REPORT OF THE

PARLIAMENTARY JOINT SELECT COMMITTEE ON

THE ADOPTION OF A MANDATORY

RANDOM DRUG TESTING POLICY

FOR MEMBERS OF THE LEGISLATURE

PRESENTED TO PARLIAMENT

MAY 30, 2014

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TO THE HONOURABLE PRESIDENT AND
MEMBERS OF THE SENATE

TO HIS HONOUR THE SPEAKER AND
MEMBERS OF THE HONOURABLE HOUSE OF ASSEMBLY

Over the years a number of studies have demonstrated the extent of illicit drug use in Bermuda. However, Bermuda is not alone in this regard as it shares with the rest of the world an increasing demand for illicit drugs. In fact a 2013 United Nations World Drug Report has not only pointed to a multitude of new psychoactive substances but also highlighted the speed with which they have emerged in all regions of the world.

Illicit Drugs continue to jeopardise the health and welfare of people throughout the world including Bermuda and the need to break the destructive cycle will involve all, not the least of whom, are our civic leaders and our Legislators.

A Joint Select Committee was formed because of a desire to have our Legislators lead by example to fight this scourge, while constituting a framework for putting Bermuda on the map as a leader in the area of zero tolerance for drug use by persons in positions of trust and authority.

Jurisdictional review indicated that several Legislatures have talked about drug testing their Members but have never implemented Standing Operating Procedures (SOPs) for doing so. This Committee is therefore honoured to have been appointed to look into the implementation of SOPs that could set new groundbreaking standards for parliamentary governance.

I am very pleased with the dedication with which the Members of this Committee applied themselves to the task and we look forward to the implementation of these Recommendations.

Senator Joan Dillas-Wright MBE, JP.
Chairperson

2. TERMS OF REFERENCE

PURPOSE

The Joint Select Committee on the adoption of a mandatory random drug testing policy for Members of the Legislature (the "Committee") was established upon the adoption of the following motion moved by the Honourable Member Michael H. Dunkley JP, MP on the 27th of September 2013, namely:

"In an effort to ensure that Bermuda's Legislature meets the highest standards of governance for democratic legislatures and in order to lead by example; be it resolved that this Honourable House approves and adopts a mandatory drug testing policy for Members of the Legislature and that a Joint Select Committee be appointed to consider and determine the specifics, implementation and monitoring of the said policy."

MEETING FREQUENCY

The Committee will meet fortnightly and as necessary to fulfil the objectives within a 4 - 6 month period.

AUTHORITY

The Committee's authority rests with the Legislature through the Speaker of the House of Parliament.

THE COMMITTEE'S TASK

1. To determine the specifics of Standing Operation Procedures and policies
    - How will Members of the Legislature be selected for testing;
    - What method will be used for testing;
    - The drugs that will be tested for;
    - When and where the testing be done;
    - Who will do the testing;
    - How and when those Members selected will be notified that they have been selected for testing.
    - What will be the consequences for failing the test; and
    - What are the consequences for failing to take the test;

2. To determine the process for monitoring the enforcement of testing procedures

    - Who will perform the monitoring of this policy;
    - To whom will any infractions of this policy be reported;
    - What records will be maintained and who will maintain them;
    - Whether the results of tests will be made public; and
    - How will confidentiality be observed and maintained.

3. Part of this process will include:

    a) Research by the Committee into substance use and abuse, the testing for such use and abuse and its management; and
    b) Receiving presentations from professionals and others regarding substance use and abuse in Bermuda and other related matters.

MEMBERS APPOINTED TO THE COMMITTEE

Senator Joan Dillas-Wright MBE, JP – Chairperson
Hon. Terry Lister JP MP – Deputy Chairperson
Mr. Jefferson Sousa JP, MP
Mrs. Nandi Davis-Outerbridge JP, MP
Senator James S Jardine JP
Mrs. Eudora Browne-Lister–Administrative Support/Addiction Professional

3. OVERVIEW OF DRUGS

Every thought, mood, and emotion we experience has a chemical basis. Every time we use one of our five senses, hundreds of chemical reactions are triggered in our brain. The complex chain of chemical reactions is like a chemical symphony. Alcohol and other drugs disrupt this symphony. The use and abuse of drugs causes many emotional, physical, spiritual and mental problems to one's being especially upon becoming addicted.

What is an addiction? Simply put, addiction is any behaviour that is constantly repeated despite significant negative consequences. Scientifically addictive behaviours feature tolerance and withdrawal. Tolerance is when it takes more and more of a substance to get the same effect as the very first time. Withdrawal differs from one drug to another. The severity or discomfort or risk to health of withdrawal depends not only on the substance used but also on the frequency of use, the level of tolerance, the amount taken, and the time lapsed since last use.

Another term for addiction is dependence on a drug, or an activity. It is almost always accompanied by some degree of tolerance and withdrawal. A lesser form of addiction is referred to as abuse.

How drugs work: Psychoactive drugs impact neurotransmitters, neuronal receptors and brain reward mechanisms. Mood, alertness and thinking are influenced by and maybe even depend upon brain chemicals.

Reasons why people use drugs: People use drugs for various reasons. Some use in order to feel that they belong, some just to feel different, others because using drugs makes them feel good. Others may use drugs as a social lubricant or even to enhance their performance. Adolescents tend to use drugs as an experiment to fit in or to self-medicate painful emotions such as depression, loneliness or fear.

What are drugs? Webster Dictionary defines a drug as any substance used as a medicine or as an ingredient in medicine. A medicine is defined as any drug or other substance used in treating disease, healing or relieving pain.

For the purpose of this report the Committee looked at illegal substances that are commonly used and abused. The Committee was of the opinion that this would help the reader to better understand the harmful effects of drug use and abuse on an individual's mental, emotional, physical and spiritual being. It should be noted that a substance abuser can expect multiple physical and mental effects from abusing most psychoactive drugs (substances that can change sensation, mood consciousness or other psychological or behavioural functions).

Amphetamines: Classified as a stimulant alters the mind of the user and excites the Central Nervous System (CNS). Amphetamines are artificial or synthetic stimulants. The term amphetamines in common usage actually refers to three related drugs: Amphetamine, Methamphetamine and Dextroamphetamine (also called Dexedrine or d-Amphetamine). Amphetamines are chemically similar to the neurotransmitter (the brain uses numerous chemicals to move messages between neurons). These chemicals are called neurotransmitters. Because of this similarity, hormones such as norepinephrine and adrenaline cause arousal in the body that is much like the body's arousal during emergencies and stress. Chronic, high dose abuse of amphetamines is toxic to the neurons. The drugs degenerate the number of receptor sites. This is particularly true in the stratum, the part of the brain that controls muscle tone.

