

Policy Development in Practice

Slaying the Dragon: A Case Study on Resolving the Drug Problem in Singapore

PART I

PROLOGUE

HISTORY OF THE DRUG SITUATION IN SINGAPORE

The Opium Era

Singapore's Chinatown in the 1900s: A legacy from the 1842 to 1843 Opium Wars in China, opium smoking among Chinese immigrants was a common sight during the British colonial period. Opium addicts were predominantly middle-aged men working as labourers, stevedores, *tongkang* men, trishaw riders, hawkers, masons and factory hands, seeking temporary escape from their harsh working conditions.

The colonial government controlled the opium trade in Singapore through regulations such as licensing the sale of opium and enforcing mandatory registration of adult opium smokers. Opium dens continued to operate into the early 1960s. Opium addiction was tolerated, as it posed no serious threat to society, apart from being an undesirable habit that was confined to a small population among the Chinese community.

The Hippie Era

In the late 1960s, "hippie" culture brought about social changes in Singapore. Hippie drugs, like cannabis (also known as pot) and Mandrax, or MX pills, gained popularity in Singapore along with hippie fashion. By 1971, drug addiction proliferated among all ethnic communities and permeated all socio-economic classes. "Pot parties" were rampant, night clubs and discotheques were rife with drug consumption, and even schools had occurrences of drug possession and consumption.

As the drug situation in Singapore continued to deteriorate, the Central Narcotics Bureau was formed to take on the role of a centralised body which will co-ordinate the fight against drugs.

Popular Hippie Drugs in the 1970s

Cannabis

Also known by its street names of marijuana, pot, grass, joints or ganja, cannabis can be smoked like a cigarette or consumed orally. Abusers experience distorted perception (sights, sounds, time, and touch), trouble with thinking and problem solving, loss of motor coordination, increased heart rate, and anxiety. These effects are even greater when mixed with other drugs. Cannabis abusers are also likely to move on to stronger and more lethal drugs. Chronic use of cannabis can also lead users to harbour serious suicidal thoughts. The sense of frustration, of inability to achieve great things, would often end in suicide attempts. In the long run, users would suffer psychosis and this could lead to a severe mental breakdown. Tests have confirmed that cannabis abuse can lead to chromosomal changes in the body, and this in turn can result in deadly diseases such as cancer.

(Source: www.cnb.gov.sg, www.drugfree.org and book "Slaying the Dragon – Singapore's Fight Against Drugs.")

MX pills

The prescription name for MX pills is Methaqualone. Also known by its street names Mandrax, quay or quad, this drug is so nicknamed because of the alphabets "M" and "X" imprinted on the pills. MX pills are the forerunners of synthetic drugs commonly abused in Singapore in the years that follow. These include: Upjohn, Erimin, Ecstasy, Ketamine and Ice.

MX pills can be injected or consumed orally to give a sense of euphoria, but depression follows after effects have worn off. Long-term abuse results in poor reflexes, slurred speech, and coma.

The sense of euphoria, in which they experience a floating sensation, is dubbed "steamed" by addicts. Addicts feel soft in the knees and wander aimlessly. They are usually unable to talk as they are not in control of their mind. Most eventually fall into a deep sleep. Many girls have been raped while under the influence of MX pills. Although the drug alone was never shown to have caused death directly, there were many deaths linked to MX pills between 1969 and 1974. These included cases of addicts who were killed on the road when they ran in front of vehicles, or crashed their own vehicles into obstacles, and those who jumped off buildings believing themselves to be flying like a bird.

(Source: www.nida.nih.gov, www.unodc.org and book "Slaying the Dragon – Singapore's Fight Against Drugs.")

Enter the Dragon: The Beginning of the Heroin Threat

In 1971, heroin entered the drug scene in Singapore. Heroin addicts usually smoked heroin by burning it on a tin foil over a candle and inhaling the white fumes that curled in the air like a dragon, hence the metaphor "Chasing The Dragon".

Since its entry into Singapore, heroin addiction multiplied approximately 500 times from 1972 to 1975, reaching a peak with 7,372 addicts arrested in 1977 (Table 1).

Table 1: Number of Heroin Addicts Arrested from 1972 to 1977

Year	Number of Heroin Addicts Arrested
1972	4
1973	10
1974	110
1975	2,263
1976	5,682
1977	7,372

The significant surge in heroin addiction testified to the stranglehold of heroin. Compared to other drugs like opium, cannabis and synthetic drugs, heroin possessed enslaving qualities that drew abusers into a vicious cycle of physical and psychological dependence. This in turn increased the relapse rates among heroin abusers.

