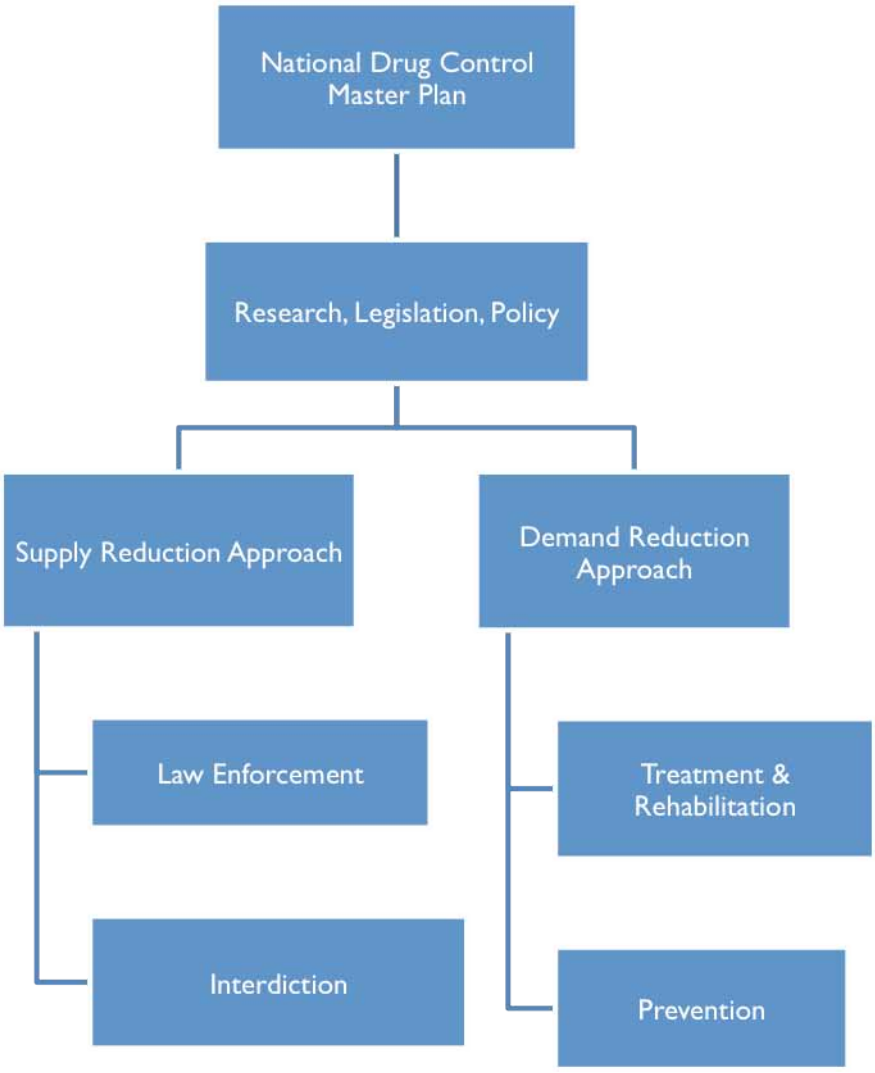
This National Drug Control Master Plan summarises authoritatively the key national goals, defines implementation priorities and allocates responsibilities and resources for the national drug control efforts. The Plan acts both as a director and a directory of the country's policies and programmes aimed at diminishing the negative impact of drug misuse/abuse and illicit trafficking.

Bermuda's Drug Control Vision and Mission

Conceptual Framework of the Master Plan

The overall national drug control efforts are articulated in the chart below and serve to describe the conceptual framework for a comprehensive strategy to address the drug problem in Bermuda. The Government of Bermuda, having recognised the seriousness of the current drug situation and its social, economic and public health impact and having undertaken the responsibility of establishing measures to deal with the situation, has articulated a national policy and programme of action geared towards drug control.

The National Drug Control Master Plan is a document that expresses the will and political determination of the country to deal with the diverse manifestations of its drug problem. Both the demand and supply reduction efforts are consolidated in this document with, more specific and detailed supply reduction efforts being outlined in the strategic plans of both the Bermuda Police Service and H.M. Customs. Further, this document, adopted by the whole of Government, details the strategic approach to confront the drug problem as it identifies comprehensive, balanced goals, objectives, strategies, programmes and policies for demand reduction and supply reduction for the period of 2013 through 2017.



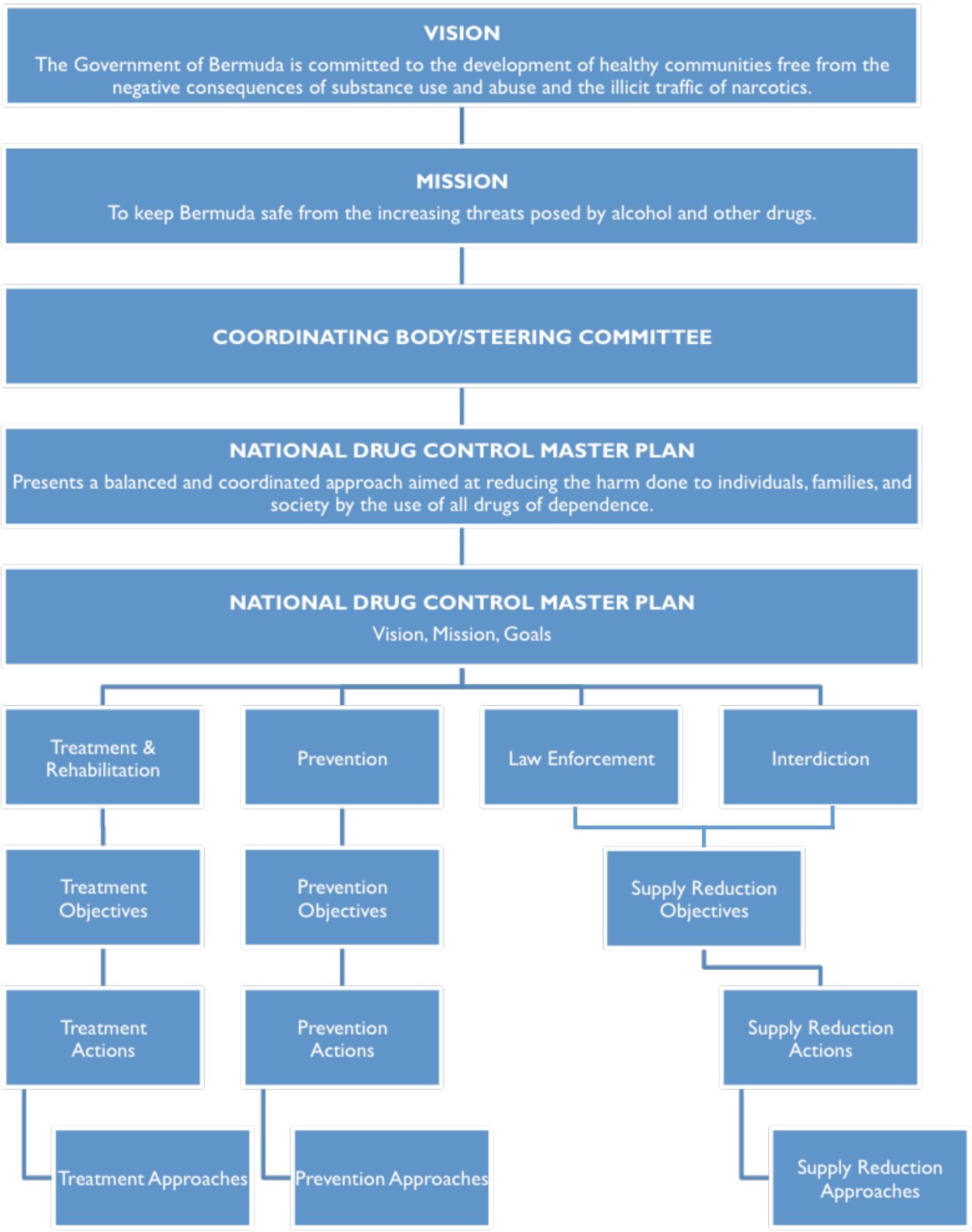
Goals of the Master Plan

An analysis of available data demonstrating the impact of alcohol and drug use and abuse on the Bermudian population, dialogue with community members and stakeholders and a review of comprehensive best practices served to identify the following goals of the Master Plan:

1. To reduce drug-related harms by recognising the drug problem as a major public health threat to the nation.
2. To minimise the immediate concerns to the citizens in the context of the principal harms of drug use and abuse such as crime, public nuisance, drug-related violence, physical and mental health problems, social costs and community degradation.
3. To respect human rights, local judicial norms and cultural attitudes toward alcohol and drug use.

National Drug Control Strategic Framework

As stewards of the National Drug Control Master Plan, the Department for National Drug Control (DNDC) is responsible for the management, coordination and evaluation and monitoring of the Plan. While the DNDC plays a major role in driving the Plan, the Department and its functions are just a small part of the National Drug Control Strategic Framework. The Framework, outlined in the next figure, consists of the vision of where the Government of Bermuda intends for the community to be in the future with respect to the use and abuse of alcohol and drugs. This is actualised through the actions to be taken by government and non-governmental bodies to reduce the harms associated with alcohol and drug misuse in Bermuda (the mission). As indicated in the diagram, the management of the Master Plan is intended to be driven by a coordinating body or steering committee. This coordinating body would decide on the priorities of the National Plan and would manage the general order of business. Lastly, the actual framework of the Plan encompasses the goals, objectives and strategies of treatment/rehabilitation, prevention, law enforcement and interdiction.


VISION
The Government of Bermuda is committed to the development of healthy communities free from the negative consequences of substance use and abuse and the illicit traffic of narcotics.
MISSION
To keep Bermuda safe from the increasing threats posed by alcohol and other drugs.
COORDINATING BODY/STEERING COMMITTEE
NATIONAL DRUG CONTROL MASTER PLAN
Presents a balanced and coordinated approach aimed at reducing the harm done to individuals, families, and society by the use of all drugs of dependence.
NATIONAL DRUG CONTROL MASTER PLAN
Vision, Mission, Goals
Treatment & Rehabilitation
Prevention
Law Enforcement
Interdiction
Treatment Objectives
Prevention Objectives
Supply Reduction Objectives
Treatment Actions
Prevention Actions
Supply Reduction Actions
Treatment Approaches
Prevention Approaches
Supply Reduction Approaches

Institutional Framework

Department for National Drug Control

The Department for National Drug Control, of the Ministry of National Security, serves as the lead government body responsible for the planning, drafting, implementation, monitoring and evaluation of the National Drug Control Master Plan. Additionally, the Department is the primary Government agency responsible for providing drug-related research, policy recommendations, coordinating demand reduction activities and monitoring and evaluating the progress of the National Drug Control Master Plan in achieving its strategic goals and objectives. 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 or rehabilitation.
3. Provides policy direction and technical oversight for the National Drug Abuse Prevention and Treatment Strategies.
4. Ensures accountability for results by monitoring and evaluating the implementation of the National Master Plan and Action Plan.

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, a 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.

Coordinating Body (Steering Committee)

The National Drug Control Master Plan 2007–2011 had as a main goal the establishment of a centralised coordination mechanism to act as the implementation coordinator of the National Plan. It was intended that this committee consist of various department representatives and community stakeholders. The idea behind this proposition was that this coordination body would ensure the Master Plan initiatives were being implemented by both governmental and non-governmental agencies. This committee would also be charged with the establishment of priority areas for the Island and would oversee the Department for National Drug Control in the monitoring and evaluation of the Master Plan.

Unfortunately, the coordination mechanism never was established; however, its development is still recommended. As part of the current Plan, it is anticipated that the Ministry of National Security will consider ways in which the coordination body can be established in order to drive this national effort.

Performance Monitoring and Evaluation

The responsibility for monitoring and evaluation of the implementation of the National Master Plan and the Action Plan is that of the Department for National Drug Control, specifically the Research and Policy Unit. To accomplish this, a continual process will take place allowing for the collection and analysis of information pertaining to the implementation of all activities and tasks related to the strategic objectives of the Plan. Comprehensive evaluations of demand reduction programmes will also be conducted. This includes the structure, process of implementation and outcomes associated with demand reduction programmes.

Monitoring and Evaluation will consist of the identification and tracking of key indicators throughout the duration of the National Plan and holding periodic meetings with key stakeholders to determine programme progress in meeting established National Goals. Key indicators will include, but not limited to:

- Number of Master Plan initiatives implemented by year 2 and year 4.
- Progress in implementing action plans delineated in the national Action Plan.
- Availability of sufficient information to measure and evaluate the efficiency, effectiveness and impact of programmes and demand and supply reduction activities (process and outcome data).
- Effective use of resources by the DNDC and grant awardees (cost efficiency).
- Sufficient information for policy making and programme direction.
- Environmental change related to alcohol and drug use.
- Provision of technical advice and consultation to facilitate the creation of an environment that is conducive to the lowest ATOD-related problems (outcome evaluation).
- Progress in reducing alcohol and other drug use and their associated harms.

The Bermuda Drug Information Network (BerDIN) was developed in 2008 to collect important drug-related data from a wide variety of sources. It is a means for the DNDC to track progress in implementing the National Master Plan and Action Plans and serves to provide information allowing for a more comprehensive picture of the drug situation in Bermuda. The indicators monitored by this Network serve to inform the Island on the current substance abuse situation. The annual information produced by the BerDIN, along with programme performance data, provides evidence to allow for sound policy decisions and recommendations.

The data compiled through the Annual BerDIN Report will continue to be used for reporting on demand and supply reduction outcome measures in the National Master Plan and for assessing the drug abuse situation at the national level.

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 inform policy decisions, the DNDC 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, such as the

legalisation of marijuana (a Schedule 1 controlled substance; that is, not considered legitimate for medical use).

The work of alcohol and drug control is guided by Bermuda's laws. 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 laws and regulations have been enacted since the 1970s, others have been amended as recently as 2012. These laws and regulations include the following:

- Alcohol Advertisement (Health Warning) Act 1993
- Anti-Doping in Sport Act 2011
- 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
    - Proceeds of Crime Amendment Act 2011
    - Proceeds of Crime Amendment Act 2012
- 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
    - Road Traffic Amendment Act 2012
- Tobacco Products (Public Health) Act 1987
    - Tobacco Products (Public Health) Amendment Act 2005
- Traffic Offences (Penalties) Act 1976

In a DNDC review of the legislations, there are noted gaps in laws or regulations dealing with alcohol, specifically underage drinking and serving of alcohol to minors on private property; the legalisation or decriminalisation of marijuana; minimum standards for treatment; drug use in schools and work places; and drug testing of government employees and elected officials. In addition, as of the drafting of this report, the legislative framework that guides the operations of the DNDC has yet to be legislated. Should the National Steering Committee be created, one of its central tasks will be to review these laws and regulations with the sole purpose of developing recommendations about making them more relevant and efficacious with regard to addressing Bermuda's drug situation.

Drug Control Programme Capacity

Drug control involves a multitude of government agencies, private organisations and individuals. Effective and meaningful collaboration is essential to reduce fragmentation and duplication of efforts, increase efficiencies and improve outcomes. Stakeholder agencies and service providers need to come together to coordinate planning, funding and service delivery.

Best-practice standards suggest that prevention and treatment systems must be linked to provide for the needs of the entire family. Treatment and enforcement must work together to break the cycle of crime and addiction. Enforcement and prevention must join forces to help high-risk individuals avoid the path that leads to addiction and crime. The key drug control stakeholder agencies are listed below with brief descriptions of their roles.

Demand Agencies

Prevention Agencies

The primary function of the prevention unit is deterring substance use before it starts. Using best practices, prevention programming, through our premier prevention agency, the Parents Resources Institute for Drug Education (PRIDE, Bermuda) and key partners such as: the Ministry of Education and Economic Development, CADA and the Bermuda Sport Anti-Doping Authority (BSADA), the DNDC provides both universal and special indicated prevention interventions activities that seek to educate young people to avoid high risk behaviour and reject drug use.

Over the past years the DNDC has worked with the agencies to strengthen their work through increased coordination of services with a shared strategic direction to support prevention efforts throughout the island. For some time now (20 plus years), the substance abuse prevention role in terms of direct service delivery (drug prevention education and community level information, awareness and interventions) has been carried out by a few dedicated non-profit agencies. PRIDE and CADA have been the primary recipients of prevention grants from the DNDC.

CADA

CADA functions to foster responsible sale and service of alcohol in Bermuda and responsible consumption through prevention programming. CADA has as its mandate the responsibilities to provide alcohol, tobacco and other drug education through community outreach while utilising the Lion Quest programme for primary school drug education and to administer the Training for Intervention Procedures (TIPS) programme. The TIPS certification is a requirement of the Liquor Licensing Amendment Act 2010. CADA is provided with a grant by the DNDC to support its work as part of the National Drug Control Master Plan. CADA's grant from the DNDC represents 12.4% of the DNDC budget in the current fiscal year.

