



GOVERNMENT OF BERMUDA

Department for National Drug Control

Report of the 2019 Annual Meeting of the

BERMUDA DRUG INFORMATION NETWORK (BerDIN)

FACILITATOR

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BerDIN Coordinator &
Senior Research Officer/Policy Analyst, DNDC

VENUE & DATE

Princess Victoria Room,
Hamilton Princess & Beach Club
1st November, 2019



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Participants at the 2019 Annual Meeting of the Bermuda Drug Information Network (BerDIN), Hamilton Princess.

The 2019 Annual Meeting of the Bermuda Drug Information Network (BerDIN) was held on the 1st of November, 2019 in the Princess Victoria Room of the Hamilton Princess (Hotel) and Beach Club.

Representation

A list of meeting participants is in **Annex I** to this Report.

CALL TO ORDER & WELCOME

Donna Williams, a BerDIN Member who represented Mid-Atlantic Wellness Institute, called the meeting to order and extended a welcome to the meeting's participants and invited guests.

OPENING REMARKS

The Hon. Wayne Caines, JP, MP, The Hon. Wayne Caines, JP, MP, Minister of the Ministry of National Security, brought Opening Remarks to the meeting. He noted the vital role of the BerDIN within the health and social service systems to help better understand the trends associated with addiction, prevention, treatment, rehabilitation, and drug interdiction. Mr. Caines shared his background as a prosecutor working in drug treatment court and his experiences in dealing with addicted persons who had a mental health diagnosis. Minister Caines highlighted some of

the challenges ahead and called for continued dialogue that can lead to ensuring mental health services and substance treatment is available to children and families in Bermuda. He concluded his remarks by appealing to the audience to make BerDIN remarkable by accomplishing the things it sets out to achieve and wished the Network every success in its deliberations. Following the Opening Remarks, the meeting was officially declared open by Minister Caines.



INTRODUCTION

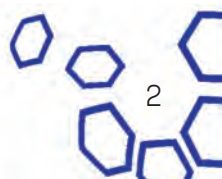
Participants were reminded of the meeting's objectives by **Mrs. Mariko Aquir**, Clinical Supervisor, Bermuda Assessment and Referral Centre (BARC); who also informed the participants of the meeting's objectives: to update the BerDIN members on the current drug situation; to provide a forum for dialogue on drug-related special interest topics; and to enhance the well-being of the BerDIN members through team building activities and wellness presentations.

Housekeeping matters were also conveyed.

Given the large group size and in the interest of keeping the agenda items as scheduled, participants were then asked to briefly introduce themselves (name and department he/she represented) for the benefit of all persons present at the meeting.

Procedural Matters

The meeting determined its hours of work.



Adoption of Agenda

The Agenda, as adopted by the meeting, is in **Annex II** to this Report.

KEYNOTE ADDRESS

The keynote address was brought by the Chief of Psychiatry of the Mid Atlantic Wellness Institute, **Dr. Chantelle Simmons**. This was the fifth year in succession that the meeting has had a keynote speaker. Dr. Simmons was introduced by BerDIN Member, **Ms. Shirley Place**, who represented Turning Point Substance Abuse Programme.

Dr. Simmons was honoured to be invited to the BerDIN Annual Meeting as the keynote speaker. Her presentation focused on the mental health and substance abuse comorbidity challenges and opportunities. Her address focused on understanding the principles of the neurobiology of addiction, including the role of the reward pathway and potential treatment approaches for substance use disorders. Dr. Simmons provided welcomed information on the more common mental health disorders and gave the meeting information on the potential treatment approaches for people who are living with comorbid diagnosis.

She discussed some of the integration challenges experienced by the Mental Health and Turning Point programmes such as separate medical records, staff not being cross trained and both departments having new staff. Future directions include: electronic medical records, improving internal integration, expansion of the quit smart smoking cessation programme and a primary care collaboration to expand access. The address was concluded with a list of community resources and additional information being shared by Dr. Simmons.

In closing, her in-depth knowledge shared with the meeting was overwhelmingly well-received and thought provoking.

The Network:

Noted the information provided in the presentation.

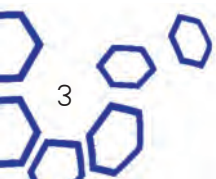
PRESENTATIONS

Substance Abuse and Adolescents

There are a number of adolescents on the Island that have a mental health disorder. The meeting heard from the **Child and Adolescent Service team** who talked about their mandate to provide comprehensive, quality mental health services to children and adolescents (4 years - 18th birthday), who demonstrate psychiatric symptoms of a severity, frequency and duration that impacts their social, vocational and educational functioning through access to multidisciplinary inpatient and/or outpatient care. Services provided were highlighted such as groups, day service, ASD clinic assessment, camps, and outreach. The meeting received information on who can make a referral and the criteria for making a referral. The programmes strengths, challenges and future directions were discussed at length.

