



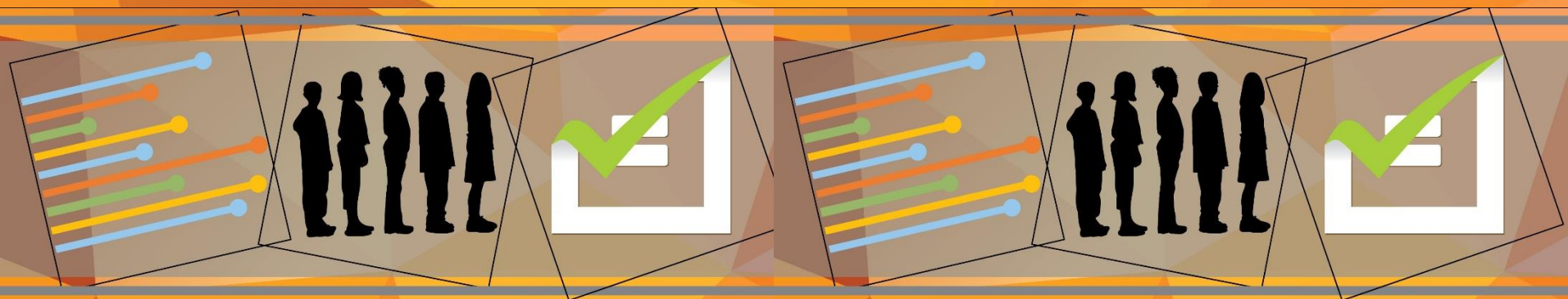
Organization of
American States

Inter-American Drug Abuse Control Commission

CICAD



WEB CONFERENCE TO LAUNCH CICAD'S SCHOOL SURVEYS REPORT



BERMUDA'S NATIONAL SCHOOL SURVEY OF MIDDLE AND HIGH SCHOOL STUDENTS ON DRUGS AND HEALTH, 2015

Hamilton, Bermuda
12th July, 2016

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Overview

- Background
- Methodology
 - Planning and Budgeting
 - Questionnaire
 - Survey Administration
 - Data Processing
 - Analysis
 - Reporting and Dissemination
- Survey Highlights
- Challenges
- Implications on Policy and Practice

Background

School-Based Surveys

Age of Priority Population

Communities that Care Survey:
2003 and 2007

12-18 years

Bermuda Youth Tobacco Survey: 2007

10-15 years

National School Survey: 2011, **2015**

12-18 years

Survey of Knowledge and Attitudes of
Drugs and Health: 2012

9-11 years

National School Survey 2015

- Collaboration between DNDC and DOE
- Purpose:
 - Prevalence of ATOD use
 - Energy drinks
 - Sexual health
 - Risk and protective factors
 - Antisocial behaviours
- Implementation:
 - One class period between October 12th – 16th, 2015
- Priority population:
 - Census of all M2 – S4 students
 - 8 public, 6 private, and 11 home schools
- Standardised questionnaire
 - Response rate of 86.2% (n = 3,017)

Pre-Survey: Planning and Budgeting

Prepare budget

- Resources and services needed identified and quotes obtained from various vendors
- Paper, printing ink, envelopes, survey delivery, data processing services, etc.

1 year prior to survey week

Identify oversight team

- Staff from DNDC, representative of the DOE, and contact person from each school identified by principal

6 months prior to survey week

Obtain DOE buy-in

- May 2015 contacted staff at the DOE who sanctioned the survey and agreed to the week in which survey was to be implemented

6 months prior to survey week

Notify schools

- School principals notified at the start of the 2015/2016 school year (September 2015)
- Obtained student enrollment

1-2 months prior to survey week

Pre-Survey: Questionnaire

Design

- Self administered/Pencil and paper/Pre-coded
- Section 1: Drug Consumption
- Section 2: Risk and Protective Factors