DNDC Prevention Unit

The DNDC's Prevention Unit is tasked with the responsibilities for the oversight of substance abuse prevention services and programmes in Bermuda. Specifically, it is responsible for providing oversight and technical support to drug prevention programmes/curriculum in schools and within the community to ensure that the prevention programmes are coordinated to provide effective and efficient drug prevention activities that promote positive youth development, reduce risk-taking behaviours and build assets and resilience to prevent problematic behaviours across lifespans.

The primary function of the Prevention Unit is deterring substance use before it starts. Using best- practices, the prevention unit aims to provide both universal and specially indicated prevention intervention activities that seek to educate young people to avoid high risk behaviour and reject drug use. The Unit works collaboratively with its community partners PRIDE and CADA and the Department of Education to target youth with LifeSkills programmes and drug prevention curriculum.

The Prevention Unit also aims to increase the capacity for communities to promote positive lifestyles and to establish partnerships to support prevention efforts throughout the island at the grass roots level; involving sports groups, community-based youth programmes and churches. Capacity building is also aimed at training persons in prevention science and developing a skilled cadre of drug prevention professionals.

Through the use of multiple media efforts, the Unit seeks to educate the community by providing sustained messages about the implications of drug use and misuse as well as the programmes that are available through the National Office. Media campaigns, public service announcements, ongoing information dissemination, use of the mascot and maintaining high visibility are key features of the Prevention Unit's on-going public relations efforts.

PRIDE

PRIDE is the premier drug abuse prevention agency and received accreditation by The Council of Accreditation (COA) in December 2006. Its mission is to change Bermuda by preparing youths to resist drugs and make positive life decisions by educating and empowering youths and adults to make healthy lifestyle choices regarding alcohol and drugs. PRIDE's mission is accomplished through the implementation of drug and alcohol prevention programmes and activities in the community. Their main programmes include curriculum-based education, awareness and peer leadership for primary, middle and senior school students. PRIDE also offers drug education for parents of its youth membership and other community groups. PRIDE presently receives a grant through the DNDC, which is 14.7% of the DNDC budget in the current fiscal year.

Treatment Agencies

The DNDC provides grant funding for a range of substance abuse treatment programmes. These programmes are both residential and non-residential (out-patient) and are managed and/or funded directly by the DNDC while others are led by non-governmental agencies. Collectively, these programmes offer a range of medical and therapeutic treatment services to meet the needs of drug-dependent clients that desire treatment and rehabilitation. In addition, treatment services are supplemented by the Ministry of National Security (Nelson Bascome Substance Abuse Treatment Centre) and the Bermuda Hospitals Board (Turning Point Substance Abuse Treatment Programme) programmes.

Bermuda Assessment Referral Centre (BARC)

The mission of BARC is to help those affected by substance misuse/abuse to identify and access appropriate resources which correspond to their needs. The programme is funded by the Ministry of Legal Affairs under the Department for Court Services. The principal functions of BARC are:

- Assessment/referral and case management—to provide accessible, comprehensive and interdisciplinary assessment/referral and case management services to persons seeking information and/or assistance with possible drug or alcohol problems.

- Treatment Services—to provide accessible appropriate, comprehensive, short-term non-residential treatment when not available to persons seeking assistance for drug or alcohol problems.

Bermuda Youth Counselling Services (BYCS)

The BYCS is a youth counselling treatment service provided by the Ministry of Community, Culture and Sports through the Department of Child and Family Services. The BYCS is fully funded by the Ministry of Community, Culture and Sports and is committed to delivering confidential quality outpatient services that is client-centred, and designed specifically to meet the needs of adolescents and/or their families affected by the use of alcohol, tobacco and other drugs. Services include assessments, treatment planning, referral, counselling and after care.

Caron Bermuda

This non-profit organisation provides Bermuda residents, both adult and adolescent, with direct access to off-island, quality residential treatment, at either Caron's US main campus in Pennsylvania, or Boca Raton, Florida, or near Dallas, Texas. Clients returning to Bermuda after completing treatment at one of Caron's overseas facilities can participate in Caron Bermuda's on-island non-residential continuing care or after care and group programmes at its Smith Parish facility. Over 300 individuals have benefitted from the services at Caron Bermuda since its inception in 2007. Additionally, more than 25 individuals have benefitted from treatment scholarships and 62 persons have received overseas residential treatment. In addition to assessments, referrals, intake and case management, Caron Bermuda also provides Outpatient Services; an Adolescent Programme; Treatment Scholarships; Relapse Prevention; Connection to Care; Corporate Retreats and Health and Wellness Workshops; Recovery Workshops and Retreats; Telemedicine; Individualised Continuing Care; Family Programme; and Breakthrough at Caron Workshops.

Drug Treatment Court (DTC)

The DTC programme is a collaborative treatment, supervision and judicial effort that aims to promote changes in the lives of drug dependent defendants charged with non-violent offences. The programme is delivered through a specialised team process that provides services to address addiction and criminal behaviour.

The programme is a major component of the Alternatives to Incarceration (ATI) initiative and its mission is to reduce the abuse of drugs and related criminal activity. ATI uses a multi-disciplinary approach to promote positive changes in the lives of drug dependent offenders. It is run as a division of the Department of Court Services under the Ministry of Legal Affairs and combines the efforts of the Courts, the Office of the Director of Public Prosecution, the Bermuda Police Service and Bermuda's substance abuse treatment providers to make available a collaborative treatment, supervision and judicial approach to address substance abuse and criminal offending.

The DTC programme offers a robust and stringent programme of treatment and rehabilitation over a period of at least two years. This requires frequent Court appearances for monitoring and enforcement as well as active participation in drug treatment interventions, drug testing and appointments with a probation officer.

DNDC Treatment Unit

The DNDC's Treatment Unit is tasked with the responsibilities for the management and/or oversight of substance abuse assessment, treatment, after care and re-integration programmes in Bermuda. Specifically, it is responsible for providing direct clinical supervision/support and financial oversight to the Women's

Treatment Centre and Men's Treatment, to ensure that the treatment network of agencies is coordinated to administer effective and efficient client care and to improve the quality and access to substance abuse treatment services.

The Treatment Unit works in partnership with public and private agencies and organisations to provide leadership and coordination in the planning, development, implementation and evaluation of a comprehensive national alcohol and other drug intervention continuum of care. It is also involved in establishing national minimum standards for treatment services as well as facilitating international accreditation of key assessment and treatment services in Bermuda.

The DNDC collaborates with government and public entities to develop the treatment services infrastructure. In addition, it provides coordination and technical assistance to the Bermuda Addiction Certification Board (BACB) in workforce development initiatives by facilitating training events for working addiction professionals and by forging new relationships with educational institutions local and abroad. One of its major goals is to reduce the negative health and social complications associated with drug abuse and misuse in Bermuda through treatment.

Focus Counselling Services

FOCUS Clubhouse (Harm Reduction Model) is an outpatient programme that offers services to approximately 22 clients on a daily basis. This facility provides a safe, drug-free haven for persons who may still be in the active stage of their addiction but want to avoid drug use and the associated illicit activities that may be created by their drug use. Activities are designed to motivate clients toward treatment. FOCUS presently benefits from a grant from the DNDC (approximately 3.6% of the overall budget in the current fiscal year). Another aspect of the programme provides transitional houses for clients, which have the capacity to accommodate 24 men in recovery.

Men's Treatment (MT)

MT is a Bermuda Government-funded substance abuse treatment programme under the umbrella of the Department for National Drug Control and the Ministry of National Security. The programme's mission is to provide well-rounded residential substance abuse treatment by promoting and restoring healthy individuals and families.

MT is a 12-month, three-phased, residential substance abuse and related disorders treatment programme for men aged 18 and older in Bermuda. The three phases are Orientation, Treatment and Transition. All clients are assessed on completion of each Phase prior to advancement to the next phase. Motivational Interviewing, Cognitive Behaviour Therapy and Rational Emotive Behaviour Therapy are the primary models of therapy that MT clinicians incorporate in the treatment of clients during the three programme phases.

MT accepts male clients who are assessed and referred by either assessors at BARC or assessors who are approved by the Department for National Drug Control.

Salvation Army Harbour Light

The Salvation Army operates two programmes which receive grant funding from the DNDC (approximately 2.0% of the overall budget in the current fiscal year). The Harbour Light programme is a six-month treatment and rehabilitation programme for 10 adult males. This programme is motivated by the Christian philosophy of love for God and our fellow man and exists to foster and support recovery of male substance abusers, irrespective of their ability to pay, their race, colour, creed or age. The Community Life Skills recovery

programme provides non-residential aftercare services. This programme understands that Life Skills is an important treatment component and utilises best practice treatment modalities that include: cognitive behavioural therapy (CBT), motivational interviewing, brief solution-focused counselling, reality therapy, lifestyle change approach and a social support approach.

Turning Point Substance Abuse Treatment Programme at Mid-Atlantic Wellness Institute (MAWI)

Turning Point is the substance abuse programme offered by the Mid-Atlantic Wellness Institute under the auspices of the Bermuda Hospitals Board. It is a tri-dimensional treatment programme consisting of an Intensive Outpatient Programme (IOP), a Methadone Maintenance Treatment Programme (MMTP) and an Inpatient Detoxification Unit (IDU). This agency is funded by the Ministry of Health and Environment and its mission is to be a dedicated team who provide and maintain quality care to addicted individuals and their families, in partnership with other agencies.

Women's Treatment Centre

This residential programme's mission is to provide treatment and relapse prevention training to women with substance abuse problems and empower them to reduce the effects of alcohol and substance abuse on their lives and the lives of others. This programme is operated 24 hours-per-day, seven days-per-week with a capacity for 12 clients and gets its funding from the core DNDC budget, which is 12% of the overall budget in the current fiscal year.

This therapeutic residential facility serves drug dependent women who have serious psychosocial adjustment problems and who require re-socialisation in a highly structured setting. The theo-bio-psycho-social model supports realigning women in their relationship with God, self and others; restoration of their physical and emotional health and assists women to begin the journey towards restoring their social positions. The treatment model encourages residents to communicate with each other, learn to compromise, become interdependent and learn to be responsible for their own behaviours.

Other

Bermuda Sport Anti-Doping Authority (BSADA)

The BSADA has the responsibility for ensuring sports bodies in Bermuda are compliant with the World Anti-Doping Code and the Illicit Drug Policy through the implementation and management of the Bermuda Government's Policy Paper on Anti-Doping. It seeks to meet the needs of all stakeholders in achieving a doping-free and drug-free sporting environment by providing education and information programmes; athlete testing; intelligence management; and exclusive results management for anti-doping violations. Programmes include random drug testing (domestic programme) as well as pre-event drug testing under the World Anti-Doping Authority (WADA) guidelines.

Bermuda Addiction Certification Board (BACB)

The mission of BACB is to protect the public and to ensure the availability of a highly skilled and professionally credentialed workforce, governed by uniform professional standards. BACB is committed to ensuring that the men and women who work to prevent and counsel addiction-related problems meet rigorous, quality standards, reflecting competency-based knowledge, skills and attitudes through its examination processes. The BACB also provides addiction specific training events for addiction counsellors, prevention specialists and clinical supervisors to support professional development. This programme receives a small grant from the DNDC for its yearly operation (approximately 2.0% of the overall budget in the current fiscal year).

The BACB has been a member board of the International Certification and Reciprocity Consortium (IC&RC) since 1997. The BACB believes that the IC&RC credentialing process is based on the highest standards set by professionals in the addiction field, which requires specific education, training and supervised practice as preparation for a written examination and a case presentation oral examination.

Membership with IC&RC provides reciprocity for Bermuda addictions professionals by enabling their credentials to be recognised by other IC&RC member certification boards worldwide. The IC&RC certification process enables Bermuda's alcohol and other drug clinicians, clinical supervisors and prevention specialists to be recognised as able to demonstrate the professional practice competencies necessary to provide quality substance abuse services.

Supply Agencies

The Misuse of Drugs Act 1972 and the Misuse of Drugs Regulations 1973 govern the importation and supply of 'controlled drugs', the basis from which all activities originate to combat the supply of these controlled drugs. The primary responsibility of interdicting controlled drugs at ports of entry is that of H.M. Customs. The primary responsibility for reducing the distribution and sales of these controlled drugs once they have arrived in Bermuda is the Bermuda Police Service.

H.M. Customs and the Bermuda Police Service have developed a Memorandum of Understanding that promotes the use of a Joint Enforcement and Interdiction Unit to tackle the challenges of drug interdiction at the ports of entry. In their interdiction efforts, Customs and the Police monitor arriving air passengers and those of cruise ships, yachts and cargo ships, plus packages and document pouches of courier services and the postal system.

Other partnerships and liaisons include those with agencies and organisations in the Caribbean—countries where many of the controlled drugs that reach Bermuda's shores originate or pass through. The Commissioner of Bermuda Police Service is a member of the Association of Caribbean Commissioners of Police (ACCP) and participates in conferences, seminars and workshops. There is also collaboration in the area of illegal drug interdiction, networking between agencies and participation in local and overseas training.

The Police's goal, in this area, is to reduce the availability of illegal drugs on the Island. This is a complex problem as there are many avenues used by illegal drug importers to get drugs across the protected ports of entry. Additionally, many different types of controlled drugs are being imported with some easier to conceal than others. At the same time, H.M. Customs' priority with regard to enforcement is aimed at strengthening its anti- smuggling, investigations and compliance verification programmes.

Another key area of drug control that is important to Bermuda relates to money laundering. Bermuda has a large offshore financial services sector that may be attractive to money laundering. The Government of Bermuda has taken measures to aid in the detection, investigation and prosecution of financial crimes. In 1997 the Proceeds of Crime Act (POCA 1997) was passed and came into force in 1998. The Regulations impose strict requirements on financial institutions in the areas of customer identification, currency transaction, record keeping and internal reporting procedures.

Enforcement

Bermuda Police Service (BPS)

Narcotics Division

The primary mandate of the Narcotics Division is the enforcement of the Misuse of Drugs Act of 1972. The Narcotics Division remains committed to its interdiction efforts in cooperation with H.M. Customs through a Memorandum of Understanding signed in 2001.

Ideally, the Narcotics Division would like to completely eliminate drugs throughout the entire Island and community cooperation is a vital ingredient to achieving this goal. The Narcotics Division maintains a close liaison with H.M. Customs and numerous other drug enforcement agencies around the world; especially the U.S. Drug Enforcement Administration (DEA) and the Caribbean Police Services.

Financial Crime Unit (FCU)

The Financial Crime Unit is responsible for the investigation of money laundering matters and proceeds of crime matters relating to drug trafficking. This Unit continues to maintain close relationships with international agencies such as the Caribbean Anti-Money Laundering Programme (CALP), the White Collar Crime Investigation Team, the Egmont Group (a coalition of international financial investigation units) and the U.S. Drug Enforcement Administration (DEA). Locally, the FCU also maintains partnerships with institutions like the Financial Intelligence Agency (FIA), Ministry of Finance, the Bermuda Monetary Authority and the National Anti-Money Laundering Committee (NAMLC) in order to increase public awareness on money laundering matters.

Drug and Crime Intelligence Unit

The Drug and Crime Intelligence Unit is tasked with the collection, evaluation and production of all researched crime information as well as the collection, collation and analysis of drug information for dissemination to the Service (in particular the Narcotics Division).

This Unit uses this information to target criminal and drug activity throughout the island, focusing on career criminals and 'major players' in Bermuda's illicit drug trade. It also maintains close working relationships with the Courts and the Department of Corrections.

Crime and Drug Prevention Unit

The Crime and Drug Prevention Unit's primary functions are to educate the public and the business community in methods of preventing or reducing crime, through lectures and property surveys or through the local media. From time to time, property surveys are also conducted on Government buildings for security purposes.

This Unit maintains close working relationships with several local agencies including the Department of Tourism, the Bermuda Hotels Association and the Bermuda Fire Service, as well as various security alarm companies.

Community Action Team

One aspect of drug prevention includes community partnering. For prevention, partnerships are the backbone of nearly every successful prevention initiative. The Bermuda Police Community Action team has been an essential part in organising the community around substance abuse issues. They have used the Drug Prevention Unit as a resource for presenting to school age children and in already established neighborhood action groups. As a result the Prevention Unit deems the Community Action Team as a prevention partner

that advocates for the prevention of substance abuse whilst assisting to reduce crime related activities in the community at large. The community action team has been part of community coalition trainings and Botvin LifeSkills training events that have been sponsored by the Department for National Drug Control and remain engaged in the drug prevention process. The Community Action Team support community action initiatives that are proactive and speak specifically to stopping drug use before it starts.