Heroin addicts experience strong withdrawal symptoms that include a runny nose, watery eyes, muscle aches and spasms, stomach pains, diarrhoea and cramps, compelling the addict to return to heroin to alleviate the withdrawal symptoms. Heroin also produces a euphoric "rush" upon consumption that traps the addict in a vicious cycle of psychological dependence. This euphoria is often short-lived as the addict develops tolerance to the drug, which means that the abuser must use a greater amount to achieve the same intensity or effect of euphoria.

Heroin

Also known by its street names of white, smack, junk, powder, *putih* (white in Malay language), *ubat* (medicine in Malay) or *peh hoon* (white powder in Hokkien dialect), heroin is a highly addictive drug derived from morphine, a licit painkiller obtained from the opium poppy.

Forms of Heroin

Depending on the level of purity, heroin exists in powder form that ranges from white to dark brown. It can also take the form of a tar-like substance. In Singapore, the common form of heroin is a yellowish powder with a purity level of below 10%. Heroin no. 4 is higher in purity, between 65% to 90% and looks like a white powder. Heroin no. 4 is not typically found in the Singapore market.

Heroin can be used in a variety of ways, depending on user preference and the purity of the drug. Heroin can be:

- inhaled as smoke through a straw, known as "chasing the dragon",
- injected into a vein,
- injected into a muscle,
- smoked in a water pipe or standard pipe,
- mixed in a marijuana joint or regular cigarette, or
- snorted as powder via the nose.

Short-Term Effects of Heroin Abuse

The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the addict feels a surge of euphoria accompanied by a warm flushing of the skin, a dry mouth, and lethargy. Following this initial euphoria, the addict goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Other effects include slowed and slurred speech, slow gait, constricted pupils, droopy eyelids, impaired night vision, vomiting, and constipation.

Long-Term Effects of Heroin Abuse

Chronic abusers of heroin may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulites, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration. In addition to the effects of the drug itself, street heroin may have additives that do not really dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

Tolerance develops with regular heroin abuse and withdrawal symptoms may occur if use is reduced or stopped. In regular abusers, withdrawal symptoms may occur as early as a few hours after the last administration. Major withdrawal symptoms peak between 48 and 72 hours after the last dose and subside after about a week. Sudden withdrawal by heavily dependent users who are in poor health can be fatal.

(Source: www.cnb.gov.sg and www.drugfree.org)

Turning the Tide: Combating the Drug Threat

The 1970s and 1980s witnessed an improvement in the drug situation, thanks to tough laws and strict enforcement. The introduction of the Misuse of Drugs Act (MDA) in 1973 and the death penalty for drug trafficking in 1975¹ saw positive results. The number of drug addicts arrested yearly decreased from 7,372 in 1977 to 3,692 in 1986.

The battle against drugs was not only waged by government agencies such as the Central Narcotics Bureau (CNB) and the Prisons Department (Prisons), but also non-government organisations such as the Singapore Anti-Narcotics Association (SANA), and community-based halfway houses (HWHs). Despite these efforts, the initial improvements were short-lived and the situation began to deteriorate in the late-1980s till the 1990s. **Table 2** shows the rising numbers of drug abusers arrested yearly from 1987 to 1993.

Table 2: Numbers of Drug Abusers arrested annually from 1987 to 1993.

Year	No. of Drug Abusers Arrested Annually
1985	3,423
1986	3,692
1987	4,133
1988	5,451
1989	4,811
1990	4,885
1991	4,425
1992	5,600
1993	5,857

On 26 November 1993, the Ministry of Home Affairs formed the "Committee to Improve the Drug Situation in Singapore" (The Committee) to review the deteriorating drug situation in Singapore and to recommend strategies to resolve the drug challenge. The members of the Committee comprised leaders and resource persons of key agencies involved in the anti-drug effort: the Ministry of

¹ In 1975, mandatory death penalty was introduced for those who engaged in the illicit activity of manufacturing heroin and morphine, irrespective of the amount involved. Those who engaged in the illicit import, export or trafficking in more than 15g of heroin or 30g of morphine also faced the death penalty.