Amphetamines inhibit neurotransmitters from returning to the axons. They interfere with the psychological effects of a class of neurotransmitter called the catecholamines. They prevent the normal breakdown of catecholamines within the neuron. This results in the body being left in a state of arousal, ready to face an emergency, even when no emergency exists. Amphetamines are metabolised by the liver. After metabolism a substantial portion of ingested amphetamines are excreted unchanged in the urine. Amphetamines open and expand bronchial passages in the lungs. In high doses they increase the rate of breathing and depress appetite. Amphetamines have a number of effects on the body many of which are detrimental. Some of its effects on the CNS include dilation of the pupils of the eyes, blurred vision, headaches, dried mouth, stimulation of the salivary glands and increased body temperature. Amphetamines also affect the cardiovascular system (increase of blood pressure and causes the heart rate to

slow). However, they can also speed up the heart rate, cause the heart to beat irregularly, increase chances of strokes, induce chest pain and promote kidney disorders.

Barbiturates and Benzodiazepines: Barbiturates and Benzodiazepines are prescription drugs that are CNS Depressants with sedative or hypnotic effects. Both can impair judgment and mental faculties. They were historically used for anxiety or treating sleeping problems but have now been replaced largely by Benzodiazepines for the treatment of anxiety and insomnia because they are less dangerous in overdose. Barbiturates, however, are still used in general anaesthesia for epilepsy, for the treatment of acute migraines and headaches but must be closely monitored by a physician for addiction and abuse. Both are cross tolerant with alcohol. Regular heavy drinkers may find that they require relatively greater amounts of Benzodiazepines or Barbiturates to achieve a therapeutic effect. Because of this cross tolerance Benzodiazepines and Barbiturates can be used to treat alcohol withdrawal.

Benzodiazepines are the most widely prescribed psychoactive drugs in the world. They are effective in the management of a wide range of anxiety and tension and in the management of insomnia. At low to moderate doses taken orally they are highly effective in relieving mild to moderate anxiety. At higher therapeutic doses Benzodiazepines can control more severe states of emotional distress. However, continued use of this medication, particularly at high doses and particularly amongst addiction prone individuals, can be abused and this can lead to severe dependence. Street names for Benzodiazepines are Tranks, Downers and Vs (Valium).

Cocaine: Cocaine, a strong naturally occurring stimulant, is extracted from the leaf of the coca plant. It is sold on the streets as a white, translucent, crystalline powder. A complex process produces the powder: The leaves are plucked from the cocoa shrubs and are layered in huge drums with a mixture of kerosene and other solvents. After soaking the leaves, workers drain the fluid and remove the soggy leaves, salvaging a thick, coffee-like paste. Laboratory agents refine the paste into white cocaine powder which is usually sold either in a powder form or

in aspirin size pills. When ingested Cocaine produces intense pleasure sensations; it causes euphoria and general stimulation. Pharmacologically, it shares attributes of the sexual act itself. When a person starts to become excited Cocaine intensifies. Cocaine has a profound effect on the brain. In producing the perception of euphoria it acts directly on the reward centre of the brain and it gives a quick emotional turnaround. A pattern of repeated use arises when past behavioural reinforcement tells the brain there is no quicker way to feel good than to use Cocaine. It mimics the effect of the sympathetic nervous system – the system that triggers feelings of anxiousness and the fight or flight for self preservation.

Commonly snorted or smoked, Cocaine constricts blood vessels. Its use can therefore harm the cardiovascular system. It has been known to raise blood pressure, cause cerebral haemorrhage when raised blood pressure ruptures weak vessels in the brain. Cocaine has also been known to cause heart attacks, blood clots and infections in the heart as well as pains around the heart.

Cocaine is called by various slang names: snow, snort, C, coke, blow, toot, nose candy, the lady. At one end of the rhetorical spectrum cocaine has been praised as a “gift from God”, but at the other, it has been denounced as the “third scourge of mankind.” Columbian Drug Lord Carlos Lehder Rivas once said, “Cocaine is the Third World’s atom bomb.”

Cocaine and alcohol both have symptoms which include increased heart rate, enlarged pupils, increased blood pressure and psychomotor agitation. Cravings for cocaine and for the heightened excitement surrounding its use are a major aspect of the cocaine experience. These cravings for excitement often produce the biggest problems in treating the addiction itself.

Hallucinogens: Hallucinogens include LSD, Mescaline, Angel Dust, Ketamine, Psilocybin, Morning Glory Seeds and Nutmeg. Other types of hallucinogens include LSD, Ecstasy (MDMA) MDA (the love drug) and Mescaline which are extremely potent.

Lysergic acid diethylamide (LSD): This is a designer drug produced in a laboratory. The laboratory is sometimes located in someone's basement and catastrophes often occur because of poor quality control. Mescaline is a purified hallucinogen derivative of the peyote cactus. It is usually available in powdered form and can be taken orally. These designer drugs can cause serious mental disturbances including paranoia, frightening hallucinations, pain attacks and depression. Those whose trips become overwhelming may require sedatives until the acute reaction is over. This classification of drugs is called designer drugs because they were designed to slip through loopholes in the law.

Designer drugs affect numerous brain receptors and organ systems, producing a variety of responses ranging from euphoria to hypertension to convulsions. They can cause persistent psychosis.

Marijuana: Marijuana is commonly smoked as a cigarette, a joint, or rolled up in a cigar fashion referred to as a blunt. Hashish (Cannabis resin) is a more potent derivative of Marijuana and comes in a brick form, pieces of which are smoked in pipes or mixed with Marijuana or tobacco in cigarettes.

Marijuana users may experience a sense of detachment, of bliss or an intense appreciation of colours, tastes and sounds. Users may end up rolling on the floor in laughter or find themselves consumed by eye popping paranoia.

The active ingredient in Marijuana, delta-9-THC (tetrahydrocannibinol) was used for some time as an anti-nausea agent in patients undergoing cancer chemotherapy. THC is the purified psychoactive compound in Marijuana and may be taken orally or smoked. Taken as THC, it is much more potent than Marijuana itself and therefore may be more likely to induce anxiety, panic and paranoid reactions.

As with all other psychoactive drugs the subjective Marijuana experience depends to a large extent on the users set (attitude and expectations of the user) and setting. Marijuana experiences are intimately linked to the surroundings in which they occur. A joint smoked on a balmy day at a reggae concert will feel very

different from the same joint smoked in a private setting. Chronic marijuana use can cause lung damage or problems with learning and motivation.

The vast majority of Marijuana smokers inhale deeply to restrict their smoke intake to the upper airway. Therefore chronic and or heavy marijuana smokers may be at risk for bronchitis, emphysema and cancer.