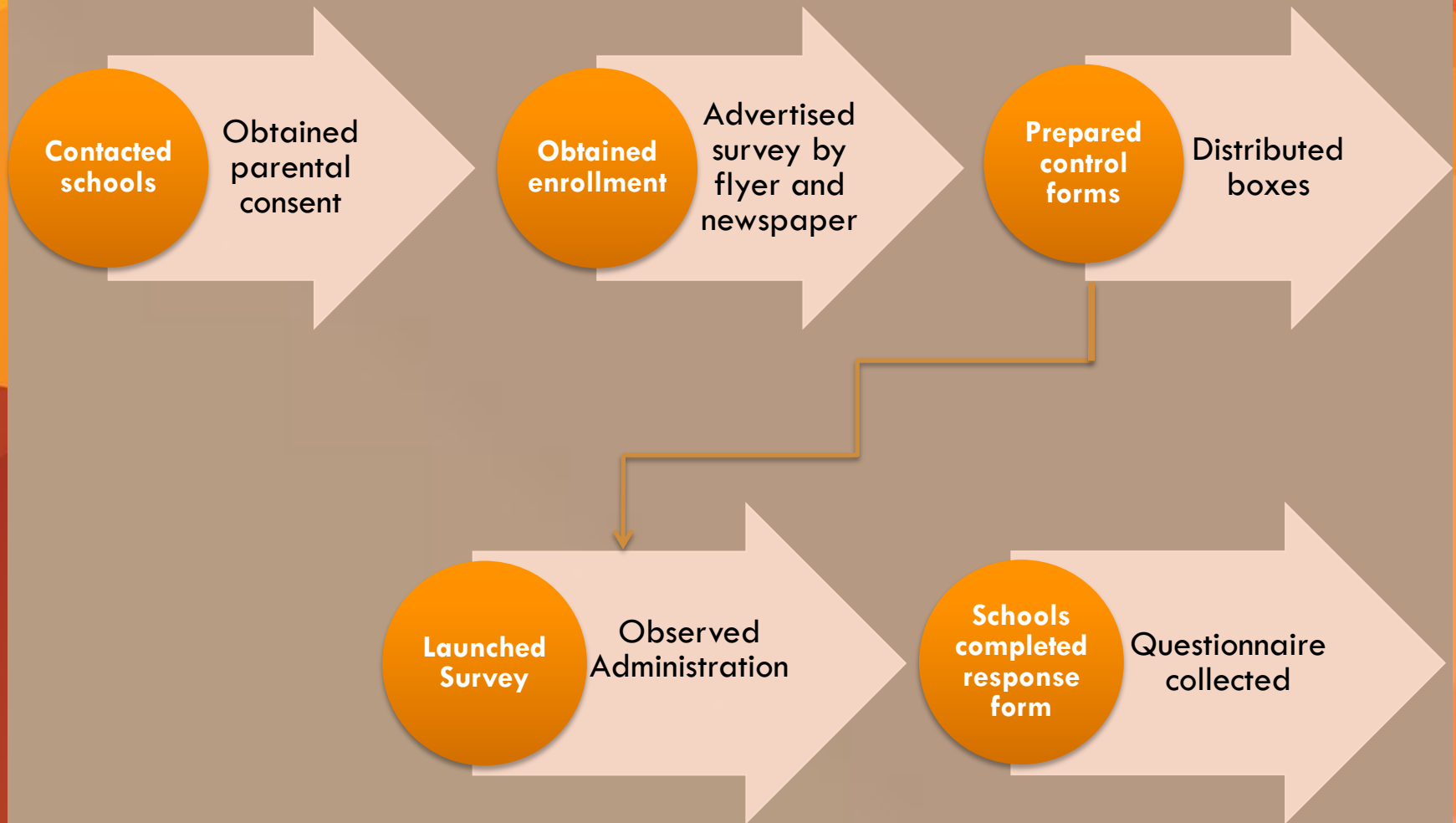
Revise/ Finalise

- Added questions
- Questions reordered and certain response categories added/modified
- 3 months prior to survey week

Print/ Package

- Questionnaires printed in-house
- Placed in envelopes and boxes by school name
- Control forms for delivery printed
- 2 months prior to survey week

Survey Administration



Post Survey: Data Processing

**Unpacked
questionnaires**



**Counted
questionnaires**



Data processing



Database developed



Data entry staff trained



Data entered



Data validated



Dataset cleaned and data
dictionary created

Post Survey: Analysis

Main report with aggregated findings

Separate school-specific report

- Prevalence by type of drug
 - Descriptive statistics (% , mean, mode, range, min, max)
 - lifetime and current use by grade and sex
 - Age of onset
 - Access to drugs
 - Perception of risk
 - Added questions
 - Perception of drug use at school or in surrounding area
 - Reaction and involvement of parents/guardians
 - Reaction of close friends to marijuana use
- Risk and protective factors
 - Descriptive statistics
 - By grade and sex
- Outcome measures
 - Descriptive statistics
 - By grade and sex
 - Depression; antisocial behaviours

Post Survey: Report and Dissemination

Report prepared by research team



Sent to director for input/review



Sent to Minister and Permanent Secretary of
DNDC and MOE



If changes requested, changes made prior to
public release



Survey report printed, distributed to schools,
summary results on specific areas in newspapers

SURVEY HIGHLIGHTS

*“We are have an interest in making sure teens grow up healthy and drug free.”
~ John Walters, 2001*