The Network:

Noted the information provided in the presentation.



Community Outreach and Rehabilitation

The meeting then received a joint presentation on community outreach and rehabilitation from Karen Grant-Simmons, Clinical Manager of Acute Community Mental Health and Karla Looby, Clinical Manager, Community Rehabilitation Services both at Mid-Atlantic Wellness Institute. The community outreach programme provides services to persons requiring psychological, emotional, psychiatric assessment, treatment, education and rehabilitation.

The audience heard information on the array of practitioners that comprise the acute mental health team and the partnerships it has with various agencies in the community. Also working with a diverse group of professionals, the community rehabilitation services programme provides general and intensive case management, supportive living, vocational services, and a support clinic. Challenges for the programme include: a lack of accurate statistics, absent smoke free policy; cannabis and alcohol popular among service users; social perception of cannabis appears to be changing leading to mixed messages; and stimulant use leading to mental health presentations. The presentation ended with future aspirations of the programme.

The Network:

Noted the information provided in the presentation.

Challenges of Substance Abuse Treatment in Bermuda

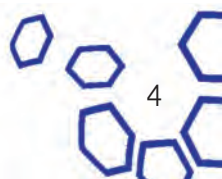
There have been a number of challenges in relation to substance abuse treatment in Bermuda. The meeting heard from Dave Parker, Treatment Officer of the Department for National Drug Control. Mr. Parker presented information regarding the general approach to drug control. He provided general terminology on addiction factors; research; barriers; the effectiveness of treatment and the Bermuda Continuum of Care.

Having identified resources and an integrated approach as major barriers to treatment, Mr. Parker ended his presentation on the steps to moving forward which include: allocate sufficient resources to prevention, treatment and rehabilitation, the two major components of demand reduction, paying particular attention to special population groups such as adolescent treatment and COD treatment and the need for increased resources in the area of drug prevention and community education; where possible, agencies should work towards providing holistic services that focus on substance abuse treatment and rehabilitation taking into account social issues faced by addicted persons and their families, such as preparing the workforce to become COD competent; and implementation of integrated efforts to eliminate the barriers to services and treatment.

Living with a Dual Diagnosis

The Mental Health Court (MHC), a programme under the Department of Court Services, gave a team presentation lead by Magistrate Maxanne Anderson. The meeting heard about the courts establishment in the 1990's with its remit being to provide an alternative to the traditional court system by emphasizing a problem-solving model and connecting defendants to a variety of rehabilitative services and support networks. The goals of the MHC, process, and eligibility were discussed at length.

Dr. Sebastian Henagulph – Consultant Forensic Psychiatrist and Dr. Laura Robinson presented the MHC programme statistics for the years 2016-2019 which include: the youngest client to



date is 17 years old, while the most mature client to date being 70 years old; 91% male (40/44) compared to 9% female (4/44); average age 35; 88% considered themselves as Black, 9% Mixed, 2% White; the average court order was 24 months; 95% of participants have co-occurring disorders – substance use disorder and mental health; 20 participants have completed MHC (65% success rate). The programme has 13 clients currently. The session ended with views being presented from three sitting magistrates on the mental health court and substance addiction.

The Network:

Noted the information provided in the presentation.

Update on the Drug Situation in Bermuda

The meeting received a presentation from Dr. Kyla Raynor, BerDIN Coordinator and Senior Research Officer/Policy Analyst of the DNDC, on the current drug situation in Bermuda. Dr. Raynor provided a snapshot of Bermuda's drug situation as presented within the 2019 Annual Report of the BerDIN. She spoke about the unchanging drug situation with alcohol and marijuana being the drugs of choice; a conversation was had on the growth in demand for cannabis oils, cannabis concentrates and cannabis edibles; alcohol and its availability was mentioned along with poly drug use of mostly THC, cocaine and opiates.

Information was presented indicating: majority of drug users say their drug of choice is always available; reception inmates at Westgate continue to show positive tests for marijuana, cocaine and opiates; the past year has shown an increase in the number of persons stopped for drink driving, with most people being 2-3 times over the legal limit; and although there were more adults being referred for treatment over the past year, there were less admissions to treatment facilities; for adolescents there were more clients seen by the Counseling and Lifeskills Services programme and more substance referrals made however, there were no facilities able to treat adolescents for substance use.