Interdiction

H.M. Customs

Customs is tasked with border control and protection in addition to the collection of approximately one-third of Government revenues through duty assessment. The resources devoted to drug interdiction efforts at Bermuda's borders are said to be cost-effective and well spent. By concentrating interdiction efforts at the first point of entry, the supply conduit is disrupted and the illegal procurement and investment of the criminal element is compromised. Customs devotes approximately one-third of the Department's operating and salary budget directly to drug interdiction. Funding toward interdiction efforts has increased over the past six years, with the exception of FY 2012–2013, which saw a modest decrease. In FY 2011–2012, H.M. Customs was restructured into two separate departments: that of H.M. Customs with the central focus placed on efforts to capture revenue and Border Control, which centres on issues at the borders such as drug interdiction.

The Customs drug strategy is underpinned by three main strategies: (1) partnership; (2) training, tools and specialisation; and (3)the use of intelligence and principles of risk management.

National Anti Money Laundering Committee (NAMLC)

NAMLC is an Intra-Governmental Committee established by virtue of Section 49 of the Proceeds of Crime Act 1997 (POCA) for the purpose of advising the Minister of Justice in relation to the detection and prevention of money laundering in Bermuda, including the making of Regulations for this purpose; on the development of a national plan of action to include recommendations on effective mechanisms to enable the competent authorities in Bermuda to coordinate with each other concerning the development and implementation of policies and activities to combat money laundering; as to the participation of Bermuda in the international effort against money laundering. Its membership is comprised of persons from the Bermuda Police Service, H.M. Customs, Financial Intelligence Agency, Department of Public Prosecutions and the Bermuda Monetary Authority.

The Committee's responsibilities have been statutorily extended to include providing advice to the Minister of Justice in regards to the making of Regulations for detecting and preventing the financing of terrorism [Section 12A (1) of the Anti-Terrorism (Financial and other Measures) Act 2004].

Section 3: Analysis of the Drug Situation in Bermuda

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 the misuse and abuse of drugs and alcohol in this community. Some say this is the result of changing cultural attitudes and beliefs toward the 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 subgroups on the Island. Surveys, along with document reviews, 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?

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 other 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 by balancing the efforts against drug trafficking with drug prevention, alternative development programmes and helping drug users to be rehabilitated and reintegrated into society.

Management and Coordination

Under the leadership of the Director, the DNDC undertook a capital project to improve the capacity of residential treatment services with the development of the Captain's-in-Charge facility now named The Nelson Bascome Substance Abuse Treatment Centre.

The DNDC supports stakeholders by engaging them in periodic meetings; updating them on the progress with the National Drug Control Master Plan and Action Plan 2007–2011. The 2007–2011 Master Plan was evaluated in the Spring of 2012 and it was deemed to be a successful policy by external evaluators.[1]

The Department focuses on cross-ministry initiatives as a key feature of the Master Plan implementation and successfully collaborates with the Ministry of Education and Economic Development, Department of Corrections, Department of Court Services, BPS, H.M. Customs, Child and Family Services, Bermuda Hospitals Board (BHB), etc.

The management and distribution of grants is another role of the Department. The DNDC meets with all stakeholder grantees or service provision agencies via one-on-one meetings facilitated by DNDC staff, at least annually. This initiative seeks to better inform stakeholders of the grant contribution process and quarterly reporting requirements of the Department.

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

Through the support of the Bermuda Addiction Certification Board (BACB), the Department advocates for, and supports, the training and international certification of addiction professionals on the Island and their registration to practice through the Ministry of Health and Environment.

The DNDC has worked collaboratively with The Attorney General's Chambers to Draft the NDC Act 2013, which will provide a legislative framework that guides the operations of the DNDC as well as provide a structure to ensure quality services to the community. It is anticipated that the NDC Act 2013 will be approved late 2013.

Research, Evaluation and Policy

Among other activities, 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 coordinates the Bermuda Drug Information Network (BerDIN), a multi-sectoral, multi-indicator Network of organisations that collects and produces drug-related information.

Demand Reduction

Prevention

Substance abuse prevention on the Island has mainly focused on primary substance abuse prevention. Primary prevention centres exclusively on concepts to discourage the initiation by non-drug users, especially children and adolescents. Primary prevention has long been 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 towards parents and, more recently, toward youths. In addition to programming, each agency provides specific services within the community to various segments. These include 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 (WTC) receiving three-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 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 (BPS) 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, H.M. Customs has installed the x-ray scanner to detect contraband in freight containers and works closely with international partners such as the World, Customs Organisation, Caribbean Customs Law Enforcement Council (CCLEC), US Customs and Border Protection (CBP), US Immigration and Customs Enforcement (ICE-US), Serious Organised Crime Agency (SOCA), CARICOM IMPACS, Douanes et droits indirects (French Customs), Canada Services Border Agency (CBSA), Royal Canadian Mounted Police (RCMP), United Kingdom Border Agency (UKBA) and HMRC (UK Revenue and Customs).

Adults

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 had increased to 89.2% compared to 85.9% in 2001; indicated use of cigarettes declined from 49.3% compared with 66.5% in 2001; and there was little change in admitted use of marijuana, which was 37.0% in 2009 compared with 35.8% in 2001. On the other hand, when it came to current alcohol and other drug use (defined as drug use occurring sometime within 30 days prior to the survey period), over half of all Bermudians reported using 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).[2]

Bermuda College students report that alcohol and marijuana use are equally as prevalent as that of the general adult population at 81.1% (lifetime prevalence) and 46.1% respectively. While 58.4% admitted to current alcohol use and 24.7% were current users of marijuana. A number of students indicated having used an illegal drug in their lifetime other than marijuana (46.9%), while a smaller proportion (8.2%) admitted to being current users of an illegal drug other than marijuana. Additionally, rates of binge drinking are high amongst this subset of the population, as one-third of the participating students indicated they had five or more drinks on their last social drinking occasion.

Youth

Alcohol and marijuana use among students has declined over the past six years (2006–2011). Likewise, the use of inhalants and tobacco (cigarettes) has also 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%), 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.[3]

[2]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.

[3]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.

To learn more about the nature and extent of alcohol and other drug use, the DNDC decided, for the first time, to undertake an assessment of alcohol and drug use amongst a younger cohort of students', those ages 9–11 years.[4] The highest lifetime and current prevalence of use was reported for alcohol (25.2% and 3.4%, respectively) and inhalants (15.3% and 3.7%, respectively). The overall trend in this age group will be monitored and reported on sometime in the future.

A segment of Bermuda's young people provided many suggestions on how to best address substance abuse amongst this population. The 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 underage 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.

Marijuana, the most common illicit drug of choice among young persons, has the potential to cause problems in daily life or make a person's existing problems worse, for example, short-term memory loss, anxiety and depression. In fact, heavy marijuana users generally report lower life satisfaction, poorer mental and physical health, relationship problems and less academic success compared to their peers who came from similar backgrounds. For example, marijuana use is associated with a higher likelihood of absences, tardiness and dropping out from school. Marijuana use also can also contribute to accidents while driving because it seriously impairs judgment and motor coordination. Further, the combination of marijuana and alcohol is worse than either substance alone with respect to driving impairment.

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 the Bermuda communities, especially that of gun violence.

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[4]Department for National Drug Control. (2013). *Report of the Survey of Students on Knowledge and Attitudes of Drugs and Health, 2012*. Government of Bermuda; Department for National Drug Control.

Overall Lifetime Prevalence of Substance Use by Proportion of Respondents

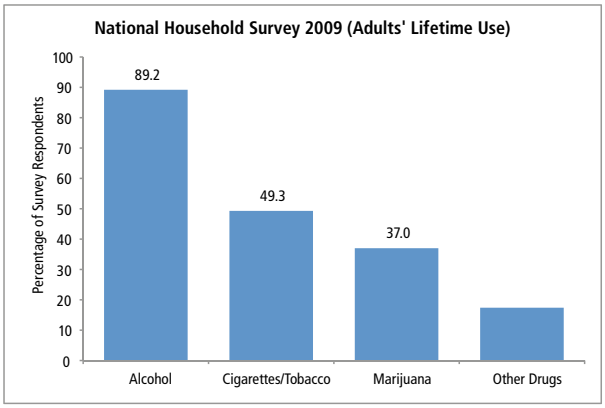
Substance	National Household Survey 2009	National School Survey 2011	Primary School Survey 2012	Bermuda College Survey 2013	Juvenile Facilities Survey 2012	Prison Study 2011–2012	Pregnant Women (AUDIT) 2009
	16–65 Yrs. (n=1,283)	M2–S4 (=3,182)	P5–M1 (n=1,106)	(n=243)	(n=30)	(n=293)	(n=173)
Alcohol	89.2	54.9	25.2	81.1	83.3	96.9	56.1
Cannabis Resin	...	3.9	...	...	40.0	...	...
Cigarettes/Tobacco	49.3	10.7	3.1	28.4	46.7	87.0	13.3
Cocaine	4.6	0.6	...	5.8	...	21.5	...
Crack	1.0	0.6	...	...	...	36.5	...
Designer Drugs	...	...	...	11.1	...	...	...
Ecstasy	2.5	0.9	...	...	10.0	18.1	...
Energy Drinks	...	65.5	52.3	...	76.7	...	...
Hallucinogens	3.1	0.7	...	...	10.0	...	...
Hashish	10.7	1.9	...	...	46.7	...	...
Heroin	1.0	0.4	...	...	...	26.6	...
Inhalants	1.0	12.1	15.3	4.6	3.3	...	...
LSD	...	...	...	...	...	4.5	
Marijuana	37.0	21.2	3.4	46.1	73.3	91.8	14.3
Methadone	...	...	...	...	...	10.9	...
Methamphetamine	...	...	...	...	...	1.0	...
Morphine	2.8	...	...	...	...	...	...
Opium/Opiates	1.1	...	...	3.7	...	...	...
Other (Illegal/Street) Drugs	...	1.9	0.5	7.4	...	4.8	...
Stimulants	1.7	...	...	...	...	...	...
Tranquilizers	1.9	...	...	...	...	...	...
Valium/Benzodiazephine	...	...	...	...	...	2.7	...

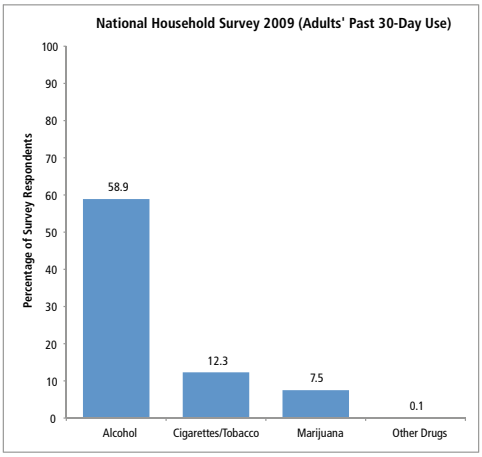
Overall Current Prevalence of Substance Use by Proportion of Respondents

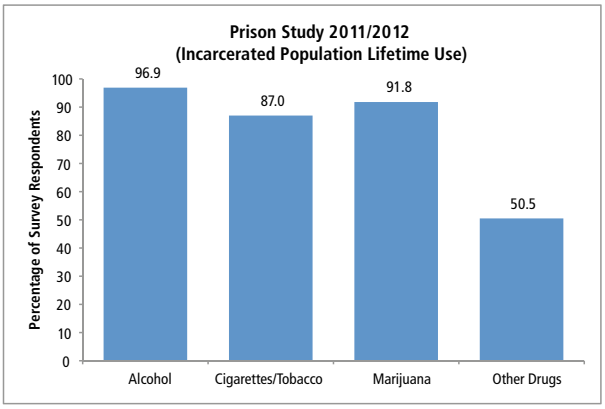
Substance	National Household Survey 2009	National School Survey 2011	Primary School Survey 2012	Bermuda College Survey 2013	Juvenile Facilities Survey 2012	Prison Study 2011–2012	Pregnant Women (AUDIT) 2009
	16–65 Yrs. (n=1,283)	M2–S4 (=3,182)	P5–M1 (n=1,106)	(n=243)	(n=30)	(n=293)	(n=173)
Alcohol	58.9	19.1	3.4	58.4	4.8	14.4	32.0
Binge Drinking	...	9.5	...	40.7	...	...	19.1
Cannabis Resin	...	...	...	...	9.5	...	...
Cigarettes/Tobacco	12.3	2.5	0.4	13.6	8.0	24.4	2.9
Cocaine	–	0.2	...	4.9	...	19.6	...
Crack	–	0.1	...	...	...	13.6	...
Designer Drugs	...	...	...	7.0	...	...	...
Ecstasy	–	0.2	...	...	...	0.8	...

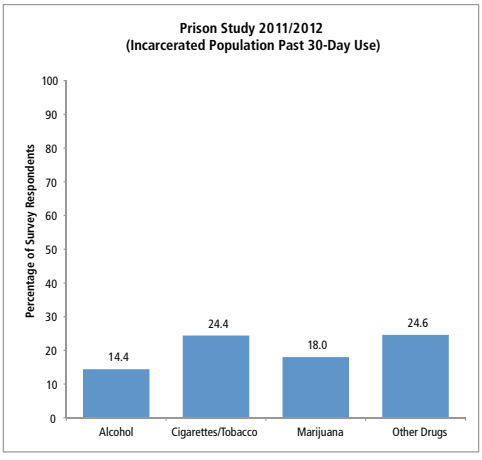
... not asked – not relevant *Marijuana includes cannabis resin

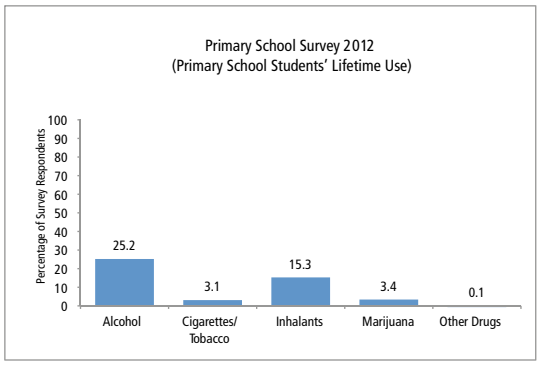
Substance	National Household Survey 2009	National School Survey 2011	Primary School Survey 2012	Bermuda College Survey 2013	Juvenile Facilities Survey 2012	Prison Study 2011–2012	Pregnant Women (AUDIT) 2009
	16–65 Yrs. (n=1,283)	M2–S4 (=3,182)	P5–M1 (n=1,106)	(n=243)	(n=30)	(n=293)	(n=173)
Hallucinogens	...	...	...	...	...	...	...
Hasish	...	...	...	...	–	...	...
Heroin	–	...	...	...	...	18.1	...
Inhalants	0.1	2.4	3.7	2.5	...	...	...
LSD	...	...	...	...	...	–	...
Marijuana	7.5	7.9	0.5	24.7	...	18.0	3.6
Methadone	...	...	...	...	10.3	25.2	...
Methamphetamine	...	...	...	...	...	–	...
Morphine	...	...	...	...	...	...	...
Opium/Opiates	...	...	...	1.2	...	...	...
Other (Illegal/Street) Drugs	...	0.3	0.5	5.8	...	–	...
Tranquilizers	–	...	...	...	...	...	...
Stimulants	–	...	...	...	...	...	...
Valium/Benzodiazephine	...	...	...	...	...	7.0	...

