GOVERNMENT OF BERMUDA
Ministry of Social Development and Sports
Department for National Drug Control

A collaboration with the Department of Corrections

Report of the 2017 – 2018 DRUG ABUSE MONITORING SURVEY

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FOREWORD

As part of its functions, the Department for National Drug Control (DNDC) is required to collect information at the national level on drugs, drug addiction, and their consequences, including the issue of drugs in prisons. This the fifth implementation of the Drug Abuse Monitoring Survey amongst the prison population, provides an update to the previous survey implemented during the 2014-2015 fiscal year. Conducted in collaboration with the Department of Corrections, this survey provides invaluable information on drug consumption amongst people entering the criminal justice system.

Most people with substance abuse issues who are released from prison relapse in the community. The period of incarceration provides an opportunity to connect an often hard-to-reach and under-served population to treatment while in a relatively stable setting. For many in the criminal justice system, preventing future crime and re-arrest after release is impossible without treatment for, and recovery from, addiction to alcohol and drugs, as drug and alcohol use play a major role in their offending behaviours. Substance abuse and addiction treatment is available for incarcerated individuals by way of the Right Living House should an inmate meet the admissions criteria.

Here in Bermuda, substance abuse continues amongst the incarcerated population as evidenced by the increasing proportion of criminal offenders that said they used alcohol or drugs prior to committing an offence or as a result of wanting to obtain alcohol or drugs for personal use. For the first time, there were a few prisoners who were incarcerated three times during the past year. Though participation was voluntary, and despite the fact that the response rate was about 78.3%, the results of this survey continue to be useful in monitoring drug use amongst the offender population in Bermuda.

This report provides an overview of the most recent data available on drug use and responses in Bermuda's prisons. The data include both qualitative information on drug use in prisons and quantitative data on prevalence and patterns of drug use among prisoners. It presents the survey findings in nine main sections in the form of text, tables, and charts. In addition, there is relevant background and methodological information presented, as well as a discussion based on the results.

The DNDC's task of collecting information on alcohol and drugs in the prisons is reinforced by the Department's mandate. In anticipation of the renewal of the national drug policy, this survey has been completed as a means to provide baseline information on the state of drug use amongst criminal offenders, as we head into the planning cycle for the 2019-2023 national objectives.

JOANNE DEAN
Director
Department for National Drug Control
May, 2018

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SURVEY HIGHLIGHTS

- Of all inmates within the Department of Corrections, during the period April 1st 2017 to March 31st 2018, 230 persons responded to the survey; and 29 participants were repeat offenders during this time.
- There were more male offenders (93.8%) than female (6.3%); and 82.4% of offenders said they were "*Black*", with the average age of offender being 35.5 years.
- Slightly over 4 in 10 (43.5%) respondents reported to have earned an annual income of less than $25,000.
- Overall, 98.7% of the total (n=230) respondents have reported use of at least one drug in their lifetime.
- Overall, 23.5% (*n = 54)* of the respondents have reported use of no drug or use of one drug in their lifetime, and just over three quarters (76.5% or 176) were poly drug users.
- The highest lifetime consumption was observed for alcohol (78.7%), marijuana (76.5%), cigarettes/tobacco (70.4%), crack cocaine (25.7%), and cocaine powder (23.0%).
- Respondents indicated the highest consumption for alcohol (54.8%), marijuana and cigarettes/tobacco (53.0%), in the 30-days prior to the survey.
- Age of initiation of drug use ranges from a low of 14.0 years for marijuana to a high of 34.2 years for methadone.
- Alcohol and cigarette/tobacco use began around 15.3 years and 14.3 years, respectively; and the use of heroin and cocaine began after 21.0 years, on average.
- THC, the principal psychoactive constituent of the cannabis plant, was found in about 3 of 4 offenders' urine screens or 73.5%, followed by opiates (27.9%), and cocaine 23.0%.
- Of all respondents, 11.3% said they had been treated by a doctor as a result of use of any substance, while 29.1% indicated they had received substance abuse counseling or rehabilitation treatment as a result of their use of alcohol and/or drugs.
- Of all the respondents interviewed, 18.3% were never in prison before the current imprisonment, followed by 29.1% who admitted to being in prison for two to five times and 19.6% being in prison for more than five times.
- Of all possible outcomes for sentencing, the majority were violent offenders (24.3%) who served a prison term, followed by persons committing property (17.4%) and other public order crimes (15.2%).
- In terms of the type of outcome, 76.5% reported serving a prison term, while 31.3% paid a fine, and 38.7% were placed on probation.
- Over one-quarter of the respondents reported that drugs were connected to their current (27.4%) and past (27.8%) offence(s); about one out of every five persons felt that alcohol was connected to their current (19.1%) and past (19.1%) offence(s).
- Of the respondents 19.1% indicated that the offence was because of personal use or possession of drugs; 15.2% of the respondents indicated that the offence(s) was committed while under the influence of drugs; and 12.2% of them indicated that the offence was committed to provide money to buy drugs to support their drug habit.

- Of all respondents, 20.4% admitted to having friends or family members belonging to a gang, and 13.5% of respondents admitted to belonging to a gang themselves.
- Of all survey respondents, 8.7% of the offenders indicated being physically abused, 7.8% said they had been sexually abused, 7.4% reported they had been neglected by their parents, and 6.5% indicated being abandoned.
- Overall, 45.2% of reception offenders were classified as having "*intermediate to severe*" drug abuse problems prior to their current arrests and incarceration.
- Eighty-one percent of the respondents reported that they have used drugs other than for medical reasons.
- Over one-third (37.4%) of all offenders indicated their spouse/parents complained about their involvement with drugs.

2017-2018 COMPARISON WITH 2014-2015

- The prison population during the 2017-2018 survey administration period of 230 persons was lower than the number of participants in the 2014-2015 survey (260).
- There were lower rates of consumption in this round of the survey. Consumption for alcohol (54.8% versus 73.4% in 2014), cigarettes/tobacco (53.0% versus 69.1% in 2014), marijuana (53.0% versus 61.7% in 2014), and in the 30-days prior to the survey.
- Poly drug use increased significantly from 2014 to 2017 by 19.6%.
- Age of initiation of drug use decreased to a low of 14.0 years (14.4 years in 2014) for marijuana to a high of 34 years (30.0 years in 2014) for methadone.
- Although alcohol and cigarette/tobacco use began a little later in adolescence at around 15.3 years (14.8 in 2014) and 14.3 years (15.2 years in 2014), respectively; this proved the same for the use of heroin and cocaine which began after 21.0 years (20.0 years in 2014), on average.
- THC was found in more reception inmates urine screens than in 2014; 73.5% compared to 60.1% in 2014.
- There was a small decline in the number of offenders 76.5% (79.8% in 2014) who served a prison term.
- Slightly less respondents reported that drugs were connected to their current (27.4% in 2017 vs. 28.9% in 2014) and slightly less people said alcohol was connected to their current (19.1%) (24.1% in 2014) offence(s).
- About 2.0% more inmates said that the offence was committed because of personal use or possession of drugs (19.1% in 2017 vs. 17.0% in 2014); while less people said their offence was committed while under the influence of drugs (15.2% in 2017 vs. 16.5% in 2014); and less people said the offence was committed to provide money to buy drugs to support their drug habit (12.2% in 2017 vs. 15.4% in 2014).
- A larger proportion of inmates said they belong to a gang at 13.5% (7.5% in 2014).
- Of all the kinds of abuse that was listed, there was an increase in the number of inmates who indicated being neglected (7.4% in 2017 vs. 5.9% in 2014) and abandoned (6.5% in 2017 vs. 5.3% in 2014) by their parents before the age of 5 years.
- There was a 2.0% increase in the proportion of reception offenders who were classified as having "*intermediate to severe*" drug abuse problems prior to their current arrests and incarceration (45.2% in 2017 vs. 43.1% in 2014).

BACKGROUND

A requirement to monitor the issue of drug use, related problems and responses in prisons is specified in the priorities of the National Drug Control Master Plan. The DNDC in particular is required, as a primary objective, to collect factual, objective, and reliable information at the national level on drugs, drug addiction and their consequences; this includes the issue of drugs in prisons. The data collection work carried out by the Department on drugs and prisons has focused on drug use prevalence and patterns of drug use before and during prison and health problems related to drug use amongst the prison population.

In 2004, the task of monitoring drug abuse among the incarcerated population became a priority for the Department for National Drug Control as the rates of recidivism increased among particular offenders, which may have been drug-induced or drug-related criminal activity. Questions were crafted on persons' involvement in criminal behaviour and their arrest record, along with the Drug Abuse Screening Test (DAST) survey instrument; after which, data collection commenced within two correctional facilities in Bermuda (Westgate and Co-Ed). This allowed the DNDC to ascertain the relationship between drug use and criminal behaviour. While limited national data existed at that time, numerous studies in other jurisdictions had found a high prevalence of homicide deaths among identified drug addicts, a high prevalence of substance use, typically alcohol, among victims of homicide, and a high proportion of persons positive for drug use among arrestees for violent offenses.

PRISONS AND DRUG USE

According to the latest available data on the prison population, on April 1st 2017 there were an estimated 226 prison inmates within the Department of Corrections, namely Westgate and Co-Ed. Drug users form a large part of the overall prison population. Studies show that a majority of prisoners have used illicit drugs at some point in their life, and many have chronic and problematic drug use patterns. Because of the illegality of the drugs market and the high cost of drug use, which is often funded by criminal activity, the more problematic forms of drug use are accompanied by an increased risk of imprisonment. Although some individuals do stop or reduce their use of drugs when they are sent to prison, others initiate drug use or engage in more damaging behaviours when they are incarcerated. In addition to high levels of drug problems, prisoners also experience poorer health than the general population, with higher prevalence of blood-borne infections such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV), as well as high rates of mental illness. Reported rates of self-harm and suicide among prisoners are particularly high compared with the general population of the same age.[1]

Drugs are related to crime in multiple ways. Most directly, it is a crime to use, possess, manufacture, or distribute drugs classified as having a potential for abuse. Cocaine, heroin, marijuana, and amphetamines are examples of drugs classified to have abuse potential. Drugs are also related to crime through the effects they have on the user's behavior and by generating violence and other illegal activity in connection with drug trafficking. Research studies have reported large increases

in drug-related homicides or other violence associated with drug use.[1] Results of a review of 30 studies showed that the odds of offending were three to four times greater for drug users than non-drug users. The odds of offending were highest among crack users and lowest among recreational drug users. This relationship held true across a range of offence types, including robbery, burglary, prostitution and shoplifting.[2]

THE DRUG ABUSE MONITORING PROGRAMME

The Drug Abuse Monitoring Programme (DAMP) has tracked patterns of illicit drug use among the incarcerated population in Bermuda since 2004. The DAMP consists of assessing the inmate population on problem drug use via a survey comprising of the Drug Abuse Screening Test (DAST), along with the collection of urinalysis results for illicit substances of interest. The year 2004-2005 marked the first implementation of the DAMP, with the second implementation taking place in 2007-2008, the third installment taking place in 2011-2012 and fourth in 2014-2015. Each data collection period lasted one year. The current data collection period, 2017-2018, marked the fifth implementation of the DAMP. Facilities participating in survey administration included the Westgate Correctional Facility and the Co-Ed facility. One-on-one survey interviews were conducted by contracted interviewers and officers at each facility. Urine results were obtained by the nurse at each facility and forwarded to the DNDC, independent of survey completion. Surveys were provided to the DNDC on a monthly basis. The DAMP process is explained in detail in the Methodology section of this report.

DAST

The DAST questionnaire is a widely recognised screening tool traditionally used to classify degrees of severity of substance abuse problems among persons. It is a 28-item self-report scale that has exhibited valid psychometric properties and has been found to be a sensitive screening instrument for the abuse of drugs other than alcohol. The methodology section of this report describes the distribution of scores for this psychometric assessment tool and examines the potential utility of the measure for treatment assignment purposes.

PURPOSE

The Drug Abuse Monitoring Programme serves several purposes. Surveillance of drug use in Bermuda is a focal point of the DNDC's Research Unit, especially monitoring drug consumption among high risk populations such as the inmate population. The collection of data related to drug of choice and length of use, allows for the classification of offenders based on level of severity of

[1] M. L. Bryan, E. Del Bono, & S. Pudney. (2013). *Drug-related crime* (No. 2013-08). ISER Working Paper Series.
[2] T. Bennett, K. Holloway, & D. Farrington. (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior, 13*(2), 107-118.

substance abuse problems, which is a good indicator of those requiring substance abuse treatment. Lastly, the data obtained in these three surveys allow for trend analysis, which is used to gauge drug consumption and criminality among this particular subset over a longer duration. The information provided also highlights the type of crimes committed by substance users, especially by the type of drug consumed.

STRENGTHS AND LIMITATIONS

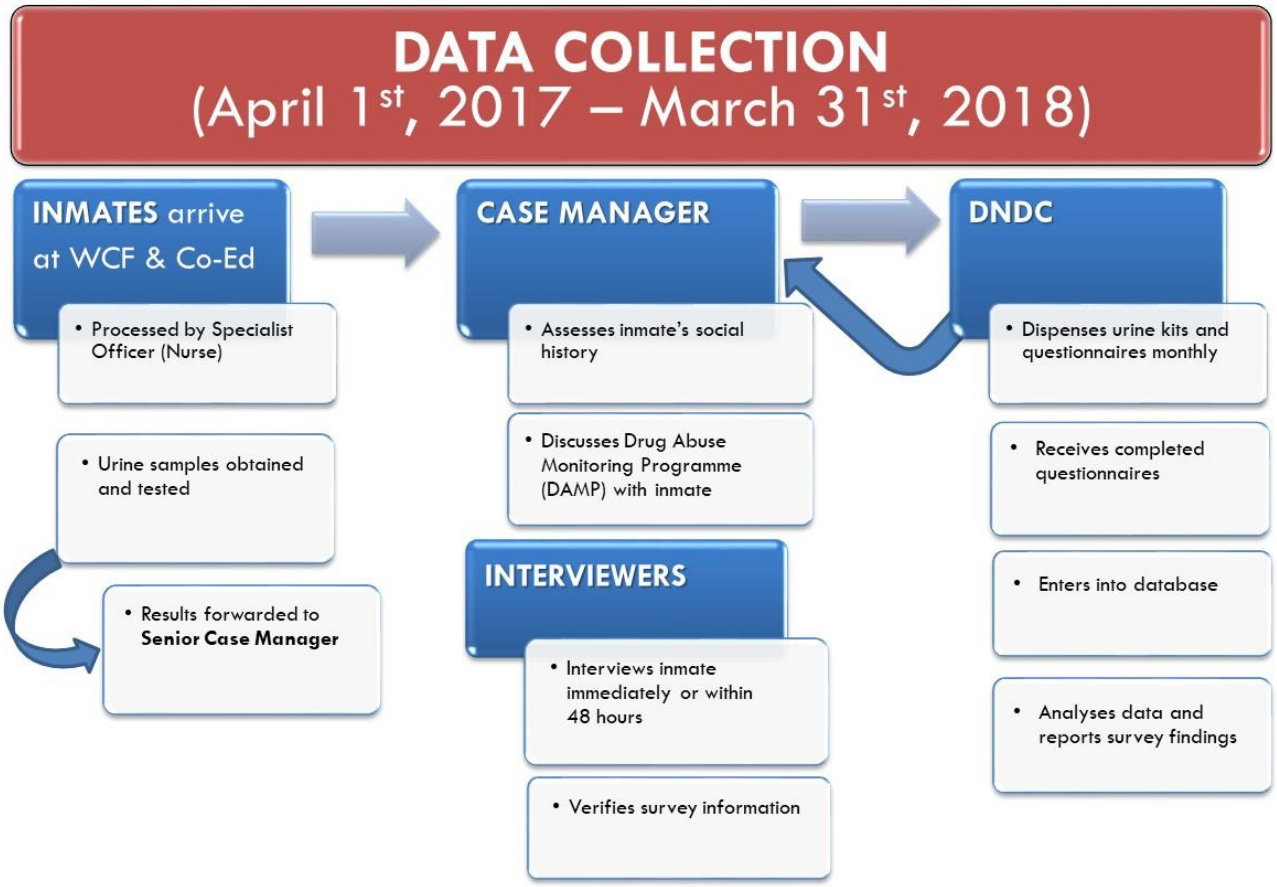
Unlike other studies among this population, the current study utilised both subjective and objective measures to determine the proportion of the inmate population that was currently using drugs. Objective measurement, through urinalysis, allowed for more reliable data collection of current drug use, while self-reported drug use allowed for comparisons in the accuracy of such perceptions. This study provided important information on current and lifetime drug use, criminal history, history with substance abuse treatment, social background of the inmate, and the drug market, which has only been collected among this population in Bermuda. With this the fifth implementation of the DAMP, an analysis of trends in data can be made.

