



GOVERNMENT OF BERMUDA  
Ministry of Social Development and Sports

Department for National Drug Control

# Public Perception of Substance Abuse/Misuse Report





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## FOREWORD

*Public opinion is the thermometer a monarch should constantly consult.*  
~ Napoleon Bonaparte

Each year the complexity of the drug situation increases. The Department for National Drug Control (DNDC) is tasked with monitoring the national drug situation in Bermuda and supporting Governments efforts to reduce substance abuse and misuse. One of the main goals of this survey was to obtain responses that are both rational and pragmatic, that relinquish ideology and renounce illusions about a drug-free society, but provides opinion that can be translated into policy and even possibly legislation.

Public opinion plays an important role in determining policy and informing the DNDC's demand reduction efforts. The shortcomings of drug policies are evidenced by the absence of enforcement of current legislation and little success in implementing comprehensive reform. Substance abuse/misuse reform must take into account some local parameters and the real needs of individuals and communities. Thus, it is essential for policy to be based on an in-depth analysis of the problems that need to be solved and they must also mobilize all those who are involved in the process, and those affected directly or indirectly by the disease of addiction.

Some jurisdictions are offering harm reduction services, providing alternatives to punishment for non-violent drug offences, and legally regulating cannabis and new psychoactive substances. For too long, people who use drugs have been rejected by society and perceived as asocial, deprived or deviant. Prejudices and fears surrounding drugs are expressed in stigmatizing language, stigmatization leads to social discrimination and repressive laws, and prohibition validates fears and prejudices. This vicious cycle must be broken.

Governments are responsible for taking into consideration all the evidence available in order to meet the needs of residents in Bermuda. Public opinion surveys on alcohol and drug abuse and misuse, provides another method by which the community can have direct input into shaping the services needed by the community. All members of society must demand to be informed about the real costs of drug policies and how they impact communities and the economy. Only in this way can each citizen engage with a full understanding of the facts in a debate about the way forward for drug control.



**JOANNE DEAN, Director**  
**Department for National Drug Control**  
May, 2018



## EXECUTIVE SUMMARY

The current survey on public perceptions of substance abuse and misuse, was implemented to gather information from the general public to utilize toward the “*Green Paper on Substance Misuse and Abuse*”. The Green Paper, was commissioned to assist Government with determining the best way forward concerning substance abuse and misuse in the Bermuda community with an emphasis being placed on decreasing substance abuse/misuse and increasing substance abuse rehabilitation.

This survey is the first of its kind conducted by the DNDC and serves to inform policy makers on the public’s opinions and beliefs regarding prevention and treatment of substance abuse/misuse. It aims to identify characteristics and social factors that are associated with drug misuse and abuse.

In addition to demographic questions, the survey contains questions on concern and awareness, social and retail availability, consequences of drug use, law enforcement, substance abuse treatment, and substance abuse prevention.

This survey was a web-based telephone survey, administered during the period of March 21<sup>st</sup>-28<sup>th</sup>, targeting a representative sample of 501 adults age 16 years and older residing in Bermuda. A sample size of 501 households was selected as it was statistically established that this sample size would be large enough to produce sufficiently reliable estimates with a low margin of error and that reflect true values of the population.

Overall, 56.1% females and 43.9% males were represented in the sample; 55.7% were Blacks, 32.1% Whites, and 12.2% were of other races. Most of the respondents were employed or self-employed and finished at least a secondary-level education.

Key findings include:

- Respondents were very concerned or concerned about drug (77.7%) and alcohol (77.2%) abuse in the community.
- People identified alcohol as being abused or misused the most at 92.9% and followed by abuse or misuse of marijuana at 78.0%.
- Amongst youth 12-17 years, marijuana was the substance that people said was used most by this group; young adults 18-25 years were thought to mostly use marijuana as well at 56.3%; adults 26-45 years were perceived to use cocaine (63.0%); respondents thought adults 46-65 years were using non-prescription tranquilisers/stimulants the most at 13.7%; those 65+ were not really thought to use many substances.
- Alcohol, marijuana, and cocaine were thought to be used by people known to survey respondents.
- People said that one of the dangers associated with substance abuse and misuse were addiction (97.4%), followed by use abuse or misuse (91.1%), overdose (89.1%) and death (89.3%).

- Non-criminal penalties for cannabis use saw support mostly for no legal consequences, but result in compulsory education and treatment (60.0%); 56.4% felt that use should be defined as a non-criminal offence, and the penalty be a fine; there were some survey participants who felt that cannabis use should be a criminal offence and be subjected to criminal enforcement, criminal penalty and a criminal record (27.3%).
- Alcohol, solvents and marijuana were said to be the easiest substances to have access to obtaining,
- Alcohol could be obtained in an hour or less, as well as solvents.
- Top responses for regulating cannabis included: banning cannabis altogether in Bermuda, legalizing it and regulate as seen in parts of the U.S.; decriminalization, such as a public fine for use and setting limits around the amount that can be used.
- Majority of respondents were in favor of more severe legal penalties for drink driving (87.6%) and also supported the idea of having a visible police presence around licensed venues such as bars and nightclubs (87.9%).
- Drug abuser's actions affect themselves, their families and their communities through addiction, crime, health issues/ death, destruction of family unit and financial hardships such as job loss.
- In order to better support families whose loved one is addicted to alcohol or drugs there is a need for counseling, education and support groups.
- 97.2% said that treatment should be available to all drug users, according to their needs; 51.7% said that they do not know where to refer someone who is in need of treatment for substance abuse/misuse in Bermuda.
- Of the 228 persons who reported that they know where to refer someone who is in need of treatment for substance abuse/misuse in Bermuda, respondent's highlighted treatment facilities such as Mid Atlantic Wellness Institute (MAWI), Turning Point and Harbourlight- Salvation Army.
- Majority of respondents (73.0%) were not aware of any substance abuse/misuse prevention strategies in Bermuda.
- Of the 116 survey participants who were aware of a substance abuse/misuse prevention strategy, CADA and Drive for Change Campaign were identified.
- In the last 12 months it was reported that most (33.3%) participants have seen or heard information regarding alcohol prevention strategies in Bermuda. Prevention strategies regarding marijuana ranked second highest (18.6%) seen by the respondents.

Although the survey on public opinion of substance abuse and misuse provides useful information, it has certain limitations: 1) this survey is the first of its kind in Bermuda, it serves to provide baseline information of the attitudes, opinions and knowledge of a host of alcohol and drug related policy measures and therefore no data exists by which it can be compared; 2) the data are self-reports of opinion and attitudes, and their value depends on respondents' willingness to provide information and their ability to recall past experiences; and 3) the survey is cross-sectional rather than longitudinal; that is, individuals were interviewed only once and were not followed for subsequent interviews.

## I. INTRODUCTION

### BACKGROUND

Globally there has been a shift in public opinion on drug policy, particularly as it relates to cannabis. These changing attitudes at times appear to be driving a growing liberal view of drug use, an attitude that at times is passed on to youth. Public opinion can play an important role in determining policy and informing political processes. The 'affected community' notion suggests that policy should be informed by the people it most directly affects – however we do not know, for example, if people who use drugs have similar or different views to the broader population about fundamental drug policy questions such as drug prevention, treatment and drug legislation.

The current survey on public perceptions of substance abuse and misuse, was implemented to gather information from the general public to utilize toward the "*Green Paper on Substance Misuse and Abuse*". The Green Paper, was commissioned to assist Government with determining the best way forward concerning substance misuse and abuse in the Bermuda community with an emphasis being placed on decreasing substance misuse/abuse and increasing substance abuse rehabilitation.

In Bermuda, the majority of survey data regarding attitudes to drug policy are collected at the population level with respect to consumption, whereas general opinions of alcohol and drug policy often remain underexplored. To address the gap in our collective understanding about public attitudes on substance abuse, households in Bermuda were surveyed by telephone concerning key indicators of substance-related problems. Respondent views have been aggregated and are reported in the following sections: Demographics, Concern and Awareness, Social and Retail Availability, Consequences of Drug Use, Law Enforcement, Substance Abuse Treatment, and Substance Abuse Prevention.

### PURPOSE

This survey is the first of its kind conducted by the DNDC and serves to inform policy makers on the public's opinions and beliefs regarding prevention and treatment of substance abuse/misuse. It aims to identify characteristics and social factors that are associated with drug misuse and abuse.

### SURVEY LIMITATIONS

As this survey is the first of its kind in Bermuda, it serves to provide baseline information of the attitudes, opinions and knowledge of a host of alcohol and drug related policy measures and therefore no data exists by which it can be compared. Additionally, the

data are self-reports of opinion and attitudes, and their value depends on respondents' willingness to provide information and their ability to recall past experiences. The survey is cross-sectional rather than longitudinal; that is, individuals were interviewed only once and were not followed for subsequent interviews. Therefore, the survey provides an overview of a person's opinion at specific points in time.