Respondent Characteristics

GENDER

52.8% females

45.9% males

RACE

52.9% Black

19.3% White

5.7% Portuguese

17.9% Mixed

GRADE

16.2% M2

18.1% M3

19.4% S1

16.9% S2

15.1% S3

14.0% S4

SCHOOL

55.6% Public School Students

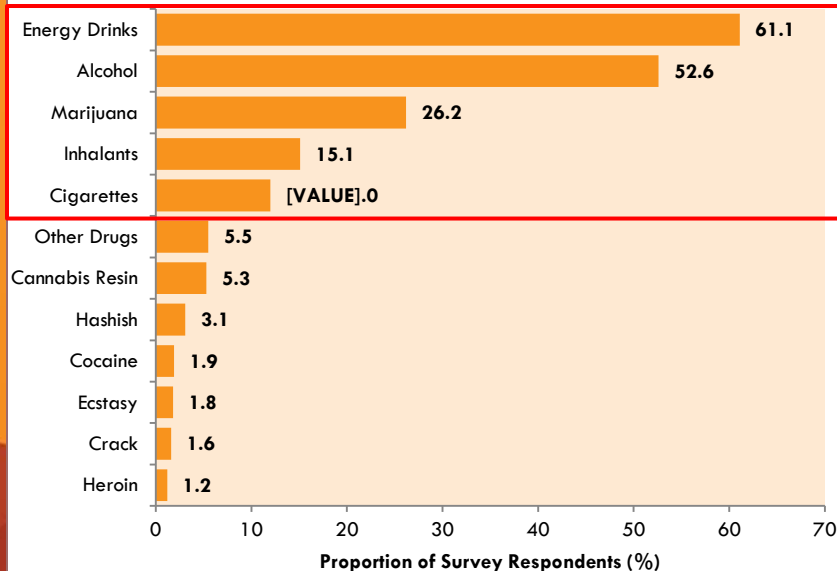
19.5% Middle School Students

36.2% Senior School Students

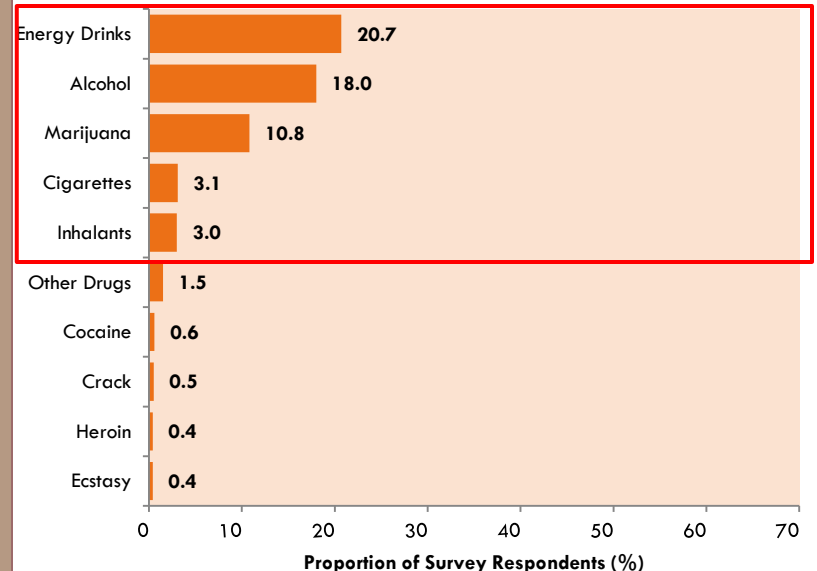
41.9% Private School Students

3.2% Home School Students

ATOD Prevalence: Overall



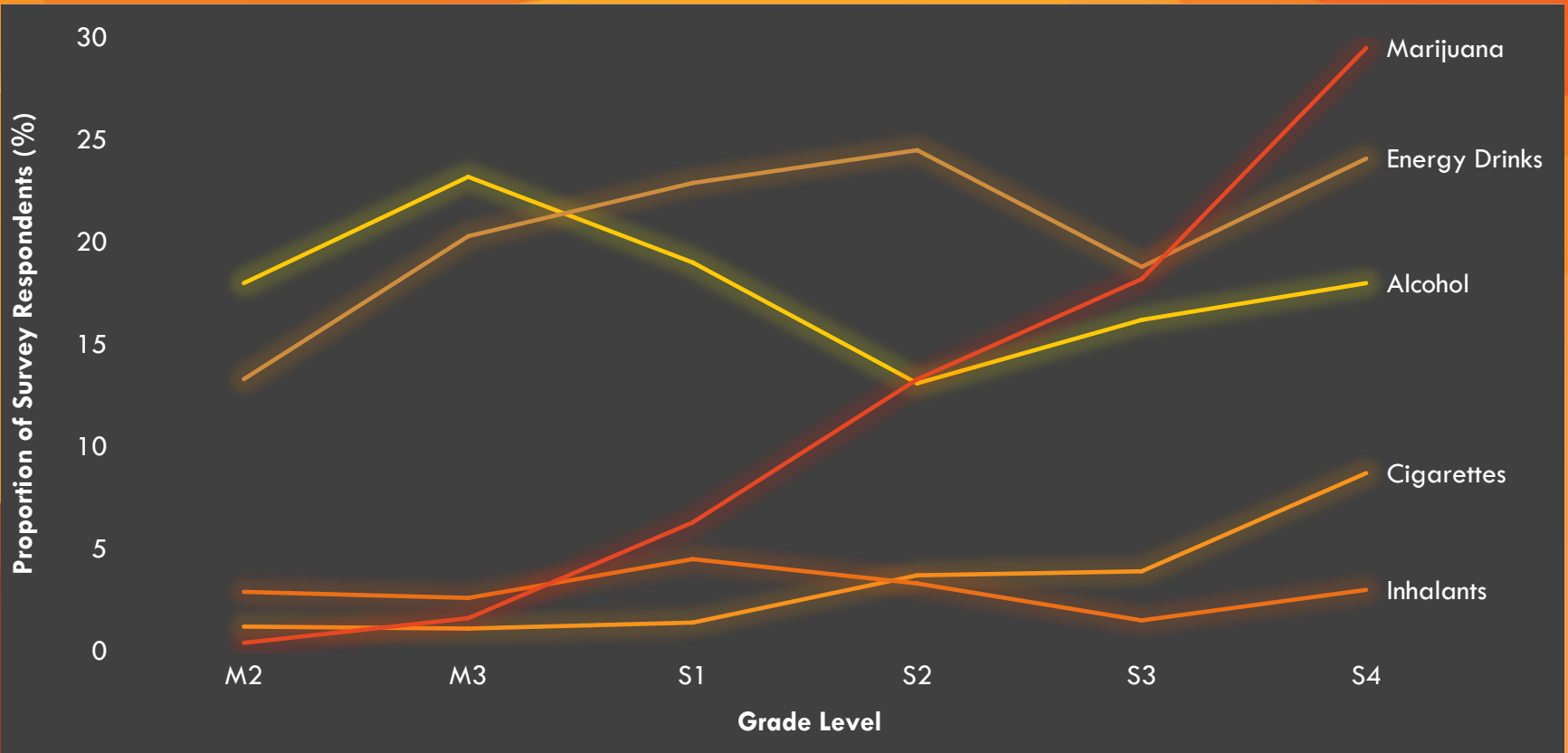
LIFETIME USE



CURRENT USE

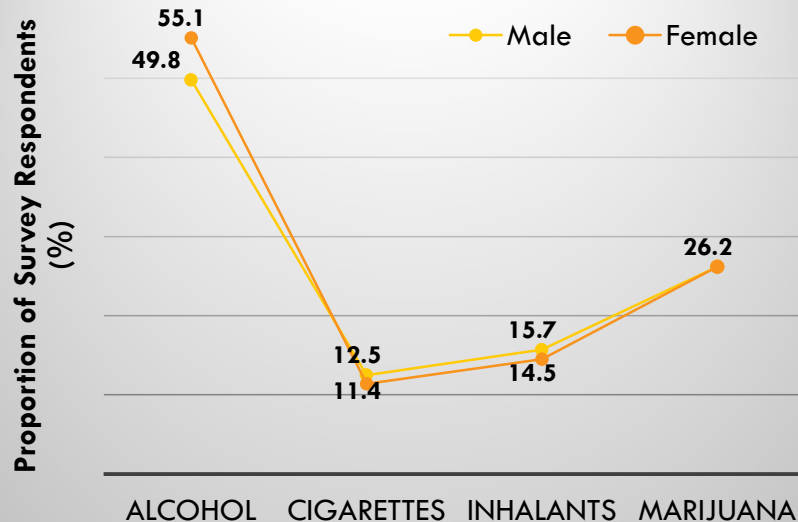
- 71% have reported use of at least one drug in their lifetime.
- Highest lifetime and current prevalence:
→ energy drinks, alcohol, marijuana, inhalants, and cigarettes.