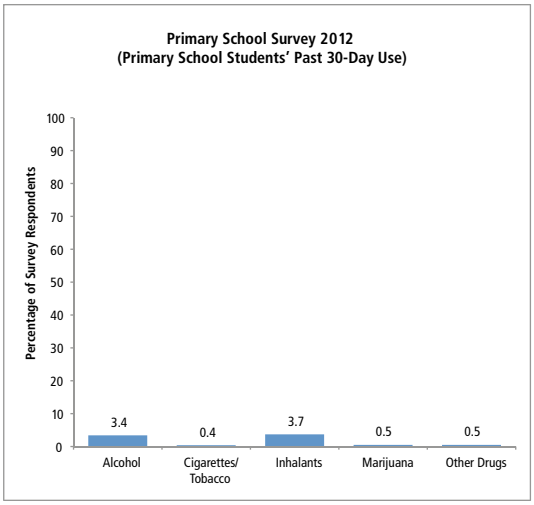


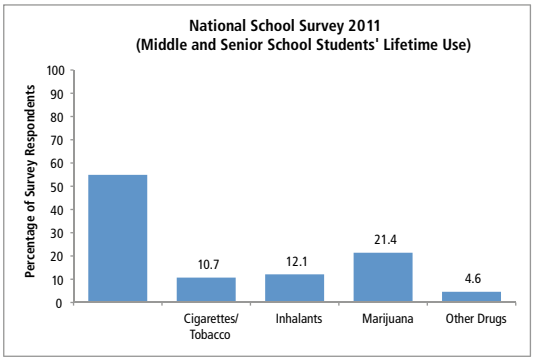


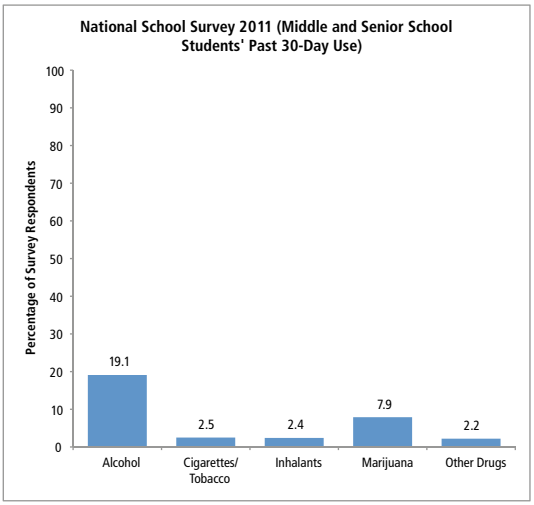


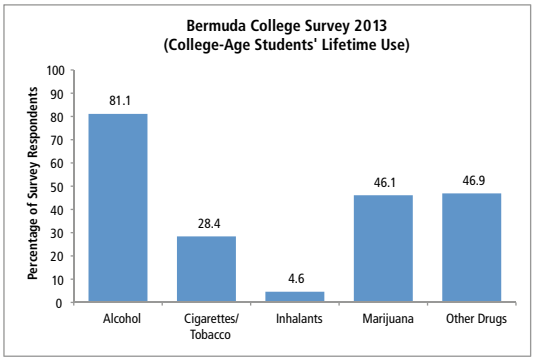


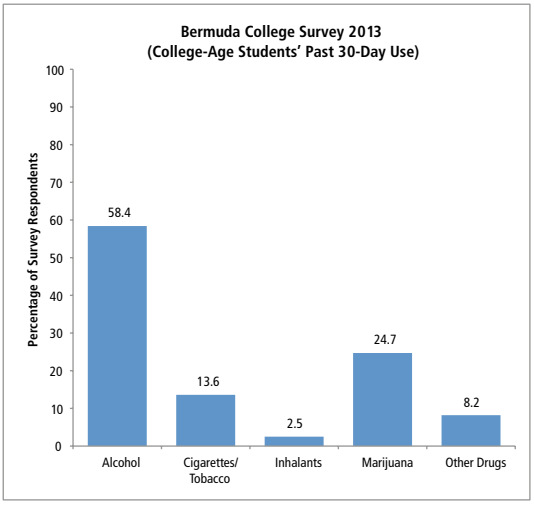

Primary School Survey 2012
(Primary School Students' Lifetime Use)
Percentage of Survey Respondents
100
90
80
70
60
50
40
30
20
10
0
25.2
3.1
15.3
3.4
0.1
Alcohol
Cigarettes/ Tobacco
Inhalants
Marijuana
Other Drugs


Primary School Survey 2012
(Primary School Students' Past 30-Day Use)
Percentage of Survey Respondents
100
90
80
70
60
50
40
30
20
10
0
3.4
0.4
3.7
0.5
0.5
Alcohol
Cigarettes/ Tobacco
Inhalants
Marijuana
Other Drugs


National School Survey 2011
(Middle and Senior School Students' Lifetime Use)
Percentage of Survey Respondents
100
90
80
70
60
50
40
30
20
10
0
10.7
12.1
21.4
4.6
Cigarettes/ Tobacco
Inhalants
Marijuana
Other Drugs


National School Survey 2011 (Middle and Senior School Students' Past 30-Day Use)
Percentage of Survey Respondents
100
90
80
70
60
50
40
30
20
10
0
19.1
2.5
2.4
7.9
2.2
Alcohol
Cigarettes/ Tobacco
Inhalants
Marijuana
Other Drugs


Bermuda College Survey 2013
(College-Age Students' Lifetime Use)
Percentage of Survey Respondents
100
90
80
70
60
50
40
30
20
10
0
81.1
28.4
4.6
46.1
46.9
Alcohol
Cigarettes/ Tobacco
Inhalants
Marijuana
Other Drugs


Bermuda College Survey 2013
(College-Age Students' Past 30-Day Use)
Percentage of Survey Respondents
100
90
80
70
60
50
40
30
20
10
0
58.4
13.6
2.5
24.7
8.2
Alcohol
Cigarettes/ Tobacco
Inhalants
Marijuana
Other Drugs

Other Protected Groups

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.[5] 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.[6]

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 centred on 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.

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

[6]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.

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, 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 treatment period. 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.

Government

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 exceed millions of dollars annually[7]. 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 moving forward only those services and programmes that are evidence-based or follow best practices are funded.

If Bermuda is to reduce the impact of illicit drugs, it will need to address weaknesses in coordination, 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 coordination 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 coordination 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 the 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

[7]The Research Unit of the DNDC intends on conducting a study of the economic cost of illicit drug use in Bermuda—an action item of this renewed Master Plan.

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 BPS must enforce current 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 by prosecutors and the police force. The DNDC 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 well-being of residents of Bermuda.

Community Stakeholders and Activists

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 misuse and abuse. 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;
- 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) and hepatitis;
- 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 unemployment.

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 organisations. Innovative methods are needed in order to reach populations most affected by substance

abuse. A community-based response involving local agencies and organisations, 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 organisations, community members and target populations;
- establishing an integrated network of community-based services; and
- knowledge of referral sources and access to 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.

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.

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. Recently, much of the Department's focus has been solely on youths; with various activities taking place over recent years. In reference to capacity building, the DNDC, along with the BACB, provides specialised trainings for prevention practitioners throughout the year.

Considerable gaps remain in establishing policies directed toward drug prevention 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 unique needs for substance abuse treatment. By providing a myriad of services such as pre-treatment, outpatient services, residential treatment, and transitional/supportive services, post-treatment allows for programmes to have the greatest impact with the substance using community and for clients to have their unique needs addressed.

Central to substance abuse treatment is the identification of persons who, in addition to being a substance abuser, may have a mental health illness. 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 including hepatitis, heart disease, HIV/AIDS and pancreatitis, to name a few. These conditions, arising out of regular consumption, often go undiagnosed and untreated for many years and usually do not get addressed until a person enters treatment services. To stem the negative outcomes associated with substance abuse, addicts must receive medical services on a regular basis.

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 2014.

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; of which the majority arrives in Bermuda from the United States. Local law enforcement has made interdiction a significant part of its effort to control the supply of these drugs.

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 programme will 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 organisations, are among the most highly rewarded participants in the drug trades. There is support for programmes 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 programmes that could reduce the demand for illegal drugs. Nevertheless, the Government of Bermuda has remained committed to interdiction operations supporting a balance of supply reduction and demand reduction efforts.

Gap and Problem Analysis

Before embarking on developing or renewing a National Drug Control Master Plan for the period 2013 to 2017, it was first deemed necessary by the DNDC to undertake a comprehensive needs assessment in an effort to identify gaps (opportunities or problems) and to locate solutions as they relate to the drugs phenomenon in Bermuda. (*See Needs Assessment 2012 For the Renewal of the National Drug Control Master Plan 2013–2017*).

The assessing of needs is an essential precursor to the process of formulating a national drug strategy. As such, the 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 the information gathered; managing complex choices; and guiding the achievement of drug control results. Subsequently, the priorities have been 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 substantiated the findings in this assessment.

The needs assessment 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 (UN Single Convention), police action and law enforcement. Within demand reduction strategies, drug education, prevention and treatment can function as important tools if they are applied adequately and appropriately. Both strategies can only be successful and effective if they are combined in a balanced and comprehensive manner.

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, after care and social reintegration. Early help and access to services should be offered to those in need.[8]

Preventive education against drug abuse is vital in shaping and developing the personality of young people because it seeks to inspire life goals. Prevention education for adults allows for informed decision making and provides a support to parents involved in molding the values and behaviours of their children. For many years primary substance abuse prevention has been the focus of prevention activities in Bermuda. Drug education as an instrument of drug policy has always encountered difficulties in that too much was expected of it and

[8]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.

many programmes ended up utilising more common sense approaches such as public education, awareness and media messages, etc. One major problem was that evaluation studies have repeatedly demonstrated that the effects of educational programmes are frequently weak, often with a mixture of positive (intended) and negative (undesired) results.[9] Prevention science has evolved and now includes the use of evidenced –based, tested effective, prevention programmes that are having positive results on young people's decision making and life style choices at all age levels and are now the focus of the Bermuda drug prevention effort.

Successful drug abuse treatment strategies must be placed in a broader policy framework where drug supply and demand reduction efforts are of central importance. 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 additional 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 continued development of the services.

While much of the supporting contributions to substance abuse prevention and treatment tends to be provided by health, social and criminal justice sectors, ideally, all sectors should be involved. A balanced approach would not be possible without the supply reduction specialists with whom the DNDC has partnered. The DNDC works to support the work of the interdiction teams by providing technical assistance, support for training and 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 their agency's mandated functions.

As the previous review of the current drug situation showed, there are a number of gaps in results[10] in terms of where the Island's people would like to see Bermuda; but it also highlights opportunities to improve performance on a number of areas; spanning from management and coordination, research, evaluation, policy and legislation to demand and supply reduction, education and service delivery. Nonetheless, a balanced approach to drug control can yield rewards and be more effective than a strategy that is dominated by results that are in favour of one set of initiatives at the expense of others.

The 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 drug problem in Bermuda.

- 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 culture and norms to support a drug-free Bermuda.
- 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.
- PSAs of all sorts need to be developed and constantly broadcasted to target the respective audiences.

[9]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.

[10]For complete report of needs assessment see: Department for National Drug Control. (2013). *Needs Assessment 2012 for the Renewal of the National Drug Control Master Plan 2013–2017.* Government of Bermuda.

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 years 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.
- Rewards for clients in treatment or prevention programmes; publicise prevention and treatment successes/positives.
- Though there is understanding of the operating economic climate, stakeholders cited money and resources as needs in addition to a political will to support efforts to decrease the negative impact of drugs in Bermuda by showing support via the allocation of resources.
- Dealing with other issues stemming from drug abuse such as staff being equipped to deal with dual diagnosis.
- There is a view that more resources are being directed toward treatment services rather than there being a balanced approach to providing resources to treatment and prevention efforts.
- Competing and changing priorities of the BPS and H.M. Customs and reduction in the size of their drug units.
- Coordination between the supply reduction agencies and amalgamation of intelligence function.
- Policy and legislative changes governing supply and demand reduction activities.

Section 4: Critical Action Plans Required to Achieve Results

In order to achieve results, the Master Plan's goals and objectives are supported by action plans. Action plans encompass specific steps that must occur to enable achievement of the vision, mission, goals and objectives identified in the Master Plan to reduce alcohol and other drugs use and their damaging consequences. Action plans make wishes (performance results sought by the Master Plan) that become a reality (measurable results from programme, policy and practices). The Master Plan for 2013–2017 includes 118 specific activities involving government agencies involved in demand reduction and supply reduction and non-governmental agencies involved in demand reduction. This chapter reviews the major action areas for the administration and coordination of the Master plan as well as specific gaps in programming that must be addressed for the areas of prevention, treatment, enforcement and interdiction. Very specific action items for each of these areas follow.

Challenges For Demand Reduction

The Prevention Network

Prevention is a proactive process that seeks to promote positive change for individuals. However, there is a need to develop community readiness to support and receive prevention-based approaches as solutions for social problems. The DNDC will seek to institutionalise the programme concept of communities taking responsibility for addressing some of the social challenges facing their communities. Prevention programming needs to be given a greater focus with a national commitment to implement effective prevention programming and assist in the identification, standardisation and implementation of effective prevention practices for Bermuda. The following gaps have been identified:

1. Community partnerships.
2. Public education directed at risks of drug misuse/abuse.
3. School-based programme for primary and high schools.
4. Increasing knowledge and skills of professionals.
5. Targeted programming and initiatives for affected groups of persons.
6. Alcohol Bureau of Control.

The diagram shows the current state of prevention in Bermuda and where its stakeholders would like to see prevention in the next five years.

Current Results/ State	Prevention Needs (Gaps)	Desired Results/ State
Insufficient public awareness and education around drug misuse, abuse, and consequences to make the public aware of the negative effects of alcohol and drug use	Community partnerships	Multi-media campaign devised in consultation with a selection of Bermuda's young people
Limited opportunities for high school students to participate in prevention programmes especially as it relates to harm reduction and discontinuing experimental drug	Public education directed to risks of drug use, misuse and abuse	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
Lack of policy infrastructure to support prevention programming in schools; making prevention programming mandatory in school	School-based programmes for primary to high school students	Education and awareness around risks/harms of alcohol and drug misuse and abuse to specific segments of the community simultaneously so as to reinforce substance abuse prevention messages to youths and adults
Increased underage drinking with laws and penalties not in place for those who break the minimum drinking laws	Capacity building for professionals	Updated legislation to include penalties for underage drinking within private homes
Lack of enforcement of alcohol sales and alcohol advertisement restrictions resulting in alcohol sales to minors	Targeted programming and initiatives for affected groups of persons	Review of the process of enforcing underage drinking laws at licensed establishments
Juveniles continue to be involved in criminal activity, drug use, and antisocial behaviour requiring a more comprehensive judicial and case management system	Alcohol Bureau of Control	Juvenile Drug Court and/or a Youth Development Prevention Programme
No coordination mechanism in place which deals with importation, sales, and enforcement of alcohol under one umbrella and one that is non-governmental resulting in an unstable infrastructure in which vendors are not held accountable		Independent body for alcohol control

The Treatment Network

The DNDC deems treatment and rehabilitation as important aspects of addressing the social dilemma, in the broad context of social rehabilitation, and would like to play a more proactive role in moving towards providing high quality and cost-effective substance abuse treatment services to Bermuda. The DNDC is addressing its treatment challenges by moving to a larger residential facility that has greater bed capacity; seeking to establish minimum standards of care for treatment and rehabilitation and the training and development of addiction professionals in Bermuda. Some of the gaps identified are listed below and shown on the diagram:

1. Diversification of services.
2. Quality assurance of services.
3. Reduction in health complications from drug use.
4. Measures to reduce drunk driving.

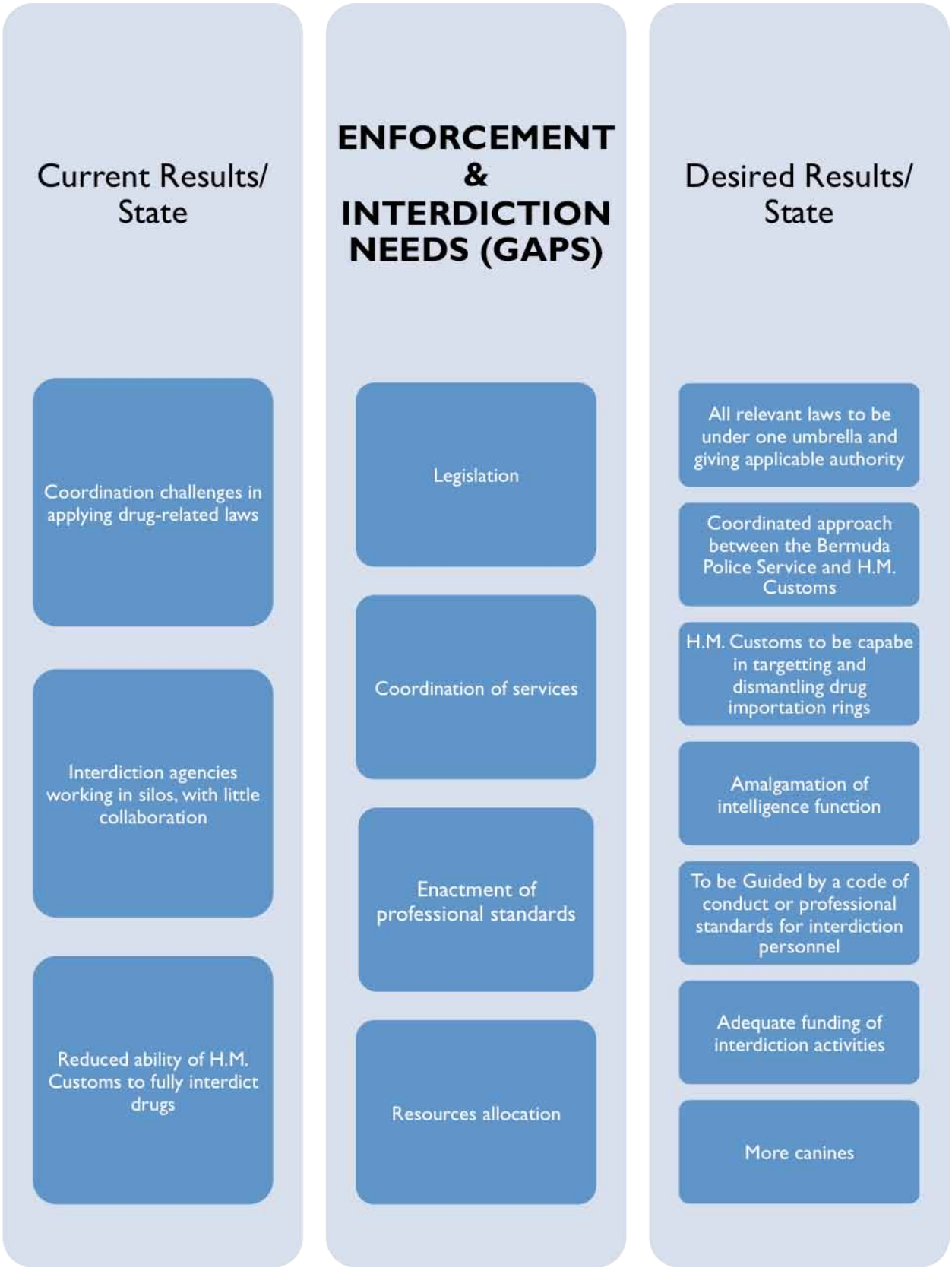
The diagram shows the current state of treatment in Bermuda and where its stakeholders would like to see treatment in the next five years.