Home Affairs (MHA), CNB, Prisons and the Singapore Corporation of Rehabilitative Enterprises (SCORE).

From November 1993 to February 1994, the Committee studied the various facets of the drug challenge by seeking views and recommendations from the respective agencies and obtaining feedback from Prison officers at the various DRCs. The Committee also sent study teams to DRCs as well as halfway houses to understand the operations of these institutions.



PART II**THE DRAGON RE-EMERGES**

The year is late 1993. You have received a letter from MHA reporting that the drug situation has worsened further.

Exhibit 1: Letter from MHA

Dear Sir/Madam

Letter of Appointment as Member of the Committee to Improve the Drug Situation in Singapore

In view of the deteriorating drug situation, Cabinet has agreed to form a committee to study and review the present drug situation and recommend strategies to battle the drug threat. Cabinet has approved your participation in the Committee.

2. You will work with the rest of the Committee to:
 - a. Review the present drug situation in Singapore and the effectiveness of existing treatment and rehabilitation programmes for drug addicts; and
 - b. Recommend new measures as part of a comprehensive approach towards improving the drug situation in Singapore.
3. A brief of the current drug situation is attached for your reference.
4. Welcome to the Committee to Improve the Drug Situation in Singapore, your involvement in the Committee will contribute to the success of our war against drugs.

Signed
Minister for Home Affairs

ATTACHMENT: BRIEF ON PRESENT DRUG SITUATION

Rising Trends in Drug Addiction

Statistics in the early 1990s revealed a rising trend in the drug situation in Singapore:

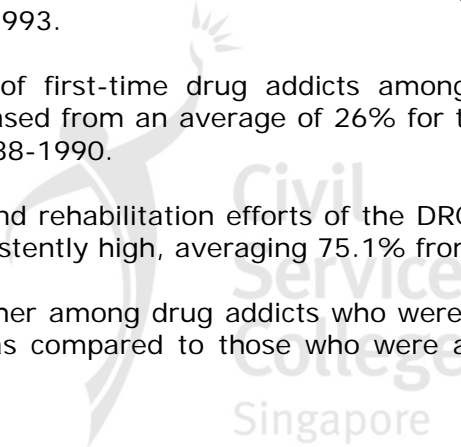
- i. In December 1993, the total population of drug addicts in the Drug Rehabilitation Centres (DRCs) numbered 8,130 as compared to 5,703 in December 1990.
- ii. The number of arrests of drug addicts also increased from 4,885 in 1990 to 5,857 in 1993.

The early 1990s also saw an increase in number and proportion of first-time drug addicts:

- i. An average of 760 first-time drug addicts was arrested annually for the period of 1982-1987. This number increased to 1,200 for the subsequent period of 1988-1993.
- ii. The proportion of first-time drug addicts among annual admissions to DRCs also increased from an average of 26% for the period of 1985-1987 to 31% from 1988-1990.

In spite of treatment and rehabilitation efforts of the DRCs, relapse rates among drug addicts were consistently high, averaging 75.1% from 1988 to 1993.

Relapse rates were higher among drug addicts who were admitted into DRCs for three times or more, as compared to those who were admitted for the first or second time.