Heroin: Heroin is from the Opiate family. Opiates lull users into a state of inaction and placidity. Users are rarely if ever violent as a direct result of opiate use. Criminal behaviour usually results from a desperate need for money to obtain more of the drug. Opiates and opioids are the most powerful painkillers known. The problem is the mental and physical pain relief afforded by the Opiates is so reinforcing that some users find themselves craving the drug to alleviate the pain of the Opiate withdrawal. Opiate dependence is remarkable. Although some Heroin users rapidly escalate their daily intake - to the point where obtaining and using the drug becomes the exclusive focus of their lives – others are able to maintain themselves on a stable dose for months and even years. This has been the case for some users of methadone (a long acting Opioid which is taken as a substitute for Heroin), as well as for many who take Opiates chronically for pain syndromes.

Because Heroin effects last four to six hours a heroin addict finds himself or herself needing a hit three to four times daily. Withdrawal can include shivering, diarrhea, vomiting, severe insomnia, anxiety and depression. Heroin withdrawal whilst not life threatening is so unpleasant that users will go to extremes including prostitution, murder and robbery to avoid it. Withdrawal symptoms can last for months at a time and are characterised by persistent insomnia, depression and anxiety.

Heroin related crime is not a direct Opiate effect. Opiates have an anti-aggressive effect but an addict's crimes may be instrumental (a means to an end), namely getting more money for drugs. Because of Heroin's purity unsuspecting users hoping to achieve ever higher highs may inadvertently overdose, ending up dead. Contaminated needles and syringes also cause problems for Heroin addicts. In

their haste to get a fix, intravenous drug users may share “works” with one another and may also get to share blood borne diseases like Hepatitis and AIDS.

Speed Ball: Speed balling is the simultaneous use of Heroin and Cocaine. It is used in an attempt to suppress some of the physical and mental hyperactivity and paranoia that often accompanies Cocaine use alone. Others drink alcohol to take the edge off jaw-grinding cocaine highs.

Phencyclidine (PCP): PCP is also referred to as Angel Dust, Krystal, Killer Weed, Porker, Super grass, Devil Stick, Elephant Juice, Wacky Weed, Parsley, Crystal Cyclone, Pip, Hog, Elephant Tranquilize, Peace Pill, Embalming Fluid, Horse Tranquilizer, Pits, Dummy Dust, Mint Weed, Mist, Monkey, Dust, Super X, Rocket Fuel, Goon, Surfer, KW and Scuffle. PCP is a drug known for causing violent, psycho active behaviour. It has developed a bad reputation since its introduction into the illicit drug market in 1967.

PCP is cheap – sells for half the street price of Cocaine, is easy to make (costs about 5c to manufacture each dose), is easy to take, and is related to horrible psychological effects, some of which can last for years. It is believed that PCP is the most damaging illicit drug available on the streets.

In its pure form, PCP is a white powder that dissolves easily in both water and alcohol. It is sold in powder form usually coloured instead of white, in tablets in a variety of colours and shapes, in capsules, as a coloured liquid with a strong metallic taste and chemical odour or in combination with leafy substances designed to be rolled into cigarettes. It is sometimes smoked in combination with parsley, tobacco, or Marijuana. When combined with Marijuana it is known on the streets as Love Boat, Kay Jay or Krystal Joint. It is most commonly smoked (dusted on tobacco or Marijuana leaves) or snorted and absorbs rapidly into the blood stream.

Methamphetamines: Methamphetamines (Meth) is also referred to as Speed and is synthetically manufactured. It has been used and abused since the 1930s but especially in the 1970s. Meth is used by a new generation of drug addicts who know it as Crank or Crystal. There is another form of meth called “Ice.” What

Crack is to Cocaine, “Ice “is to Meth. Both drugs in their smokable form reach the brain in about six seconds and twice as fast when injected. Smoking the drug allows it to enter directly into the lungs before entering the left side of the heart. From there it is pumped to all areas of the body and brain. While “Ice” brings less intense euphoria than Crack Cocaine, its euphoria lasts a lot longer.

The greatest danger of “Ice” is not the intensity of the high it produces, but the sense of well-being it creates. In February 1990 an article in Rolling Stone Magazine sums it up well: ““Ice” is not a drug that makes you high. It does not make you drunk like alcohol or stoned like pot. It does not give you a rush, take you on a trip, or even bend reality. In the beginning, before the toxic effect builds, the thing that “Ice” does is make you feel bright, awake, and happy. You feel good about yourself, no matter how bad things may be.”

Some of the physical effects of Meth include increased heart rate, increased blood pressure, headache, diarrhoea, weight loss, constipation and impotence. The psychological effects include feeling wired, mood swings, anxiety, euphoria, paranoia, panic, hallucinations, and may mimic paranoid schizophrenia. Its behavioural effects include excessive activity, inability to sleep, talkativeness and nervousness.

4. DRUG PROBLEM IN BERMUDA

The Royal Gazette Ltd. Bermuda, April 27, 2001, reported that the resurgence of drug use linked to rise in crime is directly related to the increase in the use of Heroin. In May 2001 the Police reported that they would be throwing extra weight behind the fight against drug abuse immediately. As such the Narcotics Department was given its own division with higher status. With an increased narcotics budget the Police said they would put more focus on operational issues with additional support, and the needs of the department would be given more of a priority in its attempt to fight the scourge of drugs in Bermuda. To enhance the operational effectiveness, the Police worked more closely with Customs to tackle drug interdiction since the fight against crime was two-pronged; the supply of drugs and the demand for drugs with both needing to be reduced. The use and supply of drugs appeared to be an ever growing issue for prevention and treatment agencies as well as charities.

In 2001, a mass influx of Heroin into the Island had been blamed for a 20% increase in crime for the first three months of that year. By then, Narcotics and Customs Officers had already exceeded the $7 million they had confiscated the previous year by seizing $8.3 million worth of illegal substances. Within days of this report, Heroin with a street value of $1.4m was also seized.

The Police conducted a full breakdown of seizures in May 2001 and calculated that a massive $12.4 million worth of illegal drugs had been confiscated since the beginning of the year. This meant that Bermuda's seizures would be double the rate of the previous year's seizures by the end of 2001. The Police believed that the sudden rise in crime during the first quarter was because of a huge increase in the use of Heroin. The Police also believed there was a correlation between the number of Heroin seizures at the Bermuda International Airport and on the streets and the increase in property crimes.