There are, however, a few limitations that must be mentioned. Unfortunately, staffing challenges meant that the DNDC had to hire interviewers to conduct the surveys as case managers were not able to participate. Additionally, data collectors were unable to capture responses from a number of the inmate population. For the first time, there were a large number of refusals to participate which affected the response rate (78.3%). This type of data has the disadvantage of being derived from self-reports of the inmate population and, therefore, the results should be interpreted with caution. To minimise these limitations, the responses to certain questions were validated against the responses to other questions for accuracy. Additionally, by analysing the urine results, self-reported current drug use could be confirmed.

METHODOLOGY

SURVEY DESIGN

The Drug Abuse Monitoring Survey was conducted for one year, from April 1st 2017 through March 31st 2018 to offenders on reception at two correctional facilities in Bermuda. The survey design is summarized on the diagram below and briefly described in the subsequent sub-sections.



POPULATION COVERAGE

The survey targeted all persons who were presented to two correctional facilities for an offence, either at the Westgate Correctional or the Co-Educational facility (reception offenders). In other words, this survey targeted the incarcerated population. Persons who are received at the Westgate Correctional facility would be offenders 18 years and above whereas persons at the Co-Ed facility would be offenders below the age of 18 years. Therefore, the ages of the respondents are wide-ranging.

QUESTIONNAIRE

The questionnaire utilised in this survey comprised both the DAST, other questions to assess patterns of substance use among the incarcerated population, as well as a record of the urinalysis results (*see Appendix I*). This instrument was utilised in the two previous rounds of this survey with only minor modifications in the design made for the current survey implementation. The survey instrument contained pre-coded questions under nine main themes as follows:

1. Demographics,
2. Drug Use and Drug Screening
3. Mental Health, Drug Overdose, and Substance Abuse Treatment,
4. Criminal Record,
5. HIV/AIDS & Hepatitis B Status and Abuse History,
6. Drug Prices,
7. Drug Market,
8. DAST, and
9. Gang Involvement

There were several skip instructions for questions which were not relevant to the respective respondent. It contained similar questions, for example, on prevalence, comparable to those used in the survey of the adult and student populations. This offers a way of providing evidence of any similarities or differences between these populations and the offender population, and help to measure the special features of the latter population.

NEW SURVEY ITEMS

In this round of the survey, a question was added in the demographics section. Respondents were asked the industry for which they worked in.

DRUG ABUSE SCREENING TEST

The Drug Abuse Screening Test (DAST) asked questions concerning offenders' involvement with drugs. This test was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has "exhibited valid psychometric properties" and has been found to be "a sensitive screening instrument for the abuse of drugs other than alcohol".[3] However, the 28-item test in 1982 has since been revised to a 10- or 20-item test for more reliable and valid psychometric properties. In this report Drug abuse refers to (1) the use of prescribed or "over-the-counter" drugs in excess of the directions, and (2) any non-medical use of drugs. The various classes of drugs may

[3] H. Skinner. (1982). *The Drug Abuse Screening Test (DAST)*. http://www.drtepp.com/pdf/substance_abuse.pdf (accessed May 1st, 2012).

include: cannabis (e.g., marijuana, hash), solvents, tranquilisers (e.g. valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD), or narcotics (e.g., heroin). The questions do not include consumption of alcoholic beverages.

Scoring and interpretation: A score of "1" is given for each "*Yes*" response, except for items 4 and 5, for which a "*No*" response is given a score of "1". The DAST total score is computed by summing all items that are endorsed in the direction of increased drug problems; that is, score of "1" on the 20 items. Thus, the total score can range from zero to 20 and places individuals along this continuum with respect to their degree of problems or consequences related to drug abuse. Based on data from a heterogeneous psychiatric patient population, cutoff cores of six through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of six has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (that is, identification of patients who do not have substance use disorders). Using a cutoff score of less than 11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorder. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores.

DATA COLLECTION

The questionnaire was administered by a staff person attached to either of the two facilities, or a trained external interviewer in the form of a face-to-face interview, on reception of each inmate or within 48 hours. In total, six interviewers administered the survey over the one-year period. The interviews occurred from April 2017 to March 2018. Each interview was estimated to have lasted approximately 25 minutes. The questionnaires were sent to the senior case worker who then distributed them to the various interviewers. In addition, the DNDC provided the Department of Corrections (Medical Officer) with drug test kits for the urinalysis. Urine results were obtained by medical staff who then forwarded the results to the DNDC. Upon completion, the senior case worker notified the DNDC that questionnaires were ready to be uplifted. This usually occurred at the end of each month.

SUPERVISION AND CONTROL

The survey team comprised of staff hired by the DNDC, who worked closely with the case management workers within each facility. The DNDC was mainly responsible for planning the survey, printing the questionnaires, organizing logistical arrangement, analysing the survey results, and preparing the survey report.

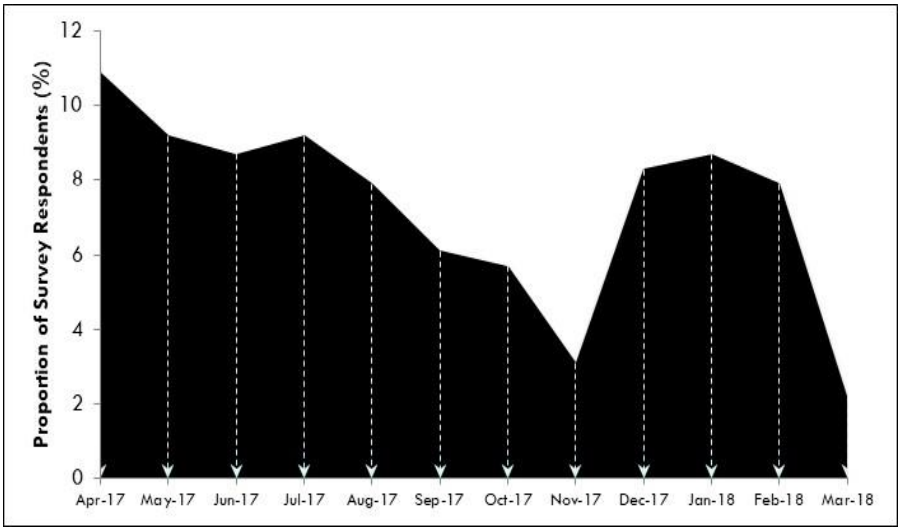
DATA QUALITY

RESPONSE RATE

Of the combined total of 230 reception offenders in the two facilities over the survey period, 180 persons responded to the survey. The survey response rate was, therefore, 78.3%. Participation in the survey was voluntary and therefore the non-respondents comprise of those offenders who refused to participate, those who were missed by the interviewers, and those who were released on bail before the interviewers were able to conduct the interviews.

The table and chart below shows the proportion of persons who were interviewed in each month during the survey period. On average, 7.3% new offenders volunteered to participate in the survey, per month. Most interviews were done in April 2017, May 2017, and July 2017, which could be indicative of the number of offenders who presented to the facilities during these months.

	(n = 230)
INTERVIEW DATE	**% RESPONDENTS**
April 2017	10.9
May 2017	9.2
June 2017	8.7
July 2017	9.2
August 2017	7.9
September 2017	6.1
October 2017	5.7
November 2017	3.1
December 2017	8.3
January 2018	8.7
February 2018	7.9
March 2018	2.2
Average per month	**7.3**



MISSING DATA

Imputations were not made for missing responses since it would be difficult to ascribe responses founded on self-report. Hence, missing data was treated as "not stated" and comprised part of the total responses.

VALIDATION

Given the manageable number of responses it was easy to validate all the questionnaires and responses for any possible errors which could be corrected. Checks were made for exaggeration; for example, number of days of drug use greater than 31 days. Another validation check was done to eliminate responses on patterns of drug use which were logically inconsistent; for instance, a report of current drug use but not a report of lifetime use, or a report of not being charged for a crime but provided responses for offences or outcomes, which required one to be charged with an offence. Any of these instances were corrected, if possible, or treated as missing data.

DATA PROCESSING AND ANALYSIS

Responses to the survey questions were captured directly onto the questionnaire by the interviewer. Data entry was then done using SPSS by staff of the DNDC. The data capture screen was first prepared for data entry at the beginning of the survey in April 2017. The data entry process took at most two days following the receipt of the questionnaires. No coding of the questionnaire was required since the questionnaire was pre-coded. To guard against transcription errors, care was taken in entering the responses from the paper questionnaires on to the computer.

DNDC staff then performed the data analyses for this report. This included the generation of appropriate tables and descriptive statistics for inclusion in this final report.

SECTION 1:
DEMOGRAPHIC CHARACTERISTICS

Analyses were done by the nine sections previously mentioned, in addition correlations were made to better analyse the relationship between topics such as; drug use and crime. The results of the survey are presented for the overall surveyed population. Frequencies of count (number) and percent were generated for all variables. Basic descriptive analyses were carried out for all variables under the various sections. Descriptive statistics, such as the mean, mode, and range, were also derived and used in the analysis.

SPSS v.23 software was used for the analysis of survey data. Charts were created in Microsoft Excel and tables and text were prepared in Microsoft Word.

The majority (88.1%) of survey respondents were from the Westgate Correctional Facility (*see Table 1.1*). There were more (93.8%) male offenders than females (6.3%); and 82.4% of all the offenders were "*Black*". Nearly, 3 in 10 (28.3%) of the respondents were between 22-30 years old. However, 14.5% of offenders were above 50 years of age, and 12.8% who were 21 years or younger. The average age of offenders is, therefore, 35.5 years, ranging from 16 to 67 years. There were 28 of the 229 persons recorded as a repeat offender within the one year of survey administration.

While 7.0% of the survey respondents indicated they were married, 85.6% said they were single and an additional 5.3% were either divorced (2.1%) or separated (3.2%) (*see Table 1.2*). Of all the respondents, 56.5% indicated they have dependents and 93.5% had dependents less than 18 years of age (with 77.0% having at most two dependents younger than 18 years). Most (41.9%) of the respondents were raised by both parents and a further 9.1% indicated that they were raised with grandparents.

Table 1.1
Profile of Survey Participants
(n = 230)

DEMOGRAPHIC CHARACTERISTIC	% RESPONDENTS
FACILITY	
Westgate	88.1
Co-Ed	11.5
SEX	
Male	93.8
Female	6.3
RACE	
Black	82.4
White	3.2
Portuguese	0.5
Mixed	11.2
Other	2.1
Not Stated	0.5

Table 1.2
Profile of Survey Participants
(n = 230)

DEMOGRAPHIC CHARACTERISTIC	% RESPONDENTS
MARITAL STATUS	
Single	85.6
Married	7.0
Divorced	2.1
Separated	3.2
Common-Law Arrangement	2.1
Widowed	-
Not Stated	-
DEPENDENTS	
Have Dependents? (Yes)	56.5
Dependents Under 18 Years	93.5
1 Dependent	39.6
2 Dependents	37.4
3 Dependents	6.6

AGE (Years)	
< 18	16.1
18 – 21	25.3
22 – 30	33.0
31 – 35	66.7
36 – 40	36.8
41 – 45	8.5
46 – 50	6.9
51 – 55	8.5
56 – 65	8.5
65+	0.5
Don't Know/Not Stated	1.1

4 Dependents	5.5
5+ Dependents	4.4
PARENTAL UPBRINGING	
Raised with both parents	41.9
Raised by single parent	40.9
Raised with grandparents	9.1
Raised by foster parents	3.2
Raised by sibling or other relative	1.6
Other arrangement*	1.6
Not Stated	1.6

** Includes: mother and stepfather, divorced parents in separate house, sunshine league observatory cottage.*

The majority (21.9%) of the respondents were from Pembroke parish (see *Table 1.3*). There was an equal number (13.4%) of respondents reporting from Sandys and Warwick. The fewest (1.1%) survey participation came from those respondents living in Paget. The majority (72.6%) of persons surveyed indicated they were born in Bermuda, while 4.8% were born in the USA and others were from as far as Portugal. However, 17.2% of the offenders indicated they have other citizenship; for instance 3.9% were now Bermudians.

Most of the respondents (47.8%) indicated that they rented a private house or apartment; while 26.9% indicated that they own the house or apartment in which they resided (see *Table 1.4*). There were some respondents (4.3%) who reported that they lived on the street or had no fixed abode. The survey participants were asked how many times they have moved in the past year and a substantial proportion (65.6%) reported that they never moved, while 17.2% said they moved once, and 6.5% moved three or more times.

Table 1.3
Profile of Survey Participants
(n = 230)

DEMOGRAPHIC CHARACTERISTIC	% RESPONDENTS
PARISH OF RESIDENCE	
Devonshire	9.6
Hamilton	10.7
Paget	1.1
Pembroke	21.9
Sandys	13.4
Smith's	5.3
Southampton	8.6
St. George's	12.3
Warwick	13.4
Do not live in Bermuda	2.7
COUNTRY OF BIRTH	
Bermuda	72.6
USA	4.8

Table 1.4
Profile of Survey Participants
(n = 230)

DEMOGRAPHIC CHARACTERISTIC	% RESPONDENTS
TYPE OF HOUSING	
Rented private house/apartment	47.8
Own house/apartment	26.9
Rented government house/apartment	11.3
Street or no fixed abode	4.3
A treatment centre or hospital	1.1
Transitional housing	4.3
In prison or other custody	0.5
Shelter	1.1
House boat/boat/sail boat	-
Not Stated	1.1
TIMES MOVED (in last 12 months)	
None	65.6
Once	17.2

Bulgaria	0.9
Jamaica	1.3
Other Country*	1.7
**Include: Azores, Indonesia, England, and Uganda.*	
Other Citizenship (Yes)	17.2
Bermuda	3.9
USA	2.6
UK	3.9
Other Country*	1.7
Not Stated	
**Include: Canada, Columbia, Granada, Portugal*	

Twice	7.0
Three or more times	6.5
Not Stated	3.8

The highest level of education completed by most of the respondents was high (41.2%) or middle (27.3%) school, with 3.0% indicating they have completed their General Educational Development (GED). There were also a small number of persons who had completed college (7.5%) or had some level of college education (15%).

Table 1.5
Profile of Survey Participants
(n = 230)

DEMOGRAPHIC CHARACTERISTIC	% RESPONDENTS
EDUCATION (Highest Level Completed)	
None, No School	1.6
Primary	2.7
Middle	27.3
High School	41.2
Some College	7.5
College	15.0
Other[1]	4.3
GED	3.0
Not Stated	0.5

[1] *Includes: home school, technical or trade school, university.*

One-third (31.2%) of persons surveyed reported that their main source of (legal) income is from full-time work, and this accounted for the majority of the respondents; while slightly fewer (27.4%) respondents indicated that part-time work or odd jobs provided their income (see *Table 1.6*). The survey results also showed that 10.2% of the persons reported that they had no source of income.

In terms of respondents' principal industry of their organization, most (36.0%) of them fall within the construction industry group. In addition, 10.6% were employed in the agriculture, hunting, and fishing industry and 8.7% indicated working in the hotels and restaurants as well as the transport, storage, and communication industry.

At the time of reception into the respective facility, the majority (39.5%) of survey participants reported working part-time (less than 36 hours per week). Nearly, 4 in 10 (38.3%) of the respondents indicated they were working full-time, that is, 36 or more hours per week. There were some persons (3.0%) who indicated they were not working neither were they looking for work.