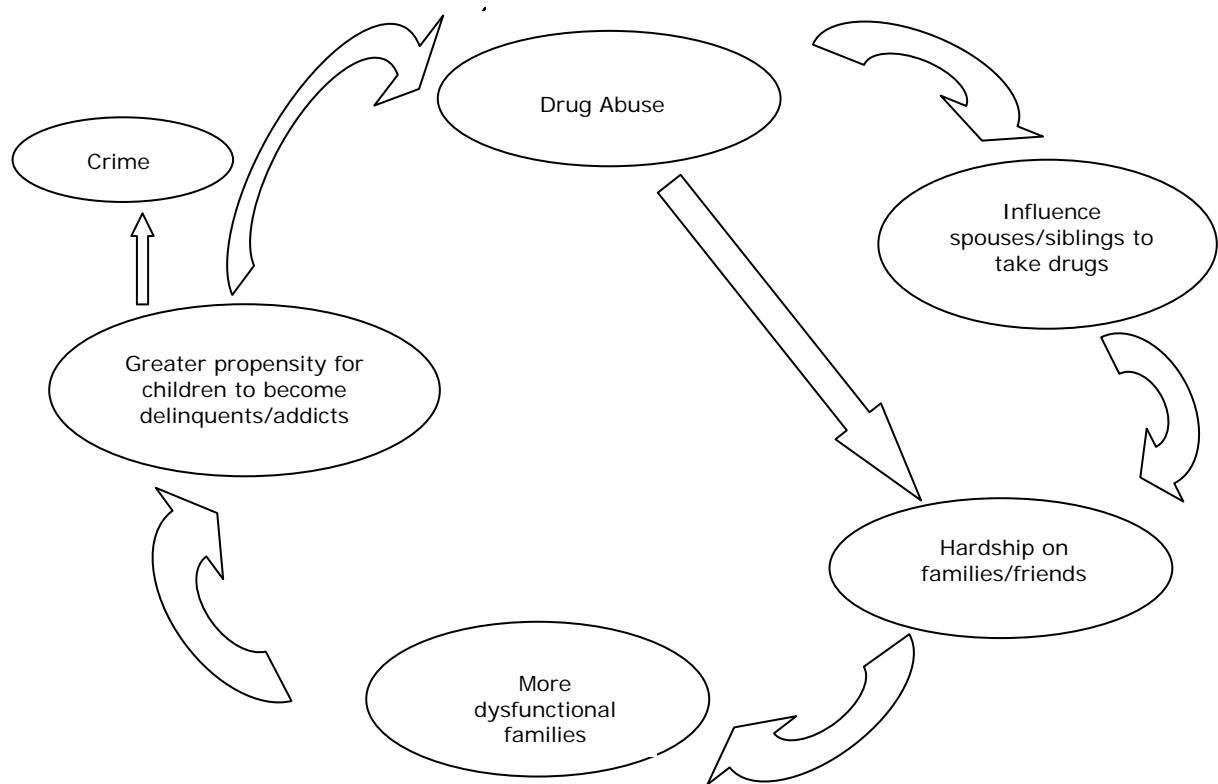


Social and Economic Costs of Drug Abuse

Social Costs

Drug abuse is a great concern to the Government because of the social and economic costs. Drug abuse not only destroys the health and life of drug addicts, but also has adverse effects on the addicts' families. The average drug population in the Drug Rehabilitation Centres (DRCs) numbered 6,200 in the early 1990s. A study of the drug addict population in the DRCs in the 1990s showed that an average of 8,000 persons were indirect victims of drug abuse, which meant that for every drug addict, there was at least one victim who suffered the consequences of his drug habit. **Figure 1** illustrates the vicious cycle of drug abuse.

Figure 1: The Vicious Cycle of Drug Abuse



Economic Costs

Drug abuse also incurs economic costs for Singapore. In the 1990s, an estimated S\$19 million worth of productive man-hours were lost due to drug abuse as drug addicts were unable to contribute to the economy. Another S\$96 million worth of opportunity cost was lost, as drug addicts were unable to remain employed due to poor health.

By the end of the mid-1990s, CNB spent about S\$50 million a year on operating expenditure and Prisons spent about S\$32 million on DRCs. The expenditure on drugs among drug addicts amounted to some S\$30 million a year.

Profile of the Drug Addicts Arrested

General Profile

Based on the profile of drug addicts arrested in 1993, a typical drug addict is likely to be a single or unmarried male of between 20 to 29 years of age whose education level is up to primary six. He is also likely to be unemployed.

Ethnic Profile

Prior to the early nineties, Chinese drug addicts formed the majority of the drug addicts arrested. Since then, rising drug addiction among the Malays and Indians has changed the demographics of the drug addicts arrested. In 1993, Malay and Indian drug addicts formed 54.8% and 15.6% of the total drug population respectively. Among first-time drug addicts, 61.4% were Malays.

Successful Enforcement

While there was an increase in the drug addict population, there were also significant improvements in the areas of enforcement. The number of arrests for drug trafficking, drug consumption and possession of drugs increased from 5,518 in 1990 to 6,388 in 1993.

There was also a marked increase in the volume of drugs seized due sustained and stringent enforcement of anti-drug laws (**Table 3**):

Table 3: Drug Seizures for 1990 and 1993

Drug Type	Year	
	1990	1993
Heroin	22.1 kg	43.49 kg
Heroin 4	13.39 kg	28.024 kg
Cannabis	41.57 kg	57.528 kg
Depressants: Triazolam (Upjohn)	1,852 tablets	13,086 tablets

Heroin has been the main drug of abuse among the drug addict population. In 1993, the average street price of 0.1 gram of heroin is S\$15.00, while the price of Heroin 4 is quoted at S\$1,000,000 per kilogram.