Gaps in data such as with information related to dual diagnosis and the number of addicts in Bermuda were a few of the topics discussed. Dr. Raynor concluded her presentation discussing the overall decrease in funding for demand reduction programmes and HM Customs arm of supply reduction. The members of the planning team were acknowledged for their contribution to the meeting preparation.

The Network:

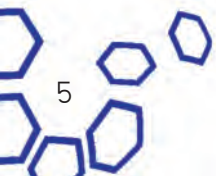
Commended for its comprehensive representation and great work to-date.

Urged to provide any additional data that can strengthen the Network's coverage, especially qualitative data.

Encouraged to have more bilateral or group meetings to facilitate further dialogue and problem resolution.

DNDC'S SURVEY UPDATES

The Department for National Drug Control (DNDC) representative, Mrs. Stephanie Tankard,



Research Officer, provided the meeting with an update on the Department's survey initiatives since the last meeting. She presented on six surveys: public amenity, treatment demand, consumer experience, employee experience, stakeholder feedback and the national school survey. The purpose and methodology of each of the surveys was presented. The National School Survey only just implemented in October, was discussed in detail. The results of the survey are anticipated early 2020.

The Network:

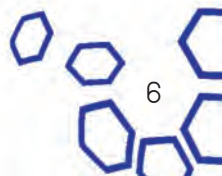
Noted the information provided in the presentation.

Network Updates, BerDIN Agency Representatives

During the update section of the meeting, there were updates provided by three stakeholder agencies: the Department of Health, the Central Government Laboratory and the Bermuda Police Service. Dr. Virloy Lewin, Health Promotion Coordinator with the Department of Health presented on the mental health situational analysis that was conducted in September. She discussed the World Health Organization's suggested plan to support mental health treatment within the community. In Bermuda, the Bermuda Hospitals Board (BHB) have been working on this plan since 2010. The Bermuda Plan has three main segments to: expand the community-based care model, make service improvements, and reform forensic mental health services. The situational analysis used mixed research methods to explore the mental health needs of the population, identify strengths, challenges, opportunities and threats.

The next presentation was from Ms. Rentha Francis, of the Government Lab, who spoke about new things being observed at the time of chemical analysis of substances. She provided a pictorial presentation of concentrates young people in Bermuda are adding to marijuana in a form called twaxing. Twaxing is defined as the art of adding cannabis concentrates, in any form, to marijuana before it is smoked, it could be inside, outside or at the end of the joint. Twaxing with cannabis wax has also been seen. Fentanyl once seen as a white powder is now seen in pill form, made from illicit manufacturing. Ms. Francis went on to speak about the number of cases they received related to persons 18 years old and under. What was most alarming over the past year was the number of cases that involved persons who were 18 and under. In 2017, the lab only identified 3 cases of persons 18 years and under. In 2018, the number jumped to 14 cases. Even more alarming was the type and quantity of products involved in those cases. Based on the figures a 467 % increase in cases was observed. If this trend continues in 2 years we would expect to see 300 plus cases involving persons 18 and under. That would possibly represent one quarter of the cases received by the laboratory. There were also two cases involving shisha pens which have high doses of nicotine; one case in which a 15 year old was found with a bottle of Space Juice which contained 35 mg of THC; one case where a 10 year old took THC brownies to school and shared with friends; and two pediatric cases of THC ingestion.

The last presentation of the update section was by Chief Inspector Hashim Estwick of the Bermuda Police Service who spoke about road side sobriety testing, the process, and persons who have been stopped to date, which have mostly been males. In general, he reminded the audience that the purpose of this initiative is to change behaviors and not to focus on the punitive consequences of drink driving.



The Network:

Noted the information provided in the presentation.

CONCLUSIONS AND RECOMMENDATIONS

1) Bilateral Meetings: there was again the call by Dr. Raynor for there to be more problem solving by collaborating with each other outside of the annual meeting.

CLOSING REMARKS

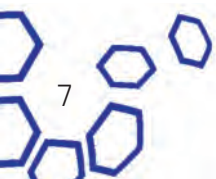
The meeting ended with Dr. Raynor making brief remarks and thanked the participants for contributing to, what she deemed as, another successful meeting, and was grateful for their invaluable contributions. She also acknowledged the contribution over the past eight years of the Graphics and Design team of the Department of Communication and Information, who have designed and laid out the BerDIN Annual Report and meeting items. She encouraged participants to continue the collaboration and bilateral meetings beyond the day's meeting.

EVALUATION OF MEETING

Participants completed a short evaluation of the meeting on Day I and also for the wellness and team building session which took place on October 11th. Refer to **Annex III** for the evaluation and results.

CLOSE OF MEETING

There being no other business, the meeting ended with an exchange of courtesies.