Table 1.6
Profile of Survey Participants

(n = 230)

DEMOGRAPHIC CHARACTERISTIC	% RESPONDENTS
SOURCE OF INCOME	
Family or friends	3.8
Full-time work	31.2
Self-employed	22.0
Welfare or government benefit	3.8
Part-time work or odd jobs	27.4
None	10.2
Other	0.5
Not Stated	1.1
ANNUAL INCOME	
$0 to < $25,000	43.5
$25,000 to < $50,000	26.2
$50,000 to <$75,000	8.9
$75,000 to < $100,000	2.4
> $100,000	2.4
Don't Know/Not Stated	16.7
INDUSTRY	
Agriculture, Hunting and Fishing	10.6
Electricity, Gas, and Water Supply	3.7
Construction	36.0
Wholesale and Retail	4.3
Hotels and Restaurants	8.7
Transport, Storage, and Communication	8.7
Health and Social Work	2.5
Other Comm. , Soc. & Personal Services	9.9
Private Households	.6
None	10.6
Not Stated	4.3
CURRENT WORK STATUS	
Working full-time (36+ hours per week)	38.3
Working part-time (< 36 hours)	39.5
Not working and looking	13.8
Not working and not looking	3.0
Sick or disabled and unable to work	3.6
Student	1.2
Retired	-
Not Stated	0.6

SECTION 2:
DRUG USE AND DRUG SCREENING

DRUG USE

LIFETIME AND CURRENT PREVALENCE

Respondents were asked to report if they have "*ever taken or used (…)* in their lifetime? Their negative responses ("No") to these questions provided the number of respondents who reported that they have never tried any of the drugs surveyed. Overall, 98.7% of the total respondents (*n* = 230) have reported the use of at least one drug in their lifetime.

Lifetime and current prevalence of substance use are presented in Table 2.1 and Figure 2.1. The results showed that respondents recorded the highest lifetime consumption for alcohol (78.7%), marijuana (76.5%), cigarettes/tobacco (70.4%), crack cocaine (25.7%), and cocaine powder (23.0%) (see Table 10.3.1). Other lifetime prevalence ranged from a low of 1.7% for methamphetamine to a high of 38.2% for heroin and ecstasy. In terms of current use, respondents indicated the highest consumption for alcohol (54.8%), and marijuana and cigarettes/tobacco (53.0%).Consumption of other substances in the current use period ranged from a low of 0% for LSD, methamphetamine, and valium or benzodiazepine to a high of 11.7% for crack cocaine.

Table 2.1
Lifetime and Current Prevalence of Substance Use by Proportion of Respondents

SUBSTANCE	LIFETIME USE (%) *(n = 230)*	AVERAGE AGE OF FIRST USE (YEARS)	CURRENT USE (%) *(n = 230)*	AVERAGE NUMBER OF DAYS USED IN LAST 30 DAYS
Cigarettes/Tobacco	70.4	14.3	53.0	22.3
Alcohol	78.7	15.3	54.8	11.4
Marijuana	76.5	14.0	53.0	18.4
Crack Cocaine	25.7	22.7	11.7	14.2
Cocaine Powder	23.0	21.7	3.0	6.5
Heroin	17.8	21.2	8.3	20.8
Ecstasy	20.4	22.3	1.7	5.2
LSD	6.5	19.9	-	-
Methamphetamine	1.7	19.3	-	-
Valium/Benzodiazepine	3.5	32.9	-	-
Methadone	7.8	34.2	2.2	14.6
Other Street Drugs	8.3	22.9	1.3	1.6

The respondents used drugs, on average, as seldom as 2 days in the last month to as frequent as twenty-two days. On average, the respondents who reported current use of substances indicated use of three substances for more than half of the preceding 30-day period: cigarettes/tobacco (22.3 days), followed by heroin (20.8 days), marijuana (18.4 days) (see *Table 2.1*).

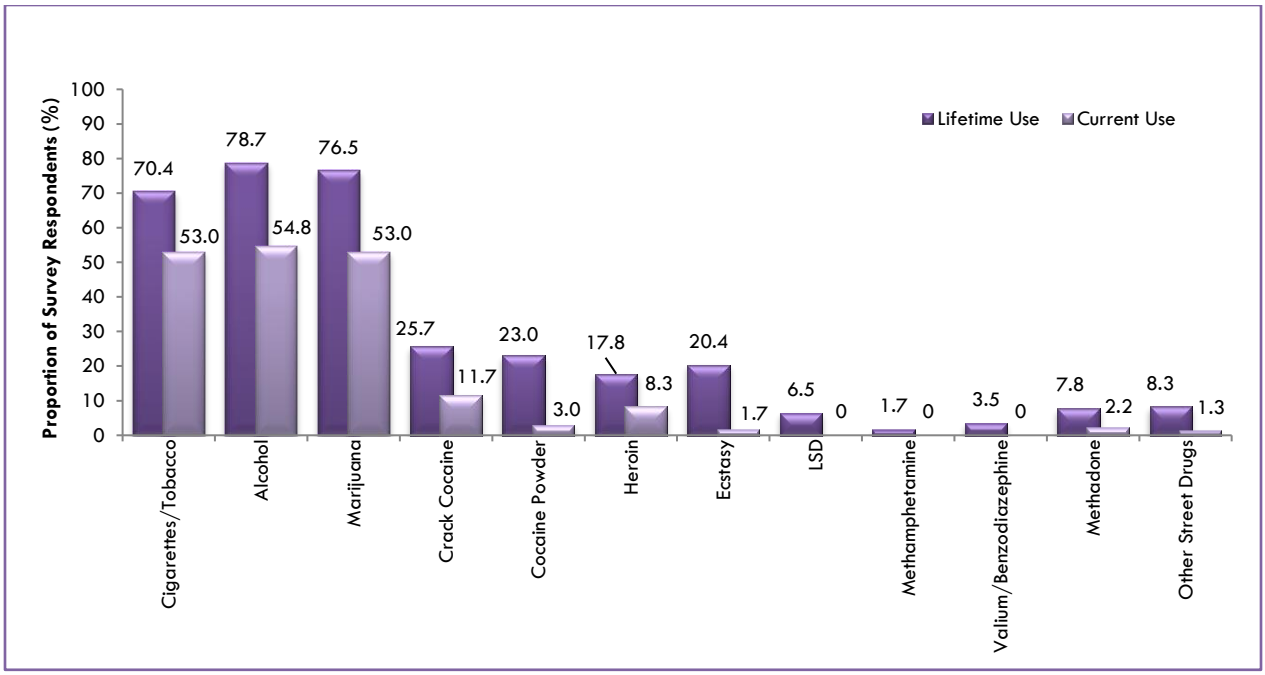


Figure 2.1. Lifetime and current prevalence of substance use by proportion of respondents.

TECHNICAL NOTE

What is Prevalence?

The terms prevalence refers to the proportion of a population who has used a drug over a particular time period. In this population survey of middle and senior school students, prevalence is measured by asking respondents to recall their use of drugs. Typically, the three most widely used recall periods are: lifetime (ever used a drug), last year (used a drug in the last 12 months), and last month (used a drug in the last 30 days).

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

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

POLY DRUG USE

Poly drug use refers to the use of two or more psychoactive drugs in combination, whether at the same time or on the same occasion, or within a certain period but not necessarily the same time, to achieve a particular effect. In many cases, one drug is used as a base or primary drug, with additional drugs to leaven or compensate for the side effects of the primary drug and make the

experience more enjoyable with drug synergy effects, or to supplement for primary drug when supply is low.

Poly drug use often carries with it more risk than use of a single drug, due to an increase in side effects, and unique pharmacological interactions. The potential effect of one drug on another is sometimes considerable and the licit drugs and medicines – such as alcohol, nicotine and antidepressants – have to be considered in conjunction with the controlled psychoactive substances. The risk level will depend on the dosage level of both substances. Concerns exist about a number of pharmacological pairings: alcohol and cocaine increase cardiovascular toxicity; alcohol or depressant drugs, when taken with opioids, lead to an increased risk of overdose; and opioids or cocaine taken with ecstasy or amphetamines also result in additional acute toxicity. Benzodiazepines are notorious for causing death when mixed with other depressants such as opioids, alcohol, or barbiturate.

The survey results revealed that of the 230 inmates, 54 (23.5%) were non-poly drug users, in that they used only one (mainly tobacco or alcohol) or no substance. On the other hand, 176 (76.5%) inmates or about three out of every five were, in fact, poly drug users. Of the 176 poly drug users, 11 used a combination of only two substances (mainly tobacco and alcohol), while 165 used combinations of three or more of these drugs.

Prevalence of two-substance combinations among poly drug users, in the lifetime period, is shown in Table 2.2. There was a combined total of 90.9% (n = 160) of the poly drug users who reported using tobacco and alcohol; 97.7% (n = 172) using alcohol and marijuana; and 91.5% (n = 161) using tobacco and marijuana. Worthy of note, is the proportion (33.5% or n = 59) of poly drug users who reported use of crack cocaine and marijuana in the lifetime period. In addition, there were quite a few of the poly drug users who reported using crack with tobacco (n = 58) and alcohol (n = 58). At the same time there were 41 users of heroin with tobacco and 41 users of heroin with marijuana.

Table 2.2
Lifetime Prevalence of Two-Substance Combination of Poly Drug Use

(n =176)

DRUG	**DRUG**								
	TOBACCO	ALCOHOL	MARIJUANA	CRACK	COCAINE	HEROIN	ECSTASY	METHADONE	OTHER
Cigarette/Tobacco	-	160	161	58	52	41	45	18	15
Alcohol		-	172	58	51	39	45	17	18
Marijuana			-	59	53	41	47	18	18
Crack Cocaine				-	40	37	19	15	4
Cocaine Powder					-	32	22	14	6
Heroin						-	13	18	3
Ecstasy							-	6	8
Methadone								-	1
Other									-

AGE OF FIRST USE OF DRUGS

Using age-of-initiation data to coordinate the timing of prevention efforts can be an important tool for optimizing programme effectiveness. For instance, programmes delivered after the majority of potential drug users have already initiated the behaviour may have limited impact. On the other hand, very early intervention might prove less effective because it is not close enough to the critical initiation period.

Respondents were asked to report the age at which they first used 12 listed substances. Some of these substances are generally considered to be the major gateway drugs, usually preceding the use of hard drugs.[4] The average age of onset is based only on the ages of first use of respondents who indicated ever engaging in the behaviour, that is, lifetime users.

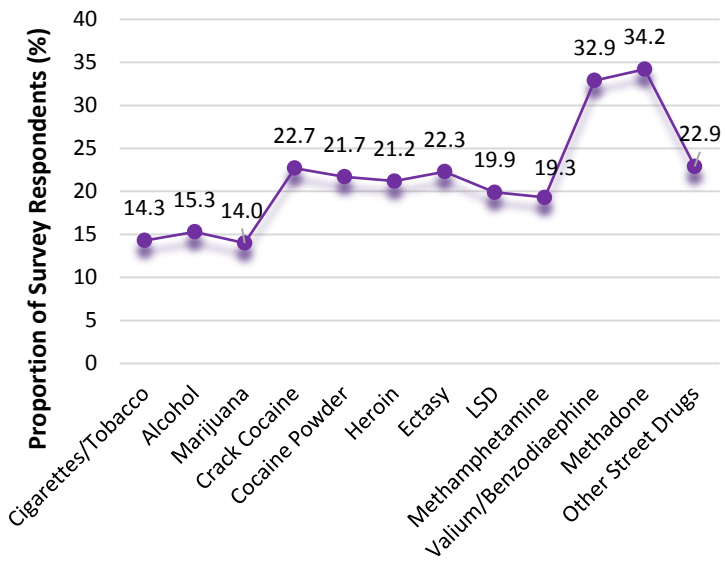


Figure 2.2. Average age of onset for all lifetime users by type of substance.

As can be seen from Table 2.1 and Figure 2.2, the average age of initiation of drug use for the overall surveyed population ranges from a low of 14.3 years for Cigarettes/Tobacco to a high of 34.2 years for methadone. There were persons who began using marijuana around 14.0 years. Alcohol use began around 15.3 years and the use of methamphetamine began around 19.3 years, on average.

INJECTED DRUG USE

Respondents were asked questions on whether or not they ever injected drugs. Of all the offenders, 3.0% reported that they had injected drugs in their lifetime; and three of these persons reported to have injected drugs in the 30 days prior to being interviewed.

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

DRUG SCREENING

Overall, 93.5% of inmates or 215 persons provided samples for urine testing, using a 12-panel drug screening cup. Tetrahydrocannabinol (THC), the principal psychoactive constituent of the cannabis plant, was found in slightly over 7 in 10 (68.7%) of offenders' urine screens, followed by opiate, which was found in 26.1% of their drug tests (see *Table 2.3*). Slightly over 1 in 5 (21.3%) offenders tested positive for cocaine, while 10.9% had positive test results for benzodiazepine.

Table 2.3
Proportion of Positive Results from Drug Screening
(n = 230)

RAPID DRUG PANEL*	% POSITIVE
Marijuana	68.7
Cocaine	21.3
Opiate	26.1
Benzodiazepine	10.9
Methadone	6.1
Methamphetamine	6.5
Amphetamines	0.4
Barbiturates	0.4
Oxycodone	3.5
Phencyclidine	0.4
Propoxyphene	-
Buprenorphine	0.4

* 4.8% of respondents refused drug screening.

In Table 2.4 below, the data suggests that, although there was self-reported current use of substances, in some instances, these did not show as positive in the urine tests. For instance, of the 158 positive urine tests for THC, only 107 were positive THC current users. In other words, there were 18 offenders who tested positive for THC but who did not self-report to be current users. At this same time, this result also suggests that there were persons who indicated that they were current users of marijuana but the results of the urine tests did not confirm their claim. Likewise, of the 60 positive urine tests for heroin, only 14 were positive heroin current users. This relationship of fewer positive current users also holds true for cocaine and methadone as compared to those who tested positive for these substances on their urine tests.

Table 2.4
Comparison of Self-Reported Current Users of Substances and Positive Urine Tests
(n = 230)

SUBSTANCE	CURRENT USE		POSITIVE URINE TEST		CURRENT USE AND POSITIVE URINE TEST	
	n	%	n	%	n	%
Marijuana	122	53.0	158	68.5	107	75.4
Cocaine	7	3.0	49	21.3	6	23.1
Opiate	19	8.3*	60	26.1	14	20.0
Methadone	5	2.2	14	6.1	3	37.5

Notes:

* taken as current use of heroin.

Current use not asked for the following substances tested on the rapid drug panel: benzodiazepine, methamphetamine, amphetamines, barbiturates, oxycodone, phencyclidine, propoxyphene, and buprenorphine.

WHAT IS DRUG TESTING?

Drug testing is a way to evaluate the type and possibly the amount of legal or illegal drugs taken by a person. Drug testing, you can be sure, is not an exact science. A great number of factors influence testing results. Not all people are alike, nor are the drugs they take alike. Some of the factors that influence test results are: the individual's drug absorption rate, metabolism rate, distribution in the body, excretion rate, drug quantity, drug quality and the testing method employed.

Urine testing is probably the most common drug testing procedure used today. Drugs, in order to be detected in the urine must be absorbed, circulated in the blood and deposited in the bladder. This process takes approximately three hours for most drugs – except alcohol – which can take only 30 minutes. Thus, an individual who was tested just 15 or 20 minutes after using drugs would probably (but not always) test negative unless he was a chronic user who would have identifiable drug residue in his/her urine at all times. Chronic users of marijuana, for example, may test positive for marijuana use several months after use of the drug.

Urine specimens are preferred for testing because large sample volumes can be collected non-invasively. Drugs generally remain detectable in urine for two to three days, longer than in blood. THC can remain positive in urine for several weeks after the last use, especially in chronic users. A positive THC urine drug test however does not necessarily imply impairment of the donor, because THC is usually inactivated by the liver within a few minutes or hours after administration.

SECTION 3:
MENTAL HEALTH, DRUG OVERDOSE, AND SUBSTANCE ABUSE TREATMENT

This round of the survey asked participants whether they have been prescribed any medication for mental or emotional problems in the last 12 months. There were 7.8% (12.8% in 2014-2015) of the respondents who indicated that they had, in fact, taken such medication (*see Figure 3.1*).

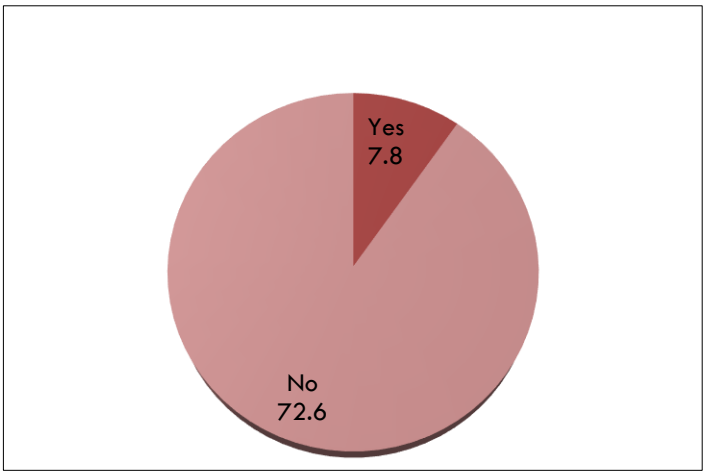


Figure 3.1. Prescribed medication for mental or emotional problems in the past year.