ATOD Prevalence: Grade

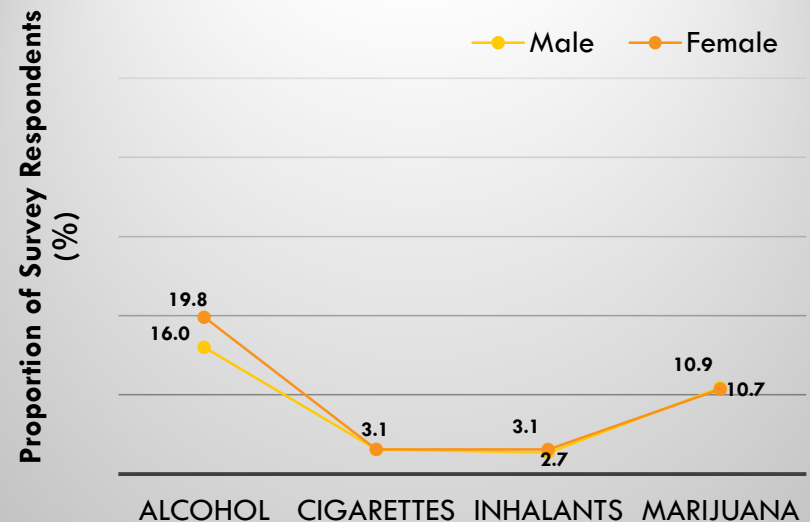


- Students in earlier grades, like M2, began use of inhalants and cigarettes much earlier than students in later grades.
- Current users of alcohol, marijuana, and energy drinks were from higher grades.

ATOD Prevalence: Sex



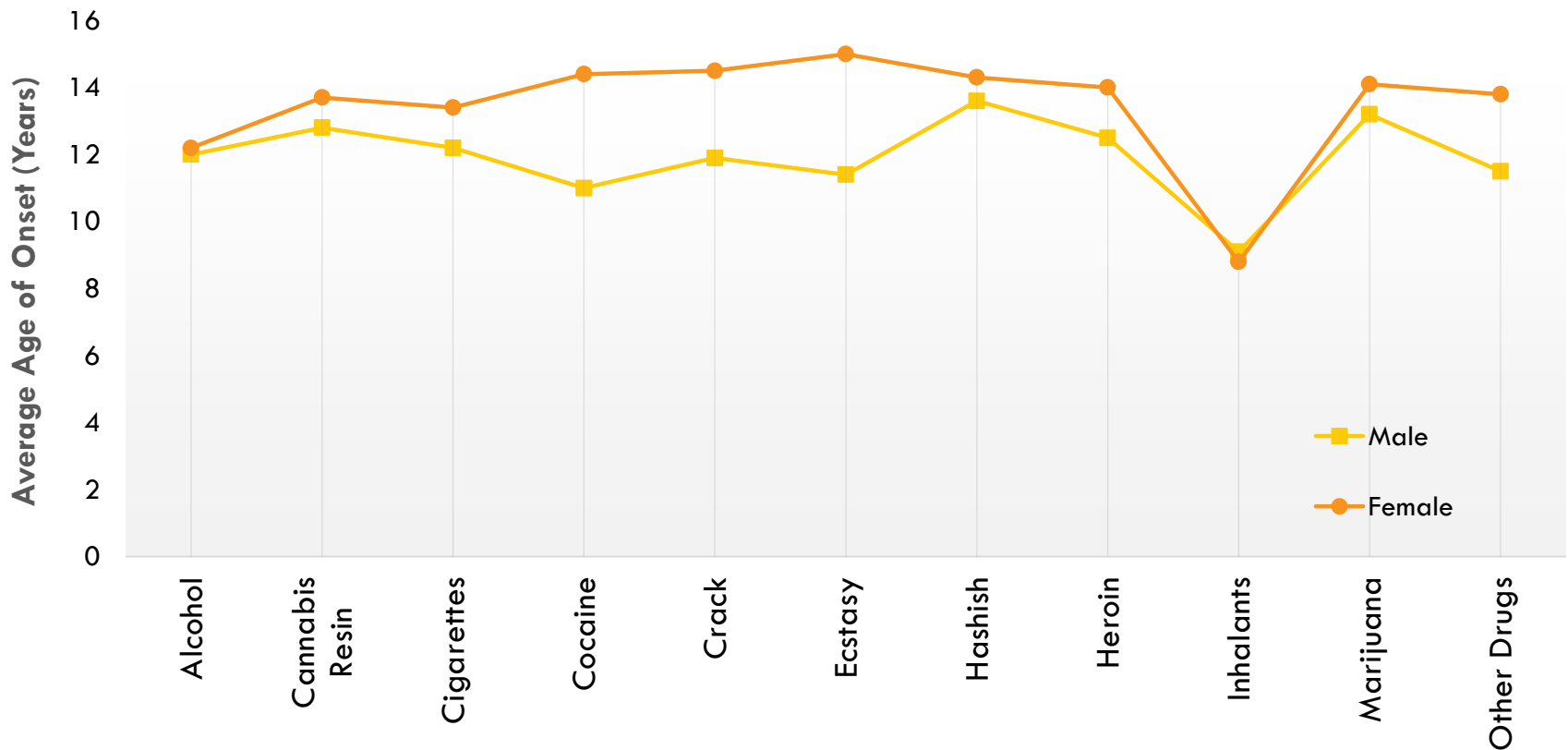
LIFETIME USE



CURRENT USE

- Males were more likely to use alcohol and marijuana.
- Females were more likely to use alcohol and marijuana.

ATOD Prevalence: Age of Onset



- Average age of initiation of drug use ranges from 8.9 years for inhalants to 13.6 years for marijuana.