Abuse of Depressants

Triazolam belongs to the family of depressant drugs that have a sedative effect. Known by their street names, Upjohn and Erimin, these drugs are usually consumed orally by abusers. The drug may also be dissolved in water and then injected into the body. This can cause infections as the drug powder is usually not totally dissolved and it remains under the skin or the vein.

An abuser who cannot get his regular supply may suffer from severe withdrawal symptoms such as anxiety, increased heart rate, distorted eyesight, violent convulsions and insomnia.

(Source : www.cnb.gov.sg and www.drugfree.org)

Current Strategies

Individual government agencies and non-government organisations employ their own strategies and resources to contend with the drug situation in the following areas:

- i. Preventive Drug Education, ,
- ii. Enforcement,
- iii. Treatment and rehabilitation,
- iv. Aftercare.

A schematic of each organisation's role is presented in **Figure 2**.

Preventive Drug Education (PDE)

SANA, a non-government organisation, leads the psychological war against drugs through PDE. The objective of PDE is to reduce the demand for drugs by creating public awareness of the harmful effects of drug abuse. As the lead organisation for PDE, SANA adopts a broad-based approach which focuses on youths. Its various youth schemes include:

i. Anti-Drug Abuse Badge Scheme

The Anti-Drug Abuse Badge Scheme aims to work through uniformed groups like the National Cadet Corps (NCC) and National Police Cadet Corps (NPCC), and Interact Clubs to disseminate anti-drug messages.

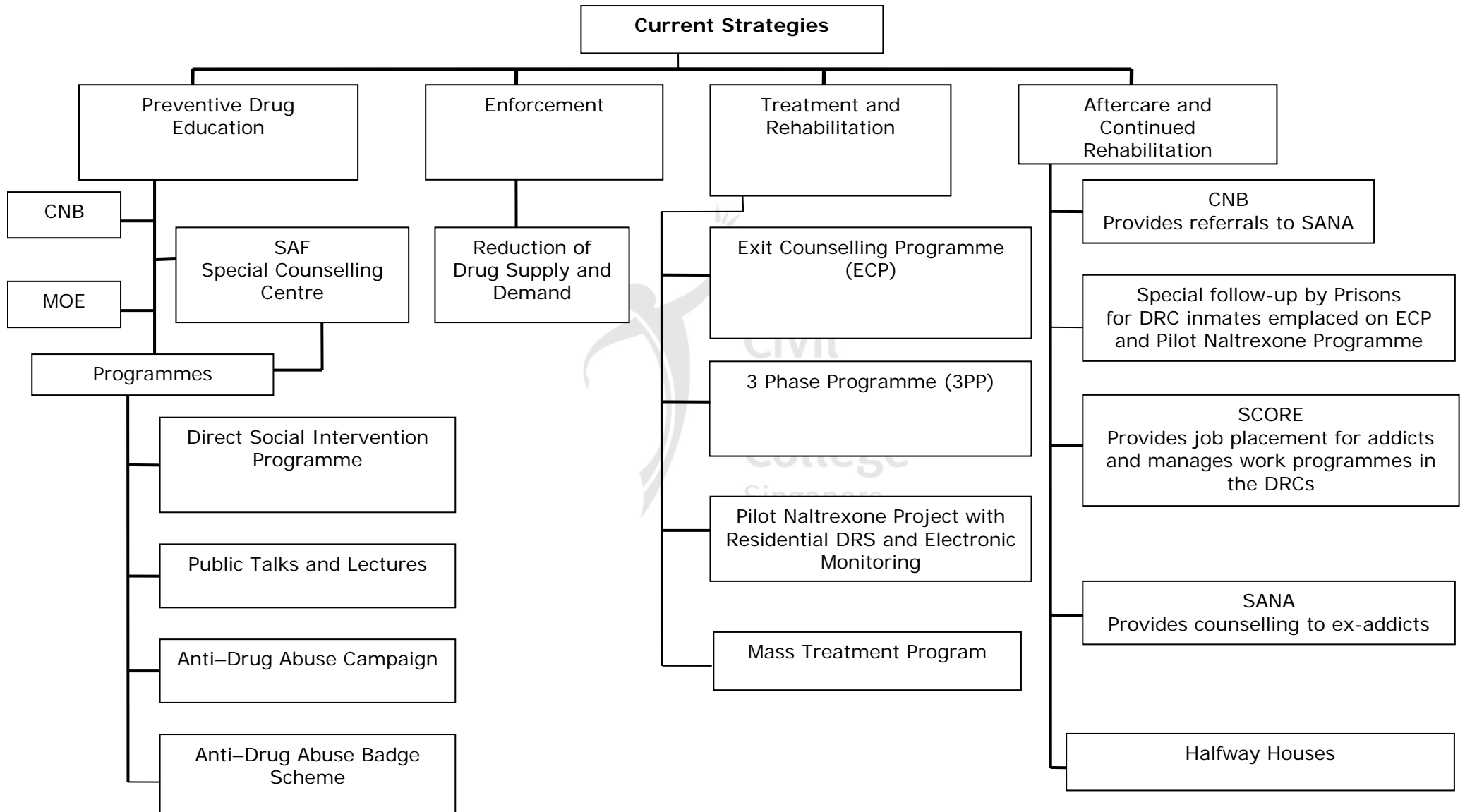
ii. Direct Social Intervention Programme (DSI)