Further, 6.1% (up from 4.3% in 2014-2015) of the persons indicated that they have had a drug overdose episode that required professional intervention (by a physician, nurse, or ambulance); 70% of which occurred over five years ago.

Offenders were asked about their experience with being treated by a doctor as a result of using a substance. Of all respondents ($n = 26$), 11.3% said they had been treated by a doctor as a result of use of any substance. When asked about the type of substance for which they received treatment from a doctor, 3.9% reported alcohol, 2.6% said marijuana, 5.7% indicated heroin, 3.5% said crack cocaine, 1.7% reported powdered cocaine, and 0.9% were treated for other substances such as pain relievers and spice. More specifically, 29.1% indicated they had received substance abuse counseling or rehabilitation treatment as a result of their use of alcohol and/or drugs. Substance abuse counseling was reported for alcohol at 12.2%, marijuana at 7.4%, tobacco at 0.4%, heroin at 9.6%, crack cocaine at 11.3%, cocaine (powdered) at 3.0%, ecstasy at 0.9% and some other drug such as codeine at 0.4%.

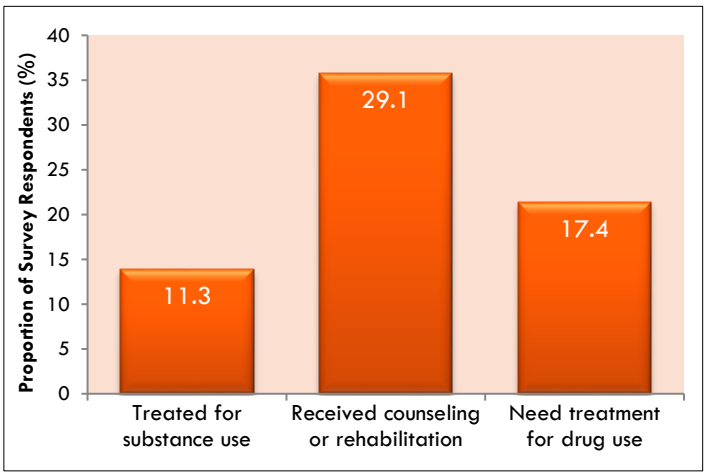


Figure 3.2. Substance abuse treatment and counseling.

Interestingly, when asked their perceptions regarding whether or not they felt they needed treatment for drug or alcohol use, slightly over one-sixth (17.4%) indicated that they needed treatment, while 1.3% were unsure. On another note, 17.0% of respondents indicated they had taken drugs which were not prescribed by a doctor in the last three days.

SECTION 4: CRIMINAL RECORD

CRIMINAL HISTORY

Of all the respondents interviewed, 18.3% were never in prison before the current imprisonment followed by 29.1% who admitted to being in prison for two to five times and 19.6% being in prison for more than five times (see *Figure 4.1*).

When it came to the current offence with which the respondent was charged, assault was the most frequent charge followed by other violent crime and other public order offences (see *Table 4.1*).

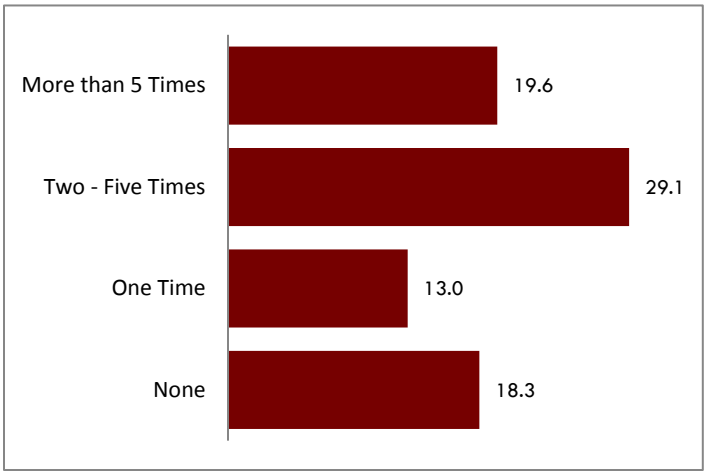


Figure 4.1. Number of times in prison excluding current imprisonment by proportion of respondents.

In the 12 months prior to being interviewed for the survey, 13.9% (n = 32) (22.0% in 2014) of the respondents reported that they had been charged with an offence(s). There was a small proportion of respondents who committed offences in the past year. Of these persons, assault was the offence committed most frequent at 2.2% (see *Table 4.1*). Similar small proportions were observed for other violent offences such as murder, robbery, and offences such as burglary, larceny/theft, stolen property, weapons and other public offences at 0.9%. Unlike previous years, there were very few respondents arrested for drug charges in the past 12 months. There were no offences in the previous 12 months related to possession.

OUTCOME OF OFFENCE

Offenders were also asked if they had ever served a prison term, been fined, or placed on probation for an offence(s). Overall, 64.8% (71.1% in 2014) of all survey respondents served a prison term, had been fined, or placed on probation in their lifetime for a committed offence. In terms of the type of outcome, 76.5% (79.8% in 2014) reported serving a prison term, while 31.3% (36.1% in 2014) paid a fine and 38.7% (35.6% in 2014) were placed on probation (see *Figure 4.2*).

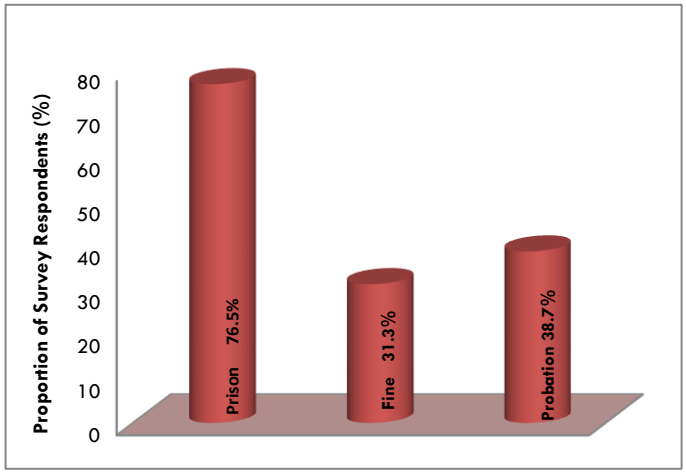


Figure 4.2. Proportion of respondents by outcome of offence.

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Table 4.1
Proportion of Respondents by Current and Past Charged Offence and Outcome

(n = 230)

OFFENCE	% RESPONDENTS		
	CURRENT CHARGE[1]	CHARGED[1] IN PAST YEAR	OUTCOME[2] (Prison, Probation, Fine)
VIOLENT			
Murder	2.6	0.9	1.3
Manslaughter	0.9	-	0.9
Rape	-	-	0.4
Carnal Knowledge	0.4	-	2.2
Other Sexual Offences	0.9	-	2.2
Robbery	5.7	0.9	7.8
Assault	9.1	2.2	20.4
Other Violent	2.6	-	6.1
PROPERTY			
Burglary	9.6	0.9	10.9
Larceny/Theft	6.1	0.9	9.6
Motor Vehicle Theft	0.9	-	4.3
Fraud	2.2	0.4	3.5
Stolen Property	3.5	0.9	4.3
Other Property	0.4	-	0.9
DRUG			
Possession	8.3	-	13.9
Possession with Intent to Supply	5.2	0.4	5.2
Trafficking/Importation	7.0	0.4	7.0
Other (Handling, Paraphernalia)	3.0	0.4	4.3
PUBLIC ORDER			
Weapons	3.5	0.9	9.6
Obstruction of Justice	-	-	2.2
Driving while Intoxicated	1.3	-	4.3
Drunkenness/Morals	0.4	-	0.4
Violation of Parole/Probation	5.2	0.4	6.1
Immigration Violation	-	-	-
Civil Offence	9.1	0.4	10.4
Road Traffic Offence	2.6	0.4	5.2
Other Public Order	3.5	0.9	8.3
OTHER[3]	16.1	3.5	20.0

[1] Person could have been charged with one or more offence.
[2] Outcome relates to any offence in their lifetime and not only to current offence or offence in the past year.
[3] Includes 'recall' or threatening behaviour.

In terms of the outcome by the main category of offence, serving a prison term was the most prevalent outcome in all offence categories (*see Table 4.2 and Figure 4.3*). In other words, most persons served a prison term than being fined or placed on probation for all categories; with the exception of public order offences for which the "*prison*" and "*fine*" outcomes were at equal proportion (15.2%).

Table 4.2
Proportion of Respondents by Outcome of Category of Offence
(n = 230)

OFFENCE	OUTCOME (% RESPONDENTS)		
	PRISON	FINE	PROBATION
Violent	24.3	2.2	14.8
Property	17.4	1.7	10.0
Drug	10.4	4.8	4.8
Public Order	15.2	15.2	6.5
Other	9.1	7.4	2.6

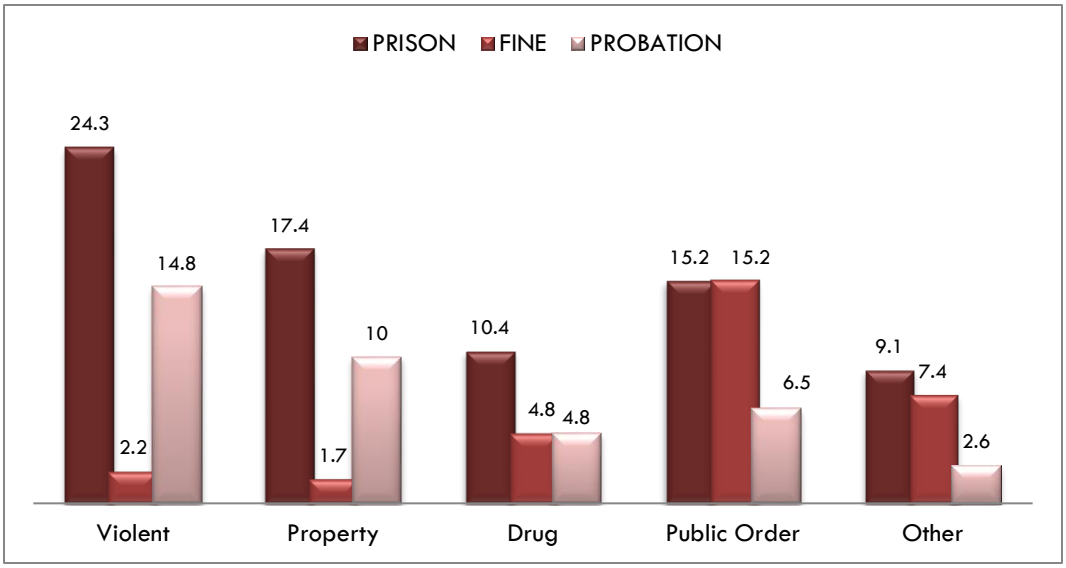

Figure 4.3. Proportion of respondents (%) by punitive outcome of category of offence.

COURT ORDER

Just over three fifths (60.9%) of the respondents were on no court order, while 5.7% indicated they were "*on bail*" and 9.6% were on "*probation order*". No person reported being on a "*community service order*".

Table 4.3
Proportion of Respondents by Type of Court Order
(n = 230)

COURT ORDER	% RESPONDENTS
No Order	60.9
Probation Order	9.6
On Bail	5.7
Ordered to Keep the Peace	0.4
Community Service Order	-
Conditional Discharge	0.4
Other*	3.5
Not Stated	0.1

*Includes: drug court, recall, suspended sentence

DRUG AND ALCOHOL CONNECTION WITH OFFENCE

Respondents were asked specific questions to determine whether or not drugs and/or alcohol were in any way connected to their current or previous offence(s). Noteworthy of mention, is the number of drug-connected offences, in that over one-quarter of people reported that drugs were connected to their current (27.4%) and past (27.8%) offence(s) (*see Table 4.4 and Figure 4.4*). On the other hand, about one out of every five persons felt that alcohol was connected to their current (19.1%) and past (19.1%) offence(s).

Drugs were more connected to both past and current offence(s) than alcohol. When asked about the ways in which drugs and alcohol were connected to the offence(s), 19.1% indicated that the offence was because of personal use or through being involved in the drug trade (12.2%). Likewise, 15.2% of the respondents indicated that the offence(s) was committed while under the influence of drugs and 12.2% of them indicated that the offence was committed to support their drug habit by providing money to buy drugs. The connection to the offence(s) being committed while under the influence of alcohol is equally as concerning when compared to offences being committed while under the influence of drugs. The results show that alcohol played a significant role in respondents offending, in that there were almost one-quarter (21.3%) or one out of every four respondents who reported that the offence(s) was committed while under the influence of alcohol.

Table 4.4
Drug and Alcohol Connection with Offence

(n = 230)

DRUG CONNECTION TO OFFENCE(S)	**% RESPONDENTS**
Drug connection to current offence(s) (Yes)	27.4
Drug connection to previous offence(s) (Yes)	27.8
WAYS DRUGS WERE CONNECTED TO OFFENCE(S)	**% RESPONDENTS**
Offence committed while under the influence of drugs	15.2
Offence committed to support drug habit (for money to buy drugs)	12.2
Through being involved with the drug trade	12.2
Personal use of drugs (possession)	19.1
Other	2.6
No answer	0.4
ALCOHOL CONNECTION TO OFFENCE(S)	**% RESPONDENTS**
Alcohol connection to current offence(s) (Yes)	19.1
Alcohol connection to previous offence(s) (Yes)	19.1
WAYS ALCOHOL WAS CONNECTED TO OFFENCE(S)	**% RESPONDENTS**
Offence committed while under the influence of alcohol	21.3
Offence committed to support alcohol habit (for money to buy alcohol)	3.5
Drunk driving	3.5
Other[1]	0.9
No answer	0.4

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

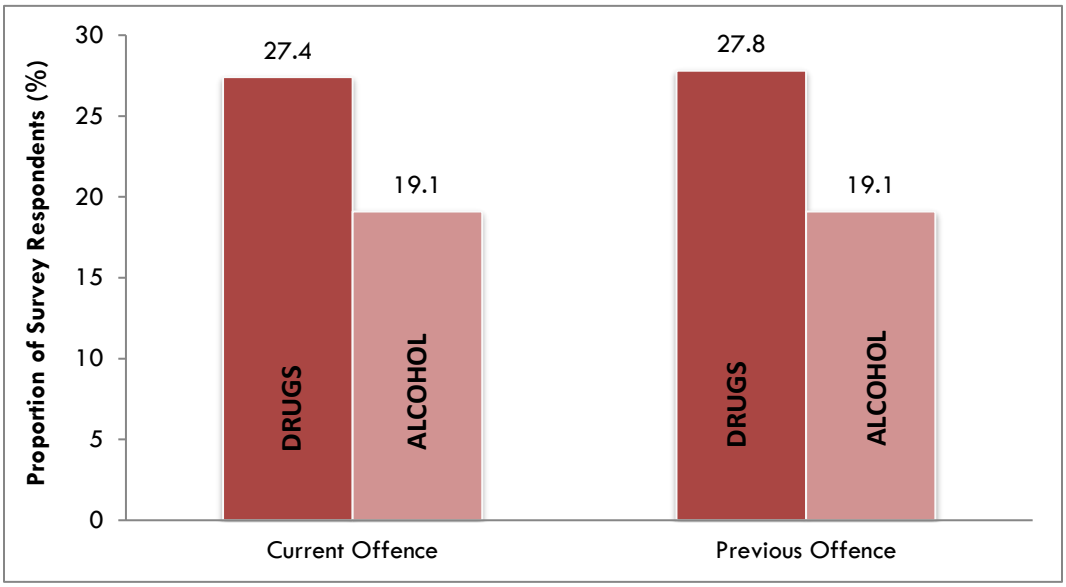

Figure 4.4. Drug and alcohol connection to offence by proportion of respondents.