Current Results/ State
Services are disjointed and there is poor management with respect to sharing of information related to clients seen in various agencies; which has resulted in fractured services and lack of coordination.
Persons struggling with recovery and those at risk for drug use are sometimes parents. Often times after years of using drugs and alcohol they are unable to be effective parents. This may lead to a continued cycle of antisocial behaviour and drug use.
Lack of services available to engage those who may be contemplating entering treatment resulting in persons not engaging in the treatment community until they are in dire need occurs.
If one person is using drugs the entire family is impacted by that use. At present very few services are in place to assist families with coping with a loved one who is addicted.
Lack of services to meet the basic needs of persons using drugs who are not in treatment such as medical and mental health services.
Once treatment is completed often times an individual is ill equipped to transition back into society efficiently on their own, therefore requiring assistance with obtaining work skills, securing a job and developing the autonomy to remain alcohol or drug free.
Many clients seeking treatment are dual diagnosed with substance abuse and a mental health disorder. The instability involved with using ATODs inhibits people from frequently accessing systems of care.
Significant attrition observed with both men and women seeking residential treatment services. This may require better screening prior to admission to residential treatment services.
ones or themselves.
Lack of knowledge about treatment services in Bermuda. Community members are not aware of services available for loved ones or themselves.
for substance abuse treatment facilities
Public awareness and education regarding successful treatment of substance use is nonexistent resulting in a misperception by the community that drug abuse is not treatable.
Lack of information circulating on the harms to others resulting from substance use.
Nonexistent legislative framework on treatment of substance abuse such as minimum standards for substance abuse treatment facilities.
Schools and workplaces have independently developed their drug-free policies resulting in inconsistent standards and protocols.
Legislation short-comings with enforcing the alcohol BAC limits resulting in increased fatalities and injury. Lack of education for BAC offenders as a means to deter driving under the influence.
TREATMENT NEEDS (GAPS)
Diversification of services
Quality assurance of services
Reduction in health complications from drug use
Measures to reduce drunk driving
Desired Results/ State
Provision of wholistic services that focus on substance abuse treatment and rehabilitation taking into account social issues faced by addicted persons and their families.
Parenting classes with men and women at risk for addiction and those who are in recovery.
Provision of family-based groups for extended family members and groups for children of addicts.
Transitional services available that provide mentoring and work programmes.
Provision of medical services to addicts at places where they frequent.
Pre-treatment and outpatient services to persons contemplating treatment or those not meeting criteria for residential care.
Psychiatrist to provide mental health services to persons seeking alcohol and drug treatment.
Campaigns to counter glamorised messages of alcohol and drug use.
Increased compliance to treatment and reduced negative stigma associated with seeking treatment.
Updated directory of substance abuse treatment services widely distributed and promoted.
Promotion of treatment services to the community to raise awareness of services offered.
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).

Challenges For Supply Reduction

The BPS has indicated that some of the major challenges in the delivery of community service are as follows and illustrated on the diagram:

1. Legislation.
2. Coordination of services.
3. Enactment of professional standards.
4. Resources allocation.


Current Results/ State
Coordination challenges in applying drug-related laws
Interdiction agencies working in silos, with little collaboration
Reduced ability of H.M. Customs to fully interdict drugs
ENFORCEMENT & INTERDICTION NEEDS (GAPS)
Legislation
Coordination of services
Enactment of professional standards
Resources allocation
Desired Results/ State
All relevant laws to be under one umbrella and giving applicable authority
Coordinated approach between the Bermuda Police Service and H.M. Customs
H.M. Customs to be capabe in targetting and dismantling drug importation rings
Amalgamation of intelligence function
To be Guided by a code of conduct or professional standards for interdiction personnel
Adequate funding of interdiction activities
More canines

In addition, gaps have been identified in the areas of research and evaluation and policy and legislation. Some of these are outlined below.

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).

Policy and Legislation

- 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: road side sobriety checks; 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 interdiction and crime related laws under one umbrella and giving applicable authority to interdiction agencies.

Management and Coordination Action Plan Objectives for 2013–2017

1. To provide effective coordination and oversight of the National Drug Control Master Plan.
2. To ensure appropriate resources for drug related programmes is available.
3. To implement a balanced, multi-disciplinary approach to substance abuse prevention and treatment.

Action Plan for Management and Coordination 2013–2017

Objective #1: To Provide Effective Coordination and Oversight of the National Drug Control Master Plan						
Actions	**Approach**	**Specific Activities/Tasks**	**Timeline**	**Lead Role**	**Measure/Indicator**	**Resources Needed**
1. The Minister of National Security will establish and designate a person, Department, or body to act as implementation coordinator.	• DNDC Director to meet with Minister and PS of National Security.	• Determine time and date of meeting • Decide on the most suitable construct of committee	2014	MONS	• Semi-annual reports on the national structure implementation progress.	Steering Committee Coordinator
2. The DNDC to be given the administrative responsibility for coordination of drug control	• Policy sent to PS for review	• Approvals sought by other Departments	2014	MONS	• Mandate of the DNDC established	Cabinet approval
3. The DNDC to focus part of its activities toward the implementation of the Master Plan.	• Track and compile indicators	• Update indicators quarterly and send out to DNDC staff.	2013–2017	DNDC	• Semi-annual and annual progress reports in conjunction with the MP Coordinator	Funding for services.
4. Develop and maintain a regular forum for stakeholder involvement.	• Determine best method to promote Master Plan activities and update the community.	• Update stakeholder list • Alert stakeholders by email, mail and advertisement.	2013–2017	DNDC	• Meeting reports	Location for meeting
Objective #2: To Ensure Appropriate Resources for Drug Related Programmes Is Available						
1. Government will adopt appropriate funding scheme or schemes to provide sufficient funding for the drug control annual obligation.	• MONS and DNDC director to meet to discuss ways in which the MP can be funded.	• Determine priority areas and impact of reduced funding.	2013–2017	MONS and DNDC Director	• Approved administrative or legislative arrangements for funding the Master Plan.	Funding and resource allocation.
2. The MONS, DNDC and budget office to develop a mechanism to track public expenditures on drugs.	• Meet with MONS and budget office to provide context.	• List Departments which currently fund drug related activities and programmes.	2016	MONS, DNDC and Budget Office	• Report on public expenditure on drugs.	Report writer

Actions	Approach	Specific Activities/Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
3. The MONS and DNDC will encourage the Third Sector to seek alternative funding through Corporate donations.	• GOB MOUs requesting additional programme sponsorship by external bodies.	• Provide an annual list of donors.	2014	MONS, DNDC	• Amount of Corporate donations received by the Third Sector.	Tracking database
Objective #3: To Implement a Balanced, Multi-Disciplinary Approach to Substance Abuse Prevention and Treatement						
1. Community agencies (third sector) will be provided grants based on their ability to support the objectives of the Master Plan.	• DNDC to hold annual grant process as, funding permits.	• Determine appropriate programmes and levels of funding.	2013–2017	DNDC	• Grantee quarterly reports	Funding to support grants
2. Government agencies will support the National Master Plan by allocating funding toward drug related actions.	• Government agencies will lobby for adequate funding to prevent, treat and interdict drugs.	• Liaise with various Departments to determine challenges. • Determine ways to collaborate and reduce challenges.	2013–2017	DNDC	• Inter-ministerial budgetary allocations • Stakeholder ministries adopting goals and objectives into their strategic plans.	Funding to support National efforts.
3. Stakeholder Ministries to incorporate the issue of drugs into their respective action plans.	• Ensure interdiction agencies are aware of the Plan and its strategic objectives.	• Review agencies strategic objectives	2013–2017	DNDC	• Identified drug related goals and objectives.	Strategic plans
4. Increase cooperation with regional and international organisations and countries.	• Review international policies and strategies on drug control.	• Research recommendations from the United Nations. Organisation of American States and other International authorities. • Explore needed assistance (ie. intelligence, policy)	2013–2017	MONS, DNDC, BPS, HM Customs	• Written strategy, MOUs, new agreements	Contact with international bodies.

Demand Reduction Action Plans

Substance Abuse Prevention Objectives for 2013–2017

1. To educate the public about risks and methods for preventing engagement in inappropriate use of alcohol, tobacco and other drugs.
2. To expand the implementation of research-based prevention programming to effectively reduce drug use amongst youth.
3. Community partnerships will promote prevention activities that address environmental change.

ACTION PLAN FOR SUBSTANCE ABUSE PREVENTION 2013–2017

Objective #1: To Educate the Public About Risks and Methods for Preventing Engagement in Inappropriate Use of Alcohol, Tobacco and Other Drugs

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
1. The Prevention Unit of the Department for National Drug Control will educate the public on ways to prevent drug use and abuse by launching at least one national campaign annually.	· Meet with personnel from Media Relations and DCI for assistance with determining the best social marketing campaign. · Research appropriate, cost effective methods to relay information to various segments of the community. · Consult with partners on specific focus of campaign. · Host focus group meetings for input on campaign designs.	· Determine time and date of meeting · Decide on the most cost effective methods. · Decide appropriate consultant to design campaign. · Make list of vendors to contact for quotations. · Decide on stakeholder groups to meet with.	2015	DNDC Prevention Unit	· Contract with vendor · Campaign proposal	Funding, Content experts
2. The Prevention Unit will provide capacity building events for teachers, health professionals, clergy, community leaders and interested persons on building resistance skills in children.	· Determine the appropriate content and context of meetings. · Identify facilitators. · Organise meeting dates and locations. · Alert stakeholder groups and obtain interest.	· Research the community needs for training and continuing education · Make a list of groups to target and learning objectives for each group. · Consult with trainers to determine experience and fit.	FY 2013–2015	DNDC Prevention Unit	· List of meeting and training dates · List of stakeholder groups · Training agenda · Training module	Funding, Content experts, Stakeholders, Meeting space
3. Develop appropriate policies to address: – Drug free workplaces – Drug free schools – Drug free sports	· Liaise with appropriate working groups. · Research best practice.	· Make a list of stakeholder groups to collaborate. · Conduct a literature review.	FY 2013–2016	DNDC Prevention Unit with research support by the Research Unit	· Policies drafted	Stakeholder groups (i.e., Chamber of commerce, principles), Research

Objective #2: To Expand the Implementation of Research-Based Prevention Programming to Effectively Reduce Drug Use Amongst Youth						
Actions	**Approach**	**Specific Activities/ Tasks**	**Timeline**	**Lead Role**	**Measure/Indicator**	**Resources Needed**
1. Implementation of the full Botvin's LifeSkills programme in three primary schools.	· Identify and meet with School Principals and Counsellors to plan implementation of the full LifeSkills Training (LST) Programme at three primary schools. · Provide LST Programme facilitator training. · Prepare and invigilate pre and post tests at each school site. · Oversee implementation, monitoring and evaluation of the LST programme at each school site. · Provide an annual report of the results of the LST Programme for each School.	· List of principles and counsellors will be drafted and emails sent. · Trainers identified and quotes obtained. · Training agenda developed. · Evaluation and monitoring plan developed and dates confirmed. · Annual report drafted and presented to schools via email.	2016	PRIDE	· Quarterly report updates · Annual report	Funding for training and programme implementation, Report writer
2. Expand implementation of the LifeSkills programme by two schools at the senior level.	· Identify and meet with School Principals and School Counsellors to obtain buy-in at two more schools for implementation of the full Life Skills programme at the senior level. · Coordinate with PRIDE to arrange training of facilitator(s) for senior level LST programme. · Prepare and invigilate pre and posttests at each school site. · Monitor and supervise programme delivery by facilitator(s) at each school site to ensure performance is satisfactory. · Work with PRIDE to ensure Evaluation of pre and post-tests is carried out. · Provide an annual report of the results of the LST Programme for each School Principal and Counsellor.	· Contact made with administration at both senior schools and date/ time of meeting arranged. · Determine appropriate time/ date and number of facilitators to be trained. · Develop monitoring schedule for each school · Draft annual report based on monitoring reports and pre/post test evaluations.	2016	CADA	· Quarterly report updates · Annual report	Funding for training and programme implementation, Report writer

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
3. The Substance Abuse Prevention Afterschool Programme, resistance skill building programme, will be extended to include 5 middle schools.	· Meet with school principal and/or school official(s) in an effort to promote afterschool programming. · Seek paid coordinators to be trained in the theory of social emotional learning (SEL) and Life Skills curriculum, whose job is to manage the afterschool programme. · Communicate face to face and/or via telecommunications and internet technologies with principal(s) and afterschool coordinators. · Facilitators will be instructed on how to implement the pre/post test. · Collaborate with individuals and community stakeholders (e.g. law enforcement and faith communities) to provide support and resources and activities of interest to middle school students. · Liaise with the Ministry of Education and Economic Development to report on the successes of the afterschool programme to ensure that students receive recognition as a means to demonstrate positive learning opportunities.	· Determine meeting schedule · Advertise for coordinators; review resumes; complete standard checklist tool · Train facilitators in programme delivery and in theory · Seek out community partners to interact with each site	2016	DNDC Prevention Unit	· Completed list of all facilitators at each site · Monitoring report for each site · Annual report	Funding for training and programme implementation, Site coordinators
4. The DNDC in collaboration with the Department of Education will implement a comprehensive drug prevention programme into the school curricula.*	· Meet with Department of Education heads · Obtain buy-in from school Principals and Counsellors. · Develop timeline to implementation.	· Identify appropriate curriculum and training. · Determine implementation schedule. · Train teachers in curriculum.	2016	DNDC Prevention Unit	· Curriculum identified and purchased	Funding to purchase curriculum and for training, Research to support evidence-based programming

5. Determine the feasibility of implementing the Culture of Lawfulness programme.*	· Liaise with middle school Principals to determine appropriateness. · Liaise with BPS and PTAs · Research programme and its application	· Determine budget · Timeline of events	2015	DNDC Prevention Unit and Research Unit	· Final report	Literature review, Meetings with stakeholder groups
Actions	**Approach**	**Specific Activities/ Tasks**	**Timeline**	**Lead Role**	**Measure/Indicator**	**Resources Needed**
6. Provide ongoing support and technical assistance to sites implementing the Al's Pals curriculum.	· Observe each site for implementation · Liaise with schools to determine training needs · Determine equipment needs annually	· Draft a schedule of observation · Notify schools of observations · Survey schools to determine new staff training needs vs continuing education needs · Provide schools with new supplies prior to school year	FY 2013–2017	DNDC Prevention Unit	· Observation reports · List of needs	Pre/post test survey, Observation forms, Supplies
7. Disseminate evaluated best-practice recommendations to sites participating in demand reduction prevention programmes.	· Create useable document for each site · Determine content based on evaluation reports	· Decide on format and distribution method · Provide information to all levels of facilitators	2014	DNDC Prevention Unit	· Final document	Evaluation reports, Contact information for each site
Objective #3: Community Partnerships Will Promote Prevention Activities That Address Environmental Change						
1. Community partnerships will provide data to the Bermuda Coalition through the DNDC.	· Research the data needs of the Bermuda Coalition. · Develop and distribute a data collection template for Prevention Community Partners to complete. · Prevention Community Partners will submit quarterly data reports to the PO at the DNDC. · Compile the data from all partners and distribute to the Bermuda Coalition on a bi-annual basis.	· Liase with Bermuda Coalition to decide on indicator of interest. · Decide timeline to data submission. · Send out data templates to Community Partners.	Annually	PRIDE, DNDC Prevention Unit	· Annual report	Templates, Report writers, Data analysis

2. To implement an Alcohol Bureau of Control (ABC).	· Determine the feasibility of replicating the ABC in Bermuda and the legislative authority required. · Lobby and obtain buy-in from stakeholders.	· Consult with Research organisation to gather data from Bermuda's licensed establishments on current levels of selling/serving alcohol to those who are under–18 and current levels of selling/serving alcohol to those who are already visibly drunk. · Investigate funding streams and appropriate budget.	2016	CADA	· Feasibility report · Research report · Realistic budget and funding options	Research expert, Funding for feasibility study
Actions	**Approach**	**Specific Activities/ Tasks**	**Timeline**	**Lead Role**	**Measure/Indicator**	**Resources Needed**
3. Develop a working group for substance abuse prevention.	· Collaborate with prevention partners in identifying the cause and reason for creating a working group by hosting quarterly meetings in addition to electronic and/ or telecommunication means to coincide with prevention goals and objectives. · Liase with professional colleagues, community leaders and persons interested in the commitment to the decrease of substance abuse and its social ills in the community. · Report to the media for coverage and the respective governmental ministries and departments on the initiatives of the proposed by the working group. · The prevention officer will prepare and distribute the necessary materials so that members will be aware of the DNDC's vision, mission and goals in addition to the necessary drug prevention literature to be suited for the tasks of prevention advocates. · Utilise community education opportunities as a means of advocating for the groups cause and seek interest for the sole purpose of sustainability.	· Investigate using the Directory of Services developed by the Ministry of Health and Environment, to ensure that such substance abuse prevention advocacy groups are not already in existence. · Determine suitable time and a suitable location is available with the necessary technologies for quarterly meetings. · Create a database for members of the advocacy group to be included in substance abuse education training opportunities.	2014	DNDC Prevention Unit	· Stakeholders List · Meeting agenda	Meeting space

Substance Abuse Treatment and Rehabilitation Objectives for 2013–2017

1. To improve access to treatment services.
2. To improve the quality of treatment and rehabilitation services.
3. To educate the public on the health risks associated with substance use and abuse.
4. To develop measures to reduce drunk driving.