The Bermuda Drug Information Network's (BerDIN) Annual Report (November 2012) provides a comprehensive overview of the drug situation in Bermuda at that time. From this the Director of the Department of National Drug Commission made note of the following:

- Bermuda has seen significant health and social problems arising out of and linked to the widespread use of Alcohol, Tobacco, and other drugs (ATOD) especially Marijuana, Heroin and Cocaine.
- Illicit drugs can be easily obtained, not just in the neighbourhood known as the “Back of Town” but also in many other communities throughout Bermuda.
- Drug use and abuse affect persons of various socio-economic status, race, ethnic group and gender. Substance use and abuse also creates serious public health concerns because of its ability to negatively impact upon one’s health and ultimately on one’s quality of life.
- Although many view drug abuse as alarming with catastrophic consequences, there are others, particularly those aged 30 and under, who regard their drug use as being no more dangerous than drinking Alcohol or smoking Cigarettes and they believe that the psychological effects gained from their drug use are enjoyable.
- Students are experimenting with drugs at an earlier age than previously observed. Many young people who are drinking Alcohol and smoking Marijuana see this as normative behaviour during the weekends.
- Hundreds of adults have become dependent on Heroin and Cocaine with some resorting to crime to support their habit. Many use stolen items or money to pay for drugs or exchange stolen items for the drugs they need.
- That the negative impact of illicit drug use includes crime and corruption, loss of potential productivity from disability or even death and withdrawal from the legitimate workforce is far reaching.
- The large numbers of individuals in the Corrections system have regularly used illicit drugs and account for more than one third (1/3) of inmates in the prison population.

According to the report, Bermuda is viewed as a consumption epicentre. The country has seen an increase in law enforcement seizures of illicit drugs from boats entering Bermuda’s waters with some heading for Europe and only stopping in Bermuda for emergency vessel maintenance. To this end the cross border intelligence among the Bermuda Police (BP), HM Customs and various international partners have worked together to intercept this drug trafficking practice.

The local press have not been far behind in reporting on the extent of illicit drug use on the island and have kept the general public aware of drug seizures and arrests. For example, on June 6, 2011, four (4) men appeared in Magistrate Court charged with conspiring to import $1 million worth of Heroin. The following year, on January 18, 2012, a quantity of controlled drugs was seized, and on February 13, 2012, a man and a woman were arrested at the airport for importing another quantity of controlled drugs into the island. On July 20, 2012, Police arrested two men for importing Heroin, Cocaine and Marijuana into the island.

In 2012, a senior Police Officer is said to have reported that total drug seizures for the second quarter of the year increased by 11% but was "below average" compared to the previous year. The context however is that the previous year's seizure of $52 million worth of drugs, headed for Europe, had pushed the average up significantly. The primary drug seizures that had been made at the borders, already considered 'open,' by the Department of Customs, totalled over $3 million. Another $200,000 worth of drugs was reportedly seized from the street or interdicted en route to Bermuda resulting in the total drug seizure for 2012 being valued at $5.1 million.

In 2014 the Department for National Drug Control (DNDC) released The Report of the 2013 National Household Survey on Drug Use and Health. This Report provided information on the trends relating to the drug situation in Bermuda according to the consumption and risk-behaviours of Alcohol and Marijuana use.

The information contained therein focused less on the use of illicit drugs and more on alcohol use with the following notations:

- Alcohol remained the legal substance of choice among Bermuda's adults, while Marijuana remained the most commonly used illegal drug.
- Of all illicit drugs on the market Marijuana remained the most popular drug being offered to buy or use in Bermuda and is still the easiest drug to obtain.
- Females had a greater tendency to use legal drugs (Alcohol, Cigarettes, and Inhalants) while males were more likely to engage in illegal drug use such as Marijuana, Hash, and Cocaine.
- Drug use was most prevalent among participants who finished only a secondary level education; married people drank the most; and substance use was most prevalent among persons working over 40 hours per week.

- A significant proportion of the respondents (42.4%) have friends or family members who use illicit drug(s).
- Most surveyed residents (48.6%) were in favour of the decriminalisation of small amounts of Marijuana for personal use, while 41.3% were not in favour of decriminalisation, and 9.4% said they did not know or did not care; despite the fact that only 18.4% of participants were curious to try an illegal drug and 91.0% said they would not try it if given the opportunity.

The Report also stated that the use of drugs remains an observable fact in Bermuda and that tackling issues related to the use of illicit drugs will be extremely challenging, not only because of the monies to be made from it, but the level of dependency and consequences of the negative impact on people's lives.

5. SUBMISSIONS TO THE JOINT SELECT COMMITTEE

The Committee began its meetings in December 2013 and it was decided that professionals in the field relating to drugs and drug testing would be invited to make presentations to the Committee to facilitate the writing of the Report, Policy and SOPs and Recommendations.

PRESENTATION NUMBER ONE -30 January 2014

Presenter: Mr. David Parker, Treatment Officer with the Department of National Drug Control (DNDC).

"The Fundamentals Of Drug Abuse And Addiction."

Mr. Parker provided an overview of addiction, how addiction occurs and how it is addressed. This discussion included issues of tolerance, withdrawal, dependence and abuse. Drug abuse was defined as was how substance abuse occurs and how drugs work. A genetic predisposition was used to explain the potential of someone becoming a substance abuser as opposed to an individual who has no history of substance abuse within the family. Mr. Parker also touched on the behavioural, psychosocial and psychological models of substance abuse. How various drugs are administered was also highlighted.

The different classification of drugs was discussed to demonstrate how different drugs affect the CNS. Mr. Parker also spoke to the physical harm and the physical effects that happen when the various drugs are abused. He shared that (delta-9-THC– tetrahydrocannibinol) THC is the active ingredient in marijuana that makes it powerful and how the cannabis plant is considered medicinal in some cultures.

The street names of various drugs were also highlighted. For example Marijuana is also referred to as pot or joint while Cocaine is also known as white lady or snow.

A slide presentation was used to encourage an interactive approach to answer questions as they relate to substance use. This included the onset of substance abuse amongst youth during their transitional periods.

The chronic nature of addiction and the impact of addiction on the family were discussed in addition to the Spiritual aspect of drug abuse.

Finally, the Twelve Steps referred to as the Principles of effective Treatment were put into perspective to provide an understanding of the framework that guides treatment in Bermuda.

PRESENTATION NUMBER TWO – 13 February 2014

Presenter: Mr. Walton Brown

"Drug Testing Policy"

Mr. Brown looked at the two different strands in policy development – (a) a focus on interdiction and (b) on harm reduction. He also saw a need to focus on the harm inflicted on society by those enmeshed in the culture of drug use and abuse. Mr. Brown said that a difference exists between drug use and drug abuse; that since drug use has been accepted by many not all drug use is seen to be abuse. When it comes to "hard" drugs Mr. Brown believes that any use of these substances should be deemed abuse.

In the early 1990's Justice Stephen Tumin produced a report looking at Bermuda's prisons and crime and concluded Bermuda was too punitive a society and this needed to be addressed. This led to the abandonment of certain legislation and the creation of the Drug Court to help those who were trapped in a life style of drugs and drug abuse. He believed that people's circumstances had to be considered when trying to develop appropriate interventions.

Mr. Brown asked salient questions whilst encouraging the Committee to be clear on its mandate: Why do you want to drug test? In some businesses drug testing is done for cause; safety; fair play as in sports or for morality. He believed the Committee was focusing on morality since it will not be testing for cause, safety or fair play. Mr. Brown implored the Committee to be clear about its arguments for drug testing and its reason for doing it. He raised the issue of decriminalisation and legalisation of marijuana in other countries.