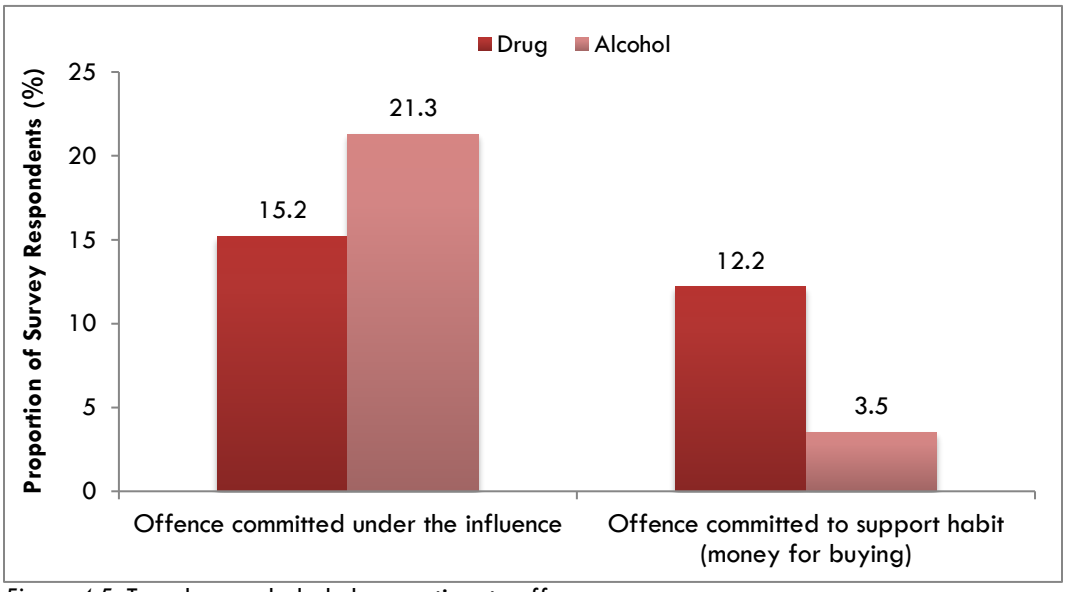

Figure 4.5. Two drug and alcohol connections to offence.

SECTION 5:
HIV/AIDS & HEPATITIS B STATUS AND ABUSE HISTORY

Of all respondents taking part in the survey, 97.3% admitted that they were not HIV positive, and 73.1% said their HIV test results (whether positive or negative) had been confirmed by testing (for those who responded to this question as it was not mandatory). Similarly, almost all (96.8%) of the participants indicated that they did not have Hepatitis B with 66.5% indicating that their status has been confirmed by testing (again, this was not a mandatory response question).

History of a range of abuse, neglect, and abandonment items were included as part of the survey. By definition, physical or sexual abuse was classified for acts against children 18 years or younger, while neglect or abandonment was classified for acts against children by parents before age five. When asked about abuse, 8.7% (*n = 20*) of offenders indicated being physically abused, whereas 7.8% (*n = 18*) said they had been sexually abused by age 18 years (*see Table 5.1*). On the other hand, 7.4% or 17 respondents indicated they had been neglected by their parents before age five, and a similar proportion, 6.5% or 15 persons, reported being abandoned by the same age.

Table 5.1
Self-reported History of Physical Abuse, Sexual Abuse, Neglect, and Abandonment

TYPE OF ABUSE	n	%
Physical Abuse	20	8.7
Sexual Abuse	18	7.8
Neglect	17	7.4
Abandonment	15	6.5

Associations between Types of Abuse and Lifetime use of Drugs

Cross tabulation analysis and Chi-square test were conducted on drug use and factors such as physical abuse, sexual abuse, neglect, and abandonment. The following were found to have a statistically significant relationship at the $p<.05$ or $p<.01$ criteria.

Of the respondents who admitted to being physically abused as a child, prior to being 18 years:

- 50.0% had ever used crack cocaine in their lifetime

Of those being sexually abuse as a child, prior to being 18 years:

- 50% had ever taken or used crack in their lifetime
- 94.1% said they had ever used marijuana

Of the respondents who were neglected by parents at age 5:

- 52.9% had ever taken or used crack cocaine in their lifetime

Of the respondents who were abandoned by parents at age 5:

- 40.0% had ever taken or used crack cocaine

SECTION 6:
DRUG PRICES

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

For instance, the mean prices paid for an ounce of cannabis is reported to be about $634 as reported by the 85 persons who provided an answer to this question. Other modal prices, as reported by respondents, include: $58 for a gram of cannabis (74 respondents); $99 for a gram of cannabis resin (34 respondents); $2,632 for an ounce of cocaine (30 respondents); $65 for a rock of cocaine (10 respondents); $78 for a rock of crack (14 respondents; $374 for a gram of heroin (22 respondents); $48 for a deck of heroin (8 respondents).

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

SECTION 7: DRUG MARKET

Respondents were asked to indicate if they bought any illegal drugs, for "*yourself*" or "*others*" over the past 12 months. Interestingly, half (46.5%) of survey respondents said they had, while 39.1% reported buying illegal drugs for themselves or others during the past 30 days prior to being arrested (*see Figure 7.1*). When asked if they had sold illegal drugs to make money in the past 12 months, 18.3% or 42 people indicated they had sold drugs. On the other hand, when it came to selling illegal drugs during the past 30 days, prior to being arrested, 14.8% (*n = 34*), admitted they had sold drugs.

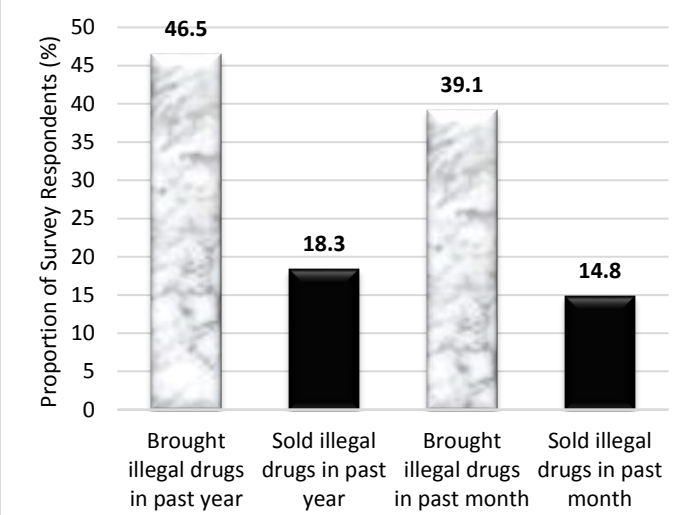

Figure 7.1. Drug market in past year and month.

Of all offenders surveyed, 20.0% indicated they had "*heard*" of other drugs being used on the street. Such drugs include those substances listed in Table 7.1. Other drugs of use would exclude main drugs that were assessed in this survey such as alcohol, tobacco, crack cocaine, powdered cocaine, marijuana, heroin, and ecstasy.

Table 7.1
Self-report of Other Drugs Used on the Streets

Other Drugs* Used	
Acid	Hydromorphone
Aerosol spray	K2/ Synthetic Marijuana/Spice
Barbiturates	Lean
Bath Salts	Marley
Black coloured mix of dope and cocaine	MDA
Codeine	Mushroom
Desomorphine (Krokodil)	Parachutes (MDMA & Crystal Meth)
Dimethltryptamine (DMT)	Salvia
Fentanyl	Special K
Flakka	Wet
Glue	Xanax

**Refer to Appendix III for the description of these drugs.*

SECTION 8:
DRUG ABUSE SCREENING TEST (DAST)

The DAST is the principal component of the DAMP. As stated in the methodology section of this report, it is used to classify the levels of severity of substance abuse problems among reception offenders. The DAST yields a quantitative index of the degree of consequences related to drug abuse. This section of the report describes the distribution of these scores for this psychometric assessment tool. Though this round of the survey utilised the original DAST-28 items, the analysis of the scores will be done using the shortened DAST-20 since these items proved to be good discriminators (excellent internal consistency reliability) and measure the same construct as the longer scale[5] (that is, 8 items from the DAST-28 were excluded (*see Table 7.3*). The DAST-20 item scores can be transformed to yield classification of substance abuse problems in terms of "*none*" (a score of 0), "*low*" (a score between 1 and 5), "*intermediate*" (a score between 6 -10), "substantial" (a score between11-15), and "severe" (a score between 16 to 20) (*see Table 7.1*). While a score of 0 indicates that no evidence of drug-related problems were reported, as the DAST score increases, there is a corresponding rise in the level of drug problems reported; where the maximum score of 20 would indicate substantial problems. Thus, as the DAST total score increases one may interpret that a given individual has accrued an increasingly diverse range of drug-related consequences. For instance, offenders who are classified in the "*intermediate to severe*" range of this scale, or those who score above 6, exhibit problems, which are similar in magnitude to the level of problems experienced by individuals in the community who seek professional help for alcohol and drug problem. In other words, this range of scores indicates substance abuse or dependence. Specific problem domains or areas or impact are addressed later in this section.

Table 8.1 presents the distribution of the DAST scores for the 230 offenders who participated in the survey. About one in 5 20.4% (9.6% in 2014) offenders reported no substance abuse problems, while just over one-third (34.3%) was assessed as having low substance abuse problems. Overall, 45.2% of reception offenders were classified as having "*intermediate to severe*" drug abuse problems prior to their current arrests and incarceration, with 24.3% classified as "*intermediate*", 13.5% as "*substantial*" and 7.4% as "severe". This, therefore, means that slightly less than half of the reception population, or about two out of every five, requires some type of assistance or intervention for substance abuse problems.

Table 8.1
Proportion of Respondents by Level of Severity of Substance Abuse
(n = 230)

	LEVEL OF SEVERITY	% RESPONDENTS
	None (0)	20.4
	Low (1-5)	34.3
Substance abuse or dependence	Intermediate (6-10)	24.3
	Substantial (11-15)	13.5
	Severe (16-20)	7.4

Note: there was not stated response not included in the table.

A low score, however, does not necessarily mean that the offender is free of drug-related problems. There are other factors which must also be considered, for example, the length of time the person

[5] H. Skinner. (n.d.). *Guide for Using the Drug Abuse Screening Test (DAST)*. p. 2.

has been using drugs, their age, level of consumption, and other data collected in the survey in order to interpret the DAST scores. According to the American Society of Addiction Medicine Placement Criteria (ASAM)[6], those offenders with no reported substance abuse problem will require monitoring, those 34.3% with a low score will require brief counseling, those 24.3% with intermediate scores will require some form of intensive outpatient treatment, and those 13.5% and 7.4% respectively, whose scores were in the substantial and severe categories will require intensive treatment.

PSYCHOLOGICAL AND SOCIAL IMPACT OF DRUG USE

PERSONAL IMPACT

A considerable proportion (64.8%) of offenders reported using drugs other than those required for medical reasons (*see Figure 8.1 and Table 8.2*). Although a relatively small proportion (9.4%) of respondents indicated a history of prescription drug abuse, it still points to an area of concern, as this is equivalent to about one out of every 10 offenders. The DAST results also show that one-third (30.0%) or three in 10 offenders reported abuse of more than one drug at the same time (poly drug use). Further, over three out of every five offenders (65.7%) reported that they could not get through the week without using drugs. This is indicative of chronic drug use. Stopping drug use seems to be a difficult feat in that 60.0% of the offenders indicated that they could not always stop using drugs when they wanted to quit. There were 17.8% of offenders who had "blackouts" or "flashbacks" as a result of their drug use. Also, almost one third of offenders (29.1%) reported that they felt bad about their drug use.

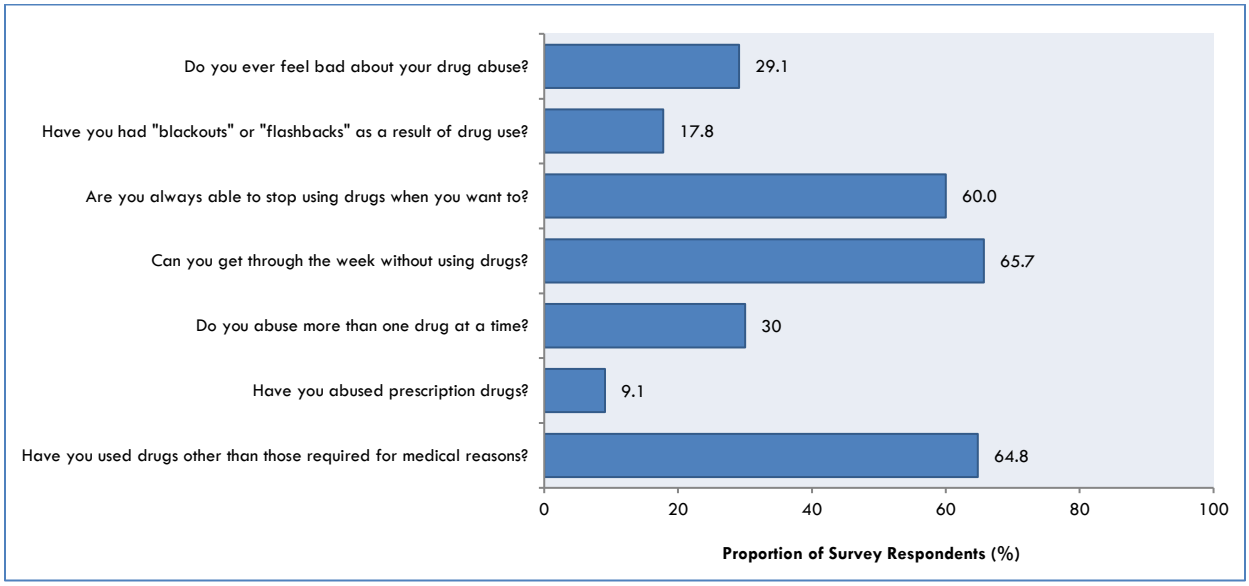

Figure 8.1. Personal impact of drug abuse from DAST items.

[6] H. Skinner. (n.d.). p. 5.

Table 8.2
Responses to the DAST-20 Items

QUESTION	OVERALL (YES) (*n = 230*)	
	n	%
Have you used drugs other than those required for medical reasons?	149	64.8
Have you abused prescription drugs?	21	9.1
Do you abuse more than one drug at a time?	69	30.0
Can you get through the week without using drugs (other than those required for medical reasons)?	151	65.7
Are you always able to stop using drugs when you want to?	138	60.0
Have you had "blackouts" or "flashbacks" as a result of drug use?	41	17.8
Do you ever feel bad about your drug abuse?	67	29.1
Does your spouse (or parents) ever complain about your involvement with drugs?	86	37.4
Has drug abuse ever created problems between you and your spouse?	52	28.3
Have you ever lost friends because of your use of drugs?	54	29.2
Have you ever neglected your family or missed work because of your use of drugs?	51	22.2
Have you ever been in trouble at work because of drug abuse?	35	15.2
Have you ever lost a job because of drug abuse?	36	15.7
Have you gotten into fights when under the influence of drugs?	81	35.2
Have you engaged in illegal activities to obtain drugs?	65	28.3
Have you ever been arrested for possession of illegal drugs	83	36.1
Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	50	21.7
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, etc.)?	19	8.3
Have you ever gone to anyone for help for a drug problem?	57	24.8
Have you ever been involved in a treatment program specifically related to drug use?	67	29.1

(See Appendix II for comparison of 2014-2015 DAST results.)

Table 8.3
Responses to Additional Eight Items on DAST-28

QUESTION	OVERALL (YES) (*n = 230*)	
	n	%
Do you abuse drugs on a continuous basis?	57	24.8
Do you try to limit your drug use to certain situations?	112	48.7
Do your friends or relatives know or suspect you abuse drugs?	101	43.9
Has any family member ever sought help for problems related to your drug use?	42	18.3
Have you ever been arrested because of unusual behaviour while under the influence of drugs?	50	21.7
Have you ever been arrested for driving while under the influence of drugs	37	16.1
Have you ever been in hospital for medical problems related to your drug use	23	10.0
Have you been treated as an outpatient for problems related to drug abuse?	40	17.4

IMPACT ON FAMILY AND FRIENDS

Slightly less than half (37.4%) of all the offenders indicated that their spouse/parents complained about their involvement with drugs (*see Tables 8.2 and 8.3 and Figure 8.2*). In addition, almost one-third (28.3%) of them reported that their drug abuse created problems with their spouse. The results also showed that a relatively large proportion (43.9%) of offenders reported that their friends or relatives knew or suspected that they abused drugs. Further, 18.3% of the respondents indicated that a family member has sought help for problems related to the offender's drug use. There were 29.2% of offenders who indicated that they have lost friends because of their drug use, while 22.2% indicated that they have neglected their family or missed work because of their drug use.