Action Plan For Substance Abuse Treatment and Rehabilitation 2013–2017

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Document	Resources Needed
Objective #1: To Improve Access to Treatment						
1. Improve and streamline the process for service user's access to treatment	Acquire a psychologist to work in Bermuda Assessment and Referral Centre to perform additional psychological evaluations.	Prepare proposal with appropriate data to support the development of a new position, internal Psychologist, to present to the Ministry of National Security.	2014	DNDC, Court Services, Treatment Network Leadership (TNL)	Proposal submitted	Research on the increasing need of psychological assessments of persons seeking treatment
2. Improve integration of services for the co-occurring disorder service user	The DNDC, in collaboration with Mid-Atlantic Wellness Institute (MWI), Chief of Psychiatry and all other Bermuda treatment providers will formalise a system to identify, assess and treat persons with co-occurring disorders	Establish a taskforce to address the integration of mental health services and addiction treatment	2015	DNDC, MWI, MoH	Formation of taskforce made up of members in key positions to influence policy development. Meeting regularly with clear goals and objectives	Assessment tool
Objective #2: To Improve the Quality of Treatment and Rehabilitation Services						
1. By January 2014, the minimum standards for treatment will be developed and presented to be developed into legislation.*	The Treatment Network Leadership made up of representatives from all of the treatment providers will engage in the development of the Minimum standards for treatment in Bermuda. They will provide technical support to the process to implement the minimum standards into legislation	Completion of the a final draft of the minimum standards agreed upon by the Bermuda Treatment Network Leadership	2015	MONS, DNDC, Treatment Stakeholders, Ministry of Legal Affairs (MOLA)	Bermuda Universal Minimum Standards passed into law	Developers and writers of legislation

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
2. DNDC will develop and establish with Bermuda College an Addiction Counsellor curriculum	The DNDC, Bermuda College Division of Liberal Arts and the Bermuda Addiction Certification Board will drive an initiative to develop an Addiction Counselling curriculum that will be available to students by 2015	Research other two college curriculums that offer Addiction studies and possible affiliate universities that would be interested in partnering to offer additional course work toward a four year degree.	2015	DNDC, Bermuda College, other overseas university partners to be determined	Implementation of curriculum at Bermuda College with students enrolled to pursue course of study in addiction counselling	Consultations with college curriculum developers
3. Three additional treatment agencies will have received CARF accreditation.	90 % of residential and outpatient substance abuse treatment services will have received at minimum 1 year CARF accreditation. The Treatment Officer will work with each agency to prepare for the survey process.	Introduce CARF standards to the three designated agencies that have not received accreditation and facilitate their preparation to be surveyed for accreditation with the expertise of the CARF Consultant	2016	DNDC, CARF, Treatment Partners	MT, WTC, Focus, BARC, Court Services, Turning Point would have all achieved a CARF 1 year or 3 year accreditation	CARF Accreditation Standards, Consultant
Objective #3: To Educate the Public on the Health Risks Associated With Substance Use and Abuse						
1. Collaborate with Physicians in the development of practices that will better serve persons with substance abuse disorders.	50% of the practicing Physicians in Bermuda will refer patients with potential substance abuse disorders for screening and assessment. 2016.	Establish a series of seminars and education events for the local physicians to increase awareness of addictions to illicit and prescription drugs and the medical management of patients with substance abuse disorders	2016	DNDC, MoH, Physicians, Pharmacist	Seminar held in Bermuda with key international addiction experts as presenters	Financial resources, planning team, local advertising, consultation with addiction field experts
2. Increase public awareness of treatment services in Bermuda.	Implement a comprehensive strategy to advertise, promote and advocate treatment as a valuable and effective option for people struggling with substance abuse disorders. Strategy will involve all treatment providers.	Create television ads that target segments of the population that are at most risk based on recent local research. Ads will have a general focus that: "Treatment Works"	2016	MONS, DNDC	Advertisements running regularly on local television	Financial resources, planning team, local advertising agency to be determined

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
3. Educating the public on preventing and reducing health related harms associated with drug dependence.*	Develop a calendar of public events to target for education opportunities.	Obtain pamphlets and information on harm reduction	FY 2013–2017	DNDC Treatment Unit, MT and WTC programme managers	Calendar of events	Education materials
Objective #4: To Develop Measures to Reduce Drunk Driving						
1. By April 2014, evaluate current drunk driving counselling and rehabilitation programs and determine the needs of the community.	Research other jurisdictions that have active and effective DUI programmes and conduct a cost analysis of the appropriate service needs in Bermuda with emphasis on being in complete accordance with the new DUI legislations	Research effective DUI programs. Perform cost analysis to implement programme in Bermuda		DNDC, MONS, MoJ, Treatment Providers	Formulate proposal for treatment infrastructure needs as it relates to legislation, laws and regulations that will impact treatment admissions	Research, Consultation with DUI subject experts, Judicial Leaders, Government legislators
2. Engage with the Bermuda judicial system in the development and implementation of treatment infrastructure to facilitate the laws and regulations related to the DUI Legislation.*	Identify the current status of where the DUI legislation is and provide input into the components important to its implementation and success by June 2013.	Create legislation to be implemented in the Courts. Create new treatment / education opportunities for individuals that have been found driving under the influence of drugs and /or alcohol		DNDC, MONS, MoJ, Treatment Providers	Establish a fully operational DUI programme	Research, Consultation with DUI subject experts, Judicial Leaders, Government legislators

Supply Reduction Action Plan Objectives for 2013–2017

1. To have a coordinated approach between BPS and H.M. Customs.
2. To increase H.M. Customs' capability to target and dismantle drug importation rings.
3. To have an amalgamated intelligence function/arm.
4. To establish a code of conduct or professional standards for interdiction personnel (or across the Justice system).

Action Plan for Supply Reduction 2013–2017

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Document	Resources Needed
Objective #1: To Have a Coordinated Approach Between Bps And H.M. Customs						
1. Revise, expand and implement the Memorandum of Understanding (MOU) between BPS and H.M. Customs.	Meeting to facilitate MOU: Permanent Secretary (PS) of both Ministries of Finance and National Security and Heads of Customs and Police.	Identify needs within each agency Place Master Plan on the National Security Council's agenda	2014	BPS and H.M. Customs	• Minutes from meeting. • Signed MOU document.	Meeting space
2. Re-staff the joint drug team.	Ministers of Finance and National Security meet to discuss joint team. Implementation team established.	Identify responsibilities of each agency and personnel making up the joint team.	2015	BPS and H.M. Customs	• Meeting minutes identifying action items and recommendations. • List of implementation team members.	Meeting space Personnel resumes
3. Hold regular meetings with H.M .Customs staff and their BPS counterparts to discuss interdiction issues	Heads of Customs and Police to decide on date for each meeting.	Meeting date to be agreed on and meeting request for FY 2013/14 made.	Quarterly	H.M. Customs	• List of meeting dates • Meeting minutes identifying action items and recommendations.	Meeting space
4. Build on overseas agencies' partnerships.	More collective agreements like "Operation Checkmate"	Identify counterparts within applicable agencies based on trends in previous drug interdiction cases.	2016	BPS and H.M. Customs	• Number of joint activities taken place. • Quantity of drugs/ money seized from overseas partnering	MOU or agreement of partnership
Objective #2: To Increase H.M. Customs' Capability to Target and Dismantle Drug Importation Rings						
1. Obtain clarification/ clear directive of H.M. Customs' remit and staff roles from Government/ Minister.	The Minister will meet with the Head of H.M. Customs to determine the Departments responsibilities and functions.	Review legislation and staff job descriptions for the Customs Department.	2014	H.M. Customs	Report on H.M. Customs' remit and staff roles.	None
2. Expand the powers of H.M. Customs to interdict drug supply.	Training for persons outside the Drug Unit.	Identify trainings applicable to all of H.M. Customs' personnel.	2014	H.M. Customs	Number of trainings held	Funding for training

Objective #3: To Have an Amalgamated Intelligence Function/Arm						
Actions	**Approach**	**Specific Activities/ Tasks**	**Timeline**	**Lead Role**	**Measure/Indicator**	**Resources Needed**
1. Leadership of BPS and H.M. Customs will meet to discuss the feasibility of combining intelligence.	Heads of both Departments will meet to determine feasibility, responsibility and objectives involved with combining intelligence functions.	• Set up meeting date and venue. • Determine agenda.	2014	BPS and H.M. Customs	• Number of meetings held • Recommendations and actions for follow-up.	Meeting space
2. The joint intelligence team will hold its first strategy meeting.	Both agencies will meet to determine protocols for sharing information.	• Set up meeting date and venue. • Invite appropriate personnel. • Determine agenda	2015	BPS and H.M. Customs	• Protocol established	Meeting space
Objective #4: To Establish a Code Of Conduct or Professional Standards for Interdiction Personnel (or Across the Justice System)						
1. BPS and H.M. Customs will research and determine a code of conduct/professional standards for interdiction personnel.	Mutual agreement on an appropriate code of conduct/professional standards for interdiction personnel.	Review and select appropriate policy.	2015	BPS, H.M. Customs and DNDC	• Literature review of applicable policies	None
2. With the assistance of the policy analyst within the Ministry of Legal Affairs (MOLA), draft standards will be vetted.	The policy analyst is to review and make recommendations on the new policy.	• Both agencies will meet and agree to standards. • Policy will be drafted and vetted by Head of Departments (HODs) and sent to policy analyst.	2015	DNDC	• Finalised policy • Implementation of code of conduct/ professional standards	None

Research, Evaluation and Policy Development Action Plan

Objectives For 2013–2017

1. To gather information that will facilitate evidence-based decision making for substance abuse prevention and treatment programmes.
2. To provide an evaluation framework to assess the management, coordination and implementation of the national drug control initiatives and the strategies outlined in the National Master Plan.
3. To provide evidence to support the establishment of laws and policies that foster healthy individuals and communities.
4. To facilitate, coordinate and manage the Bermuda Drug Information Network (BerDIN).

Action Plan for Research, Evaluation and Policy Development 2013–2017

Objective #1: To Gather Information That Will Facilitate Evidence-Based Decision Making for Substance Abuse Prevention and Treatment Programmes

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Document	Resources Needed
1. Conduct a survey of school-age youth.	The Research Unit will meet with the Department of Education (DoE) for support and assistance. The Senior Research Officer/Policy Analyst (SRO/PA) will research appropriate, cost effective methods to conduct the survey.	• Set up meeting with DOE rep. • Decide on date of survey. • Literature review.	2015	Research Unit	• Survey date • Timeline for implementation • Standardised survey tool • Report	Funding to purchase services and tangible items.
2. Conduct a survey of the adult population.	The SRO/PA will research appropriate, cost effective methods to conduct the survey. The Research Unit will meet with the Department of Statistics (DoS) to determine parameters of survey methodology and service needs.	• Literature review. • Set up meeting with DOS Research Statistician. • Decide on appropriate methodology and date of implementation.	2017	Research Unit	• Survey date • Timeline for implementation • Standardised survey tool • Report	Funding to purchase services and tangible items.
3. Implement surveys of special populations	The SRO/PA will research appropriate, cost effective methods to conduct each survey. The Research Unit will meet with appropriate staff from each Ministry/Department to determine parameters of survey methodology and date of implementation.	• Literature review. • Set up meetings to seek approval. • Decide on appropriate methodology and date of implementation.	FY 2013–2016	Research Unit	• Survey date • Timeline for implementation • Standardised survey tool • Report	Funding to purchase services and tangible items.
4. Assess public/ perception amenity.	The RO will liaise with service provider to establish contract and parameters of data collection.	• Determine quarter for assessment.	Annually	Research Officer (RO)	• Report from data provider	Funding to purchase services.

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
5. Assess the economic cost of the drug problem to society or the Drug Market in Bermuda.	The SRO/PA will liaise with oversees consultant to determine dates to present to local stakeholders.	• Set date • Determine appropriate stakeholders	2015	Research Unit	• Meeting schedule • PowerPoint Presentation • Report on feasibility	Meeting space Funding to purchase services.
Objective #2: To Provide an Evaluation Framework to Assess the Management, Coordination and Implementation of the National Drug Control Initiatives and the Strategies Outlines in Tthe National Master Plan						
1. Outcome evaluations of prevention programmes.	The SRO/PA will meet with the PO to select programme for evaluation. The SRO/PA will determine appropriate methodology to apply.	• Determine programme to evaluate • Literature review of best practices.	2015	SRO/PA	• Evaluation framework • Evaluation report	Funding for evaluation. Support of evaluation sites.
2. Programme performance reviews of treatment programmes.	The SRO/PA will notify treatment centres of review process and timeline. SRO/PA will determine methodology to be applied.	• Determine project timeline • Assess materials needs and dimension of assessment.	2013–2016	SRO/PA	• Timeline of process • Performance report	Support of treatment centres Support of treatment centre stakeholders
3. Monitor and evaluate the implementation of the National Master Plan.	Develop list of key indicators. Update list of key indicators quarterly. Determine best method to provide feedback to the public on the status of the Plan and shortcomings. Formulate recommendations to improve the implementation of the Plan. Adjust the National policy if necessary based on on-going assessment and reviews. Consult with external evaluator.	• Compile list of indicators • Meet with Officers to determine successes/ challenges • Meet with community partners to determine successes challenges • Select external evaluator	1st review– by December 2014 2nd review by December 2016 Evaluation by December 2016	Research Unit	• List of key indicators with status • Status report • Evaluation report • Resumes from interested consultants	Funding for external consultant
Objective #3: To Provide Evidence to Support the Establishment of Laws and Policies That Foster Healthy Individuals and Communities						
1. Develop comprehensive alcohol policy.	Meet with prevention partners and the BPS. Meet with Ministry of National Security (MONS) Policy Analyst	• Determine components of a comprehensive policy • Director to meet with Ministry • Cabinet to approve policy	2014	Research Unit	• Alcohol policy information paper	Literature review
2. Determine the feasibility of creating crack house legislation.	Meet with MONS Policy Analyst	• Research other jurisdictions • Create discussion paper	FY 2014–2015	DNDC Director, Research Unit	• Discussion paper for Cabinet	Literature review Support of Ministry and other stakeholders

Actions	Approach	Specific Activities/ Tasks	Timeline	Lead Role	Measure/Indicator	Resources Needed
3. Develop legislation to sanction the diversion of pharmaceutical products.	Liaise with Department of Health (DOH) to determine appropriate measures. The SRO/PA will research best practices.	• Meet with DOH reps to discuss the issues and a way forward. • Determine other stakeholders	2016	Research Unit	• Information paper for Cabinet	Literature review Support of DOH and other stakeholders
4. Review legislation to support the implementation of import controls on new substances such as synthetic drugs, energy drinks and herbal beverages.	Liaise with Department of Health (DOH) and HM Customs to determine appropriate measures.	• Meet with DOH and HM Customs reps to discuss the issues and a way forward. • Determine other stakeholders	2016	Research Unit	• Information paper for Cabinet	Literature review Support of DOH and other stakeholders
5. Review and develop legislative amendments to decriminalise marijuana.	Meet with MONS and MONS Policy Analyst	• Research other jurisdictions • Create discussion paper	2014	DNDC Director, Research Unit	• Discussion paper for Cabinet	Literature review Support of Ministry and other stakeholders
Objective #4: To Facilitate, Coordinate and Manage the Bermuda Drug Information Network						
1. Organise meeting(s) of the Network members.	The RO will liaise with Network members to decide on appropriate date of meeting. The SRO/PA and RO will determine the structure and theme of the meeting.	• Email Network members to "Save the Date" • Brainstorm topics and structure of the meeting.	November of each year.	Research Unit	• Meeting agenda • Meeting summary	Funding for meeting space and materials. Support by Network members.
2. Produce at least one report of the Bermuda Drug Information Network (BerDIN).	The RO will liaise with Network members to ensure timely data submission. The SRO/PA and RO will review data.	• E-mail Network members with dates of submission • Follow-up with members with data queries • Determine structure of report • Liaise with Department of Communication and Information (DCI) for pre-press design	September of each year.	Research Unit	• BerDIN report	Funding for Report printing.