Mr. Brown asked whether a sanction; exposure, or outing, treatment or immediate exclusion or expulsion would be the outcome of a positive drug result. He wondered if Legislators should be involved in dealing with moral issues and should someone who uses the drug outside the country be subjected to a drug test in Bermuda. He sees this leading to a very interesting human rights challenge. With more countries having a different attitude to Marijuana and with the police being more lenient, Mr. Brown said that this is going to become a problematic issue for the Committee. He believes that what one does in his/her private life is nobody's business except when public and private intertwine. Mr. Brown suggested that whatever the Committee does must be consistent with the flexibility the police are now adopting.

Mr. Brown welcomed stronger and strict policies with immediate and severe sanctions in place for those who test positive for Cocaine, Heroin, Amphetamines etc. (the harsher drugs). However, in the case of Marijuana – a "soft" drug - in light of decriminalisation and lesser penalties it was his view that any legislation or policy could bring about a human rights challenge.

PRESENTATION NUMBER THREE –27 February 2014

Presenter: Mr. Vaughn Mosher

"DRUG TESTING IN THE WORK PLACE"

Benedict Associates offers Counselling and Employees' Assistance Programme (EAP) type services and also manages Drug Testing Programs.

Mr. Mosher's work involved the creation of a Drug-Free Sports Initiative for Bermuda as well a Drug-Free Workplace Policy and Procedure Programme. According to Mr. Mosher it is not only important to have policies and procedures in place but it is also essential to include a drug screening component. Several testing features must be considered in order to have an effective Drug-Free Workplace Policy. Collection of specimens must be closely monitored so as not to

waste valuable resources. Also, specific gravity and pH levels must be tested to detect use of adulterants that would affect the validity of the sample.

Four types of drug tests can be used; Pre-employment; Suspicion/Reasonable Cause; Random and Target Testing. In a particular case study the use of regular random drug testing saw drug use decline to less than 2% every year for 10 years. At that company no one is exempt from the random test pool and screenings are done with respect. He gave an example of a company that uses a "Three-Strike Model" (warning, warning and dismissal) and cites this as being powerful. EAP is also fully integrated in the company and staff members with high risk lifestyles have achieved success. Best Practices are used for the drug screening process where each sample is witnessed and validated. Results are immediate as the screening is done in five minutes and the employer receives instant notification of results.

Synthetic Marijuana (Medical Marijuana) Dilemma: The Synthetic Drug Abuse Prevention Act of 2012 became law in the United States on 9 July 2012. Certain classes of synthetic cannabinoids and two substituted cathinones – mephedrone and MDPV were added to the Federal Controlled Substances Act making these substances controlled and regulated. 42 States have banned synthetic cannabinoids; 44 States have banned substituted cathinones (bath salts); and 40 States have banned both. A chemical compound - Spice, HU-210, is between 100 and 800 times more potent than THC. He warned that the drug test for Marijuana will not detect synthetic cannabinoids. There is an intent to decriminalise Marijuana use for individuals with serious debilitating medical conditions where a physician recommends (not prescribes) Marijuana for therapeutic use. However, nothing exempts anyone from arrest or prosecution for being under the influence of cannabis while operating any motor vehicle propelled or drawn by power other than muscular power; or in his or her place of employment without written permission of the employer; or operating heavy machinery or handling dangerous instruments. Laws that legalise Marijuana can complicate an employer's effort to maintain a drug free workplace. Moreover, he is of the view that if an employer has implemented a drug free work policy, nothing exempts staff from being tested for drug use.

PRESENTATION NUMBER FOUR – 13 March 2014

Presenters: Dr. Desiree Spriggs and Mrs. Nadine Kirkos

THE CENTRAL GOVERNMENT LAB (CGL)

Authorised under the Misuse of Drugs Act 1972 and the Road Traffic Act 1947, the CGL is equipped with knowledgeable and highly skilled scientists who use a wide range of equipment to perform their duties.

CGL does various testing including random and pre-employment. The types of specimens for drug testing include hair, saliva, sweat, fingerprints, blood and urine but for this meeting, the presenters focused on urine. Urine collection must be directly observed to ensure the person does not tamper with the sample. And, to avoid contamination, the subject must first wash his or her hands. The sample must be carefully checked for colour, odour, and temperature. Samples must be random, unannounced and unpredictable. All positive urine screens are retested and confirmed. Screening tests are usually Immunologically based providing preliminary results only. CGL is the only lab on the island that does confirmatory tests; it is the only unit that has Chromatography – Mass Spectrometry (GC-MS) to cross check the accuracy of results and to verify the presence of prescription or over the counter drugs in a given sample. The drug screening instrument is reliable and accurate, reports as positive or negative but must be calibrated daily.

For THC, everything over 50ng/ml is taken as a positive and anything below is deemed negative. Dipsticks can produce a false positive and therefore the result must be confirmed. Screening tests only provide preliminary results and therefore require confirmation. Confirmatory tests will detect a specific substance and quantifies the amount in a sample. In the case of Cocaine, anything lower than 100 ng is reported as negative (cannot be detected) whilst any reading over 100 ng is reported as positive. Urine drug concentrations only indicate the presence of use but not how much was used or when. Therefore, drug levels confirmed are not reported as positive or negative. Adulteration techniques are applied before testing but when closely observed adulteration rarely occurs. All samples sent to

the CGL are tested for Creatinine Measurements which will give an indication of adulteration.

The kind of drug used, the frequency and the amount determines the length of time following drug use that positive results continue to be detected. A chronic Marijuana user will have a window of 14-30 days while acute users will have a window of 1-2 days.

The process for drug testing by CGL includes the signing of consent forms to make the testing legal, a $25 charge for Immunoassay tests and $60 for Confirmatory tests. CGL only does urine testing at this time.

PRESENTATION NUMBER FIVE –13 March 2014

Presenter: Mrs. Deborah Jones-Hunter, CEO Bermuda Sports Anti-Doping Association (BSADA)

BSADA's drug testing programme focuses on illicit drug use as well as performance enhancing drug use as per the World Anti-Doping Authority's (WADA) mandate. BSADA's mandate is to prevent, detect and deter the use of illicit drugs and banned doping practices by delivering education and testing services to the Bermuda sporting community.

BSADA uses a five-panel test kit on athletes leaving to represent Bermuda internationally regardless of the number of times they travel. Athletes receive a four week notice before being tested. The athletes also undergo the performance enhancement drug test at the competing destination. Governments are expected to enact legislation, regulations and policies or administrative practices. In respect of autonomy and activities stakeholders must permit sufficient resources to implement anti-doping programmes. Bermuda is already in compliance as can be evidenced by its Anti-Doping and Sports Act 2011.