## **II. METHODOLOGY**

### **SURVEY DESIGN**

The 2018 Public Perception of Substance Abuse/Misuse Survey was a web-based telephone survey, administered during the period of March 21<sup>st</sup>-28<sup>th</sup>, targeting a representative sample of 501 adults age 16 years and older residing in Bermuda. A sample size of 501 households was selected as it was statistically established that this sample size would be large enough to produce sufficiently reliable estimates with a low margin of error and that reflect true values of the population (that is, with  $\pm 5\%$  error at the 95% confidence interval).

### **POPULATION COVERAGE AND PARTICIPANTS**

The survey targeted 501 persons residing (residing at the sampled house address for at least six months) in Bermuda who were 16 years and older. There were no exclusionary criteria to participate in this survey.

### **DATA COLLECTION**

Prior to the commencement of the data collection period, respondent households were systematically randomly selected to participate in the survey. The process of randomly selecting households was conducted by the Department of Statistics.

### **Questionnaire Design**

The survey instrument consists of seven sections that cover different aspects of the public's perception on substance abuse/misuse. The instrument consists of 31 questions. The actual wording of the questions and response options, is included in Appendix VI of this report.

The sections covered in the questionnaire are:

1. Demographics
2. Concern and Awareness
3. Social and Retail Availability
4. Consequences of Drug Use
5. Law Enforcement
6. Substance Abuse Treatment
7. Substance Abuse Prevention

The online method utilised, was a web-based questionnaire system, Survey Monkey; thereby offering the benefits of convenient data collection while at the same time populating the dataset. In addition, non-sampling errors were minimised by including automated skip instructions which allowed interviewers to skip questions that were not to be responded to by an individual if they were irrelevant. This method enhanced the timeliness of data collection and the accuracy of the data.

### **Survey Administration**

The data collection process was carried out by a team of 10 temporary interviewers and was completed during the hours of 5:00-8:00 pm from Monday to Friday and 10:00 am-6:00 pm Saturday and Sunday. The survey was administered during the week of March 21<sup>st</sup>- 28<sup>th</sup>, 2018.

A one-hour training session was held on March 19<sup>th</sup> from 5:00pm-6:00pm, in the Department for National Drug Control's (DNDC) boardroom and was conducted by the Department for National Drug Control's (DNDC) Research Unit staff. This training prepared the interviewers for data collection in terms of their role and responsibility; understanding important information such as the purpose of the survey, concepts and definitions; interviewing techniques; selection of household participant; web-based platform; and how to consistently administer the survey questionnaire to individuals. Each interviewer was required to sign a confidentiality agreement before commencing employment. The survey was administered using computers and telephones housed in the offices of the DNDC under the supervision of the Research Unit staff.

Each interviewer was provided with a survey kit that included a list of household telephone numbers to be contacted, the hyperlink to the survey along with any other important documentation.

During the data collection phase of the survey, interviewers were faced with minimal challenges. The challenges identified were mainly on account of telephone numbers

being out of service, duplicate telephone numbers but to a different house assessment number, establishing contact with a household, and the Internet being unresponsive at times.

## **Data Processing**

The data were collected from 501 persons, 16 years and older, from all parts of the Island. More responses than the initially targeted 400 were collected to adjust for any anomalies that may have arisen in the data. Responses were captured by Survey Monkey and exported to an SPSS file that was available for download and data processing.

The DNDC's Research Unit staff reviewed the data for completeness and accuracy. Where necessary the data were cleaned. This included, but not limited to ensuring completed thoughts were captured in the "Consequences of Drugs" section as these were open-ended questions, categorising open-ended response options into alphabetical order to group together like responses, and checking for inconsistencies and anomalies, such as questions that should be answered were answered and vice versa. Next, appropriate tables and descriptive statistics were generated for inclusion in this final report.

Imputations were not made for missing data since it would be difficult to assign responses founded on opinions. However, the only missing data were those where persons chose not to respond to a question. Nonetheless, no critical data such as respondent demographics was unreported.

## **DATA QUALITY**

### **Response Rate**

The intended sample of one person 16 years and older at 501 valid addresses was attained since sampling with replacement was utilized. Therefore, there was a 100.0% response rate to this survey.

### **Validation**

In order to ensure that a high level of accuracy was attained, checks were made for logical inconsistencies. For example, a person who reported that they were aware of treatment facilities in Bermuda should be able to respond to the question on what the name of the facility known was. Another example, is the report of known prevention strategies in Bermuda should be able to respond to the question on the names of the prevention strategies' the respondent was aware of.

## **DATA ANALYSIS**

For the purpose of this report, analyses were done for each section of the questionnaire. Frequencies of percentages were generated for all questions. The percentages can be interpreted as the proportion of adults who feel a certain way about a statement or question. There are instances where a small number or proportion of residents reported them in the survey. As standard practice, questions containing less than 10 responses would not be reported as they do not provide meaningful information and are considered unstable from a statistical perspective.

For the purpose of this report, the data analysis of the survey results was limited to descriptive analysis of the responses to all questions by the participants. Analyses were done for each section of the questionnaire. Frequencies of percentages were generated for all variables as well as relevant cross tabulations of certain key variables of perceived association.

The results are presented for the overall surveyed population and, in some instances, by specific population characteristic; illustrated by using tables and charts accompanied by summary statements. The data was analysed using Survey Monkey, SPSS v. 23. Charts and tables were created in Microsoft Excel.

### III. RESULTS

#### DEMOGRAPHICS

##### *Most survey participants were female*

The characteristics of the respondents were assessed by gathering information on a number of key variables such as age, sex, race, parish of residence among others. The results revealed that the largest (39.4%) proportion of respondents fell between the age ranges of 46-64 years old.

Of the 501 survey participants more than half (56.1%) indicated that they were females. The largest (15.6%) proportion resided in Pembroke. Over half (55.7%) of the respondents reported that they were black. Just over five-in-ten (52.7%) respondents declared their marital status as married. The highest academic qualification captured by survey participants was a school leaving certificate or high school diploma (34.7%). Four out of every 10 (40.8%) respondents reported that they were employed/self-employed, working 40 hours or more per week (Table 1.1).

TABLE 1.1  
DEMOGRAPHIC CHARACTERISTICS

Characteristic	Percentage of Survey Respondents (%)
<b>Sex</b>	
Male	43.9
Female	56.1
<b>Age (Years)</b>	
16 – 17	2.2
18 – 25	4.0
26 – 45	19.9
46 – 64	39.4
65 +	34.5
<b>Marital Status</b>	
Never Married	24.2
Married	52.7
Widowed	9.6
Divorced	12.8
Legally Separated	0.6
<b>Race</b>	
Black	55.7
White	32.1
Mixed	5.4
Portuguese	3.2
Asian	1.6
Other	2.0



Characteristic	Percentage of Survey Respondents (%)
<b>Parish</b>	
St. Georges	8.6
Hamilton	8.0
Smiths	9.8
Devonshire	12.4
Pembroke	15.6
Paget	10.0
Warwick	14.6
Southampton	11.8
Sandys	9.4
<b>Highest Academic Qualification Completed</b>	
None	5.2
School Leaving Certificate/High School Diploma	34.7
Technical/Vocational Certificate (Bermuda College)	19.8
Associate's Degree	7.2
Bachelor's Degree	19.4
Master's Degree	8.6
Doctorate Degree	1.2
Professional Designation (with or without Prior Academic Qualification)	4.0
<b>Employment Status</b>	
Employed/Self-Employed, working 1-39 hours per week	19.5
Employed/Self-Employed, working 40 or more hours per week	40.8
Not employed, looking for work	3.2
Not employed, not looking for work (e.g., housewife, student, etc.)	4.0
Retired	31.1
Disabled, not able to work	0.6

## CONCERN AND AWARENESS

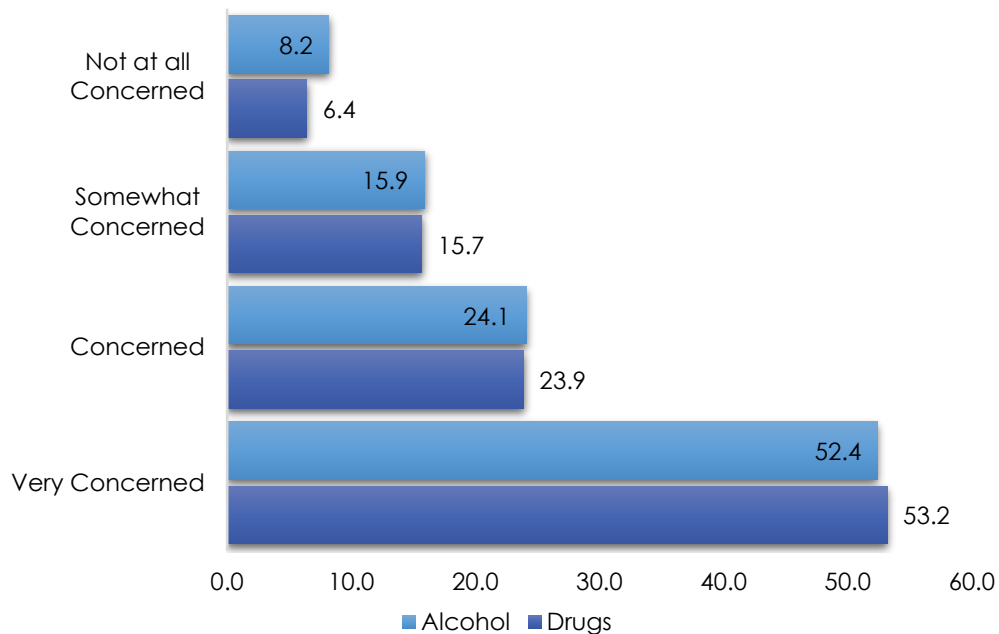
### *People are Concerned about Drug and Alcohol Abuse in their Community*