WELLNESS AND TEAM BUILDING DAY

African Bermuda Dispersion Cultural Tour

For the first time this year, a decision was made to host the wellness and teambuilding session prior to the BerDIN meeting being held on November 1st. On October 11th, the membership had the opportunity to engage in a three hour tour called, The African Bermuda Dispersion Cultural Tour. During the tour, the membership visited seven different locations between Hamilton and Flatts. These locations and their significance to the tour are outlined below.

Barr's Bay Park – We visited the sculpture called “We Arrive” which is located in Barr's Bay Park. It is based on the Enterprise ship from America that came to Bermuda with enslaved people and the 2 court cases that followed this event in Bermuda and America. It also has a plaque of the African Diaspora Trail located at the park.



Ingham's House (A House where Mary Prince Lived) - Mary Prince was born and lived in Bermuda, and was the first enslaved black woman that gave her slave narrative to the Anti-Slavery Society in London, England which was published in 1831 entitled “The History of Mary Prince/A West Indian Slave. This assisted with the Abolishment of Slavery in the British Overseas Territories including Bermuda in 1833, and enslaved black people in Bermuda received Emancipation on August 1st, 1834. It has a plaque from the Bermuda National Trust, based on her contribution towards Freedom.



Theatre Boycott Sculpture – The tour briefly passed by the sculpture called “When Voices Rise” which is located in City Hall square. It is based on the ending of Segregation in Bermuda in July 1959.

Joseph H. Rainey – Whilst at City Hall, we were given information about Joseph H. Rainey who was an enslaved person from America that came to Bermuda during the Civil War and was drafted into the Confederate Army. He eventually became a Free Man, and he was a business man, having owned a barbershop, and then left Bermuda, and became the 1st African American in the House of Representatives, and the 2nd US Congressman.



Vermont House – The membership was given a tour of Vermont House which is owned by the Bermuda National Trust. It was shared that enslaved people lived at this house during slavery, and even after receiving emancipation, they remained at the property.

Gibbets Island – Was a place of execution for enslaved people. Their bodies were gibbeted and quartered, which was cut up in pieces and put on poles for boaters and passerby's to view the mutilated bodies, so they wouldn't disobey their masters.

Sally Bassett Statue – Sally Bassett was an enslaved African woman that was accused of poisoning her grand-daughters slave owners, and a young slave girl at the same house. Sally Bassett was found guilty and sentenced to be Burnt at the Stake at Crow Lane. From her ashes comes the Bermuda National Flower, called the Bermudiana, and a very hot day is known as a Sally Bassett Day.

This tour was evaluated as part of the overall wellness and team building activities. The results are in **Annex III** of this report.



ANNEX I: LIST OF MEETING PARTICIPANTS

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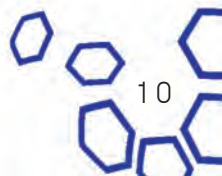
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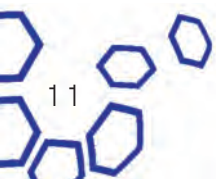
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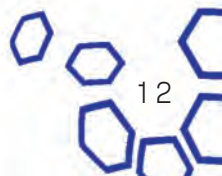
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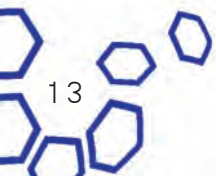
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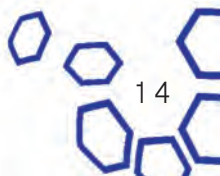
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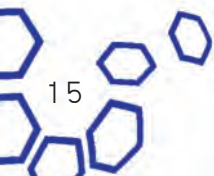
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Annual Meeting of the **BERMUDA DRUG INFORMATION NETWORK** (BerDIN)

1st November, 2019

Princess Victoria Room, Hamilton Princess Hotel & Beach Club

AGENDA

Facilitator: Dr. Kyla Raynor,
BerDIN Coordinator
& Senior Research Officer/Policy Analyst – DNDC

MEETING OBJECTIVES


1. To update the BerDIN Members on the current drug situation.
2. To provide a forum for dialogue on drug-related special interest topics.
3. To enhance the well-being of the BerDIN Members through team building activity and wellness presentation.