All athletes representing Bermuda locally or abroad must go into a testing pool. The testing pools are based on the risk assigned to the sports in which the athletes are competing. Also considered are the psychological demands of a particular sport/discipline as well as the history of doping and available

information on doping trends. The substances and methods most likely to be used by athletes are also considered. BSADA cannot test an athlete without notice. Contributing to the decision to add an athlete to the pool includes the physiological demands of the sport and performance. The removal of an athlete from the pool can be based on retirement or if BSADA decide they no longer want an athlete to be in a particular pool.

The whereabouts, date, time and the place of competition must be known at all times. Athletes failing to provide this information or failing to report at an agreed location will face consequences. Testing is done internationally; wherever in the world the athletes are they can be tested since testing is collaborative between countries.

BSADA begins to test at age 10 but will do younger if asked. The cost for testing locally varies depending on the number of staff involved in the process and the number of athletes being tested. Internationally, testing for performance drugs costs between $400 and $450 per athlete for urine samples while blood testing costs approximately $700 per athlete.

When an athlete gets a positive result, the first offence draws a warning. A one year ban from representing Bermuda will result when the athlete tests positive for a second time. Only athletes are tested and the test results remain on file for 10 years. The process for drug testing includes a Doping Control Officer who takes care of the logistics; a Station Martial who sits with the testing kits and monitors movements around the kits; and a Chaperone who is responsible for letting athletes know that they have been chosen for testing, escorts them to the testing site whilst reading the athlete his or her rights. There is also the Witness who observes the sample as it leaves the body going directly into the vessel. All positive results are sent to the Government Lab for confirmation. Tests are skewed to events and type of sport. In 2015 BSADA will be told which tests to conduct based on which sport an athlete will be competing in.

PRESENTATION NUMBER SIX –20 March 2014

Presenter: Ms. Tiana Outerbridge, Manager Bermuda Hospitals' Board

DRUG SCREENING PROGRAMME

The hospital's drug policy includes pre-employment testing and cause testing. Medical staff is included in pre-employment drug testing. Students participating in the hospital's student programmes are also pre-tested. The hospital provides drug testing services for community organisations as well as some Government departments. Refusal to participate in pre-employment testing will result in the rejection of an application for employment. Current staff who produce a positive test or who refuse to submit to a drug test will face disciplinary action – this includes termination of employment. A Consent and Release from Liability form must be signed releasing the hospital from legal responsibility in the event of a termination or a rejection of an offer of employment. Employees who produce positive results are offered assistance before actual termination. Potential employees who produce a positive result are deemed unfit for employment but can reapply after a six month period has lapsed.

The hospital partners with an overseas company called Psychemedics Corporation that utilises a cost effective multi-Drug Urine Test Panel with same day testing results. All positive samples go through a confirmatory process overseas. The multi-Drug Urine Test Panel tests for Amphetamines, Benzodiazepine, Cocaine, Cannabinoids and Morphine. However, the window or cut off point for the use of these substances are short term (1-7 days). Results are 95% to 100% reliable.

Hair analysis detects the use of Cocaine, Opiates, Phencyclidine (PCP), Amphetamines and Marijuana but not Methadone. All test results are verified by a Medical Review Officer who interprets positive results in conjunction with a medical history review and client review to determine if positive results are consistent with prescription drug use and one's fitness for duty. Hair analysis can detect use for a longer term (6-90 days). Confidentiality is essential when carrying out urine and hair screenings. All positive results are sent overseas for confirmatory purposes. Hair follicle testing is done overseas. The tests go through

a rigid method for confirmatory purposes and takes 3-4 days. Random drug testing with hair can be done at least four times yearly. The hair test will also give a level of the drug detected. Both urine and hair drug tests cost $80.

PRESENTATION NUMBER SEVEN–20 March 2014

Presenters: Mr. John Barritt JP & Mrs. Jessica Faiella - Mello, Jones and Martin (MJM)

Legal View

Mr. Barritt and Mrs. Faiella attended this session to provide a legal perspective based on the questions advanced to Mr. Barritt. Mr. Barritt confirmed receipt of the documents that were sent to him (the Terms of Reference (TOR) and a copy of Minister Michael Dunkley's Ministerial Brief presented on the 27th September). He referred to the Bermuda Constitution Order 1968 and the Parliament Act 1957.

He said that based on the information that the Committee had provided and on his reading of the Hansard, the purpose of proposing a policy on random drug testing for the Legislature was for "good governance." He then stated that the Committee needs to be clear on a number of things when drafting the policy. For example as laid out in the recommendations of the National Collegiate Athletic Association (NCAA) a drug testing policy must include:

- The purpose of drug testing;
- Who will be tested;
- By what methods;
- The drugs to be tested for;
- How often and under what conditions will the tests be carried out;
- Actions if any to be taken against those who test positive; and
- What will be done with the test results.

He further suggested that the testing be voluntary because of possible legal challenges which could be mounted if the policy was mandatory. Specifically he referred to Section 7 of the Bermuda Constitution Order 1968 which says:

"7 (1): Except with his consent, no person shall be subjected to the search of his person or his property or the entry of others on his premises.

(2) Nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention of this section to the extent that the law in question makes provision:

(a) that is reasonably required –

(i) in the interests of defense, public safety, public morality, public health……

Except so far as that provision or, as the case may be, the thing done under the authority thereof is shown not to be reasonably justifiable in a democratic society."

However, he did point out that justification may be argued on the basis that (as noted above), such mandatory drug testing is "in the interest of public morality."

Mr. Barritt then drew the Committee's attention to Section 34 of the Bermuda Constitution under the heading "Power to Make Laws" where it says:

"Subject to the provisions of this Constitution, the Legislature may make laws for the peace, order and good governance of Bermuda."

Mr. Barritt said that this Section was crucial because, in his view, one of the "Subject to" provisions would cover the fundamental freedoms of individuals and he questioned whether the introduction of mandatory drug testing could be challenged under this Section.

Mr. Barritt also said that a number of other important issues need to be considered such as:

- Do you implement the policy by way of legislation or by amending the Standing Orders in the House and the Senate or by way of a new Code of Conduct for Members of the Legislature?

- Could the proposed Mandatory Drug Testing policy be challenged under Section 45(1) of the Bermuda Constitution headed “Rules of procedure?”

Mr. Barritt further pointed out that Section 28 (1) of The Parliament Act does provide that the Speaker may, but subject to any rules of the House, order any Member of the House for a breach of the Rules of the House to be suspended. However, he pointed out that it is subordinate to the Constitution. He also suggested that the Committee check with the Clerk to the Legislature in the United Kingdom to make sure that whatever we propose is not seen as an enlargement or exceeding the regulation of House privileges. He suggested that he could look at what we are going to propose before we issue the report and he could then make any other comments from a legal perspective which we may find useful.

6. TYPES OF DRUG TESTS

What is a drug test?