Respondents were asked about their level of concern with respect to drug and alcohol abuse in the community. When it came to drug abuse in the community, the majority were either very concerned (53.2%) or concerned (23.9%), followed by being somewhat concerned (15.7%), and Not at all concerned at 6.4% (Chart 2.1). Similar results were observed when it came to alcohol abuse in the community. Survey participants said they were very concerned (52.4%) and concerned (24.1%) with alcohol abuse in the community. This was followed by being somewhat concerned (15.9%) and being not at

all concerned at 8.2%. One person mentioned an overall concern for the country and not just their community.

Women were more likely to be very concerned with drug (58.0%) and alcohol (61.9%) abuse in their community, a statistically significant finding ( $p < .01$  and  $.001$ , respectfully). While respondents who were White were more likely to be concerned with drug and alcohol abuse than any other race. When it came to age, respondents 46-64 years were more likely to be very concerned (43.3%) about drug and alcohol (43.0%) abuse in the community ( $p < .001$ ).

Chart 2.1  
CONCERN FOR DRUG AND ALCOHOL ABUSE IN THE COMMUNITY (%)



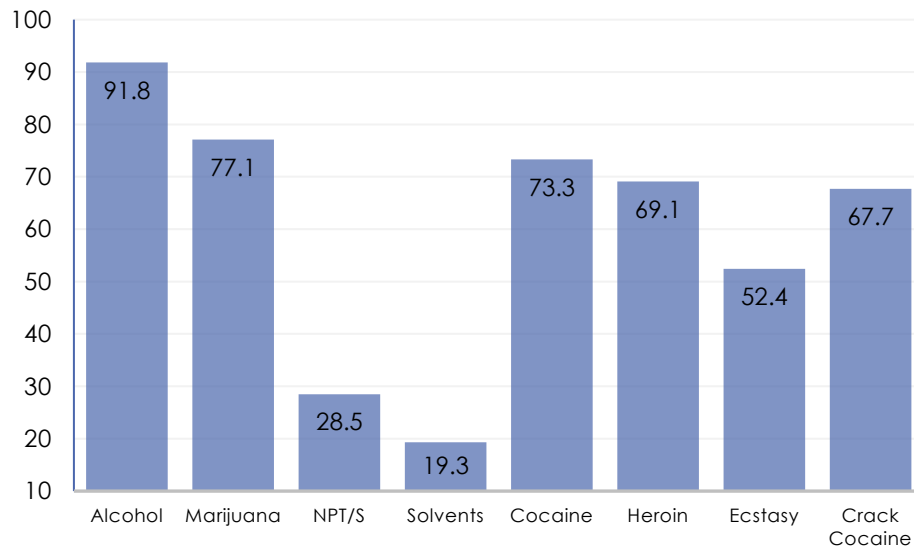
### ***Alcohol is perceived to be most abused or misused substance in Bermuda***

When it came to being aware of the kinds of substances being abused or misused in Bermuda, alcohol was the substance most people identified as being abused or misused the most at 91.8%. However, of the illegal drugs, marijuana was thought to be the most abused substance at 77.1%, followed by cocaine (73.3%), heroin (69.1%), crack cocaine (67.7%), ecstasy (52.4%), non-prescribed tranquilisers/stimulants (28.5%), and solvents (19.3%).

There were no statistically significant differences in opinions on the most abused/misused substance by sex or race. However, when it came to age, respondents who were

between the age of 46-64 years were more likely to indicate alcohol as the substance being abused or misused in Bermuda ( $p < .001$ ). Respondents who were between the age of 46-64 years ( $p < .01$ ) and “White” ( $p < .05$ ) were also more likely to indicate marijuana as a drug of abuse or misuse.

Chart 2.2  
SUBSTANCES PERCEIVED AS BEING ABUSED OR MISUSED IN BERMUDA (%)



\*NPT/S represents non-prescription tranquilisers/stimulants

### **Marijuana perceived as one of the top two substances mostly likely used by most age groups**

Youth 12-17 years were perceived to be most likely to use solvents (31.5%), followed by marijuana (16.7%) (Table 2.1). Young adults 18-25 years were thought to most likely use marijuana (52.2%) and alcohol (48.0%). In contrast, adults 26-45 years were perceived to most likely use cocaine (52.6%) and heroin (50.4%). When it came to adults 46-64 years, non-prescription tranquillisers/stimulants (8.2%) and heroin (9.4%) were thought to most likely be used by this group. Older adults, those 65 years and older, were not perceived to most likely use any substance although non-prescription tranquilisers/stimulants (0.8%) and cocaine, ecstasy, and crack cocaine at 0.8%, respectively, were named as drugs most likely to be abused. Alcohol was not perceived to be used mostly by any of the age groups.

Table 2.1  
 SUBSTANCES MOST LIKELY TO BE USED BY VARIOUS AGE GROUPS (%)

SUBSTANCE	AGE GROUP (YEARS)				
	12-17	18-25	26-45	46-64	65+
Alcohol	10.2	48.0	32.3	4.8	0.4
Marijuana	16.7	52.2	20.9	2.6	0.2
NPT/S	3.8	20.1	26.9	8.2	0.8
Solvents	31.5	16.1	12.2	2.8	0.6
Cocaine	1.8	22.3	52.6	6.0	0.8
Heroin	1.4	19.7	50.4	9.4	0.4
Ecstasy	3.8	40.2	27.9	4.6	0.8
Crack Cocaine	1.4	21.9	51.9	6.8	0.8

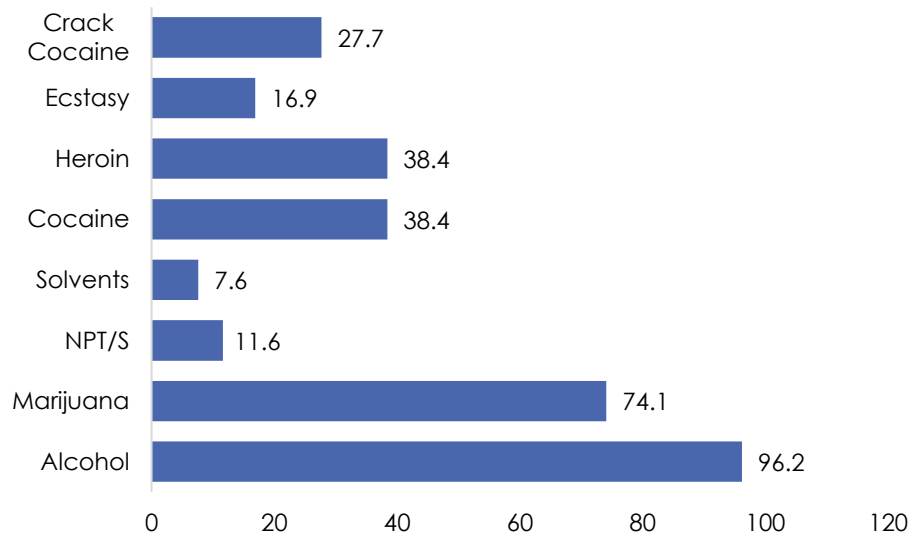
*\*NPT/S represents non-prescription tranquilisers/stimulants*

### People personally know people who used alcohol and marijuana

Most respondents personally knew someone who used alcohol (96.2%), marijuana (74.1%), cocaine (38.4%), heroin (28.1%), crack cocaine (27.7%), ecstasy (16.9%), and non-prescribed transquilisers/stimulants (11.6%).

Chi-square tests of association indicated that respondents who were 46-64 years knew a greater number of people who used alcohol (40.6%,  $p < .05$ ), marijuana (45.2%,  $p < .001$ ), cocaine (45.5%,  $p < .05$ ), and crack cocaine (48.5%,  $p < .05$ ).

Chart 2.3  
 PERCIEVED KNOWLEDGE OF SUBSTANCE USE (%)



\*NPT/S represents non-prescription tranquilisers/stimulants

**Perceived associated dangers with substance abuse/misuse ranges from addiction to death and leads to serious issues**

When asked of the dangers associated with substance abuse/misuse, most respondents agreed that the associated dangers were: addiction (95.6%), that use leads to other substance abuse/misuse (90.2%), overdose (88.2%) and death (87.8%).