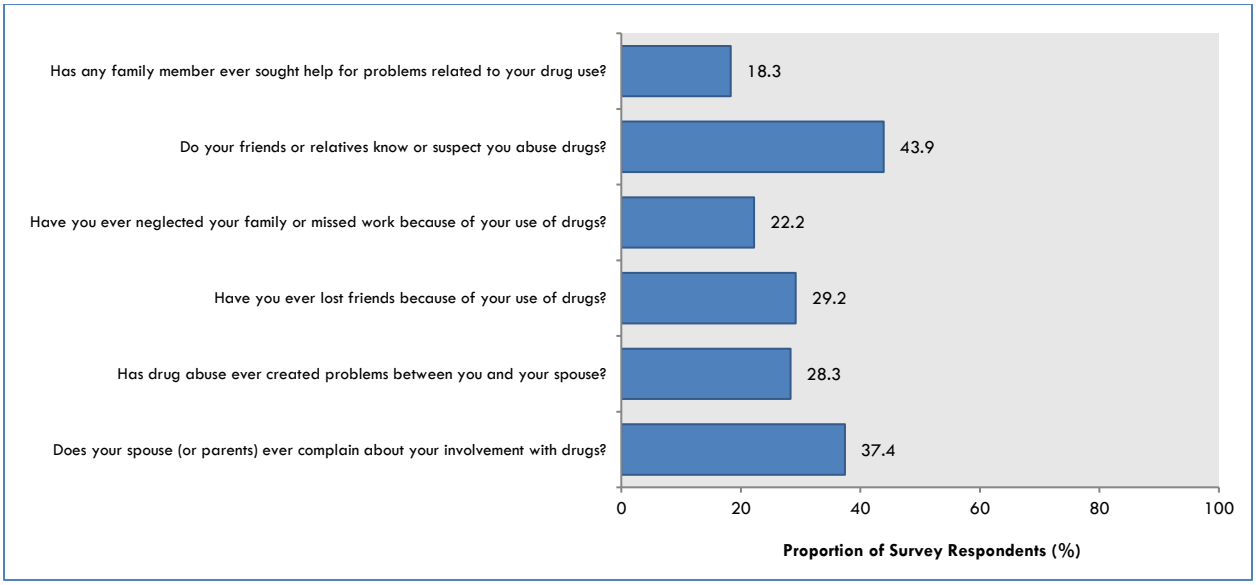

Figure 8.2. Impact of drug abuse on family and friends from DAST items.

SOCIAL IMPACT – CRIMINALITY

The DAST results showed that slightly above one of every three (35.2%) offenders have gotten into fights when under the influence of drugs (*see Tables 8.2 and 8.3 and Figure 8.3*). Offenders were also asked if they had ever been arrested because of unusual behaviour while under the influence of drugs. Over one in five offenders (21.7%) indicated that they had, in fact, been arrested. Further, 16.0% of offenders reported that they have been arrested for driving under the influence of drugs. Over one-quarter (28.3%) of the offenders said that they were engaged in illegal activities to obtain drugs. In addition, just over one third (36.1%) of the offenders reported that they had been arrested for possession of illegal drugs.

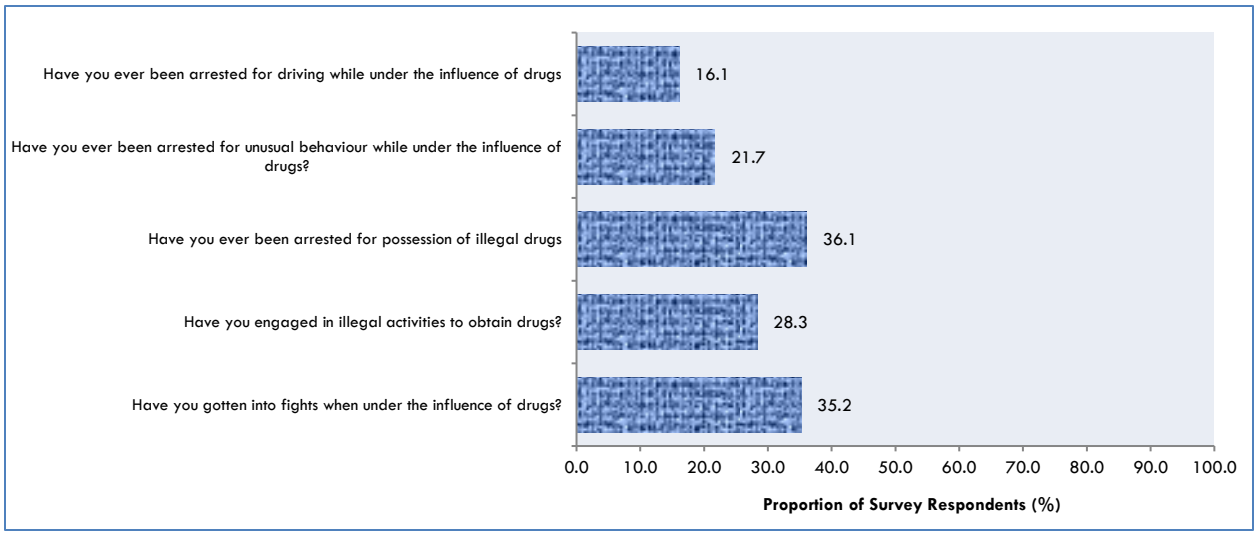

Figure 8.3. Social impact of drug abuse from DAST items.

PHYSIOLOGICAL IMPACT – TREATMENT AND REHABILITATION

About one-fifth or one in five (27.0%) of the offenders indicated that they had experienced withdrawal symptoms as a result of heavy drug intake, while 21.7% reported that they had been treated as an outpatient for problems related to drug abuse (*see Tables 8.2 and 8.3 and Figure 8.4*). There were 8.3% of offenders who reported having medical problems as a result of their drug use. Likewise, 10.0% of the offenders indicated that they had been in the hospital for medical problems related to their drug use. Additionally, the DAST results showed that 24.8% of the offenders had gone to someone for help for their drug problem, while 29.1% or just over one in three had been involved in a treatment programme specifically related to drug use.

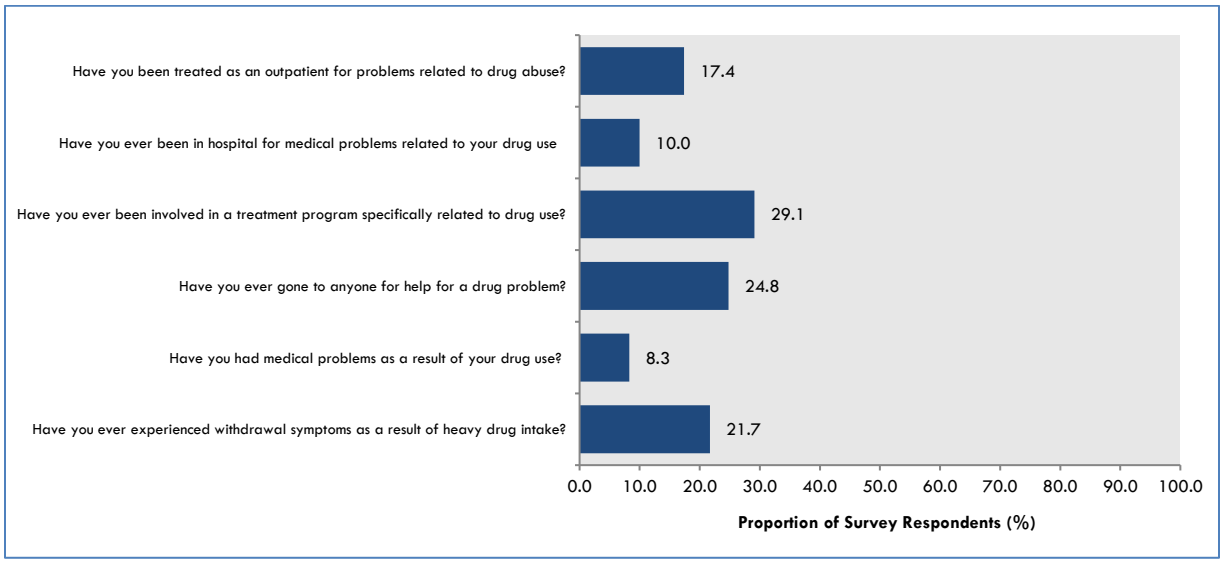

Figure 8.4. Physiological impact of drug abuse from DAST items.

SECTION 9:
GANG INVOLVEMENT

In terms of gang involvement, respondents were asked "*Do any of your friends or family members belong to a gang?*" and "*Would any of your friends or family members say YOU belong to a gang?*" Of all the respondents, 20.4% or 47 admitted to having friends or family members belonging to a gang. Similarly, 13.5% (31) of respondents admitted to belonging to a gang themselves.

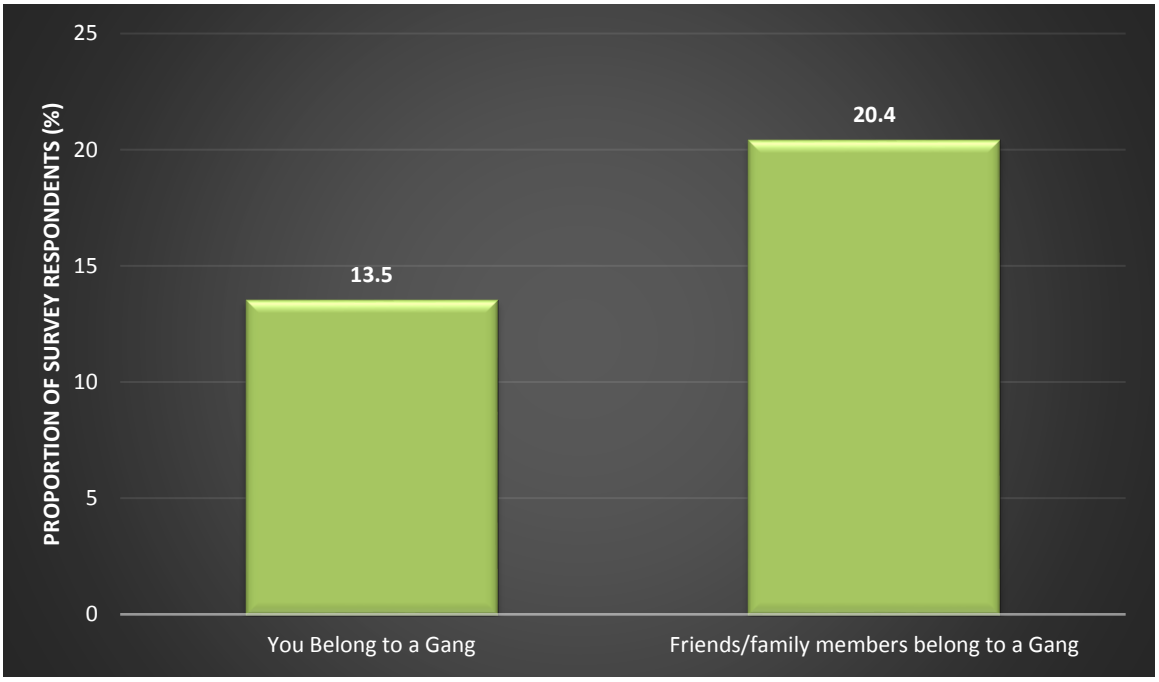

Figure 9.1. Gang involvement of self or family/friends.

DISCUSSION

The social implications of drug use are far-reaching, extending beyond the individual user to impact on the family and the community as a whole. Social factors supporting this theory from the current survey was that 40.9% of offenders reported they were raised in single-parent households; 56.5% said they currently had dependents; 16.5% had been physically or sexually abused; and 13.9% of the offenders reported being neglected or abandoned by their parents prior to age five. These factors may have placed participating inmates at increased odds of substance abuse and subsequent criminal activity.

Analysis of substances consumed in both lifetime and current use periods show a similarity in lifetime and current patterns of use, in that if an offender said they used alcohol or drugs ever in their lifetime, they also used it as recent as the past 30 days. A high proportion of offenders continue to use alcohol, marijuana, and cigarettes/tobacco. Poly drug use, a strong indicator of severity of drug addiction, continues to be observed among offenders at the time of reception and this survey showed the rate of poly drug use is increasing from the proportions observed in 2014. On further analysis of current drug use by offenders which was confirmed through urinalysis, and is a more objective measure than self-report, screening results confirmed that marijuana/THC, heroin and crack cocaine continue to be the main drugs of choice among Bermuda's incarcerated population, as they were indicated in a greater proportion than any other drugs of choice, a slightly different finding from what was observed in 2014. Discrepancies, however, existed between the self-reported data on current use and the results highlighted from the urinalysis, in that there were more persons who self-reported current use than those whose urine showed positive for a particular substance, mostly for marijuana, cocaine and opiates.

The age of first use amongst this sample of incarcerated men and women appears to differ, according to drug of choice, from that of the general population. Overall age of first use amongst reception inmates has increased for alcohol and declined for marijuana use. Offenders indicated the age of first use for alcohol was around 15.3 years and 14.0 years for marijuana, while the age of first use in the general adult population was indicated at 17.8 years[7] for alcohol and 18.2 years[8] for marijuana. The fact that age of first use of alcohol and marijuana occurred amongst the offender population at a younger age provides an opportunity for prevention programmes to target at risk youth in hopes of deterring early substance use.

When it came to the types of criminal activity in which respondents were involved, a combined 55.2% reported a drug connection to the current offence for which they were being charged and the offence they had been charged with in the past year. Similarly, alcohol was said to be connected to current (19.1%) and previous offence (19.1%). Further supporting the association of substance use and criminality is the fact that a combined proportion of respondents (36.5%) admitted they

[7] Department for National Drug Control. (2017). 2017 *National household survey*. Government of Bermuda. p. 33.
[8] Ibid. p. 33.

had committed the offence under the influence of drugs and/or alcohol, and 15.7% suggested they had committed their crime to support a drug and/or alcohol habit.

Heroin and crack cocaine remained the drugs for which offenders sought treatment services in Bermuda. Despite the high reported proportions of use of marijuana by offenders at reception very few respondents indicated seeking treatment services for their use of this drug. Of the offenders who said that they had been treated by a doctor as a result of using a substance (11.3%) and those who admitted to having received substance abuse counseling or rehabilitation as a result of alcohol and/or drug use (29.1%), only 17.4% said they felt they needed to receive treatment. Additionally, 76.5% of reception inmates said they used more than one substance on one occasion (poly drug use) which was mostly a combination of alcohol and tobacco followed by alcohol and marijuana.

A more critical finding from the current survey is the results of the DAST screening. The DAST instrument provides an index of substance abuse severity or dependence. The current DAST results shows a slight increase in the level of intermediate to severe substance abuse dependence (45.2%) among Bermuda's incarcerated population since 2014 (43.1%) and a marginal decline since 2007 (49.1%).[9] For the individual, the personal impact of drug use appears to be significant in Bermuda's incarcerated population, given that four out of every five offenders said they could not get through the week without using drugs and 60.0% users of drugs admitted they could not always stop using drugs when they wanted to quit. Turning to family and friends, over half of the offenders who participated in the survey admitted that their spouse or parents had complained about their involvement with drugs (37.4%) and subsequently their use created problems with their spouse (28.3%). Offenders, however, felt that their friends or relatives knew about their drug abuse (43.9% compared to 57.4% in 2014) and 29.2% said they had lost friends because of that fact, but continued to abuse drugs despite the impact to themselves, family, or friends.

The DAMP was implemented to provide researchers, counselors, correctional staff, policy makers, and others working with the incarcerated population, information regarding offenders' patterns of drug use, especially the level of severity of problem drug use. This survey also provides a method by which stakeholders can better understand the factors that place someone at risk for incarceration and substance use. The information collected from reception inmates has given a snapshot of lifetime and more importantly current factors that place these 230 respondents at risk for certain behaviours and ultimately poor health and social consequences. With some exceptions, such changes in consumption patterns especially with poly drug use, the 2017-2018 DAMP survey showed very little variation from the survey implemented in 2014-2015. The results of the current DAMP survey suggests that drug use amongst Bermuda's incarcerated population remains constant and that committing a crime is in some ways connected to their desire for substances. Local and international data demonstrates that treating offenders for problem substance use provides benefits for the individual, families, and the community at large.