The DSI is a community-based programme which is aimed at keeping high-risk students and youth dropouts away from drugs by engaging them in healthy group activities. SANA obtains names of school dropouts from MOE or directly from principals of schools and SANA's volunteers will collaborate with various grassroots organisations to organise activities for these high-risk youths.

SANA aims to create public awareness through regular talks and public campaigns. Although SANA fronts PDE, other government agencies also include PDE as a subsidiary function: MOE supports SANA and CNB in their PDE efforts by organising regular talks and lectures on the negative effects of drugs, visits to DRCs and the annual anti-drug campaign in schools.

The Singapore Armed Forces have their own Special Counselling Centre to provide PDE programmes and counselling to its full-time National Servicemen and regulars. SANA also works closely with various Citizens' Consultative Committees to organise the nationwide bi-annual Anti-Drug Abuse Campaign to create public awareness of the drug problem in Singapore.

Figure 2: Schematic of Current Strategies



Enforcement

CNB is responsible for enforcing anti-drug laws. The objective of enforcement is to eradicate the supply of drugs into the market and stemming the demand for drugs by apprehending drug addicts and taking them out of the drug "market".

Reduction of Drugs Supply

As the key enforcement agency, CNB is empowered under the Misuse of Drugs Act to act against the production, trafficking, importation and exportation, possession and consumption of controlled drugs. In November 1993, the Drug Trafficking (Confiscation of Benefits) Act was enacted to give CNB additional powers to trace, freeze and confiscate assets which are acquired from proceeds from drug trafficking. This prevents drug traffickers from enjoying the benefits acquired from drug crimes.

Reduction of Demand for Drugs

Demand reduction measures by CNB focus on detecting and committing drug addicts to DRCs for compulsory treatment. As a result, drug suppliers are deprived of their clientele and the addicts will not be able to influence others.

However, CNB's efforts are constrained by manpower shortages as well as space constraints at the DRCs. In December 1993, the total DRC population peaked at 8,130 compared to the DRCs' total capacity of 5,614.

Treatment and Rehabilitation

Prisons is responsible for the treatment and rehabilitation of drug addicts who are admitted into the DRCs. Treatment and rehabilitation aim to deter and reform drug addicts.

Drug addicts who are admitted into DRCs are classified as first, second, third, fourth and fifth timers and above and are detained progressively longer at the DRC from six to 36 months, depending on their previous records. The treatment and rehabilitation regime is the same for all drug addicts and involve:

i. A detoxification process where drug addicts are put through "cold turkey" to overcome their psychological and physical dependence on drugs. The method is effective because it acts as a deterrent to addicts returning to drugs as the withdrawal pains last a few days.

ii. Physical training and discipline. After recuperating from detoxification, the addicts (now called inmates) will take part in drills and physical exercises. They also follow a strict regime of discipline and daily activities that include working in the SCORE-managed industrial workshops at the DRCs.

All arrested drug addicts are admitted into Sembawang DRC for detoxification and recuperation. First-timer DRC inmates who were "experimenters" are filtered out and emplaced on the Exit Counselling Programme (ECP)*.