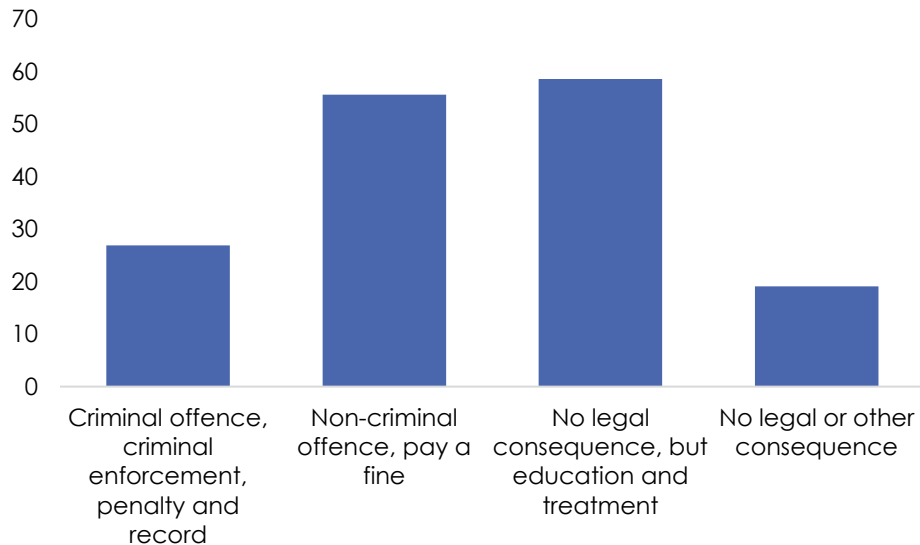
Of the three largest substance abuse/misuse issues in Bermuda, respondents perceived the number one issue to be alcohol abuse, the substance picked as the second largest issue was marijuana use with the third largest substance abuse/misuse issue being cocaine abuse.

**Growing support for non-criminal penalties for cannabis use**

When asked about cannabis use, the majority of the respondents said that use should result in no legal consequences; instead, there should be compulsory education or treatment (58.6%). Over half of those surveyed thought that cannabis use should be classified as a non-criminal offence and the penalty be a fine (55.6%). This was followed by those who felt that cannabis use should be defined as a criminal offence and be subjected to criminal enforcement, criminal penalty, and a criminal record at 26.9%.

Lastly, a smaller proportion of respondents (19.1%) said that cannabis use should result in no legal or other consequences at all.

Chart 2.4  
LEGAL CONSEQUENCE OF CANNABIS USE (%)



## SOCIAL AND RETAIL AVAILABILITY

### *Easy access to legal and illegal substances*

When it came to ease of access, the top three substances (Table 1.2) that were perceived easy to access included alcohol (97.0%), solvents (52.2%), and marijuana (52.0%). Whereas, the most difficult substances to access were heroin (31.7%) and ecstasy (31.1%).

Table 3.1  
Ease of Access to Substances (%)

	Could not have access	Easy	Difficult	Don't know
<b>Alcohol</b>	1.2	97.0	0.2	0.4
<b>Marijuana</b>	10.2	52.0	18.9	17.7
<b>NPT/S</b>	11.4	20.3	28.1	35.5
<b>Solvents</b>	5.0	52.2	10.4	29.3
<b>Cocaine</b>	12.5	26.5	30.9	28.9
<b>Heroin</b>	13.5	24.1	31.7	29.5
<b>Ecstasy</b>	12.4	21.9	31.1	33.5
<b>Crack Cocaine</b>	13.3	24.7	30.5	30.5

### **Legal substances can be obtained in an hour or less**

A number of respondents indicated it would take an hour or less to obtain the legal substances, namely alcohol (92.8%) and solvents (49.2%). When it came to illegal drugs, most respondents said they would be unable to get heroin (26.3%), ecstasy (25.3%), crack cocaine (24.7%), and cocaine (23.5%).

Table 3.2  
LENGTH OF TIME TO OBTAIN A SUBSTANCE (%)

	Hour or less	Few Hours	Within a Day	Greater than a Week	Unable to Obtain
<b>Alcohol</b>	92.8	1.4	1.2	0.2	0.6
<b>Marijuana</b>	44.4	9.8	6.2	3.0	14.3
<b>NPT/S</b>	13.3	7.4	5.6	4.8	20.5
<b>Solvents</b>	49.2	3.4	2.2	1.4	5.8
<b>Cocaine</b>	20.5	6.8	6.6	6.0	23.5
<b>Heroin</b>	18.5	6.6	6.2	4.2	26.3
<b>Ecstasy</b>	17.1	5.2	4.8	6.6	25.3
<b>Crack Cocaine</b>	19.1	6.4	5.6	5.6	24.7

## **LAW ENFORCEMENT**

### **Best way to control or regulate personal/recreational cannabis use in Bermuda:**

When it came to public opinion on how to control or regulate personal/recreational cannabis use in Bermuda, there were a number of responses to this question that ranged from banning cannabis altogether in Bermuda, to legalizing it and regulating it as seen in parts of the U.S. Decriminalization, such as a public fine for use and setting limits around the amount that can be used, was popular as well. Some felt that government should regulate the sale of cannabis and create licensed dispensaries. Others said that they were in favor of medical use or obtaining marijuana by prescription; while others were concerned with a lack of enforcement of the current laws. Many respondents spoke of the need to address social ills in the community, restrictions being put in place to ban smoking marijuana around children and the need for public education, especially for youth (Appendix 1).

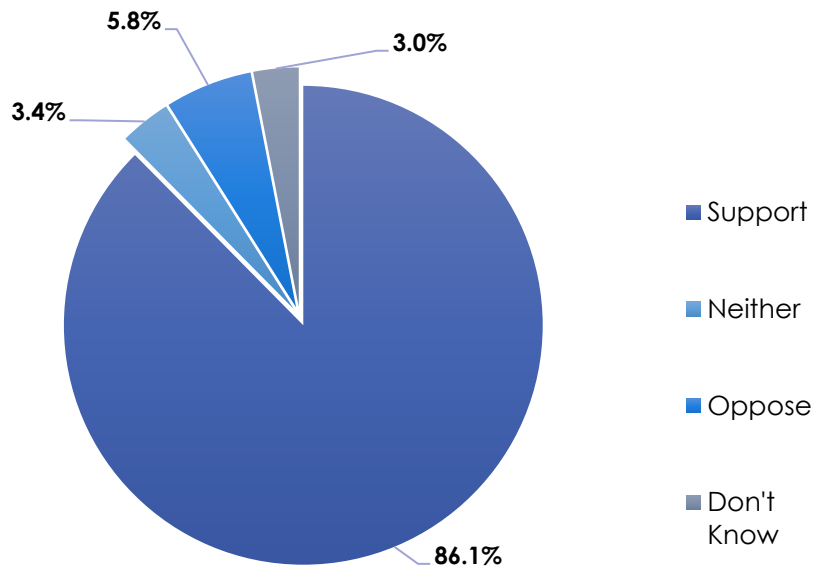
**Three most effective ways public authorities can reduce drug and alcohol problems in Bermuda:**

Respondents offered many solutions to reducing drug and alcohol problems (Appendix 1). The three most common effective ways were focused on: providing the community with education and awareness, especially early education for youth; providing better control of alcohol and drug use through law enforcement and tougher regulations.

**Most people support more severe legal penalties for drink driving**

Majority of respondents were in favor of more severe legal penalties for drink driving (86.1%) and also supported the idea of having a visible police presence around licensed venues such as bars and nightclubs (85.7%) (Chart 4.1).

Chart 4.1  
MORE SEVERE LEGAL PENALTIES FOR DRINK DRIVING





## CONSEQUENCES OF DRUG USE

### *Drug abuser's affect themselves, their families and their communities through addiction, crime and financial hardship*

Substance addiction has a severe impact not only on the individual, but those closest to them, and society as a whole. Substance use results in numerous economic and social consequences. A substance addiction deteriorates an individual's physical and mental well-being. Many times, an individual will lose their job and their family, resulting in the person obtaining support from Government or people in the community.<sup>1</sup>

Respondents were asked three open-ended questions for which they were able to respond in an open manner. Some of the common themes observed from respondents feedback when asked, the ways drug abuse is a serious problem and how drug abuser's actions affect themselves, their families and their communities were; addiction, crime, health issues/ death, destruction of family unit and financial hardships such as job loss. Respondents felt that in order to better support families whose loved ones are addicted to alcohol or drugs, there is a need for counseling, education and support groups (Appendix 1).