[9] Department for National Drug Control. (n.d.). *Screening for drug and alcohol problems. A case for drug treatment while incarcerated.* Government of Bermuda. p. 18.

APPENDIX I: QUESTIONNAIRE

GOVERNMENT OF BERMUDA
Ministry of Social Development and Sports

Department for National Drug Control

2017 – 2018 Drug Abuse Monitoring Survey

In collaboration with the Department of Corrections

Revised 03/31/2017

PRISONERS' ASSESSMENT QUESTIONNAIRE

This survey is part of an independent study and your participation is completely voluntary. It forms part of your overall assessment for the Department of Corrections. We are investigating the lifestyle of persons who are arrested and imprisoned in Bermuda with special emphasis on the role of drugs as well as the needs of these persons. All information given is <u>strictly confidential</u> and will not be shared on an individual basis with anyone from the police, the courts or any other part of the criminal justice system. Participation in this survey will not affect the outcome of your case or detention one way or the other. The interview should last for about 30 minutes but additional time would be given, if required.

Are you willing to participate?

☐ 1. Yes ☐ 2. No

Interview Date:

D	D	M	M	Y	Y	Y	Y

Prison Number:

Facility: ☐ 1. Westgate ☐ 2. Co-Ed

Interviewer's Initials: _____

SECTION A: DEMOGRAPHICS

This section asks questions about you and your lifestyle, I must remind you that all answers are strictly confidential and you can choose not to answer any question at any time.

Question 1

1.1 Sex ☐ 1. Female ☐ 2. Male

1.2 Race ☐ 1. Black ☐ 2. White ☐ 3. Portuguese ☐ 4. Mixed ☐ 5. Other ☐ 6. Not Stated

1.3 Do you have dependents? ☐ 1. Yes → If Yes, how many under 18 years _____ ☐ 2. No ☐ 3. Not Stated

1.4 How old are you currently? (best estimate will do) _____ years

☐ 1. Don't Know/Cannot Remember ☐ 2. Not Stated

1.5 In which country were you born? ☐ 1. _____ ☐ 2. Not Stated

1.6 Are you a citizen of any other country? ☐ 1. Yes → If Yes, which country? _____ ☐ 2. No ☐ 3. Not Stated

1.7 In which Parish do you currently live?

☐ 1. Devonshire ☐ 4. Pembroke ☐ 7. Southampton
☐ 2. Hamilton ☐ 5. Sandys ☐ 8. St. George's
☐ 3. Paget ☐ 6. Smith's ☐ 9. Warwick
☐ 10. Do not live in Bermuda ☐ 11. Not Stated

1.8 During the **past 30 days** what type of housing did you **mainly** live in? **(Read all options; tick only ONE)**

☐ 1. Rented Government House/Apartment ☐ 2. Transitional Housing
☐ 3. Own House/Apartment ☐ 4. Street or No Fixed Abode
☐ 5. Rented Private House/Apartment/Room ☐ 6. Shelter
☐ 7. In Prison or Other Custody ☐ 8. A Treatment Centre or Hospital
☐ 9. House Boat/Boat/Sail Boat ☐ 10. Not Stated

1.9 How many times have you moved within the **last 12 months**?

☐ 1. None ☐ 2. Once ☐ 3. Twice ☐ 4. Three or More Times ☐ 5. Not Stated

1.10 What is your marital status?

☐ 1. Single ☐ 2. Married ☐ 3. Separated ☐ 4. Divorced
☐ 5. Widowed ☐ 6. Common-Law Arrangement ☐ 7. Not Stated

1.11 What is the **highest** level of education that you have **completed**?

☐ 1. None, No School ☐ 2. Primary ☐ 3. Middle
☐ 4. High School ☐ 5. College ☐ 6. Some College
☐ 7. Other _____ ☐ 8. Not Stated

1.12 What is your **main legal** source of income? **(Read all options; tick only ONE)**

☐ 1. Family or Friends ☐ 2. Full-Time Work
☐ 3. Self-Employed ☐ 4. Welfare or Government Benefit
☐ 5. Part-Time Work or Odd Jobs ☐ 6. None **(Skip to Question 1.14)**
☐ 7.Other _____ ☐ 8. Not Stated

1.13 What is your annual income? (**Read all options; tick only ONE**)

☐ 1. $0 to <$25,000 ☐ 2. $25,000 to <$50,000 ☐ 3. $50,000 to < $75,000
☐ 4. $75,000 to <$100,000 ☐ 5. ≥100,000 ☐ 6. Don't Know/Not Stated

1.14 What is your **regular** (**legal**) occupation? (State) ☐ _____

☐ 1. None ☐ 2. Not Stated

1.15 What is the principal industry of your organisation?

☐ 1. Agriculture, hunting, and fishing
☐ 2. Manufacturing
☐ 3. Electricity, gas, and water supply
☐ 4. Construction
☐ 5. Wholesale and retail trade
☐ 6. Hotels and restaurants
☐ 7. Transport, storage, and communication
☐ 8. Financial intermediation
☐ 9. Real estate, renting, and business services
☐ 10. Public administration
☐ 11. Education
☐ 12. Health and social work
☐ 13. Other community, social, and personal services
☐ 14. Private households
☐ 15. None ☐ 16. Not Stated ☐ 17. Other _____

1.16 What is your current work status? (**Read all options; tick only ONE**)

- ☐ 1. Working full-time (35+ hours per week)
- ☐ 2. Working part-time (less than 35 hours)
- ☐ 3. Not working and looking
- ☐ 4. Not working not looking
- ☐ 5. Sick or disabled and unable to work
- ☐ 6. Student
- ☐ 7. Retired
- ☐ 8. Not Stated

1.17 Which of these descriptions **best** describes your parental upbringing?

- ☐ 1. Raised with Both Parents
- ☐ 2. Raised by Single Parent
- ☐ 3. Raised with Grandparents
- ☐ 4. Raised by Foster Parents
- ☐ 5. Raised by Sibling or Other Relative
- ☐ 6. Other Arrangement _____
- ☐ 7. Not Stated

Question 2

The following questions are about your personal health. As before, everything you say will be kept strictly confidential.

2.1 As far as you know are you **HIV positive**?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

2.2 Has this been confirmed by testing?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

2.3 As far as you know do you have **Hepatitis B**?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

2.4 Has this been confirmed by testing?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

2.5 Have you ever been: (physically or sexually abused as a child – 18 years or younger or neglected or abandoned by parents before age 5 years)?

Physically Abused	☐ 1. Yes	☐ 2. No	☐ 3. Don't Know	☐ 4. Not Stated
Sexually Abused	☐ 1. Yes	☐ 2. No	☐ 3. Don't Know	☐ 4. Not Stated
Neglected	☐ 1. Yes	☐ 2. No	☐ 3. Don't Know	☐ 4. Not Stated
Abandoned	☐ 1. Yes	☐ 2. No	☐ 3. Don't Know	☐ 4. Not Stated

2.6 Have you been prescribed any medication for mental or emotional problems in the **last 12 months**?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

2.7 Have you ever had a drug overdose that required professional intervention (by a physician, nurse, ambulance)?

☐ 1. Yes → When was your last overdose? _____ years ago; _____ months ago

☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

SECTION B: DRUG USE & CRIMINAL RECORD

Question 3

3.1 SELF REPORTED DRUG USE

Lifetime Use	Annual (*use in the last 12 months*)	Current (*use in the last 30 days*)	Age when you first use this substance	How many days in the last 30 days?
Have you ever taken or used **cigarettes** or tobacco? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **alcohol** (beer wine rum, whisky)? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **marijuana** (ganja, herb, weed)? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **crack cocaine** (rocks)? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **cocaine powder** (snow, coke)? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **heroin** (horse, smack, dope)? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **ecstasy**? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **LSD**? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **methamphetamine** (ice, speed)? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **valium** or other benzodiazepines? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken or used **methadone**? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐
Have you ever taken any **other drug** on the street that has not been mentioned? [ ] 1. Yes [ ] 2. No [ ] 3. Not Stated	[ ] 1. Yes [ ] 2. No	[ ] 1. Yes [ ] 2. No	☐☐	☐☐

3.2 Have you ever injected drugs? ☐ 1. Yes ☐ 2. No **(if "No", skip to Question 4.1)** ☐ 3. Not Stated

3.3 Have you injected drugs in the last 30 days? ☐ 1. Yes ☐ 2. No ☐ 2. Not Stated

Question 4

4.1. Have you ever been **treated by a doctor** as a result of use of any substance?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

If Yes, which substance(s) (Tick **ALL** that apply)

☐ 1. Alcohol ☐ 3. Tobacco ☐ 5. Crack-cocaine ☐ 7. Powdered cocaine
☐ 2. Marijuana ☐ 4. Heroin ☐ 6. Ecstasy ☐ 8. Other_____
☐ 9. Not Stated

4.2 Have you ever received **counseling or rehabilitation treatment** as a result of use of any substance? ☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

If Yes, which substance(s) (Tick **ALL** that apply)

☐ 1. Alcohol ☐ 3. Tobacco ☐ 5. Crack-cocaine ☐ 7. Powdered cocaine
☐ 2. Marijuana ☐ 4. Heroin ☐ 6. Ecstasy ☐ 8. Other_____
☐ 9. Not Stated

4.3 Do you think that you need treatment for drug or alcohol use?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

4.4 Apart from everything you have told me already, are there any other drugs on the street that you have heard are being used?

☐ 1. Yes (specify) _____
☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

4.5 In the last 3 days have you taken any drugs which **have not been prescribed** by a doctor? ☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

The next few questions are about your arrest and criminal record. I remind you at this time that all of the answers given to these questions are protected by the confidentiality contract I have signed, so please keep your answers related to the questions I ask.

Question 5

5.1 How many times have you been in prison, **excluding** your current imprisonment?

☐ 1. None ☐ 2. One Time ☐ 3. Two to Five Times
☐ 4. More than Five Times ☐ 5. Not Stated

Code	Offences	Question 5.2 What offence(s) are you **currently** charged with? (Check **ALL** that apply)	Question 5.3 **a)** Have you been charged with any offence(s) within the **past 12 months** (do not include this present offence(s)? ☐ 1. Yes → **Go to Q5.3b** ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated **5.3 b)** What offence(s) have you been charged with in the **past year?** (Check **ALL** that apply)	Question 5.4 **a)** Have you ever served a prison term, been fined, or placed on probation for an offence(s) ☐ 1. Yes → **Go to Q5.4b** ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated **5.4 b)** What was the offence, for which you **served a prison term**, was **fined**, or placed on **probation**? (Check **ALL** that apply)		
				Prison Term	***Fined***	***Probation***
Violent Offences						
1	Murder					
2	Manslaughter					
3	Rape					
4	Carnal knowledge					
5	Other sexual offences					
6	Robbery					
7	Assault					
8	Other violent					
Property Offences						
9	Burglary					
10	Larceny/theft					
11	Motor vehicle theft					
12	Fraud					
13	Stolen property					
14	Other property					
Drug Offences						
15	Possession					
16	Possession with intent to supply					
17	Trafficking/importation					
18	Other (handling, paraphernalia)					
Public Order Offences						
19	Weapons					
20	Obstruction of justice					
21	Driving while intoxicated					
22	Drunkenness/morals					
23	Violation of parole/probation					
24	Immigration violation					
25	Civil					
26	Road traffic accident (RTA)					
27	Other public order					
Other Offences						
28	**Other**					
Notes:						

5.5 Are you currently under a court order relating to an earlier offence? (that is, not related to the current charge)… meaning, are you…….

- ☐ 1. On Bail
- ☐ 2. Probation Order
- ☐ 3. Ordered to Keep The Peace
- ☐ 4. Community Service Order
- ☐ 5. Conditional Discharge
- ☐ 6. No Order
- ☐ 7. Other (Specify) _____
- ☐ 8. Not Stated

5.6 Do you think that **drugs** were, in any way, connected:

5.6.1 To your current offence(s)

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

5.6.2 To any previous offence(s)

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

(if "Yes" to either, go to next question, else go to Question 5.8)

5.7 In what way(s) were **drugs** connected to your offending? (Tick **ALL** that apply)

- ☐ 1. Offence committed while under the influence of drugs
- ☐ 2. Offence committed to support my drug habit (to get money to buy drugs)
- ☐ 3. Through being involved with the drug trade (supply/trafficking/importation)
- ☐ 4. Because of personal use of drugs (possession)
- ☐ 5. Other _____
- ☐ 6. Not Stated

5.8 Do you think that **alcohol** was connected in any way:

5.8.1 To your current offence(s)

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

5.8.2 To any previous offence(s)

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

(if "Yes" to either, go to Question 5.9, else go to Section C, Question 6.1)

5.9 In what way(s) was **alcohol** connected to your offending? (Tick **ALL** that apply)

- ☐ 1. Offence committed while under the influence of alcohol
- ☐ 2. Offence committed to support my alcohol habit (money to buy alcohol)
- ☐ 3. Because of drunk driving
- ☐ 4. Other _____
- ☐ 5. Not Stated

SECTION C: DRUG PRICES

Question 6

6.1 What are the prices for the following various quantities of each of the following drugs?

Drug	Price ($) Per…								
	Ounce	**Gram**	**Pound**	**Kilo**	**Rock**	**Deck**	**8-ball**	**Don't Know**	**Not Stated**
Cannabis									
Cannabis Resin									
Cocaine									
Crack									
Heroin									
Ecstasy (per tablet)									

SECTION D: DRUG MARKET

Question 7

7.1 During the **past 12 months** did you **buy** any illegal drugs, either for yourself or for others?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

(if "No" skip to Question 7.3)

7.2 During the **past 30 days** before your arrest did you **buy** any illegal drugs, either for yourself or for others?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

7.3 During the **past 12 months** did you **sell** any illegal drugs to anyone to make money?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

(if "No" skip to Section E, Question 8.1)

7.4 During the **past 30 days** before your arrest did you **sell** any illegal drugs to anyone to make money?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

SECTION E: GANG INVOLVEMENT

Question 8

8.1 Do any of your friends or family members belong to a gang?

☐ 1. Yes → If Yes, who_____

☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

8.2 Would any of your friends or family members say **YOU** belong to a gang?

☐ 1. Yes ☐ 2. No ☐ 3. Don't Know ☐ 4. Not Stated

DAST (Drug Abuse Screening Test)

The following questions refer to situations **ever** experienced by a person over a lifetime.

Question		Response (*Please circle*)	
1	Have you used drugs other than those required for medical reasons?	**Yes**	**No**
2	Have you abused prescription drugs?	**Yes**	**No**
3	Do you abuse more than one drug at a time?	**Yes**	**No**
4	Can you get through the week without using drugs (other than those required for medical reasons)?	**Yes**	**No**
5	Are you always able to stop using drugs when you want to?	**Yes**	**No**
6	Do you abuse drugs on a continuous basis?	**Yes**	**No**
7	Do you try to limit your drug use to certain situations?	**Yes**	**No**
8	Have you had "blackouts" or "flashbacks" as a result of drug use?	**Yes**	**No**
9	Do you ever feel bad about your drug abuse?	**Yes**	**No**
10	Does your spouse (or parents) ever complain about your involvement with drugs?	**Yes**	**No**
11	Do your friends or relatives know or suspect you abuse drugs?	**Yes**	**No**
12	Has drug abuse ever created problems between you and your spouse?	**Yes**	**No**
13	Has any family member ever sought help for problems related to your drug use?	**Yes**	**No**
14	Have you ever lost friends because of your use of drugs?	**Yes**	**No**
15	Have you ever neglected your family or missed work because of your use of drugs?	**Yes**	**No**
16	Have you ever been in trouble at work because of drug abuse?	**Yes**	**No**
17	Have you ever lost a job because of drug abuse?	**Yes**	**No**
18	Have you gotten into fights when under the influence of drugs?	**Yes**	**No**
19	Have you ever been arrested because of unusual behaviour while under the influence of drugs?	**Yes**	**No**
20	Have you ever been arrested for driving while under the influence of drugs	**Yes**	**No**
21	Have you engaged in illegal activities to obtain drugs?	**Yes**	**No**
22	Have you ever been arrested for possession of illegal drugs	**Yes**	**No**
23	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	**Yes**	**No**
24	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	**Yes**	**No**
25	Have you ever gone to anyone for help for a drug problem?	**Yes**	**No**
26	Have you ever been in hospital for medical problems related to your drug use	**Yes**	**No**
27	Have you ever been involved in a treatment program specifically related to drug use?	**Yes**	**No**
28	Have you been treated as an outpatient for problems related to drug abuse?	**Yes**	**No**

You have now reached the end of the interview, I want to take this opportunity to thank you, and wish you the best for the future. The results will be used to show what percentage of arrestees is using substances in order to best service this population.