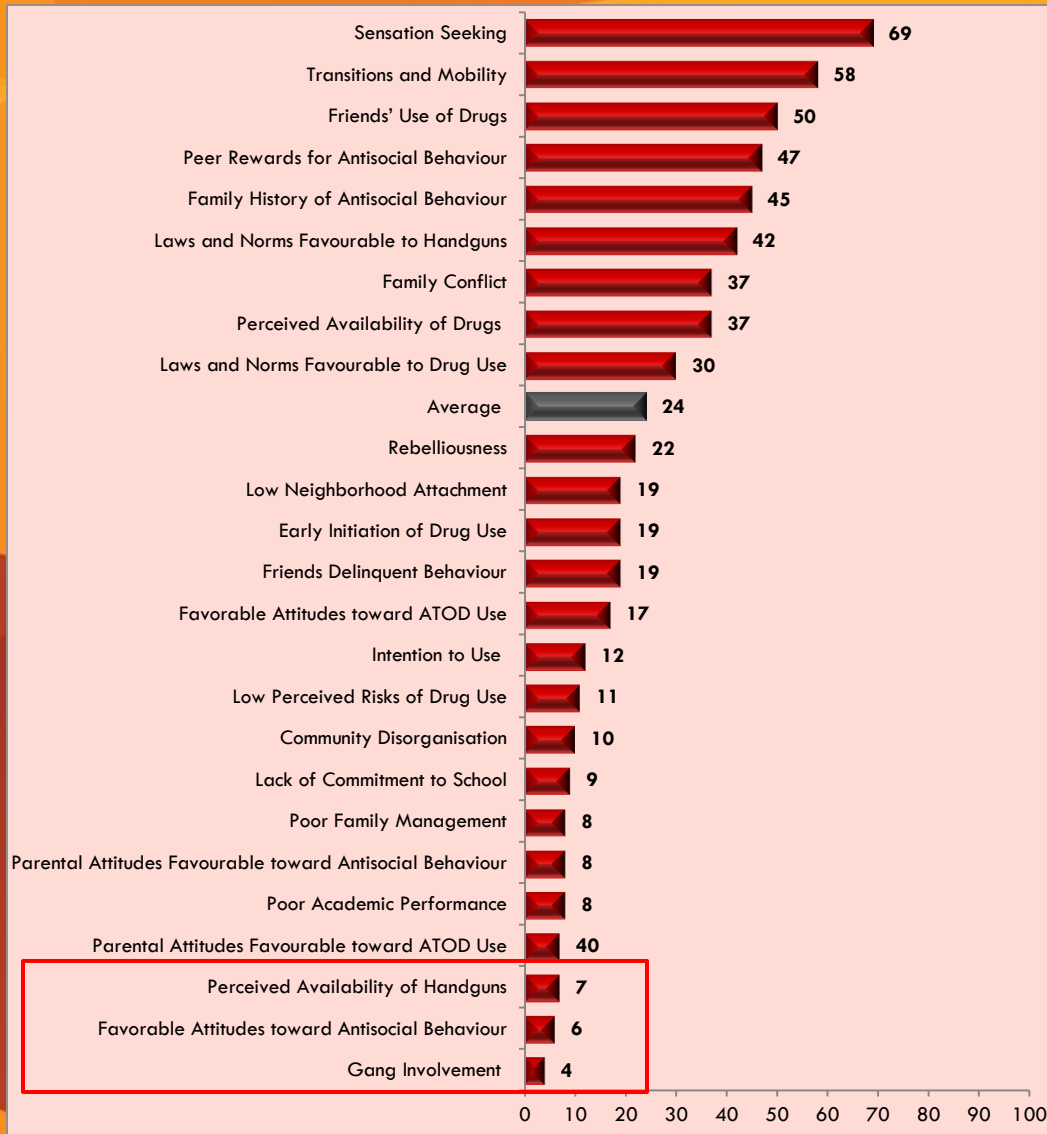
Other Findings

- **7%** (about 1 of 14 students), reported at least one episode of binge drinking in the past two weeks.
- **Most** students obtained alcohol, cigarettes, or marijuana from friends or the shop.
- **26%** of students have consumed a mixture of energy drinks with alcoholic beverages.
- Of the illicit drugs, marijuana seemed to be the easiest drug to obtain, as indicated by **40%** of students.
- Majority of students (**93%**) perceived “*smoking cigarettes frequently*” to be the most harmful behaviour; “*smoking marijuana sometimes*” is perceived to be harmful by 71.0% of students.
- **1 in 6** students reported someone smoked tobacco at home within the past week and **1 in 10** said that someone smoked tobacco in a vehicle they rode in
- **13%** admitted being in a car or bike (**7%**) with someone who had been drinking alcohol
- **46%** thought drugs were being sold in the area around their school or at their school (**39%**).