## TREATMENT

### *Treatment should be made available to all drug users according to their needs*

Despite popular belief, will power alone is often insufficient to overcome an addiction. Drug use has compromised the very parts of the brain that make it possible to "say no". The need for effective treatment centers that are functioning at international standards are vital to assist in combating addiction. Participants were asked to what extent they agreed or disagreed with the statement, 'treatment should be available to all drug users, according to their needs.' Majority (95.4%) were in favor of this statement. Over half (50.6%) of respondents indicated that they do not know where to refer someone who is in need of treatment for substance abuse/misuse in Bermuda (Chart 6.1 and 6.2). Of the 228 persons who reported that they know where to refer someone who is in need of treatment for substance abuse/misuse in Bermuda, respondent's highlighted treatment facilities such as Mid Atlantic Wellness Institute (MAWI), Turning Point and Harbourlight-Salvation Army (Appendix I).

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<sup>1</sup> The Cabin. (2012). The Impacts Of Substance Addictions on Society. The Cabin Addiction Services Group. <https://www.thecabinchiangmai.com/the-impacts-of-substance-addictions-on-society/> (accessed April 15, 2018).

Chart 6.1

TREATMENT AVAILABILITY TO DRUG USERS ACCORDING TO NEED (%)

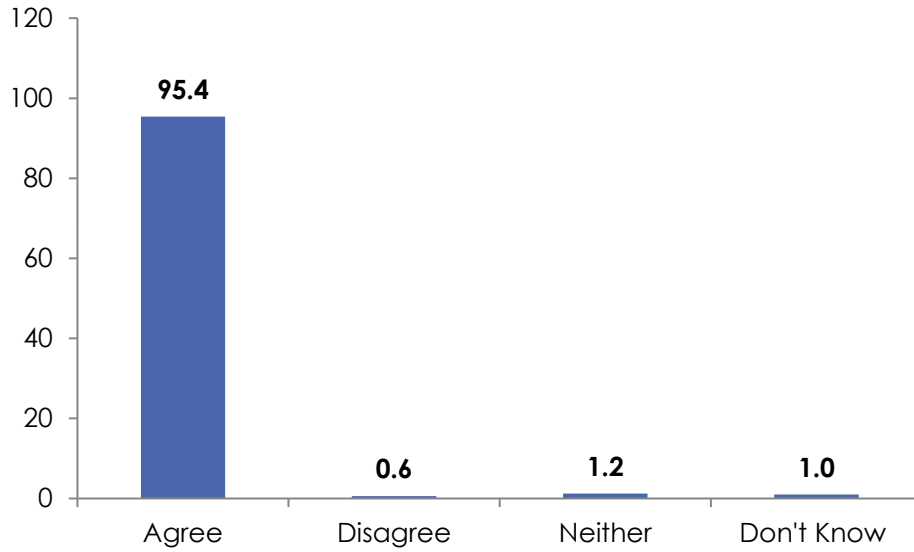
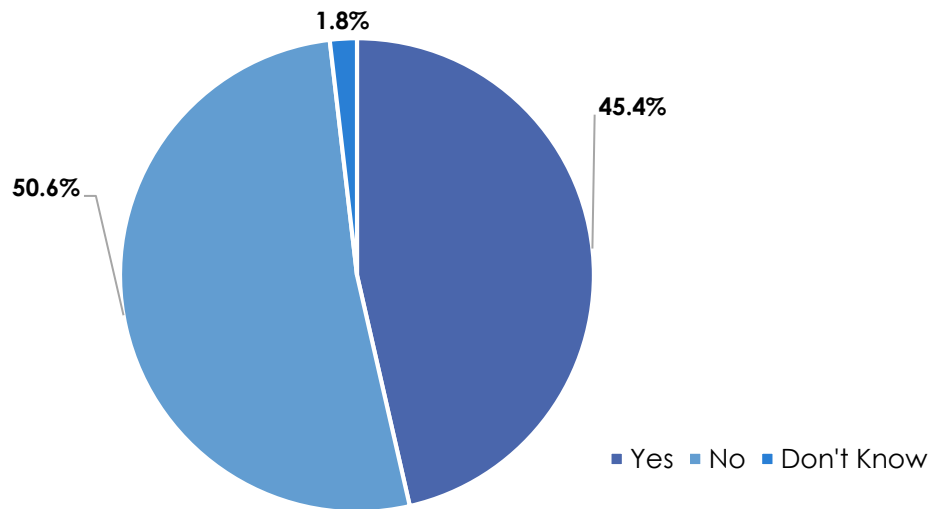


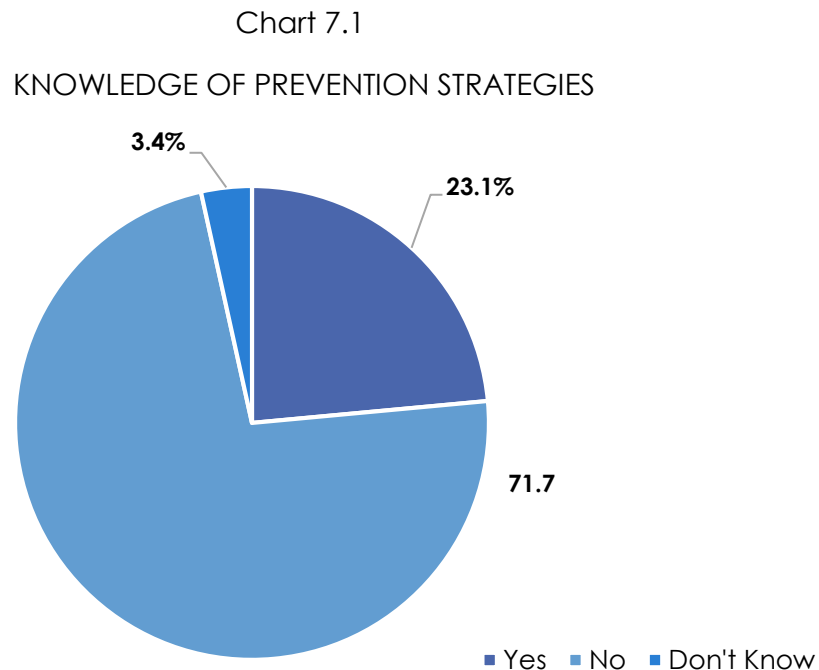
Chart 6.2

REFERING SOMEONE WHO NEEDS TREATMENT



## PREVENTION

Substance abuse/misuse can have long-lasting effects on the developing brain and may interfere with family, positive relationships and general daily performance. The need for prevention programmes that make an impact will assist in early intervention of substance use in our community.<sup>2</sup> Over two thirds (71.7%) of respondents stated that they are not aware of any substance abuse/misuse prevention strategies in Bermuda (Chart 7.1). Survey participants who stated that they were aware of a substance abuse/misuse prevention strategy, identified a variety of them such as; CADA and the Drive for Change Campaign (Appendix I). Whilst the majority of respondents identified not knowing of any prevention strategies, in the last 12 months it was reported that most (32.9%) participants have seen or heard information regarding alcohol prevention strategies in Bermuda. Prevention strategies regarding marijuana ranked second highest (18.3%) seen by the respondents (Table 7.1).



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<sup>2</sup> National Institute on Drug Abuse. (2003). Preventing Drug Use Among Children and Adolescents-Prevention Principles. <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>. (accessed April 15, 2018).

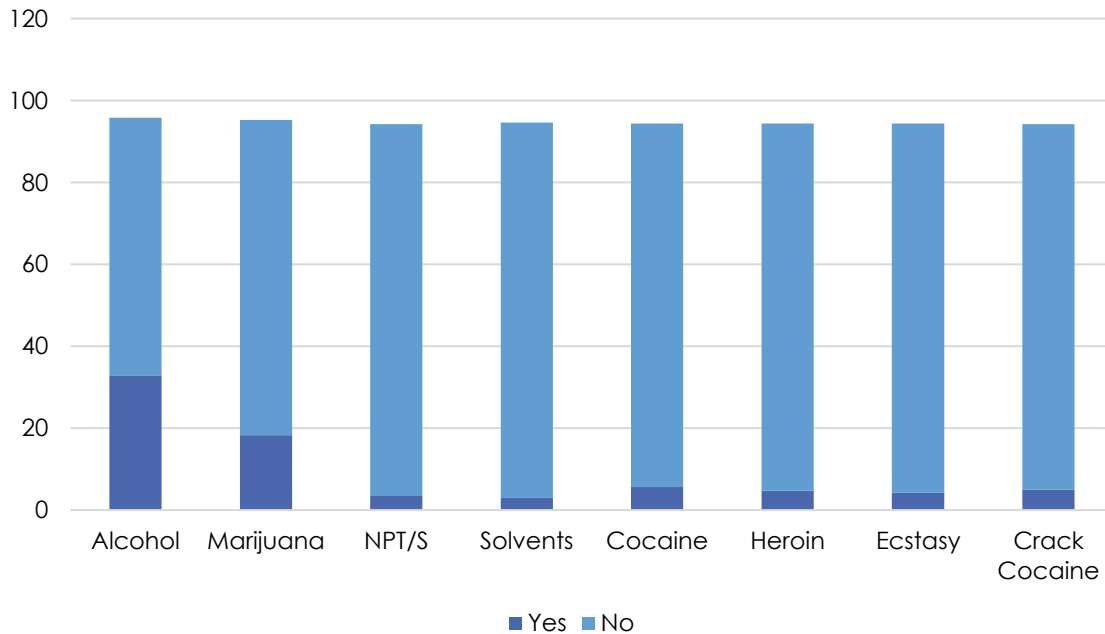
Table 7.1

INFORMATION REGARDING PREVENTION STRATEGIES

Prevention Strategies	%	
	Yes	No
Alcohol	32.9	62.9
Marijuana	18.3	76.9
Non-Prescribed Stimulants	3.4	90.8
Solvents	3.0	91.6
Cocaine	5.6	88.8
Heroin	4.8	89.6
Ecstasy	4.2	90.2
Crack Cocaine	5.0	89.2