Section 5: Required Resources

Resources will be required over the five-year period to support necessary and proven evidence-based approaches to achieve the goals and objectives contained in the Master Plan. The outcomes sought by the community of stakeholders, who came together to formulate the Master Plan and the related action plans, were shaped by the current drug situation facing Bermuda and the gap analysis perceived to exist in programmes, policies and practices. This section presents resource requirements for the 2013/2018 period in support of a five-year effort to ameliorate the drug situation. The resource requirements are projections of costs that come from government and non-government sources. These funding sources include the public sector, non-government organisations and corporate donations that will finance key initiatives over the five-year period.

Proposed Funding Schemes

The plan proposes at least four funding schemes that, if adopted, would provide sufficient funding to sustain the implementation of the activities proposed in the National Master Plan.

1. A 'whole-of-government' approach is strongly recommended. There are four key government ministries with departments that are key stakeholders in the national drug control effort. They ought to be directly involved in funding the pertinent initiatives of the Master Plan: the Ministry of Education and Economic Development, Youth, Sport and Recreation; National Security; and Health. As such, the Ministers responsible for these ministries should ensure that funds be set aside in their Ministry's budget to address those pertinent key initiatives for critical result areas in the Master Plan pertaining to treatment and rehabilitation, drug abuse prevention and social and economic development.
2. The 'whole-of-government' approach is embodied in a multi-agency response to the drug problem. These agencies should be aware of their role, should value the importance of their participation and be committed to the drug control initiatives outlined in the Master Plan. Ministries and Departments will be expected to collaborate in specific areas to address drug issues.
3. Appropriate funding of the National Drug Master Plan Discretionary Grant Fund which provides all government ministries involved with national-level drug control activities, a pool of funds for new initiatives or projects that are aligned to the strategic objectives outlined in the Master Plan. This fund was created as part of the 2007-2011 Master Plan but has seen a significant reduction over the past two fiscal years.
4. Government can raise funds specific to Demand Reduction activities by setting aside up to 5% of the revenues derived from both alcohol and tobacco taxes to specifically fund prevention and treatment schemes.
5. Funding, equivalent to one-third of the Confiscated Assets Funds, can be made available pursuant to section 55A of the Proceeds of Crime Act 1997 (as amended).

6. Fundraising activities targeting an increase in corporate donations specific to supporting the activities outlined in the Master Plan.

Anticipated Level of Funding (2013–2017)

The total level of governmental and non-governmental resources anticipated to implement the Master Plan and the Action Plan is $121.1 million over the five-year period starting with 2013/2014 and ending in 23017/2018. The governmental portion is estimated to total $108.8 million (90% of the total estimated budget over the five-year period) and constitutes the bulk of anticipated resources to support drug control activities. The non-governmental portion totals $12.3 million (10% of the total estimated budget over the five-year period) provides targeted demand reduction funding for substance abuse treatment and prevention.[11]

Table 1: Total Government and Non-Governmental Resources – 2013/2014 to 2017/2018 ($000)

SPENDING CATEGORY	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	TOTAL
Coordination	**$1,135**	**$1,288**	**$1,317**	**$1,348**	**$1,414**	**$6,501**
Research	**$331**	**$381**	**$666**	**$639**	**$598**	**$2,616**
Demand Reduction	**$12,545**	**$12,698**	**$13,232**	**$13,519**	**$13,862**	**$65,856**
Prevention	$1,343	$1,256	$1,439	$1,402	$1,416	$6,856
Treatment and Rehabilitation	$10,872	$11,109	$11,458	$11,779	$12,106	$57,324
Other (BACB & BSADA)	$330	$333	$335	$338	$340	$1,676
Supply Reduction	$8,698	$9,005	$9,228	$9,457	$9,691	$46,080
Drug and Intelligence Division (BPS)	$4,148	$4,252	$4,358	$4,467	$4,579	$21,803
Interdiction (H.M. Customs)	$4,550	$4,754	$4,870	$4,990	$5,112	$24,276
TOTAL	**$22,709**	**$23,372**	**$24,444**	**$24,962**	**25,566**	

The anticipated level of $108.8 in government funding builds on the current operating budget year that is projected to be $20.4 million in 2013/2014. It is estimated to increase in 2014/2015 to $21.0 million, $22.0 million in 2015/2016, $22.4 million in 2016/2017 and $23.0 million in 2017/2018. The $108.8 million level of government funding projected for the five-year period is anticipated to be augmented by $12.3 million in non-governmental funding. The projected increases in the annual budgets were estimated by inflating the baseline (FY 2013/2014) expenditure by an average rate of 2.5% to which estimated costs of new initiatives and additional resources, as outlined in the Action Plans, were added.

As Table 1 shows, the anticipated budget for the government is divided into four main areas: Coordination; Research; Demand Reduction (prevention, treatment and rehabilitation); and Supply Reduction (H.M. Customs drug interdiction and BPS law enforcement). Coordination mostly funds DNDC efforts to develop, manage programmes, monitor and coordinate and collaborate with other government and non-governmental entities to implement the Master Plan and the Action Plan.

[11]The five-year budget was developed by using the 2013/2014 budget as a baseline. Baseline costs were inflated using an inflator calculated based on the previous five-year drug control budget. Costs for new initiatives subsequent to the baseline are based on the individual Action Plans. Most of the Action Plans represent new activities that could be funded with existing Government or non-Government resources. Some Action Plans required new or additional resources. The new or additional resource costs were estimated individually DNDC staff with the support of an external drug control budget expert.

Demand reduction represents programme efforts to stop drug use before it starts and to help those who do start to reduce or avoid the problems associated with alcohol and other drug use. Supply reduction funds programs seeking to prevent illicit drugs from entering Bermuda, the illegal distribution of alcohol and other drugs within Bermuda and drug-related crime. Over the five-year budget period, it is estimated that 54% of all governmental and non-governmental resources will be allocated to demand reduction activities. Supply reduction activities are projected to be 38% of total resources. The balance funds Coordination of drug control efforts (at 5%) and Research (2%).[12]

Table 2 presents the estimated five-year drug control budget just for the governmental sector to implement the Master Plan and its supporting Action Plans. Of the total $108.8 million estimated for the five-year period, the largest share is for demand reduction which totals $53.6 million (49% of total resources projected over the five-year period), just slightly more than the $46.1 million in resources planned for supply reduction (42%). Of the balance, $6.5 million (6%) is estimated for Coordination and $2.6 million is estimated for Research (2%).

Treatment is by far the largest share of the demand reduction budget, which is projected to total $47.9 million (or 89% of the total $53.6 estimated for demand reduction spending for the five-year period). Funding for Prevention totals $4.0 million (7% of the budget projected for demand reduction).

Table 2 also projects spending for supply reduction activities designed to interdict drugs, strengthen the rule of law and increase public safety in Bermuda. Government resources projected for supply reduction over the five-year period total $46.1 million. Resources are about evenly split between BPS and H.M. Customs (47% and 53%, respectively)

Table 2: Total Government Resources – 2013/2014 to 2017/2018

($000)

SPENDING CATEGORY	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	TOTAL
Coordination	**$1,135**	**$1,288**	**$1,317**	**$1,348**	**$1,414**	**$6,501**
Research	**$331**	**$381**	**$666**	**$639**	**$598**	**$2,616**
Demand Reduction	**$10,205**	**$10,300**	**$10,774**	**$10,999**	**$11,208**	**$53,558**
Prevention	$793	$693	$862	$810	$809	$3,967
Treatment and Rehabilitation	$9,082	$9,274	$9,577	$9,851	$10,131	$47,916
Other (BACB & BSADA)	$330	$333	$335	$338	$340	$1,676
Supply Reduction	**$8,698**	**$9,005**	**$9,228**	**$9,457**	**$9,691**	**$46,080**
Drug & Intelligence Division (BPS)	$4,148	$4,252	$4,358	$4,467	$4,579	$21,803
Interdiction (H.M. Customs)	$4,550	$4,754	$4,870	$4,990	$5,112	$24,276
TOTAL	**$20,369**	**$20,974**	**$21,986**	**$22,443**	**$22,983**	**$108,754**

Table 3 presents projected spending by non-government organisations over the five-year period. The projection excludes governmental grants (existing and new ones projected to fund specific Action Plans). These resources, therefore, augment Bermuda's drug control effort and demonstrate the resolve and dedication of the non-governmental sector in mitigating Bermuda's drug control problem. As Table 3 shows, non-governmental resources are estimated to total $12.3 million over the five-year period. All of the resources support demand reduction activities in the areas of prevention and treatment. Of the $12.3 million in resources, $3.9 million is anticipated to be spent by CARON Bermuda, $3.5 million is anticipated for

[12]Percentages do not total 100% because of independent rounding.

the Salvation Army Harbour Lights & LifeSkills, $2.0 million is anticipated for FOCUS, $2.4 million is anticipated for PRIDE and $0.5 million is anticipated for CADA.

Table 3: Total Non-Government Resources – 2013/2014 to 2017/2018

($000)

AGENCY	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	TOTAL
CARON Bermuda	$747	$765	$784	$804	$824	$3,924
Salvation Army Harbour Lights & Life Skills	$663	$680	$697	$714	$732	$3,485
FOCUS	$380	$390	$400	$410	$420	$1,999
PRIDE	$450	$461	$472	$484	$496	$2,364
CADA	$100	$103	$105	$108	$110	$526
TOTAL	**$2,340**	**$2,398**	**$2$458**	**$2,520**	**$2,583**	**$12,298**

There are a number of new government initiatives planed over the five-year period that will strengthen Bermuda's already successful efforts to reduce drug abuse and its damaging consequences. Most of the new initiatives are directed toward demand reduction. There are also a number of small but critical projects proposed for Research to add to Bermuda's knowledge base about the nature and extent of the drug problem and its success in achieving performance results over the next five years. Key initiatives include:

- *Enhanced coordination:* The DNDC and the proposed new National Drug Commission are projected to require $684,000 in new resources. The National Drug Commission is projected to require $100,000 a year to support its operations starting in 2014/2015. Among other new coordination activities, the DNDC is projecting a salary starting at $60,000 a year in 2014/2015 for an addition position to track key implementation indicators to inform the DNDC and its stakeholders of progress toward achieving desired outcomes.

- *Improved prevention programming in schools:* The DNDC will work with the Department of Education to implement a comprehensive drug prevention programme into the school curricula. This will include providing ongoing technical assistance at each school site to strengthen staff skills in administering the improved curricula. A total of $100,000 is anticipated for this activity.

- *Improved after-school prevention programming:* The Substance Abuse Prevention Afterschool Programme, resistance skill building programme, will be extended to include five middle schools. A total of $212,000 is anticipated for this activity.

- *Develop an addiction counsellor curriculum:* The DNDC will establish with Bermuda College and addiction counsellor curriculum. A total of $60,000 is anticipated for this activity.

- *Improve and streamline the process for service user's access to treatment:* The DNDC will acquire a Psychologist to work in Bermuda Assessment and Referral Centre to perform additional psychological evaluations and utilisation of AccuCare. A total of $320,000 is planned to employ the new psychologist.

- *The Prevention Unit of the DNDC will educate the public on ways to prevent drug use and abuse* by launching at least one national campaign. A total of $226,000 is planned to implement the national campaign.

- *Raise awareness of public treatment services in Bermuda:* The Ministry of National Security and DNDC will institute a media campaign to educate the public about the effectiveness and availability of substance

abuse treatment. A total of $475,000 is anticipated to implement television ads that target segments of the population that are at most risk and in most need of treatment services.

- *Expand knowledge of the nature, extent and impact of the drug problem:* The DNDC's Research Office is planning a number of surveys to measure the incidence and prevalence of alcohol and other drug use among school-age youth, adults and special populations. In addition, it intends to conduct an assessment of the economic cost of alcohol and other drug abused in Bermuda. A total of $413,000 is anticipated for these various surveys and the economic cost study.

- *Increased grants from DNDC to NGOs*: The DNDC anticipates awarding $264,000 in grants to CADA and PRIDE to expand LifeSkills programmes in at least three primary schools and two schools at the senior level.

- *Expand interdiction efforts:* This initiative involves strengthening the ability of H.M. Customs to interdict drug supply by providing training for persons outside of the Drug Unit. A total of $200,000 is planned for this effort.

Definition of Terms and Concepts

Addiction: is one of the oldest and most commonly used terms to describe and explain the phenomenon of long-standing drug abuse. In some professional circles it has been replaced by the term 'drug dependence'. According to the WHO Lexicon of Alcohol and Drug Terms, 'addiction' is defined as: the repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use and exhibits determination to obtain psychoactive substances by almost any means.

Antisocial Behaviours: Behaviours that lacks consideration for others and may cause damage to the society, whether intentionally or through negligence. This is opposed to prosocial behaviour, which is behaviour that helps or benefits the society. Antisocial behaviour is labelled as such when it is deemed contrary to prevailing norms for social conduct. This encompasses a large spectrum of actions. Use of illegal substances, absences from school, violence and a wide variety of activities are deemed anti-social behaviours. In addition to actions that oppose established law, antisocial actions also include activities that members of society find objectionable even if they are legal, such as drunkenness and sexual promiscuity.

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

CARF: Commission on Accreditation of Rehabilitation Facilities is an independent, nonprofit organisation focused on advancing the quality of services you use to meet your needs for the best possible outcomes. CARF provides accreditation services worldwide at the request of health and human service providers including treatment for addiction and substance abuse. Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value and meeting internationally recognised organisational and programme standards. The accreditation process applies sets of standards to service areas and business practices during an on-site survey. Accreditation, however, is an ongoing process, signaling to the public that a service provider is committed to continuously improving services, encouraging feedback and serving the community. Accreditation also demonstrates a provider's commitment to enhance its performance, manage its risk and distinguish its service delivery.

Demand Reduction: Describe policies or programmes directed towards reducing the consumer demand for narcotic drugs and psychotropic substance covered by the international drug control conventions. More generally it is a term used to refer to the aim of reducing consumer demand for controlled and other drugs or substances. Demand reduction is a broad term used to encompass a range of policies and programmes seeking a reduction of the desire and preparedness to obtain and use drugs.

Drug: This is a term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare. In pharmacology, it means any chemical agent that alters the biochemical or physiological processes of tissues or organisms or produces physical, mental, emotional, or behavioural changes in the user. In the context of international drug control, "drug" means any of the

substances listed in Schedule I and II of the 1961 Single Convention on Narcotic Drugs, whether natural or synthetic.

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

Drug Dependence: A syndrome characterised by a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by a dependency on psychoactive chemicals, loss of control over the amounts and circumstances of use, symptoms of tolerance, psychological or physiological withdrawal or both, if use is reduced or discontinued, and impairment of health or disruption of social and economic functioning'. For the most part the term drug dependence also includes alcohol dependence.

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

Early Intervention: usually involves identification of the onset of use or early-stage problems in individuals or groups who do not yet require treatment. For the purposes of this document, 'prevention' includes both primary prevention and early intervention.

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

Illicit (or Illegal) Drug: A psychoactive substance, the production, sale, or use of which is prohibited. Drugs which are under international control (and which may or may not have licit medical purposes) but which are produced, trafficked and/or consumed illicitly. Strictly speaking, it is not the drug that is illicit, but its production, sale, or use in particular circumstances in a given jurisdiction. "Illicit drug market", a more exact term, refers to the production, distribution and sale of any drug outside the legally sanctioned channels.

Indicated Prevention Programmes: targets young people who are identified as having already started using drugs or exhibiting behaviours that make problematic drug use likely, but who do not yet meet formal diagnostic criteria for a drug abuse disorder, which requires specialised treatment. Examples of such programmes include providing social skills or parent-child interaction training for drug using youth.

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

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

Prevention: a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviours and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, e.g., solvents and aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.

Prevention Domains: are spheres of influence in which prevention activities are conducted. Domains are usually considered to include individuals (self and peers), school, workplace, family, community and society. Prevention services are intended to prevent substance use or abuse that can be conducted as a single or a recurring service at the individual, peer, school, family or community level.

Primary Prevention: focuses on individuals or populations before the onset of harmful involvement with alcohol or drugs. However, some prevention strategies (such as laws and policies) are applicable to all persons in an environment, regardless of their level of current use.

Protective Factors: Characteristics that are known to decrease the likelihood that a young person will engage in problem behaviours (substance abuse, depression and anxiety, delinquency, teen pregnancy, school dropout, or violence). They encompass family, social, psychological and behavioural characteristics. Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood of problem behaviours arising. Some youngsters who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts or teen parents. Balancing the risk factors are protective factors – those aspects of people's lives that counter or buffer risk. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding and healthy beliefs and clear standards.