2007-2015 Trends

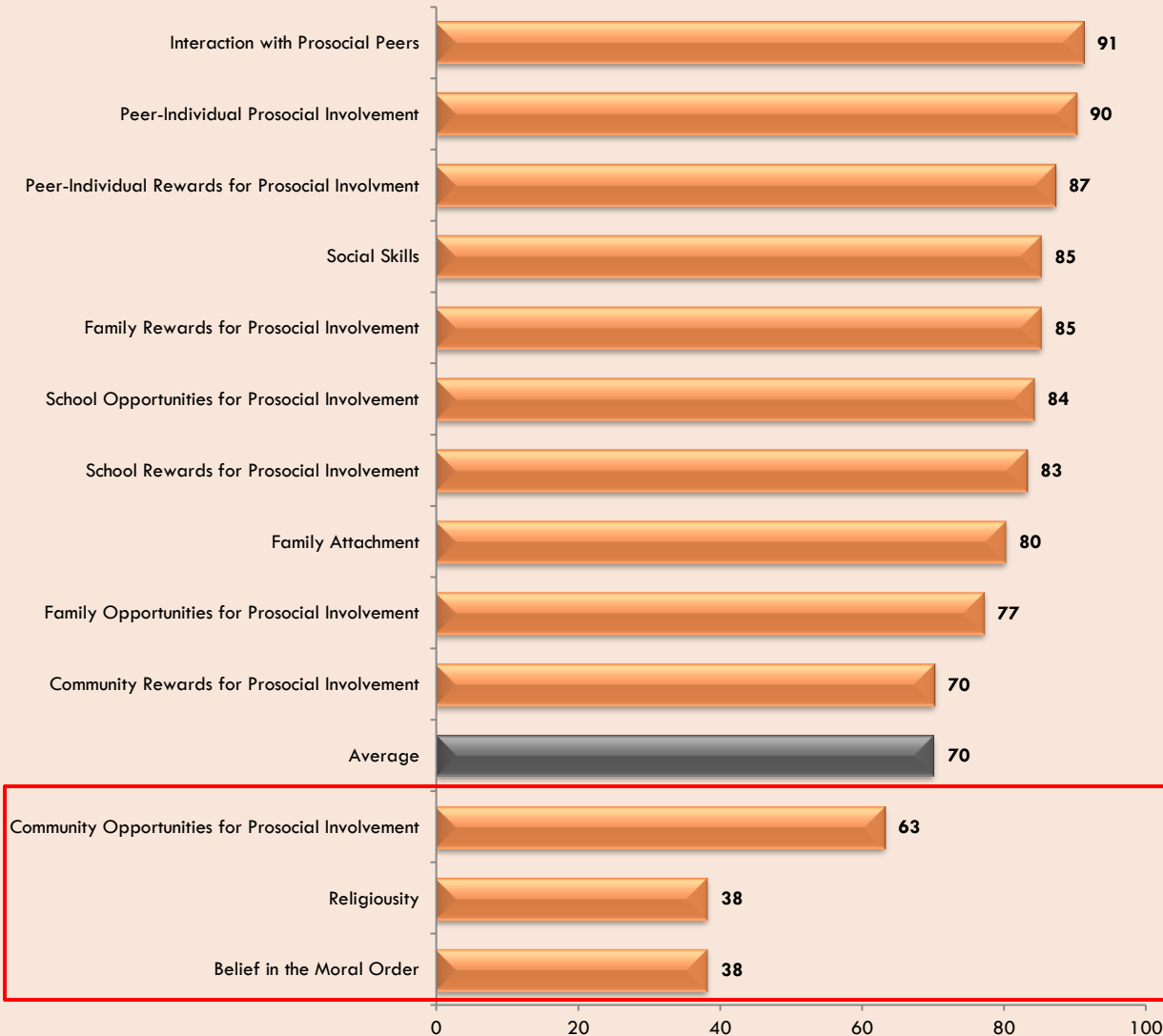
Substance & Prevalence		2007 (%)	2011 (%)	2015 (%)
Alcohol	Lifetime Prevalence	66.9	54.9	64.5
	Current Prevalence	37.5	19.1	22.9
Cigarettes	Lifetime Prevalence	21.9	10.7	12.0
	Current Prevalence	4.5	2.5	3.1
Energy Drinks	Lifetime Prevalence	-	65.5	61.1
	Current Prevalence	-	31.7	20.7
Inhalants	Lifetime Prevalence	10.8	12.1	15.1
	Current Prevalence	3.4	2.4	3.0
Marijuana	Lifetime Prevalence	23.9	21.2	26.2
	Current Prevalence	12.8	7.9	10.8

Risk Factors



- Overall scores across 25 risk factor scales range from 4-69, average of 24.
- 3 **lowest** risk factor scales:
 - *Gang Involvement*
 - *Favorable Attitudes Toward Antisocial Behaviour*
 - *Perceived Availability of Handguns*
- 3 **highest** risk factor scales:
 - *Sensation Seeking*
 - *Transitions and Mobility*
 - *Friend's Use of Drugs*

Protective Factors



- Overall percentile scores across the 13 protective factors scales range from 38-91, average of 70.
- 3 highest protective factor scales:
 - *Interaction with Prosocial Peers*
 - *Peer-Individual Prosocial Involvement*
 - *Peer-Individual Rewards for Prosocial Involvement*
- 3 lowest proportions were for the following protective factor scales:
 - *Belief in Moral Order*
 - *Religiosity*
 - *Community Opportunities for Prosocial Involvement*

Risk Factors: By Grade

RISK FACTORS	M2 %	M3 %	S1 %	S2 %	S3 %	S4 %
Low Neighbourhood Attachment	18	18	22	21	17	18
Community Disorganisation	6	8	11	12	9	11
Transitions and Mobility	49	55	66	55	62	59
Perceived Availability of Drugs	10	17	31	44	56	66
Perceived Availability of Handguns	3	3	5	7	13	12
Laws and Norms Favourable to Drug Use	18	23	29	34	36	37
Laws and Norms Favourable to Handguns	24	30	41	47	55	53
Family History of Antisocial Behaviour	21	27	38	44	54	58
Poor Family Management	4	5	8	10	9	12
Family Conflict	29	30	42	41	44	37
Parental Attitudes Favourable toward ATOD Use	2	2	4	8	11	14
Parental Attitudes Favourable toward Antisoc Behaviour	6	6	9	9	10	9
Poor Academic Performance	8	7	9	9	6	7
Lack of Commitment to School	5	7	10	10	13	11
Rebelliousness	15	14	24	25	25	30
Gang Involvement	2	3	4	5	7	5
Favourable Attitudes toward ATOD Use	3	4	11	21	28	37
Favourable Attitudes toward Antisocial Behaviour	3	4	7	8	8	6
Sensation Seeking	57	65	67	71	74	80
Peer Rewards for Antisocial Behaviour	25	35	46	56	63	59
Friends' Use of Drugs	12	24	44	61	76	80
Friends Delinquent Behaviour	9	12	18	22	26	25
Low Perceived Risks of Drug Use	2	4	9	14	16	21
Early Initiation of Drug Use	30	17	19	21	17	12
Intention to Use	3	4	10	13	18	22
Average	15	17	24	27	30	31

- 3 highest risk factors:
 - M2 students reported highest levels of risk as:
 - *Sensation Seeking*
 - *Transitions and Mobility*
 - *Early Initiation of Drug Use*
 - S4 students reported their three highest levels of risk as:
 - *Sensation Seeking*
 - *Friends Use of Drugs*
 - *Perceived Availability of Drugs*