Chart 7.2

INFORMATION REGARDING PREVENTION STRATEGIES BY SUBSTANCE (%)



\*NPT/S represents non-prescription tranquilisers/stimulants

## DISCUSSION

This survey on public opinions has shed light on the opinions and concerns of the community with respect to the abuse and misuse of alcohol and drugs. Drugs and alcohol were of great concern to respondents of the current survey. This perception survey supports data found in the last household survey in 2017 in which prevalence of use was measured. The fact remains that alcohol is perceived to be used by most residents and is actually currently used by equally as many people (50.2%, National Household Survey 2017). The survey sample indicated a good understanding of the associated dangers of drug use and the fact remains that many respondents said that alcohol abuse is the number one issue in Bermuda. With amendments to the Liquor License Act (1972) to include alcohol sales on Sunday's, people said that alcohol was easily accessible. It also may be why more than three quarters of the sample said they were in favor of more severe legal penalties for drunk driving.

When it came to illegal drugs, marijuana was perceived to be the most abused/misused substance and said to be the drug most likely used by 12-17 year olds and 18-25 year olds. These two age groups may be key target groups for substance abuse prevention and interventions services. Given the growing support for reducing the penalties for cannabis use and the fact that the survey participants felt that marijuana is the second most easily obtainable drug, next to alcohol, coupled with evidence from consumption surveys demonstrating marijuana use amongst Bermuda's youth, cannabis reform should be comprehensive with thoroughly researched regulations and penalties.

There are a few messages that can be imparted from this opinion survey. First, the fact that the public is not aware of prevention strategies that have been implemented in Bermuda indicates an opportunity for prevention services to determine the best manner by which its message can be better diffused within the community. Secondly, substance abuse treatment service agencies were known to slightly less than half of the sample, despite most of the respondents being in favour of treatment being available to all drug users. The information obtained on demand reduction provides an opportunity for the Department to expand its messages in hopes of a broader dissemination of the drug prevention message and an expectation of better connecting residents with substance abuse treatment.

Information collected from this survey combined with that of consumption surveys (National Household Survey 2017, Survey of Drugs, and Alcohol amongst Youth 2015) and data collected from treatment centers over the past several years, increasingly show that alcohol and marijuana are two substances that are commonly used and are thought to be used by specific groups of people in Bermuda. This survey, commissioned to gather attitudes and opinions on substance abuse and misuse, has highlighted the need for continued dialogue with Bermuda's residents in order to better interpret how their attitudes and opinions may help to shape substance abuse and misuse policies.

## APPENDICES

### Appendix 1: Responses to Questions 19, 20, 21, 22, 23, 28, 30

#### Question 19: In what ways is drug abuse a serious problem?

Responses
Impacts on family, anti-social behavior
A catalyst to other things like crime, and affects people's families. Ability to have a job
A certain part of the society is being damaged because it easy to get it.
A lack of self-discipline, self-control and motivation endangers education and damages your thinking faculties
A loss of awareness
A problem for children
A threat to people around them
Accidents, damage health depending on use judgment decrease while driving or riding
Addiction causes crimes, accidents
Alcohol and driving It's huge
Alcohol is being abused and guys lose control of themselves.
All drugs are easy to get
Altered their mind and causes harm to self and others
Always available, anyone can get at it
Any kind of drug abuse is a mind altering affect, which causes you to exercise poor judgment, and puts you temporarily out of touch with reality
Apart from destroying one's body and breaking up the family. It leads to problems, and crime, stealing to get money for the habit
Availability
Bad for communities and families
Bootsie song
Boredom
Brain damage, physical harm
Break down in social interaction dysfunction in the family
Break ins, violence
cannot travel
Cable started problem, excuse to escape from life's issues
Can be deadly
Causes a lot of crime, marriage break up, loss of jobs, accidents
Causes changes in behavior

Children brain development leads to neglect to responsibility
Complete disintegration of family life
Concern people driving
Creates anti-social behavior Academically affects learning People are stigmatize
Cultural attitudes are wrong, make everyone a criminal
Cultural thing
Damage to developing brain for under 25 Criminal behavior to feed addiction Impaired driving put public at risk
Dangerous
Destructive to society breaks down family anti-social behaviors, schools, streets road safety is affected
Ease with getting it
Endangerment and mind altering.
Escape from street living, bored here, lots of hardships
Harsh realities of life
Health care cost for treatment legal cost for police, court and prison
Heroin and Alcohol is very serious - alters your mind
Hurts people
I read in the paper about the young kids drinking and driving
Impaired driver
Island to small, more noticeable
It's bad because it leads to other drugs that are harder
Kites flying equal drugs
Leads to homeless situation
Leads to other criminal activity
Leads to physical abuse
More young people are starting to use it
Parents not setting boundaries
Peer pressure
People could overdose, and it dangerous
People die from overdose
Puts a strain on the court and prison services.
read papers and internet about every day importation
Reduction in the able body population
Rev Foster brought it to their attention, ignored it

Ruins families
Ruins families and relationship, brings down productivity and creativity, promotes gang activities, connects to overseas gangs
The dependency
When not regulated by the Government
When people are doing reckless things to get a hold of them and breaking into people's houses, and hurting people to get their fix



**Question 20: How do drug abusers' actions affect themselves, their families and their communities?**

Responses:
A lot, it causes the country to have security issues, Stealing
A false sense of reality themselves which could lead to anti-social behavior
A lot
Abusers - Loss of families, criminal records Families - Financially - unable to be a role model to children Communities - Cannot trust the drug abusers
affects judgments, personality, looks and attractiveness money loss, effect on children loss of community pride
Affects the whole community leads to possible death Hardship for families
affects their brain family - violence
Affects their health and ability to work It can destroy families and lead to criminal behavior in the community, violence, and robbery
Affects their jobs
Affects themselves pertaining to mood swings, and it could cost mistrust in the family. Other scenes of crime in the community, e.g. house break-ins
Angry and defensive which leads to breakdown of relationships. causes despair and suicide
Big impact waste money, emotional
Breakdown family
Cannot be productive citizens
Can't stereotype abusers need to see reasons for abuse
carelessness for others
Cause hurt and pain to everyone
Causes shame and disgrace
Changes who the individual is, alters their state of mind
Children not having adequate nurturing do to parent addiction.
Codependency.
Damaging to self-nothing good comes out of it threat to life and others life
Destroy everyone around them
Destructive

Deteriorate brain cells, they become unpredictable
Develop bad habits and relationship with the family Bad influence on others in the community, particular the young ones
Disrespect
Divorce, suicide, molested. road deaths
Lack of responsibility
lack of self-respect drain on community and family
Mental n Physical Stress
negative
none being reliable
not able to work, have criminal records
Operating vehicles under the influence Unproductive to society
Person locked up for small quantities should get a clean record
Some people steal from their parents, and rob people When hooked on drugs no one in the family can trust them anymore
Staff out sick, high after lunch and productivity goes down
The cost of health care and if they are on drugs they have to pay for them, which ruins the family
they age quick and don't look healthy
they are exposed
They don't realize what they are doing once they are on drugs. The families feel embarrassed I guess
tremendously
Worry
You ruin your life, go jail