*"If everyone is moving forward together, then success takes care of itself."
Henry Ford*



FRIDAY, 1ST NOVEMBER

8:30 a.m.	CONTINENTAL BREAKFAST	
9:00 a.m.	Welcome Remarks	Donna Williams <i>Health Information Management Services Supervisor</i> Mid-Atlantic Wellness Institute
9:05 a.m.	Opening Remarks	The Hon. Wayne Caines, JP, MP <i>Minster</i> Ministry of National Security
9:15 a.m.	GROUP PHOTO	
9:25 a.m.	Introduction of Meeting » Objectives of the Meeting » Introduction of Participants » Adoption of Agenda	Mariko Aguiar <i>Clinical Supervisor</i> Bermuda Assessment Referral Centre
9:30 a.m.	Bermuda Drug Information Network (BerDIN) Update on the Current Drug Situation in Bermuda Government » Discussion	Dr. Kyla Raynor <i>Senior Research Officer/Policy Analyst</i> Department for National Drug Control
9:55 a.m.	Introduction of Keynote Speaker <i>Mental Health and Substance Abuse</i>	Shirley Place <i>Clinical Director</i> Turning Point
10:00 a.m.	Keynote Address <i>Mental Health and Substance Abuse</i>	Dr. Chantelle Simmons <i>Chief of Psychiatry</i> Mid-Atlantic Wellness Institute
10:45 a.m.	BREAK	
11:00 a.m.	Substance Abuse and Adolescents	Child and Adolescent Services Team <i>Mental Health Services</i> Mid-Atlantic Wellness Institute
11:30 a.m.	Community Outreach and Rehabilitation	Karen Grant-Simmons <i>Clinical Manager</i> Acute Community Mental Health Mid-Atlantic Wellness Institute Karla Looby <i>Clinical Manager</i> Community Rehabilitation Services Mid-Atlantic Wellness Institute
12:00 p.m.	LUNCH	
1:00 p.m.	Challenges of Substance Abuse Treatment in Bermuda	David Parker <i>Treatment Officer</i> Department for National Drug Control
1:45 p.m.	Living with a Dual Diagnosis » Discussion	Service Users
2:00 p.m.	Mental Health and the Court System » Discussion	Kelly Madeiros, (Coordinator) & Team <i>Mental Health Court</i> Department of Court Services
2:45 p.m.	BREAK	



3:00 p.m.	DNDC's Survey Updates » Discussion	Stephanie Tankard <i>Research Officer</i> Department for National Drug Control
3:15 p.m.	Network Updates, BerDIN Agency Representatives » Discussion	Various Stakeholders
3:30 p.m.	Summary and Discussion on the Way Forward	Dr. Kyla Raynor & Stephanie Tankard Department for National Drug Control
4:00 p.m.	Any Other Business	
4:10 p.m.	Closing Remarks	Dr. Kyla Raynor
4:30 p.m.	Evaluation of Day I End of Day I	

BERDIN MEMBERS, ASSOCIATES, & REPRESENTATIVES

BERMUDA HOSPITALS BOARD:

KING EDWARD VII MEMORIAL HOSPITAL	Ms. Cyrlene Wilson, <i>Statistical Analyst</i> Ms. Donna Williams, <i>Health Information Management Services Supervisor</i>
TURNING POINT SUBSTANCE ABUSE PROGRAMME	Mrs. Shirley Place, <i>Programme Director</i> Dr. Ernest Peets, <i>Clinical Manager</i>

BERMUDA POLICE SERVICE:

FINANCIAL CRIME UNIT	Ms. Rhonda Pitt, <i>Detective Constable</i>
NARCOTICS	Mr. Sherwin Joseph, <i>Inspector</i> Mr. Nidol Barker, <i>Sergeant</i>
DUI	Mr. Peter Stableford, <i>Inspector</i>

BERMUDA PROFESSIONAL COUNSELLING SERVICES

Ms. Fiona Elkinson, *Programme Director*

BERMUDA SPORT ANTI-DOPING AUTHORITY

Ms. Deborah Hunter, *Chief Executive Officer*
Mr. Duncan Barclay, *Results, Compliance & Investigations Manager*

CADA

Mr. Anthony Santucci, *Programme Director*

COUNSELLING AND LIFE SKILLS SERVICES

Dr. Zina Zuill, *Supervisor-Counsellors*
Mrs. Fredericka Brangman, *Counsellor*

DEPARTMENT OF CORRECTIONS:

WESTGATE CORRECTIONAL FACILITY	Ms. Julee Smith, <i>Senior Case Worker</i>
RIGHT LIVING HOUSE	Mrs. Theresa DeRoza, <i>Programme Director</i>

DEPARTMENT OF COURT SERVICES:

BERMUDA ASSESSMENT AND REFERRAL CENTRE	Ms. Mariko Aguiar, <i>Clinical Supervisor</i>
DRUG TREATMENT COURT	Dr. Zina Woolridge, <i>Case Management Unit Manager</i>

DEPARTMENT OF HEALTH:

CENTRAL GOVERNMENT LABORATORY	Ms. Nadine Kirkos, <i>Senior Government Analyst</i>
MATERNAL HEALTH CLINIC	Ms. Gloria Burgess, <i>Maternal Health Nurse</i>

DEPARTMENT FOR NATIONAL DRUG CONTROL:

Mrs. Joanne Dean, *Director*
Dr. Kyla Raynor, *Senior Research Officer/Policy Analyst*
Mrs. Stephanie Tankard, *Research Officer*

NELSON BASCOMBE CENTRE FOR SUBSTANCE ABUSE TREATMENT	Mrs. Angria Bassett, <i>Programme Manager</i>
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DEPARTMENT OF PUBLIC PROSECUTIONS

Mr. Larry Mussenden, *Director*

HM CUSTOMS

Mr. Dean Lema, *Principal Customs Officer*
Ms. Melody Lightbourne, *Senior Customs Officer*

LIQUOR LICENCE AUTHORITY

Mr. Kenneth Scott, *Administrator*

ANNEX III: PARTICIPANT EVALUATION

**2019 ANNUAL MEETING OF THE
BERMUDA DRUG INFORMATION NETWORK
(BerDIN)**

**1st NOVEMBER, 2019
PRINCESS VICTORIA ROOM
HAMILTON PRINCESS**

PARTICIPANT EVALUATION

Friday, 1st November, 2019

Please take a few minutes to fill out this form. Your anonymous responses will be used to improve the planning of this meeting in the future. **THANK YOU!**

MEETING DESIGN					
Please rate the meeting on the following aspects:	Outstanding	Above Average	Average	Below Average	Poor
– Organisation of the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Content (current, relevant, useful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Meeting facilities (venue, meals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Participant materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Quality of the meeting (overall meeting rating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

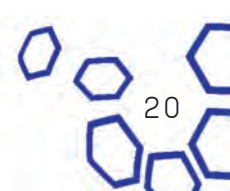
MEETING RESULTS					
Please rate the meeting on the following aspects:	Strongly Agree	Agree	Neither Agree/Nor Disagree	Disagree	Strongly Disagree
– Meeting objectives were accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– The information was timely/relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Opportunities for participation/involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Format/agenda was suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of meeting: Too Long About Right Too Short

The best aspect(s) of this meeting was:

The meeting could be improved by:

Other comments or suggestions:



PARTICIPANT EVALUATION

Friday, 11th October, 2019

Please take a few minutes to fill out this form. Your anonymous responses will be used to improve the planning of this meeting in the future. **THANK YOU!**

SESSION 1: TEAM BUILDING ACTIVITY					
Please evaluate the team building activity (part 1) – “African Bermuda Dispersion Cultural Tour”	Strongly Agree	Agree	Neither Agree/Nor Disagree	Disagree	Strongly Disagree
– <i>Enjoyment</i> : Did I enjoy the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– <i>New knowledge and ideas</i> : Did you learn something new and helpful about yourself and others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– <i>Working with others</i> : Did you enjoy working with your colleagues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

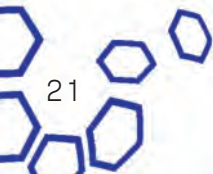
SESSION 2: TEAM BUILDING ACTIVITY (PART 2)					
Please evaluate the team building activity (part 2) – “African Bermuda Dispersion Cultural Tour”	Outstanding	Above Average	Average	Below Average	Poor
– Presentation content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Presenters’ knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Presenters’ responsiveness to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEAM BUILDING ACTIVITY RESULTS					
Please rate the <u>entire</u> day’s activities on the following aspects:	Strongly Agree	Agree	Neither Agree/Nor Disagree	Disagree	Strongly Disagree
– Day’s objectives were accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– The Day’s content and activities were useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Opportunities for participation/involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Format was suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outstanding	Above Average	Average	Below Average	Poor
– Quality of the Day (Overall Team Building Rating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely are you to recommend the session to a friend or colleague?

I. African BDA Dispersion Cultural Tour	Not at all likely										Extremely likely									
	0	1	2	3	4	5	6	7	8	9	10									

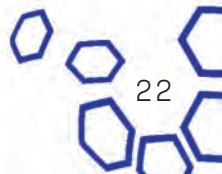
Length of Day 2: About Right Too Long Too Short



The best aspect(s) of Day 2 was:

Day 2 could be improved by:

Other comments or suggestions:



ANNEX IV: PARTICIPANT EVALUATION RESULTS

**2019 ANNUAL MEETING OF THE
BERMUDA DRUG INFORMATION NETWORK
(BerDIN)**

**11th OCTOBER, 2019
PRINCESS VICTORIA ROOM
HAMILTON PRINCESS**

PARTICIPANT EVALUATION RESULTS DAY I: MEETING

MEETING DESIGN (DAY I)	Score				
Items	2019 (n = 38/54)	2018 (n = 42/54)	2017 (n = 45/69)	2016 (n = 36/43)	2015 (n = 42/45)
– Organisation of the Meeting	4.5	4.6	4.6	4.6	4.6
– Content (Current, Relevant, Useful)	4.5	4.7	4.7	4.4	4.5
– Meeting Facilities (Venue, Meals, etc.)	4.6	4.2	4.5	4.5	4.8
– Participant Materials (Report, Bag, etc.)	4.5	4.4	4.5	4.6	4.6
– Quality of the Meeting (Overall Meeting Rating)	4.5	4.6	4.6	4.5	4.7

n = number of evaluation forms completed by participants who were present for all or most of the day.
Scale: 5 = Outstanding, 4 = Above Average, 3 = Average, 2 = Below Average, 1 = Poor

MEETING RESULTS (DAY I)	Score				
Items	2019 (n = 38/54)	2018 (n = 42/54)	2017 (n = 45/69)	2016 (n = 36/43)	2015 (n = 42/45)
– Meeting objectives were accomplished	4.3	4.5	4.6	4.5	4.6
– The information was timely/relevant	4.7	4.6	4.7	4.6	4.6
– Opportunities for participation/involvement	4.4	4.6	4.7	4.6	4.6
– Format/agenda was suitable	4.5	4.6	4.7	4.4	4.5

n = number of evaluation forms completed by participants who were present for all or most of the day.
Scale: 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree Nor Disagree, 2 = Disagree, 1 = Strongly Disagree

Length of Meeting: 92% (35 respondents) thought it was “About Right”.

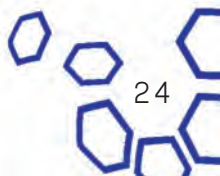
The best aspect(s) of this meeting was (open-ended verbatim responses):

- Dr. Simmons presentation.
- The knowledge in the room.
- The presentations and sharing of information proving the linkage of mental health and addiction.
- Learning about mental health programmes and co-occurring disorders.
- All aspects. The panel was a good change.

- Review of statistics
- Information of current environment so that you can see the challenges and key indicators.
- All was very informative.
- Loved the MWI presentations, relevant and brought home the resource challenges being expressed by other services.
- The updates and networking opportunities.
- Hearing local statistics and from service user.
- Content of information and annual report.
- The focus.
- The interview of the client in mental health treatment court.
- The presentation by Dr. Simmons.
- Finding out what is going on with other agencies.
- The information on co-occurring disorders.
- Receiving statistics and facts on actual amounts of service users in comparison to services available on island.
- Being able to network with other community agencies and have a better understanding of their strengths, concerns, challenges etc.
- The information shared was very relevant and could be used to drive treatment in Bermuda forward.
- Everything.
- Hearing from the service user- very emotional for me and gave me hope.
- Content was informative.
- Everything was outstanding as usual.
- Various presentations and networking.
- Always enjoy the lab presentations- really informative an important. Information of Bermuda data still is great.
- Dr. Simmons presentation content.
- Mr. Cruiser sharing his journey.
- Learning about the different drugs present in Bermuda as a treatment provider and how the island is changing.

The meeting could be improved by (open-ended verbatim responses):

- Second day needed with post-mortem on improvements, data challenges, and wish list building.
- It would be helpful if legislators could share on their work around mental health and substance abuse in Bermuda.
- Varying delivery techniques- panel, speeches, and youth presentations. The Bermuda data was limited in one presentation or aspects of presentations.
- Strategic planning opportunity to improve services.
- Showing how the data has been used in each agency/overall to address current issues.
- Identifying an aligned shared focus to begin to address the gaps. Direct outputs reported year over year addressing the gaps.
- Can use more state changes (i.e. do mindfulness to support shifts and refocus, stand and stretch, use wellness practices to support learning).
- This information needs to get out to more organizations/individuals.
- Opportunity for debriefing/ follow up.



- Having more input by police and H.M. Customs (i.e. more data).
- More time to chat informally with peers.
- Having a 2 day meeting.
- Some presentations felt too condensed.
- Going back to Southampton Princess.
- Getting everyone to attend.