Protective Factors: By Grade

P R O T E C T I V E F A C T O R S	Grade Level	M2	M3	S1	S2	S3	S4
		%	%	%	%	%	%
	Community Rewards for Prosocial Involvement	79	73	68	64	65	66
	Community Opportunities for Prosocial Involvement	62	63	63	66	59	67
	Family Attachment	89	83	78	76	76	75
	Family Opportunities for Prosocial Involvement	84	82	79	70	75	76
	Family Rewards for Prosocial Involvement	94	91	83	82	81	82
	School Opportunities for Prosocial Involvement	89	85	83	82	81	85
	School Rewards for Prosocial Involvement	87	84	80	79	79	82
	Rewards for Prosocial Involvement*	86	87	87	86	89	87
	Interaction with Prosocial Peers*	90	89	91	90	93	91
	Belief in the Moral Order	32	34	37	41	44	41
	Prosocial Involvement*	85	88	90	91	90	93
	Religiosity	45	44	41	33	35	33
	Social Skills	92	90	84	82	82	80
Average		78	76	74	73	73	74

- **3 highest protective factors:**

- M2 students reported highest levels for: *Family Rewards for Prosocial Involvement, Social Skills, and School Rewards for Prosocial Involvement.*
- S4 students reported highest levels for: *Prosocial Involvement, Interaction with Prosocial Peers, and Rewards for Prosocial Involvement.*

2007-2015 Trends

PROTECTIVE FACTORS	2007	2011	2015	RISK FACTORS	2007	2011	2015
Community Opportunities for Prosocial Involvement	-	41	69	Low Neighbourhood Attachment	47	20	19
Community Rewards for Prosocial Involvement	46	69	63	Community Disorganisation	59	12	10
Family Attachment	51	78	80	Transitions and Mobility	48	60	58
Family Opportunities for Prosocial Involvement	50	74	78	Perceived Availability of Drugs	42	46	37
Family Rewards for Prosocial Involvement	56	84	86	Perceived Availability of Handguns	37	12	7
School Opportunities for Prosocial Involvement	45	84	84	Laws and Norms Favourable to Drug Use	57	31	30
School Rewards for Prosocial Involvement	56	83	82	Laws and Norms Favourable to Handguns	50	52	42
Peer-Individual Rewards for Prosocial Involvement	-	62	87	Family History of Antisocial Behaviours	57	54	40
Peer-Individual Interaction with Prosocial Peers	-	70	91	Poor Family Management	51	8	8
Belief in Moral Order	58	44	38	Family Conflict	50	37	37
Peer-Individual Prosocial Involvement	-	80	90	Parental Attitudes Favourable Toward ATOD Use	50	7	7
Religiosity	52	43	39	Parental Attitudes Favourable to Antisocial Behaviour	49	9	8
Social Skills	48	80	85	Poor Academic Performance	53	10	8
<ul style="list-style-type: none"> Most protective factor scores were higher in 2015 than in 2011; indicating an increase in protection among students over the past 4 years. Most risk factor scores were lower in 2015 than in 2011; indicating a decrease in levels of risk among students. 				Lack of Commitment to School	38	11	9
				Rebelliousness	49	30	22
				Gang Involvement	-	8	4
				Favourable Attitudes Toward ATOD Use	42	21	17
				Favourable Attitudes Toward Antisocial Behaviour	43	8	6
				Sensation Seeking	41	72	69
				Peer Rewards for Antisocial Involvement	59	24	47
				Friends' Use of Drugs	45	54	50
				Friends' Delinquent Behaviour	59	24	19
				Intention to Use	-	12	11
				Early Initiation of Drug Use	46	8	19
				Low Perceived Risks of Drug Use	51	31	12

Antisocial Behaviours



- “*Being Suspended from School*” was reported at 14%, making it the **most prevalent** of the 11 behaviours.
- Students reported **low** levels of participation in “*Taking a Handgun to School*”, “*Carrying a Handgun*”, and “*Been Arrested*”.

What Do These Findings Indicate?

- Slightly fewer students experimented with substances.
- Trying marijuana increased but use of alcohol dropped
- Gender differences apparent in substance use
- Students mostly get alcohol and marijuana from friends
- Mixing energy drinks with alcohol still prevalent
- Second-hand smoking prevalent in homes and in vehicles
- Students are riding in cars and on bikes with people who drink alcohol
- Drugs are being sold around and at schools
- Age of first use stable
 - It is the expectation for age of first use to increase and not decrease; this variable has to be continuously monitored.
- Ease of access to marijuana
 - The message to our young people should continue to be one of no drug use; not even marijuana use, is acceptable.
- Decrease in religiosity & belief in moral order
 - Students feel less likely to be motivated to follow society's standards and more likely to engage in delinquent behaviours. This fact is further supported by current crime statistics, which reflect increasing levels of violence within Bermuda communities, especially that of gun violence.

Challenges

- Survey administration
 - Sexual health questions not appropriate at one private school, so one grade did not participate
 - Literacy issues meant students needed assistance
 - Teacher read survey aloud
- Public's understanding of the information
 - Tendency to be apprehensive of the (self-reported) results

Policy and Practice Implications

- Evidence-based Substance Abuse Prevention Programming:
 - Al's Pals expansion to primary schools
 - LifeSkills curriculum during class periods and after school
- Underage Drinking Campaign
- Feasibility of Social Host Laws
- National School Drug Policy
 - Uniform school-based policies to prevent alcohol and drug use, including no-use policy, consequences, counselling services, and student drug testing.

Underage Drinking Campaign

NEWS PAPER ADS

PARENTS
WHY ENCOURAGE THEM TO WAIT?