**Question 21: What can be done to better support families whose loved one is addicted to alcohol or illegal drugs?**

Responses
12 step programs help counseling
A Government clinic where they can go for help
A lot of education. Remove the stigma of Addiction. Make sure they have Sponsors. Just wrapping around the family and addict to make sure they have the support in all areas. Families should eliminate alcohol around the recovering Alcoholics. Families should be involved in the treatment plan. Children should be made safe.
A more active response in terms of treatment. People who can afford it, won't go and too busy trying to keep their habits going
A person who is under the influence of drugs, it's not much the family could do, because they have to want to stop taking the drugs and alcohol themselves
A very concerted and focused programme would have to be developed with idea of resolving the problem
AA support group, and need of more rehab and counseling facilities
Adequate free counselling services
Alcohol - it's a cultural problem - so more education is needed Encourage family to attend support groups
Allowed the family to learn about the abusers - education
Attend different treatment facilities
Attend support groups
awareness on how to handle it and to know when to walk away
Awareness to equip the family to be able to work with the addict without judgment. Places of employment should require EAP and other helping agency to assist families
better approach to abusers
intervention strategies
coach them
Coping strategies to better deal with the abusers.
Could be help available to the parents, especially the younger parents to assist them
Counseling parents need to be strict tough love parents are the enablers
DE stigmatized MAWI Church needs to get involved Education in schools
Didn't find AA very helpful have somewhere to go for support/ social worker/empowerment
Don't we have them ( Family center)
Educate children in primary school, and target middle school to high school Drug programs that not only help the addicts, the family as well who have to deal with the addiction

spiritual support
Eliminate shame n penalize them more,
encourage them to get help
Families need more support, best support is to be with people who are going through the same thing that they are going through. We have to stop separating alcohol from other drugs, alcohol is just as bad as any other drugs out there
Families to come together more and have more meetings and counseling
family support group
force therapy on them i.e. police come and them for treatment
Get qualified personnel take to oversee addiction programs to help people
Get rehab
Get them into rehab once they are clean get them an apartment and a job to help them stay focused. It is easy to get caught up in BDA because it's boring.
Group supports, for example, have them come in with their family and to speak their minds, and talk to other individuals who have experience it, to help them get back on the right track and find them jobs
Have access to health care, social services, having appropriate support services to try prevent it
Help by the community
help line, groups to verbalize their concerns
Increase the funding to train specialist, counselors to deal with substance abuse issues
Keep the person away from it
kids don't have relationships with parents, breakdown of family unit
Less stigma attached to the treatment and rehabilitation
love them
Medical help
More outlets where people can go
Need to go to people with experience to find ways of helping them to get off the drugs
Not abandoning them, and go to counselling
Our social services system needs to be better staffed
Psychiatry help, crises and abuse centers
Send them abroad for drug rehab. Bermuda is so small they should remain aboard until they get clean.
Some families have to stop hiding and saying it's not their daughter or son, and face reality and seek help
Stop the sale of alcohol
Stress mental issues
Suspend people's passports until they can prove that they are in a program and cleaned up
Take an honest look at it and make a serious decision on what can be done, instead of lip services, seek the help that is needed for the individual

take the liquor stores out of the neighborhoods
When they first see the signs of their loved one, or suspect their loved one engaging in this type of activity, they should be honest about what they see, and not try to sweep it under the rug
Would not know- we already have support groups
Yes families need support
Yes need
Yes we should provide
You need to get to the root, and that's going to cost money. It's like a chain reaction. Give them a counselor, but when do they have time for that if they are working two jobs.

**Question 22. In your opinion, what would be the best way to control or regulate personal/recreational cannabis use in Bermuda?**

Responses
authorized seller maximum quantity able to be purchased age restriction of purchaser education
don't be so harsh on the individual allow use to a certain amount leave people alone
7 grams or under is ok anything over should be penalized medical use is ok
a place to have a prescription
A very difficult thing to do, it can't be controlled
Address social ills, they feel they r escaping
all about choice
allow to be imported and taxed
alone usage only in the confine of their homes
As medical it can be controlled and would be abused. As recreational it will never be controlled
Authorities should be more presence in the community
BAN IT ALTOGETHER
By not making it legal because they are encouraging them
Can't really control what someone has in their backyard. But you can do character checks. For instance if some shows up high/drunk to work do not let them report for duty.
Can't smoke around kids
caught in public, = fine
control distribution for adults , limit the amount available
counseling health providers
Decriminalize it, and take away the consequences of having a fine
Difficult to control since comes in illegally better systems of discovery stronger penalties for dealers heavier penalties for importers discussed in curriculum in schools
Dispensaries owned and maintained at a Government level.
effective legislation around procession
enforce more legitimate random testing
Every time they catch someone put them in a rehab, or make them pay
Fine the drug dealers
Get rid of it
Give them a park and let them go smoke in the park like they did in my day. IF it was made legal they should have to pick it up from one location. Because we are so small it's hard to think of a way it should be done without creating a stigma. I think the current decriminalization may be enough.
Government to open 2-3 warehouses employ 50 Bermudians, grow the best and sell at Post Offices like alcohol. Proceeds use for prevention and treatment
Have a foreign entity nothing to do with Bermuda controlling access and distribution

Have a vibrant healthy economic. Everyone could have a good job and people have self-worth. Lack of these causes job abuse
Having prescription, which will take away from drug dealers
I do not think it should be controlled because it is a God given herb
I don't agree with it, as I don't believe in the medicine part of it, I believe it's a drug
I think it is already controlled. If it is illegal let anyone getting caught suffer the consequences. This new legislation doesn't make sense to me.
If it's going to be imported, it needs to be done with a special group or body like customs to oversee who is importing
If you can't fix alcohol how can you fix cannabis
impossible one but decriminalization probably legalize and tax sales and distribution It's not going anywhere
Issue license for people to grow for people who need it. People having access to it rather than going through the gang culture to get it.
It is very hard. Things have to be done inwardly
It needs to be one entity actually growing/manufacturing cannabis products on the island, that way it is properly regulated for quality control. Restriction of age and access just like alcohol. Take this money from the underground economy, and that money can be placed back into the public purse. Review various examples within the United States, in terms of positive affects within the community. You can create legitimate jobs in Bermuda
Kill all the plants
lack of availability
Limiting the amount of use
Make cannabis a business opportunity, eg Bermudians being able to set up drug dispensers
one has to determine if it is permissible, clearly articulate its impact
Open smoke houses in Bermuda
outlaw it
restore the family and Christianity or faith
self-pride
sell in pharmacies
Set up a café shop
talk to someone and try to get help
tax it like alcohol
The Police need to enforce the law and catch the supplier
Through education and judiciary system, so they can learn what's right and wrong early. The systems need to work together. We have missed the boat and it needs to be repaired.
To have it manufactured by legalized growers Development standards for the actual production Build a tax structure around it
You have a lot of smart people. Money makes money. The ones who make money will be the ones who control. No different from goslings and so on

**Question 23: What are the three most effective ways for public authorities to reduce drug and alcohol problems in Bermuda?**

Responses
1. Stop the use of alcohol 2. not to legalize cannabis
Show the effects of drug abuse on the community; show accidents and impact all over the media injuries etc.
More aggressive policing; more aggressive public awareness program
Revamp of the laws
People in authority should set an example; walk the talk
Counseling and addiction support; wellness programs
drug-prevent them from getting in the first place searching airplanes with dog sniffing before luggage goes on airplane cheaper before coming to Bermuda and this should be done on all flights legally nothing can be done about alcohol
through reporting incidents of how their families and community is affected by this, as these influences will have a negative impact on the individual and community in general
advertises to point out the dangers; caught mandate classes
make cannabis legal
community outreach and involvement support for emergency response/help for addicts and those effected by addiction
Education wise, if people want to listen, and take part in it if they want to change their life; however, it's very hard to stop the addicted person and people who drink alcohol and take drugs
licensing powers reduce access to alcohol and drugs
the police need to monitor the suppliers of drugs do not sell alcohol in the grocery stores
drug use - need a facility
More drug testing Police check points
Offer alternative for recreational
1. Drugs - importation - customs need to be stronger 2. Alcohol - need laws in place for bars - ensuring bar tenders give people over the limit
Keep it out of the hands of minors
Introduce some sort of prevention plan, and start educating at an early age teach them everything as far as what the drugs can do to them, their health and to society as a whole
The law enforcement are restricted and their hands are tied.
Reduce price of hard drugs through license distribution, because that removes criminal element, as there will be no money to be made for alcohol raise the prices according to the proof percentage eg. 40% is the alcohol



to control the import serious consequences for importers
Be truthful about the substances that are being discussed with young people, i.e. stop giving them the misconception that all of these substances are dangerous or gateway drug. by shielding them from certain information, creates a full sense of knowledge or curiosity about a substance
tell the police stop leaking drugs into the street, they get the evidence and put it right back on the streets
creating jobs
regulate it and tax it and remove the criminal element
Government can do a better job of addressing this outside of election. Get doctors involved in the conversation with individual patients and the general public through giving feedback and education.
Alcohol should be expensive to deter being brought and should only be sold to businesses and shouldn't be sold to people who have known alcohol addictions.
restrict the amount your allowed to sell time cut offs make awareness
ban it or legalize it were small quantity can be used
be leaders not followers
Jesus not jail
1. assure abusers that life is better with drugs
1. Mental health department should be more involved. 2. church be involved and offers workshops
providing healthy alternatives
for road safety, if someone is caught, make it zero tolerance policy punishment should jail time and fine
leave the small man alone, and go after the big people who they know is responsible for bringing drugs in, which they have the means to do so
alcohol rules already in place and they should be enforced drugs chemical should not be legalized relax rules of marijuana usage and penalties help for people with drug abuse
stop ignoring that it is not an issue
being around the right company
1. Enhance the old caution policy for low level procession of cannabis 2. more residential care facility
a consistent stance in the courts political policy makers need to make a firm stance in the laws they make
Make it an equal playing field and allow everyone to have the same job opportunities. black people should not have to work 3 times as hard to get a decent job
if convicted of driving while drunk should be more severe penalties
it's hard because there are a lot of corrupt authorities