DRUG SCREENING

Rapid Drug Panel		**(1) Positive**	**(2) Negative**
1. AMP	Amphetamines		
2. BAR	Barbituates		
3. BUP	Buprenorphine		
4. BZO	Benzodiazepines		
5. COC	Cocaine		
6. MTD	Methadone		
7. MET	Methamphetamines		
8. OPI 300	Opiates		
9. OXY	Oxycodone		
10. PCP	Phencyclidine		
11. PPX	Propoxyphene		
12. THC	Marijuana		
	REFUSED		

APPENDIX II:
TREND ANALYSIS OF THE DAST 2011, 2014, AND 2017

RESPONSES TO DRUG ABUSE SCREENING TEST (DAST):

2011-2012, 2014-2015, and 2017-2018

ITEMS ON THE DRUG ABUSE SCREENING TEST	11/12	14/15	17/18
Have you used drugs other than those required for medical reasons?	80.9	83.4	81.0
Have you abused prescription drugs?	6.8	9.6	11.4
Do you abuse more than one drug at a time?	25.9	32.1	37.3
Can you get through the week without using drugs (other than those required for medical reasons)?	84.6	85.6	81.6
Are you always able to stop using drugs when you want to?	77.8	79.6	75.0
Do you abuse drugs on a continuous basis?	36.9	31.6	30.8
Do you try to limit your drug use to certain situations?	64.2	53.5	60.9
Have you had "blackouts" or "flashbacks" as a result of drug use?	15.7	18.7	22.2
Do you ever feel bad about your drug abuse?	41.3	40.6	36.4
Does your spouse (or parents) ever complain about your involvement with drugs?	53.6	48.7	46.7
Do your friends or relatives know or suspect you abuse drugs?	76.8	58.1	54.6
Has drug abuse ever created problems between you and your spouse?	37.2	33.9	28.3
Has any family member ever sought help for problems related to your drug use?	27.3	24.2	22.8
Have you ever lost friends because of your use of drugs?	28.0	27.3	29.2
Have you ever neglected your family or missed work because of your use of drugs?	27.3	29.9	27.7
Have you ever been in trouble at work because of drug abuse?	20.5	17.1	18.9
Have you ever lost a job because of drug abuse?	18.4	16.6	19.5
Have you gotten into fights when under the influence of drugs?	30.4	39.6	43.8
Have you ever been arrested because of unusual behaviour while under the influence of drugs?	20.8	26.2	27.0
Have you ever been arrested for driving while under the influence of drugs?	10.2	18.2	20.0
Have you engaged in illegal activities to obtain drugs?	32.1	25.1	35.3
Have you ever been arrested for possession of illegal drugs?	55.6	34.8	45.1
Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	24.2	21.4	27.0
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	11.6	8.6	10.3
Have you ever gone to anyone for help for a drug problem?	34.5	35.3	30.8
Have you ever been in hospital for medical problems related to your drug use?	11.3	12.8	12.4
Have you ever been involved in a treatment program specifically related to drug use?	38.6	33.7	36.2
Have you been treated as an outpatient for problems related to drug abuse?	22.5	20.3	21.6

APPENDIX III:
DEFINITIONS OF STREET DRUGS IN USE

Acid (LSD): (tabs, trips, blotters, microdots) Acid is a powerful hallucinogenic drug that alters your perception of the outside world. There are no known physical side effects associated with acid use, nor is there any evidence of brain damage. There are some psychological risks, however, particularly for those with a history of mental problems.

Aerosol Spray: Aerosol spray is a type of dispensing system which creates an aerosol mist of liquid particles. This is used with a can or bottle that contains a liquid under pressure. Deliberate inhalation of the contents to achieve intoxication from the propellant, also known as inhalant abuse or "huffing".

Barbiturate: A barbiturate is a drug that acts as a central nervous system depressant, and can therefore produce a wide spectrum of effects, from mild sedation to total anesthesia. They are also effective as anxiolytics, hypnotics, and anticonvulsants. Barbiturates have addiction potential, both physical and psychological. They have largely been replaced by benzodiazepines in routine medical practice, particularly in the treatment of anxiety and insomnia, due to the significantly lower risk of overdose and the lack of an antidote for barbiturate overdose. Despite this, barbiturates are still in use for various purposes: in general anesthesia, epilepsy, treatment of acute migraines or cluster headaches, euthanasia, capital punishment, and assisted suicide.

Bath Salts: Synthetic cathinones, more commonly known as "bath salts," are human-made stimulants chemically related to cathinone, a substance found in the khat plant. Khat is a shrub grown in East Africa and southern Arabia, where some people chew its leaves for their mild stimulant effects. Human-made versions of cathinone can be much stronger than the natural product and, in some cases, very dangerous.

Codeine: is an opiate used for its analgesic, antitussive, and antidiarrheal properties. Codeine is the second-most predominant alkaloid in opium. Codeine is used to treat mild to moderate pain and to relieve cough.

Desomorphine: known by the street name krokodil, is an opioid derivative of codeine. Like heroin and other opioids, it has a sedative and analgesic effect, is highly addictive, and potentially harmful. Of note, krokodil is presumed to contain desomorphine, but due to illicit, home-based, manufacturing, it may contain other unknown ingredients, or in fact, no desomorphine at all. Homemade versions of the drug start with codeine, and can be 'cooked' similar to illicit

methamphetamine ("meth") production. Organic solvents such as gasoline, paint thinner, or lighter fluid, iodine, hydrochloric acid, and red phosphorus (from matches) are used in homemade synthesis. These dangerous chemicals are not always fully "cooked" out of the concoction when used to make illicit krokodil. Those who inject these caustic agents into their veins can develop extreme skin ulcerations, infections, and gangrene - a discolored (green, black) scale-like skin that resembles a crocodile, hence the street name "krokodil". Krokodil also refers to chlorocodide, a codeine derivative in the synthetic path to desomorphine. Krokodil is also called "Russian Magic", referring to its short duration of opioid intoxication (euphoria). According to reports, the drug has been noted to be fast-acting and eight to ten times more potent than morphine. However, the half-life is short, and euphoric effects may last less than two hours. Due to the short "high", many users find themselves in a rapid repetition of drug synthesis to avoid withdrawal symptoms that are typical of heroin. In fact, when the toxic chemicals are removed, quite often what is left is desomorphine, a compound very similar to heroin. The analgesic effect of desomorphine is about ten times greater than morphine and three times more toxic. Due to the drug's rapid onset but short duration of action and frequent administration, quick physical dependence may occur.

Dimethyltryptamine (DMT): is a naturally occurring psychedelic drug of the tryptamine family. DMT is found in many plants along with the human body. DMT is created in the body during normal metabolism by the enzyme tryptamine-N-methyltransferase and the neurotransmitter serotonin. DMT can be ingested, injected, and inhaled.

Fentanyl: is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery. Fentanyl is sold under prescription names that include Actiq, Duragesic and Sublimaze. Street names for fentanyl and fentanyl-laced heroin include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash. Fentanyl is lethal at very low doses. Law enforcement and the public should use caution when handling these drugs. They can be inhaled or absorbed through the skin and are extremely toxic in the smallest quantities. Naloxone is a drug that can temporarily reverse the effects of an opioid overdose. Naloxone wears off within 30 to 90 minutes, so it is important to seek further medical attention.

Flakka: is a street drug with origins in South Florida. One of the newer chemicals in the booming category of synthetic or designer drugs, Flakka is typically made from a synthetic version of an

amphetamine-like stimulant in the cathinone class called alpha-PVP. Cathinones are chemicals derived from the khat plant originating in the Middle East and Somalia—where the leaves are frequently chewed for a euphoric buzz. People who use Flakka can display cases of bizarre and uncontrollable behavior.

Glue sniffing: became popular with young adolescents who experimented with model aeroplane glue and found that by sniffing the vapours a feeling of euphoria and exhilaration was achieved. Since the initial popularity of glue, other inhalants have become popular including gasoline, typewriter correction fluids, paints, lighter fluid, cleaning fluids, hairsprays and a variety of other aerosols. Vapour inhalation is achieved by saturating a rag with the substance to be inhaled, by sneezing or pouring it into a paper or plastic bag and inhaling it by heating the solvent on a pan to promote rapid vapourisation. Direct spraying on to the back of the mouth is also used. Affects achieved include dizziness, loss of coordination, muscular movement, slurring of speech, mental deterioration, hallucinations and finally drowsiness which can lead on to coma and respiratory failure. When under the influence, death can occur whilst attempting the impossible - attempting to fly from high buildings, or swimming in deep water. Sudden death from heart failure can occur if extreme exertion is attempted immediately after sniffing. Suffocation can occur by using a plastic bag as the method of delivery. Treatment is directed at stopping inhalation. It is very difficult to identify the glue sniffer unless the odour can be detected or signs of intoxication are present. Tolerance to solvent inhalation can develop and it can take larger amounts to achieve the initial effect. However, addiction does not appear to occur.

Hydromorphone: is an opioid pain medication. An opioid is sometimes called a narcotic. Hydromorphone is used to treat moderate to severe pain. The extended-release form of this medication is for around-the-clock treatment of pain.

K2: is a mixture of leafy looking herbs and spices that are sprayed with a psychoactive chemical, and then smoked. The mixture comes in several flavours; watermelon, cotton candy, and pineapple express. It is otherwise known as “fake” or synthetic pot, and is produced in China and Korea. It is sold online, and can be found in smoke shops and stores where incense or potpourri is sold. Merchants who sell these pricey bags of fragrant herbs cannot keep them on the shelves. Signs and symptoms include rapid heart rates, drastically raised blood pressure, hallucinations, delusions andcan affect some users’ neurological systems, cause changes in behaviour and perception, seizures and death.

Lean: The mixed drink combination known as "lean", comprises of: promethazine with codeine (sizzurp, the active ingredient), original sprite soda (mixing ingredient, although different flavors of sprite are now used, such as sprite remix), jolly rancher candy (flavor additive). It is normally the color purple, due to the added ingredient sizzurp, which is originally a dark purple syrup. There are other colors of sizzurp which can be added to create lean, but the purple is the true sizzurp. The codeine is mainly responsible for the euphoric feeling after drinking lean. Promethazine causes motor skill impairment, lethargy, extreme drowsiness, as well as a disassociative feeling from all other parts of the body, specifically the stomach and digestive system. It is also known as 'purple drank'.

Marley: a synthetic drug designed to copy the effects of cannabis.

MDA: Methylenedioxyamphetamine, also known as tenamfetamine (INN), or colloquially as "Sally", "Sass", "Sass-a-frass" or "Mellow Drug of America", is a psychoactive drug of the substituted methylenedioxyphenethylamine and substituted amphetamine classes of drugs that is consumed primarily for its entactogenic, psychedelic, and psychostimulant effects. Pharmacologically, MDA acts as a serotonin-norepinephrine-dopamine releasing agent and reuptake inhibitor. Possession of MDA is illegal in most countries. Some limited exceptions exist for scientific and medical research. The recreational use of MDA predates its more widely used analog MDMA (ecstasy). While MDA is generally similar to MDMA, users report that MDA has more stimulant and psychedelic qualities and less intense entactogenic effects than MDMA. MDA is also considered less predictable than MDMA, with effects varying greatly from person to person. MDA is best known for its enhancement of the experiences of dancing and sex. Symptoms of acute toxicity may include agitation, sweating, increased blood pressure and heart rate, dramatic increase in body temperature, convulsions, and death. Death is usually caused by cardiac effects and subsequent hemorrhaging in the brain (stroke).

Mushroom: Psilocybin and psilocyn are the hallucinogenic principles contained in certain mushrooms. Psilocybin is structurally similar to serotonin, and produces its effects by disrupting normal functioning of the serotonin system. Once ingested, mushrooms generally cause feelings of nausea before the desired mental effects appear. The high from using magic mushrooms is mild and may cause altered feelings and distorted perceptions of touch, sight, sound and taste. Other effects can include nervousness and paranoia. Effects can be different during each use due to varying potency, the amount ingested, and the user's expectations, mood, surroundings, and frame of mind.

On some trips, users experience sensations that are enjoyable. Others can include terrifying thoughts, and anxiety, fears of insanity, death, or losing control. Users are often unable to discern what is fantasy and what is reality. Some magic mushroom users experience "flashbacks", or hallucinogen persisting perception disorder (HPPD), which are reoccurrences of hallucinations long after ingesting the drug. The causes of these effects, which in some users occur after a single experience with the drug, are not known.

Parachutes (MDMA & Crystal Meth): Methylenedioxymethamphetamine (MDMA or ecstasy) and methamphetamine (METH) are illicit drugs that are increasingly used in combination. The acute and long-term effects of MDMA/METH combinations are largely uncharacterised. The dangerous poly-drug combination of methamphetamine and ecstasy can have severe health consequences, especially as both drugs have toxic effects on the brain. They both can interfere with the body's ability to regulate temperature, leading to sharp increases in body temperature (hyperthermia), which can result in liver, kidney and cardiovascular system failure and death. The potential for a life-threatening or fatal overdose is also increased when meth-laced ecstasy is combined with alcohol. Recent laboratory research suggests that ecstasy and meth combinations may produce greater adverse neurochemical and behavioral effects than either drug alone. MDMA and METH in combination may have greater adverse acute effects (head-weaving, body temperature) and long-term effects (decreased social interaction, increased emergence anxiety, dopamine depletion) than equivalent doses of either drug alone.

Salvia Divinorum: is a perennial herb in the mint family that resembles sage. The negative long-term effects may be similar to those produced by other hallucinogens such as LSD including depression and schizophrenia. Some users also indicate that long-term abuse can cause hallucinogen persisting perception disorder, or "flashback". High doses of the drug can cause unconsciousness and short-term memory loss.

Special K: or Ketamine is a dissociative anesthetic that has some hallucinogenic effects. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. The onset of effects is rapid and often occurs within a few minutes of taking the drug, though taking it orally results in a slightly slower onset of effects. Flashbacks have been reported several weeks after ketamine is used. It may also cause agitation, nausea, depression, cognitive difficulties, unconsciousness, dangerously slowed breathing, and amnesia. A couple of minutes after taking the drug, the user may experience an increase in the heart rate and blood pressure that gradually

decreases. Ketamine can make the user unresponsive to stimuli. When in this state, users experience involuntarily rapid eye movement, dilated pupils, salivation, tear secretion, and stiffening of muscles.

Wet: Public health officials use this term to describe tobacco or marijuana cigarettes dipped in one or both of two substances: the hallucinogenic anesthetic PCP (phencyclidine or "angel dust") and formaldehyde-based embalming fluid. Consumption of these drugs can have a serious, severe or even fatal impact on your health. Wet drugs have gained popularity because both PCP and embalming fluid have a mind-altering, hallucinogenic effect when burned and inhaled. This effect combines with the already-potent chemical impact of nicotine and marijuana/THC. In addition, a cigarette or joint dipped in embalming fluid burns at an unusually slow rate and provides users with a prolonged drug experience. It's worth noting that some users smoke a dipped joint or cigarette without having any idea what they're consuming. In addition, only the manufacturer of one of these drugs knows its true content. Use of a wet joint or cigarette can damage your short-term health in a number of ways. The long list of potential problems includes unpleasant or terrifying hallucinations, paranoid or delusional thinking, angry outbursts, aggressive or violent behavior, depression, vomiting, vision problems, loss of normal body balance, reduced memory function and unconsciousness. Long-term problems associated with smoking cigarettes or joints soaked in embalming fluid or PCP include upper respiratory system inflammation, bronchitis, pneumonia, partial or complete respiratory failure, disrupted growth and development in teenagers, muscle tissue loss, heart attack, brain damage, deterioration of your spinal cord and the non-responsive form of unconsciousness known as a coma. Repeated exposure to embalming fluid can also lead to the development of cancer.

Xanax: is a prescription drug considered a depressant that affects a person's central nervous system. It acts as a sort of tranquilizer, and so is commonly prescribed to calm a person's fears, ease anxiety, and prevent or fight off panic and anxiety attacks, depression and other mental symptoms.

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