BECAUSE **18** IS THE
LAW AND YOU ARE
THE PARENTS

THIS IS A SOBERING REMINDER BROUGHT TO YOU
BY THE DEPARTMENT FOR NATIONAL DRUG CONTROL

**YOUTH & ALCOHOL
DON'T MIX**
DEPARTMENT FOR
NATIONAL DRUG
CONTROL
UNDERAGE DRINKING IS... OUT.

GOVERNMENT OF BERMUDA
Ministry of National Security
Department for National Drug Control
SUITE 304, MELBOURNE HOUSE
11 PARLIAMENT STREET
HAMILTON HM 12
441.292.3049 | DND.C.GOV.BM

DRINK COASTER FOR BARS



RADIO CLIP 'I Didn't Know'



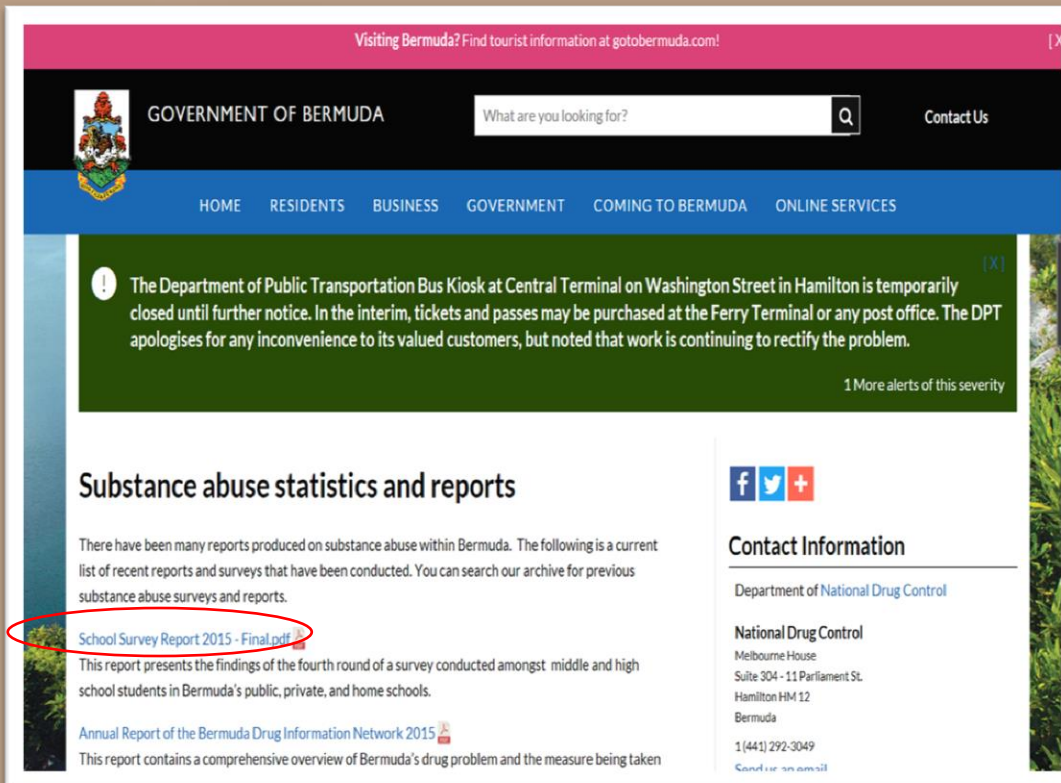
Underage Drinking Campaign

TV COMMERCIAL: 'Against the Law'

Questions?

Department for National Drug Control

www.gov.bm



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GOVERNMENT OF BERMUDA

What are you looking for?

Contact Us

HOME RESIDENTS BUSINESS GOVERNMENT COMING TO BERMUDA ONLINE SERVICES

The Department of Public Transportation Bus Kiosk at Central Terminal on Washington Street in Hamilton is temporarily closed until further notice. In the interim, tickets and passes may be purchased at the Ferry Terminal or any post office. The DPT apologises for any inconvenience to its valued customers, but noted that work is continuing to rectify the problem.

1 More alerts of this severity

Substance abuse statistics and reports

There have been many reports produced on substance abuse within Bermuda. The following is a current list of recent reports and surveys that have been conducted. You can search our archive for previous substance abuse surveys and reports.

[School Survey Report 2015 - Final.pdf](#)

This report presents the findings of the fourth round of a survey conducted amongst middle and high school students in Bermuda's public, private, and home schools.

[Annual Report of the Bermuda Drug Information Network 2015](#)

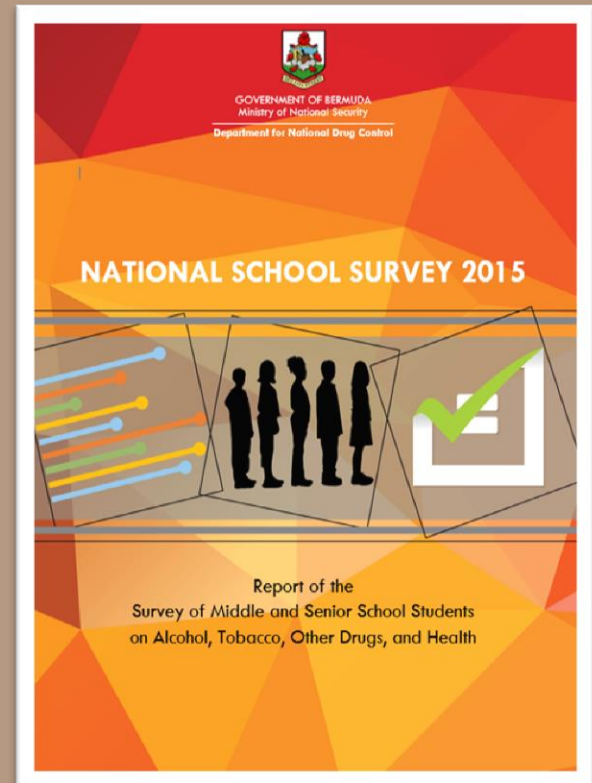
This report contains a comprehensive overview of Bermuda's drug problem and the measure being taken

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GOVERNMENT OF BERMUDA
Ministry of National Security
Department for National Drug Control

NATIONAL SCHOOL SURVEY 2015

Report of the
Survey of Middle and Senior School Students
on Alcohol, Tobacco, Other Drugs, and Health