<p>be more kind  less judgmental  do not remove children from families but work with families</p>
<p>not enough activity on the island and financial support</p>
<p>The bars who sell alcohol should have no more than a 2 or 3 drink limit per person.</p>
<p>involve the individual themselves, and those who are addicted to drugs in finding solutions to their problems</p>
<p>Everyone should be treated the same. as the white guy has a better privilege then the black boy</p>
<p>a higher age limit for access to alcohol in the clubs and home</p>
<p>social media, advertising in the local paper letting people know what is available and how it can harm them</p>
<p>Make sure that families are not under financial strain, which causes people to drown in their sorrows.  Workshop prevention.  uses recovering addicts to tell their stories to the youth, get to them before they get involved e.g middle school level</p>
<p>too late for alcohol  drugs are popular  everyone responsible</p>
<p>1. Close the shops, especially on Sundays.  2. Parties without liquor.</p>
<p>small quantities should not be prosecuted  a point system based on times arrested  police officer training</p>
<p>fine parents who use in front of children  meaningful activities for people</p>
<p>stop making it look n sound attractive</p>
<p>make it expensive</p>
<p>just publish the names of the people doing it</p>
<p>1. Sell it to elderly people if they want it, but not the young people. Increase the legal drinking age to 21  2. Get rid of the foreigners and give Bermudians jobs so they don't have to sell drugs.</p>

**Question 28: What treatment facilities are you aware of in Bermuda?**

Responses
AA
EAP
Turning Point
Addiction services
BARC /Men's Treatment
Women's Treatment Center
Focus
Benedict Associates
Bermuda Drug Counsel
CADA, DNDC
Doctors
Family Resource Centre, Centre against abuse
Can look in the telephone book
CARON
Church
Clinic
Counseling, Addiction
Drug addiction centre in Devonshire
Court services
Government Depts.
Halfway House
Harbour Light - Salvation Army
Reach Out
Health Department
Look in the Blue pages of phone book
Hospital Drug Program
MAWI
Psychologist
Residential centers off island
Mirrors
Montrose
NA group - AA - group, turning point
Pathways
Women's Resource Center
Pride
Psychology Groups
NADA
The Right Living House
Yellow pages

**Question 30: What are the prevention strategies that you are aware of in Bermuda?**

Responses
BerDIN
CARON
Minister Weeks - Decriminalization of marijuana
Piece of Rock
AA
Abstain
Ads on TV
Local newspapers
Anti-Violence Program
BDA Security groups
Benedicts Associate
Breath analyzer
Call Pastor Bean, Cain's brothers Residential care
Churches
Young Adult Groups
Different people go on the Government website
DNDC, FOCUS
Don't Drink and Drive campaign
Dram Shop
Drink Driving Campaign (the bus)
Drive for Change
Avoid people on drugs
Drug Court Programme
Drug policies on jobs/training
Programs for employees
Drug strategies- Prison Officers
Education at schools
Newsletters from natl drug office
Family Services
Government-Dept. for Addiction
Methadone programme
Salvation Army programme
Great Program in schools
Heard about speed cameras
If I have any questions I have a cousin who works with them and I would go to her for help
Lock them up
MAWI

Mirrors TIPS
Mothers against drunk driving
Nelson Bascome
Nine step programme
Pathways for support in treatment and overseas
Police going to schools to talk about drug use and the effects
Police has a program of checking occasionally, with random checking on the roads
Pride
Programmes at Turning Point Female Facility
Road Sobriety Testing
The documentary 'A Piece of the Rock'
West gate, speak with victims of crime
Youth Groups

## Appendix 2: 2018 Public Perception of Substance Abuse/ Misuse Questionnaire

### Demographics

\* 1. Household Assessment Number

\* 2. Interviewer Name

3. What is your age?

4. What Parish do you live in?

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="radio"/> Sandys      | <input type="radio"/> Pembroke     |
| <input type="radio"/> Southampton | <input type="radio"/> Hamilton     |
| <input type="radio"/> Warwick     | <input type="radio"/> Smith's      |
| <input type="radio"/> Paget       | <input type="radio"/> St. George's |
| <input type="radio"/> Devonshire  |                                    |

5. Are you male or female?

- Male  
 Female

6. What is your race?

- |                                  |  |
|----------------------------------|--|
| <input type="radio"/> Black      | <input type="radio"/> Asian  |
| <input type="radio"/> White      | <input type="radio"/> Mixed Race (Black & White, Black & Other, White & Other) |
| <input type="radio"/> Portuguese | <input type="radio"/> Other Race   |

7. What is your marital status?

- |                                     |   |
|-------------------------------------|---|
| <input type="radio"/> Never married | <input type="radio"/> Divorced          |
| <input type="radio"/> Married       | <input type="radio"/> Legally separated |
| <input type="radio"/> Widowed       |   |

8. What is your highest academic qualification?

- |  |  |
|--|--|
| <input type="radio"/> None   | <input type="radio"/> Bachelor's Degree        |
| <input type="radio"/> School Leaving Certificate/High School Diploma     | <input type="radio"/> Master's Degree          |
| <input type="radio"/> Technical/Vocational Certificate (Bermuda College) | <input type="radio"/> Doctorate Degree         |
| <input type="radio"/> Associate's Degree                                 | <input type="radio"/> Professional Designation |
| <input type="radio"/> Other (please specify)                             |  |

9. Which of the following best describes your employment status?

- |   |   |
|---|---|
| <input type="radio"/> Employed/Self-employed, working 1-39 hours per week       | <input type="radio"/> Not employed, NOT looking for work (i.e. Housewife, student, other) |
| <input type="radio"/> Employed/Self-employed, working 40 hours or more per week | <input type="radio"/> Retired   |
| <input type="radio"/> Not employed, looking for work                            | <input type="radio"/> Disabled, not able to work  |
| <input type="radio"/> Other (please specify)                                    |   |

## Concern and Awareness

10. How concerned are you with?

	Very Concerned	Concerned	Somewhat Concerned	Not at all Concerned
Drug abuse in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

11. Do you think the following are abused or misused in Bermuda?

	Yes	No	Don't Know
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-prescribed tranquilisers/stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



12. In your community, which of the following age groups do you think is most likely to misuse the following?

	Youth 13-17	Young Adults 18-25	Adults 26-45	Adults 46-64	Adults 65 and over
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-prescribed tranquilisers/stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Do you personally know someone who has used or uses the following?

	Yes	No	Don't Know
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-prescribed tranquilisers/stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In your opinion, what are the dangers associated with substance abuse/misuse?

	Yes	No	Don't Know
Addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leads to other substance abuse/misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. In your opinion, rank the three largest substance abuse/misuse issues in Bermuda.

	1st Choice	2nd Choice	3rd Choice
Heroin abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

16. Would you say that cannabis use should:

	Yes	No	Don't Know
Be defined as a criminal offence, and be subjected to a criminal enforcement, criminal penalty and criminal record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be defined as a non-criminal offence, and penalty should be a fine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Result in no legal consequences, but in compulsory education or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Result in no legal or other consequences at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## Social and Retail Availability

17. How easy would it be for you to have access to:

	Could not have access	Easy	Difficult	Don't Know
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-prescribed tranquillisers/stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If you wanted to get any of the following, how long would it take you to get it?

	An hour or less	A few hours	Within a day	Longer than a week	Would be unable to get	Don't know
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-prescribed tranquillisers/stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Consequences of Drug Use

19. In what ways is drug abuse a serious problem?

20. How do drug abusers' actions affect themselves, their families, and their communities?

21. What can be done to better support families whose loved one is addicted to alcohol or illegal drugs?

## Law Enforcement

22. In your opinion, what would be the best way to control or regulate personal/recreational cannabis use in Bermuda?

23. What are the three most effective ways for public authorities to reduce drug and alcohol problems in Bermuda?

24. To reduce the problems associated with excessive alcohol use, to what extent would you support or oppose...

	Support	Neither	Oppose	Don't Know
More severe legal penalties for drink driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. To what extent would you support or oppose...

	Support	Neither	Oppose	Don't Know
Visible police presence around licensed venues such as bars and nightclubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## References

The Cabin. (2012). The Impacts Of Substance Addictions on Society. The Cabin Addiction Services Group. <https://www.thecabinchiangmai.com/the-impacts-of-substance-addictions-on-society/>. (accessed April 15, 2018).

National Institute on Drug Abuse. (2003). Preventing Drug Use Among Children and Adolescents-Prevention Principles. <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>. (accessed April 15, 2018).