A drug test is a technical analysis of a biological specimen (urine, hair, blood, breath air, sweat, or oral fluid/saliva) to determine the presence or absence of specified parent drugs or their metabolites. In this report the focus is on Urine testing and Hair testing, as the Committee believes these are the most appropriate tests to perform.

Detection Period

SUBSTANCE	URINE	HAIR	BLOOD/ORAL FLUID
Amphetamines	1 to 3 days	Up to 90 days	12 hours
Methamphetamine	3 to 5 days	Up to 90 days	1–3 days
MDMA (Ecstasy)	3 – 4 days	Up to 90 days	3 – 4 days
Benzodiazepines	***Therapeutic Use****: Up to 7 days.* ***Chronic Use:*** *(over one year); 4 to 6 weeks.*	Up to 90 days	6 to 48 hours
Cannabis	***Infrequent Users:*** *7-30 days;* ***Heavy Users:*** *30-60 days* ***Chronic Users*** *and/or* ***Users with High Body Fat****: 30-60 days.*	Up to 90 days	2-3 days in blood, up to 2 weeks in blood of heavy users. However, it depends on whether actual THC or THC metabolites are being tested for, the latter having a much longer detection time than the former. THC (found in

			marijuana) may only be detectable in saliva/oral fluid for 2-24 hours in most cases.
Cocaine	2 to 5 days (with exceptions for heavy users who can test positive up to 7-10, days and individuals with certain kidney disorders)	Up to 90 days	2 to 10 days
Morphine	2 to 4 days	Up to 90 days	1 – 3 days
Methadone	7 to 10 days	Up to 90 days	24 hours

Urine Drug Screening

When an employer requests a drug test from an employee, the employee is instructed to go to a collection site. The urine sample goes through a specified 'chain of custody' to ensure that it is not tampered with or invalidated through lab or employee error. The employee's urine is collected at a remote location in a specially designed secure cup, sealed with tamper-resistant tape and sent to a testing laboratory to be screened for drugs.

The first step at the testing site is to split the urine into two fractions. One fraction (a) is first screened for drugs using an analyser that performs Immunoassay as the initial screen. If the urine screen is positive the other fraction of the sample (b) is used to confirm the findings by Gas Chromatography (GS-MS).

If requested by the employer, certain drugs are screened for each individual. These are generally drugs, parts of a chemical class, that are considered more abuse prone or of concern. Employment-related test results are relayed to a Medical Review Officer, where a medical physician reviews the results. If the result of the screen is negative, the Medical Review Officer (MRO) informs the employer that the employee has no detectable drug in the urine. If the test result

of the Immunoassay and GC-MS is positive and shows a concentration level of a parent drug or metabolite above the established limit, the MRO contacts the employer to report this result, having first reviewed any information given to him by the employee at the time of testing, which may indicate a legitimate reason for the positive test result (e.g. medical treatment or prescription).

Some counsellors working in the field of addiction are trained to collect samples only. On the other hand analysis of these samples must be conducted by a qualified toxicologist. A MRO (someone who is a physician) confirms the test results.

On-site instant drug testing is a more cost-efficient method of effectively detecting drug use amongst employees, as well as in rehabilitation programmes to monitor patient progress. These instant tests can be used for both urine and saliva testing. Although the accuracy of such tests varies with the manufacturer, some kits boast extremely high rates of accuracy, correlating closely with laboratory test results. Instant urine test kits can be purchased for $15 from almost any pharmacy on island.

Hair Testing

Since hair growth is fed by the bloodstream, the ingestion of drugs of use and abuse is revealed by analysing a small sample of hair. Testing methods measure the drug molecules embedded inside the hair shaft, eliminating external contamination as a source of a positive test result. Hair testing results cannot be significantly altered with shampoos or other external chemicals.

It should be noted it takes approximately 7-10 days from the time of drug use for the affected hair to grow above the scalp. Body hair growth rates are generally slower and cannot be utilised to determine a specific timeframe of drug use. Therefore, if someone used in the past 10 days it will not necessarily be picked up in a hair test.

The two primary differences between hair testing and urine testing are that in the case of hair testing there is (1) a wider window of detection and (2) the inability to tamper with the test.

Cocaine, Methamphetamines, Opiates and PCP are rapidly excreted and usually undetectable in urine 72 hours after use. The detection period for hair is limited

only by the length of the hair sample but is detectable for up to 90 days for a standard test. Therefore, the combination of an increased window of detection and resistance to evasion makes Hair Testing far more effective than urinalysis in effectively identifying drug usage.

Hair can be collected from several head locations and combined to obtain the required amount of hair. In addition, body hair may be used as a substitute to head hair. In rare cases where no hair is collectable oral fluid or urine testing may be utilised.

At this time there are no known successful adulterants for hair tests. Since hair tests analyse the drugs inside the hair shaft external contaminants/chemicals have no effect.

It is important to note that in order to rule out the possibility of external contamination, testing companies look for both the parent and metabolite of drug usage. For Marijuana analysis, companies tend to detect only the metabolite (THC-COOH). This metabolite is only produced by the body and cannot be an environmental contaminant.

Blood Testing

Having a blood test to determine drug use is not very common. Because this method of testing is costly it is usually reserved for those seeking insurance policy coverage or if a person is seeking employment where safety issues are mandatory. To administer a blood test a sample is taken and sent to a lab for analysis.

The Committee has ruled out blood testing because it is an invasive process.

7. RANDOM DRUG TESTING

Reasons for drug testing being random

- Specified in the Terms of Reference to the Joint Select Committee.
- Widely used in Bermuda and elsewhere in the world.
- Fairness in the selection process. No one is specifically included or excluded.
- The element of surprise. To be clear, the word random applies to both when the test will occur and who will be tested.

What will be tested for?

The Committee, as discussed in Section 6 above, considered the presentations made to the Members as well as data collected by the Committee. A final discussion was then held to agree upon what exactly would be tested during the random testing process. It was unanimously agreed by the Committee that the testing of hair samples from those chosen would provide the least invasive method while detecting the presence of drugs. Also, drug usage can be detected in hair samples for up to 90 days after use. Further, it is difficult to "cheat" with this form of test since it is impossible to adulterate and difficult to substitute the hair specimen.

Who will be tested?

All Members of the Legislature will be the pool of persons eligible for random drug testing.

Who will perform the tests?

The Committee discussed the various options which could include:

- Testing conducted by the Bermuda Hospitals Board (BHB) where hair samples will be sent overseas for analysis or possibly the Government Central Testing Lab (GCL) although they are not presently staffed to carryout hair follicle testing.
- Testing to be conducted by an independent third party properly trained in this sampling process inclusive of sending the samples overseas for analysis.

The Committee concluded that for reasons of confidentiality it would be more appropriate to retain the services of an independent third party such as Benedict Associates Ltd. to perform the tests and to send the samples overseas for analysis.