Other comments or suggestions (open-ended verbatim responses):

- Being a part of this is an honor.
- Have a mini BerDIN consultation with treatment providers, having the DNDC meeting with treatment providers throughout the year will be helpful.
- Lunch was very good.
- More prevention focus needed for the country and treatment for adolescents.
- More shared advocacy for raising priority with leadership.
- Excellent presentations and information as usual.
- Together we can have a much greater impact on the island.
- Good venue. Continue using this location. Have more raffle tickets.
- Thank you.
- Our children programs need immediate attention, as the central government lab data shows.
- All presenters were excellent. Information was startling, but realistic. Definitely a “wake up” call.
- Excellent
- Great meeting!

DAY 2: WELLNESS & TEAM BUILDING

SESSION – AFRICAN BERMUDA DISPERSION CULTURAL TOUR (PART 1)	Score			
	2019 (n = 17/20)	2018 (n = 20/27)	2017 (n = 23/25)	2016 (n = 27/28)
– <i>Enjoyment: Did I enjoy the activity?</i>	4.8	4.7	4.7	4.9
– <i>New knowledge and ideas: Did you learn something new and helpful about yourself and others?</i>	4.9	4.7	4.7	4.7
– <i>Working with others: Did you enjoy working with your teammates?</i>	4.6	4.8	-	4.9

n = number of evaluation forms completed by participants who were present for all or most of the day.

Scale: 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree Nor Disagree, 2 = Disagree, 1 = Strongly Disagree

Note: In previous years, there were similar sessions, but measured on different dimensions and, therefore, should not be compared.

SESSION – AFRICAN BERMUDA DISPERSION CULTURAL TOUR (PART 2)	Score			
	2019 (n = 17/20)	2018 (n = 20/27)	2017 (n = 23/25)	2016 (n = 27/28)
– Presentation Content	4.8	4.6	4.7	4.7
– Knowledge of subject matter	4.8	4.8	4.8	4.8
– Responsiveness to participants	4.8	3.9	4.7	4.7

n = number of evaluation forms completed by participants who were present for all or most of the day.

Scale: 5 = Outstanding, 4 = Above Average, 3 = Average, 2 = Below Average, 1 = Poor

Note: In previous years, there were similar sessions, but measured on different dimensions and, therefore, should not be compared.

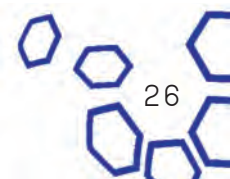
DAY 2 RESULTS	Score			
	2019 (n = 17/20)	2018 (n = 20/27)	2017 (n = 23/25)	2016 (n = 27/28)
– Day's objectives were accomplished	4.6	4.7	4.8	4.7
– The Day's content and activities were useful	4.7	4.8	4.8	4.8
– Opportunities for participation/involvement	4.7	4.9	4.9	4.8
– Format was suitable	4.7	4.9	4.9	4.8
– Quality of the Day (Overall Day 2 Rating)*	4.8	4.6	4.9	4.8

n = number of evaluation forms completed by participants who were present for all or most of the day.

Scale: 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree Nor Disagree, 2 = Disagree, 1 = Strongly Disagree

*Scale: 5 = Outstanding, 4 = Above Average, 3 = Average, 2 = Below Average, 1 = Poor

Length of Day 2: 70% (14 respondents) thought it was "About Right".



How likely are you to recommend **EACH session** to a friend or colleague? [Not at all likely (0) to extremely likely (10)] (NET PROMOTER SCORE/NPS):

Session	Detractors (%) (0 to 6)	Passives (%) (7 & 8)	Promoters (%) (9 & 10)	NPS*
I. African BDA Dispersion Cultural Tour	6	12	82	76

Detractors: Unhappy participants who can impede learning. (Scores 0 to 6)

Passives: Satisfied but unenthusiastic who are valuable to competitive work sessions. (Scores 7 & 8)

Promoters: Loyal enthusiasts who will use materials and refer activity/session to others. (Scores 9 & 10)

*NPS is calculated by taking the difference between the Promoter and the Detractor.

The best aspect(s) of Day 2 was (open-ended verbatim responses):

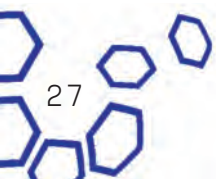
- Learning the history and understanding the culture.
- All of it!
- Mary Prince house visit.
- I really enjoyed the tour. I truly learned a great deal about some of the history around slavery and the persons involved.
- I enjoyed the tour at Vermont the most & the tour in town was informative.
- The historical facts and new knowledge.

Day 2 could be improved by (open-ended verbatim responses):

- Nothing.
- Better team building activity.
- It was great day.

Other comments or suggestions (open-ended verbatim responses):

- Thank you for the quick change; it was a great idea.
- I will suggest this tour to my church group and my kids and family.
- Great job especially as it was changed!
- This is my second time being a participant of this group and I thoroughly enjoyed it.





BERDIN'S MISSION

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