Risk Factors: Characteristics in the community, family, school, peer and individual's environments that are known to increase the likelihood of a young person engaging in problem behaviours.

Selective Prevention Programmes: these types of programme targets young people based on the presence of known risk factors of drug involvement. Targets have been identified as having an increased likelihood of initiating drug use compared to young people in general. These programmes are aimed at reducing the influence of the risk factor, enhancing protective factor and preventing drug use initiation. Selective prevention targets those who are at greater-than-average risk for substance use. Targeted individuals are identified on the basis of the nature and number of risk factors for substance use to which they may be exposed. Examples of selective prevention programmes for substance abuse include skill training programmes that target young children of substance abusing parents, or families who live in high crime or impoverished neighbourhoods and mentoring programmes aimed at children with school performance or behavioural problems.

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

Supply Reduction: A broad term used for a range of activities designed to stop the production, manufacture and distribution of illicit drugs. Production can be curtailed through crop eradication, or through large programmes of alternative development. Supply control is a term often used to encompass police and customs activities.

Treatment: The process of that begins when psychoactive substance abusers come into contact with a health provider or any other community service and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached. More specifically, treatment may be defined as a comprehensive approach to the identification, assistance and health care with regard to persons presenting problems caused by use of any psychoactive substance. Essentially, by providing persons, who are experiencing problems caused by use of psychoactive substances, with a range of treatment services and

opportunities which maximise their psychical, mental and social abilities, these persons can be assisted to attain the ultimate goal of freedom from drug dependence and to achieve full social integration. Treatment services and opportunities can include detoxification, substitution/maintenance therapy and/or psychosocial therapies and counselling. Additionally, treatment aims at reducing the dependence on psychoactive substances, as well as reducing the negative health and social consequences caused by, or associated with the use of such substances.

Treatment: in general terms is the provision of one or more structured interventions designed to manage health and other problems as a consequence of drug abuse and to improve or maximise personal and social functioning. According to the World Health Organisation (WHO) Expert Committee e on Drug Dependence, the term 'treatment' refers to "the process that begins when psychoactive substance abusers come into contact with a health provider or any other community service, and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached. Essentially, by providing persons, who are experiencing problems caused by their use of psychoactive substances, with a range of treatment services and opportunities which maximise their physical, mental and social abilities, these persons can be assisted to attain the ultimate goal of freedom from drug dependence and to achieve full social reintegration. Additionally, treatment aims at reducing the dependence on psychoactive substances, as well as reducing the negative health and social consequences caused by, or associated with, the use of such substances.

Universal Prevention Programmes: these programmes are the broadest and are designed to reach the entire population without regard to individual risk factors. Participants are not recruited to participate in the programme and the degree of individual substance use is not accessed. Universal programmes mainly have the objective of promoting health and well-being and of preventing the onset of drug use, with children and young people as the usual prime focus groups. Examples of universal prevention interventions for substance abuse include substance abuse education using school-based curricula for all children, media and public awareness campaigns, social policy changes, such as reducing access of alcohol or cigarettes to minors.

Evolution of The National Drug Control Master Plan

2013–2017	National Drug Control Master Plan 2013 – 2017
2012	Needs Assessment for the Renewal of the National Drug Control Master Plan 2013 – 2017
2012	Evaluation of the Framework for the National Drug Control Policies and Master Plan
2009–2010	Directory of Demand Reduction Services: Prevention and Treatment Agencies Directory 2009 – 2010
2008	The Bermuda Demand Reduction Approach: Prevention and Treatment Strategies
2007–2011	A Framework for the National Drug Control Policies and Master Plan
2007–2011	Action Plan 2007 – 2011: Proposed Actions on the Implementation of the National Drug Control Master Plan 2007 – 2011

Appendix: Drug Control Expenditure History

In addition to the programmes provided by key partners, the DNDC provides core drug prevention and education support at the community level as well as public education activities geared toward raising awareness, at the community level, of the dangers and consequences of drug use. The table below shows the Government's expenditure for the past seven fiscal years by the DNDC and its key treatment and prevention partners in the areas of coordination, drug demand and supply reduction, and research, monitoring and evaluation. The National Policy is intended to be balanced between demand and supply reduction, as reflected in the expenditures below.

National Drug Control (Government) Expenditure: 2007/2008 to 2013/2014[13]

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Revised ($000)	Estimate ($000)
TOTAL	**24,579**	**24,597**	**27,202**	**28,743**	**28,904**	**22,555**	**20,139**
Coordination	2,191	2,346	1 ,444	3,007	1,522	1,357	1,135
Research, Monitoring, & Evaluation	180	187	236	157	295	354	331
Demand Reduction	7,962	9,033	13,973	12,089	16,661	13,493	9,975
Prevention	982	1,341	1,218	1,421	711	780	793
Treatment & Rehabilitation	6,711	7,418	12,555	10,468	15,850	12,613	9,082
Other (BACB & BSADA)	269	274	200	200	100	100	100
Supply Reduction	**14,246**	**13,031**	**11,551**	**11,228**	**6,394**	**4,236**	**8,698**
PERCENTAGE OF TOTAL DRUG CONTROL BUDGET							
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Coordination	8.9	9.5	5.3	10.5	5.3	6.0	5.6
Research	0.7	0.8	0.9	0.5	1.0	1.6	1.6
Demand Reduction	**32.4**	**36.7**	**51.4**	**42.1**	**57.6**	**59.8**	**49.5**
Prevention	4.0	5.5	4.5	4.9	2.5	3.5	3.9
Treatment & Rehabilitation	27.3	30.2	46.2	36.4	54.8	55.9	45.1
Other (BACB & BSADA)	1.1	1.1	0.7	0.7	0.3	0.4	0.5
Supply Reduction	**58.0**	**53.0**	**42.5**	**46.9**	**36.1**	**32.6**	**43.2**

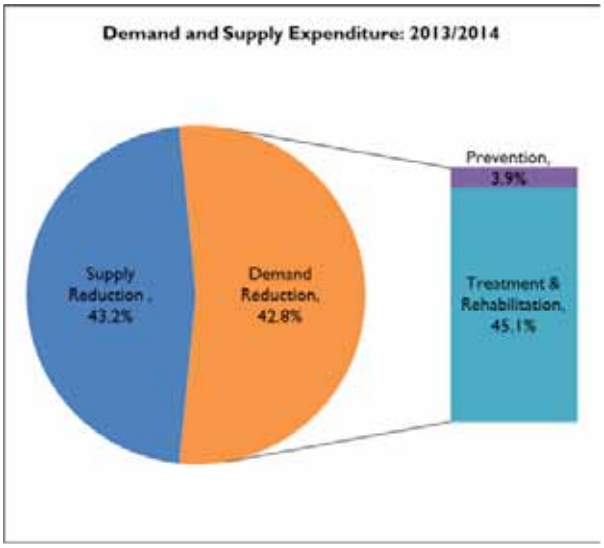
In the current fiscal year, proposed expenditure on drug demand (49.5%) and supply reduction (43.2%) are almost balanced. However, within demand reduction, treatment and rehabilitation still accounts for the greater proportion compared to prevention.

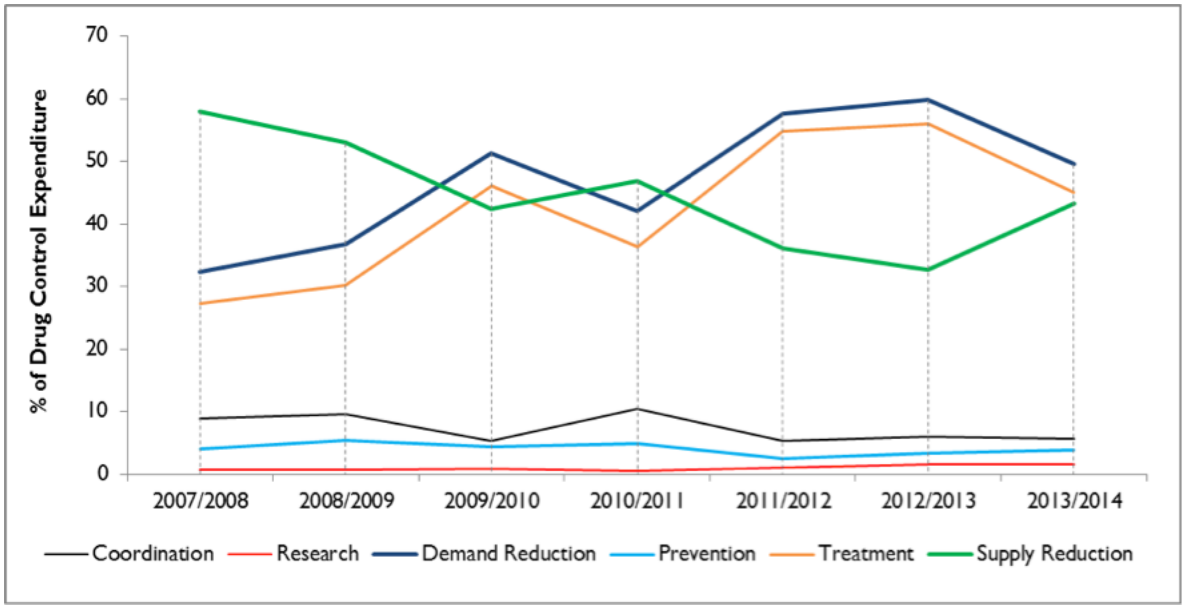
The line graph on the next page shows the disparate trend in the allocation of funds to the various drug control activities over the years.

Overall, Government expenditure on drug control (demand and supply reduction), has fluctuated over the last seven years under consideration. In any given year during this period, the government has spent between

[13]Sourced from Government of Bermuda's A*pproved estimated of revenue and expenditure for the years 2008/2009, 2009/2010, 2010/2011, 2011/2012, 2012/2013* and *2013/2014.*

$20 (2013/2014) and $29 million (2011/2012) on drug control. Demand reduction efforts received a smaller proportion of the allocated resources in two of the seven years under review when compared to the allotment given to supply reduction; as low as 32% (in 2007/2008) but as much as 60% (in 2012/2013). Government expenditure on supply reduction, which entails enforcement, interdiction and intelligence, accounted for at most 58% of the resources in 2007/2008 dedicated to drug control, dropping to 43.2% in 2013/2014, striking a much closer balance with demand reduction expenditure.





Coordination Mechanism

Over the past seven years the amount of money allocated to coordination of national drug control efforts has mainly been on the decline; with the exception of 2010/2011, where there was a 108% increase in the allotment to this function (see next table). The amounts shown on this table reflect the allocation toward the DNDC administration cost centre, a greater portion, as well as the smaller provision for the Master Plan oversight and implementation.

Government Expenditure on Coordination[14]

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Revised ($000)	Estimate ($000)
Coordination	2.191	2,346	1,444	3,007	1,522	1,357	1,135
Annual % Change	-	7.1	-38.4	108.2	-49.4	-10.8	-16.4
Administration	2,191	2,324	1,444	2,869	1,468	1,232	1,100
Master Plan	-	22	-	138	54	125	35

[14]Sourced from Government of Bermuda's Approved Estimates of Revenue and Expenditure for the years 2008/2009, 2009/2010, 2010/2011, 2011/2012, 2012/2013 and 2013/2014.

Demand Reduction

Over the past seven 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 ranged from 82% in 2008/2009 to 95% in 2011/2012 of total expenditure on demand reduction; implying that expenditure on prevention services only accounted for approximately less than 15%, and in most years, less than one-tenth of government's expenditure on drug demand reduction. In 2011/2012, expenditure on drug prevention reached an all time low accounting for about 4% of drug demand reduction expenditure but has seen a slight increase in the last two years reaching 8% in 2013/2014.

Government Expenditure on Demand Reduction[15]

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Revised ($000)	Estimate ($000)
Total Demand Reduction	7,962	9,033	13,973	12,089	16,661	13,493	9,975
Annual % Change	-	13.5	54.7	-13.5	37.8	-19.0	-26.1
Treatment	6,711	7,418	12,555	10,468	15,850	12,613	9,082
% of Total Demand Reduction	84.3	82.1	89.9	86.6	95.1	93.5	91.0
Annual % Change in Treatment	-	15.5	69.3	-16.6	51.4	-20.4	-28.0
DNDC Treatment Unit	133	280	(8)	215	192	301	315
MT*	551	662	1,093	675	998	653	729
WTC	1,034	1,173	937	1,024	989	1,096	1,100
BARC	929	1,003	1,018	1,017	995	1,111	1,069
BYCS	484	570	821	990	909	1,224	1,268
Drug Court	426	426	446	454	437	453	444
Prison Programme	-	-	542	317	1,431	779	1,488
Turning Point[#]	2,186	2,396	2,540	2,410	2,426	2,384	2,384[e]
Grants							
FOCUS	416	416	416	416	200	200	185
Salvation Army	287	350	350	350	100	100	100
Capital Project[+]	265	142	4,400	2,600	7,173	4,312	-
Prevention	982	1,341	1,218	1,421	711	780	793
% of Total Demand Reduction	12.3	14.8	8.7	11.8	4.3	5.8	7.9
Annual % Change in Prevention	-	72.8	-9.2	16.7	-50.0	9.7	1.7
DNDC Prevention Unit	306	318	215	434	254	214	234
DNDC Community Education	67	231	142	87	131	234	276
Grants							
External Bodies	-	10	79	118	(6)	-	-
Family Centre	-	150	150	150	-	-	-
PRIDE	403	402	402	402	202	202	183
CADA	206	230	230	230	130	130	100
Other	269	274	200	200	100	100	100
BACB	147	204	200	200	100	100	100
BSADA	122	70	-	-	-	-	-

*Includes confiscated assets toward rent.
[+]Marlborough Gardens and Captains-in-Charge.
[#] Sourced directly from Turning Point Substance Abuse Programme
[e] Estimated

[15]Sourced from Government of Bermuda's Approved Estimates of Revenue and Expenditure for the years 2008/2009, 2009/2010, 2010/2011, 2011/2012, 2012/2013 and 2013/2014.

Supply Reduction

The next table shows expenditure for the past seven fiscal years allocated to supply reduction agencies in the areas of supply reduction and control. 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. However, in 2013/2014 supply reduction received a significant increase of 18.3%. The majority of the supply reduction budget is allocated to the Bermuda Police Service for its drugs and intelligence division, accounting for between 48% and 90% of the supply reduction budget and about one- to two-thirds of the total drug control expenditure in the past seven years. In the past three budget years, a greater proportion of resources has been allocated to H.M. Customs and Border Control for interdiction, reaching at most 52.3% in 2013/2014. In 2013/2014 the amount allocated to H.M. Customs was proportionately greater than the amount given to the Bermuda Police Service for the first time in the seven years considered.

Government Expenditure on Supply Reduction[16]

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Revised ($000)	Estimate ($000)
Total Supply Reduction	**14,246**	**13,031**	**11,551**	**13,490**	**10,426**	**7,351**	**8,698**
Annual % Change in Supply Reduction	-	-8.5	-11.4	16.8	-22.7	-29.5	18.3
Police – Enforcement (Drug & Intelligence Division)	**12,818**	**11,003**	**9,365**	**11,228**	**6,365**	**4,236**	**4,148**
% of Total Supply Reduction	90.0	84.4	81.1	83.2	61.0	57.6	47.7
Annual % Change in Police	-	-14.2	-14.9	19.9	-43.3	-33.4	-2.1
Customs (Interdiction)	**1,428**	**2,028**	**2,186**	**2,262**	**29**	**-**	**4,550**
% of Total Supply Reduction	10.0	15.6	18.9	16.8	0.3	-	52.3
Annual % Change in Customs	-	42.0	7.8	3.5	-98.7	-100.0	-
Border Control (Interdiction)	**-**	**-**	**-**	**-**	**4,032**	**3,115**	**-**
% of Total Supply Reduction	-	-	-	-	38.7	42.4	-
Annual % Change in Border Control	-	-	-	-	-	22.7	-100.0

[16]Ibid.

Research, Monitoring and Evaluation

Drug-related research is funded through the DNDC's budget allocated to the Research Unit. This allotment has fluctuated over the years, reaching a high of $354,000 in 2012/2013 but declined this year by 6.5%. However, this amount is still more than the $157,000 received in 2010/2011, the lowest allocation to research and policy over the seven year period.

Government Expenditure on Research, Monitoring and Evaluation[17]

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Actual ($000)	Revised ($000)	Estimate ($000)
Research	**180**	**187**	**236**	**157**	**295**	**354**	**331**
Annual % Change	-	3.9	26.2	-33.5	87.9	20.0	-6.5

[17]Sourced from Government of Bermuda's Approved Estimates of Revenue and Expenditure for the years 2008/2009, 2009/2010, 2010/2011, 2011/2012, 2012/2013 and 2013/2014.

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