Drugs to be tested for

Soft Drugs

- Cannabinoids (Cannabis, Marijuana, Hash)

Hard Drugs

- Opiates (Opium, Heroin, Codeine, Morphine, Methadone, Vicodin)
- Cocaine (Coca, Cocaine, Crack, Benzoylecogine)
- Amphetamines (Amphetamine, Methamphetamine, Speed)
- Phencyclidine (PCP)
- Ecstasy (MDMA)
- Barbiturates/Benzodiazepines

The Process

The process is designed to ensure that selection is non-discriminatory and completely random. The selection of Members of Parliament and the Senate, for purposes of random drug testing, will be made using a valid method such as a random number table or a computer based random number generator that is matched with a Member's specific identifying number. The entire process will be managed by an independent qualified entity. The Committee recommends that Benedict Associates Ltd. ("The Administrator") manage the process on behalf of the Legislature, reporting directly to the Speaker of the House. The process will be as follows:

Testing

I. On a quarterly basis (on a randomly selected date during each quarter) a minimum of fifteen (15) Members of the Legislature will be randomly selected for testing.
II. They will be notified on the morning of the test and will be required to present themselves to the Administrator for testing at a specific time and place on that day.
III. All those selected will be required to sign a specific Drug Testing Custody and Control Form when they arrive at the testing centre.
IV. Those being selected for testing must provide photo ID at the testing centre.
V. Those being tested should provide any prescription (medical) information to the Administrator when they arrive for testing.
VI. Approximately 1.5 inches of hair will be collected by the Administrator and then sealed in a specimen envelope with a tamper evident seal. The Member will be asked to initial and date the seal.
VII. Hair samples will be tested for the presence of any of the drugs listed above.
VIII. These samples will be sealed and sent overseas for appropriate analysis.
IX. The results of the test will be notified directly to the Administrator.

X. A confirmation test is performed on all positive tests.

XI. Strict confidentiality will be observed at all times.

XII. A positive result of a test for THC will lead to the following penalties:

a. The penalty for failing the test should be progressive.
b. Upon the first failure the Administrator will remove the Member from the random pool and subject him/her to targeted testing. There will be no reporting to the Speaker.
c. Upon second failure there will be a continuing of targeted testing. Again, there will be no reporting to the Speaker.
d. However, upon a third failure, the Speaker, or in the case of a Senator, the President of the Senate, will be informed and the Member will be subject to a suspension from the House or Senate, for four sittings and public disclosure will be made of the suspension and the reason for it.

XIII. A positive result of test for hard drug use will lead to the following penalties:

a. Upon the first finding of the presence of a hard drug the Member will be required to attend a programme of drug therapy. The Speaker, or in the case of a Senator, the President of the Senate, will be informed of the presence of the hard drug and a four sitting suspension enforced. The Member will be subject to increased testing until all traces of the hard drug are gone.
b. Upon second failure, the Member will be required to continue the programme of drug therapy but will be suspended from the House or Senate for a longer period of eight sittings. The suspension will be publicly disclosed in each case.
c. For further failures there should be no change in the penalties beyond that enforced upon the second failure.

Refusal to take a Test

The following are considered to be a refusal to test:

- Failing to appear for a test within a reasonable time after being directed to do so;
- Failing to remain at the testing site until the testing process is completed;
- Failing to sign the necessary testing consent form;
- Failing to provide the required hair sample;
- Failing to provide the required sample within the required time limits;
- Failing to cooperate with any part of the testing process; and
- Failing to comply with the above will be treated as a failed test and all penalties relating to a soft drug test failure will apply.

Refusal to be tested will result in the same sanctions as outlined under XII above.

8. POLICY RECOMMENDATIONS

a) A Policy Statement should be put in place which states the following:

"As Members of either the House of Parliament or the Senate, Legislators are guardians of public morality and the rule of law under our Constitution. Any engagement by them in illicit drug taking not only constitutes a breach of the trust and authority conferred on them by the community, but calls into question their ability to uphold the principles of public morality and the rule of the law and to lead by example. It is therefore a matter of Policy that no Member of the Legislature should be involved in the consumption of illegal drugs."

b) It is recommended that a random drug testing programme be implemented.

The programme should be random in terms of both who is selected for testing and when the selection process will take place. This programme is recommended as there is fairness and impartiality in the selection process.

c) It is recommended that the drug testing programme be included in the House of Parliament and Senate Rules or a Code of Conduct for Parliamentarians, or enacted by way of Legislation.

Initially the Committee considered that the Code of Conduct for Legislators, which has been recommended for implementation in an earlier Joint Select Committee Report, could include oversight of this random drug testing programme. However, after further consideration, the Committee determined that the Rules of the House should include this programme as such Rules carry more weight and provide the Speaker of the House with the necessary authority to oversee the programme and apply sanctions as necessary.

d) It is recommended that, for purposes of confidentiality, a private entity manage the random drug testing programme.

The Committee discussed the various options available, including testing by:

1. The BHB as they currently carry out pre-employment drug testing using Hair Analysis and currently send their samples overseas to Psychemedics Corporation for analysis; or

2. The GCL, which although capable, is not currently staffed to perform hair follicle testing.

In the final analysis, the Committee was concerned about the confidentiality of the options.

Therefore, in support of the above recommendation based on research done by the Committee as well as the presentations made to them and to ensure confidentiality, the Committee recommends that Benedict Associates Ltd. be engaged to manage this programme. This company has a successful track-record in managing random drug testing programmes for businesses in Bermuda and incorporates the ancillary programmes that may be necessary.

e) It is recommended that hair sample testing be the method used.

The Committee's research on Hair Testing confirmed this method for testing for illicit drugs, as it is the least invasive of the tests available. Furthermore, it is impossible to cheat with this form of test because hair specimens cannot be adulterated or substituted.

f) It is recommended that the drugs to be tested for and the testing procedures as outlined in Section 7 above, be implemented.

g) It is recommended that any Member who refuses to take a drug test is subject to the recommendations in Section 7, XII.

h) It is recommended that the procedures and sanctions as outlined in Section 7 above be applied to those Members of the Legislature who are found to be in breach of the Policy outlined under Recommendation 8 a) above.

i) It is recommended that the Administrator of the random drug testing programme be responsible for keeping confidential records of all tests and prepare and present a report to the Speaker of The House on an annual basis. The report should include statistics on the number of tests administered, the number of Legislators tested and information as to the number of persons who tested positive and those positive tests which required action by the Speaker of The House. Such reports should be tabled in the House and the Senate.

j) It is recommended that the Speaker of the House engage an appropriate body to make a presentation to Members of the Legislature on drugs and their usage prior to the implementation of the random drug testing policy.

Such a presentation will provide the Members of the Legislature with information about the dangers of the drugs that are to be tested for, and how indulgence in the various substances can sully their professional integrity and public morality. The Members will also be informed as to how the random drug testing programme will be conducted.

21 May, 2014