There is no criminal punishment for hardcore drug addicts, therefore, the DRC regime is generally perceived as being more lenient than that of the Prisons' regime. Addicts who are emplaced on the shorter ECP and Three Phase Programme (3PP)* perceive the authorities as being more lenient with them. Such perception decreases the deterrent effect of the treatment and rehabilitation regimes.

Rehabilitating A Hardcore Addict

A 44-year old man first became addicted to heroin when he was in his 20s. In 1977, he was arrested by the authorities for drug consumption. He was fined \$600 for the offence. In 1978, he was arrested for drug consumption again. This time, he was sent to a DRC for 15 months. He returned to drugs and was admitted to DRCs for rehabilitation for five subsequent occasions:

1981	-	18 months
1984	-	6 months
1988	-	6 months
1993	-	6 months
1996	-	6 months

Aftercare and Continued Rehabilitation

Aftercare and continued rehabilitation period consists of the period after an ex-addict has completed the treatment and rehabilitation regime and released from a DRC. The objective of aftercare is to reintegrate ex-addicts into society through meaningful employment with a strong support network of family, community and counsellors.

Individual government agencies and non-government organisations undertake aftercare and continued rehabilitation as part of their anti-drug mission.

CNB

CNB plays a subsidiary role in aftercare and continued rehabilitation, as their main responsibility is to monitor ex-addicts on their compulsory two-year supervision (now called supervisees) after their release from DRCs. During this period, supervisees are required to report for routine urine tests at a designated police station. CNB can then refer supervisees who volunteer for counselling to SANA's voluntary aftercare officers (VAOs).

Prisons

The core responsibility of Prisons is to treat and rehabilitate drug addicts at the DRCs. Their role in aftercare and continued rehabilitation is a corollary from their programmes with shorter detention periods, such as the pilot Naltrexone programme*. These programmes rely extensively on VAOs to support the small number of full-time Prisons Aftercare Officers for the counselling of drug addicts employed on these programmes.

Singapore Corporation of Rehabilitative Enterprises (SCORE)

SCORE is the key contributor to the aftercare and continued rehabilitation process by providing work and employment opportunities for ex-addicts. As at December 1993, SCORE's Job Placement Unit (JPU) has recorded more than 1,000 potential employers from the government and private sectors in their database. Most of the jobs are blue-collar types with salaries ranging from S\$550 to S\$850 according to prevailing market rates. In 1993, a total of 2,680 addicts have received job assistance from JPU.

SCORE had earlier established an Industrial and Services Co-operative Society (ISCOS) in July 1989 to create jobs and self-employment opportunities for discharged inmates.

SANA

SANA helps ex-addicts by providing personalised aftercare service to ex-addicts under CNB's supervision. Under its Volunteer Aftercare Counselling Programme, each SANA VAO is expected to spend a minimum of four hours a week with respective drug supervisees and their family. The VAOs also submit regular assessment reports to the SANA coordinator on the progress of these ex-addicts.

However, not all CNB supervisees are eligible for SANA's Volunteer Aftercare Counselling Programme as SANA had strict compatibility criteria for matching supervisees to their VAOs. As at July 1993, only 1,424 out of a total of 4,474 CNB's supervisees are accepted by SANA for its Volunteer Aftercare Counselling Programme.

Halfway Houses (HWHs)

Halfway Houses (HWHs) are temporary residences, set up by different community and religious organisations to help ex-addicts who lack family support re-integrate into society². Because of their smaller inmate population compared to the DRCs, HWHs have the advantage of providing their inmates with personalised attention through a wide range of approach and programmes.

However, as non-government organisations, HWHs can be constrained by their need to raise funds for their projects. In addition, HWHs are unable to admit ex-addicts who are on the Electronic Monitoring System (EMS)*, as the electronic tags worn by drug addicts cannot function effectively if there are two or more electronic tags within the same vicinity.

Service
College
Singapore

² As at Dec 93, there are a total of 15 HWHs, 13 are run by religious organisations (10 Christian, 2 Muslim and 1 Buddhist). The other 2 are run by secular organisations.

GLOSSARY*

1. **The Exit Counselling Programme (ECP)** is a two-week programme for First timer DRC inmates who were identified as “experimenters”. It comprises intensive counselling, anti-drug education and physical training. The objective is to give these “experimenters”, usually youths without any drug or criminal antecedents, a foretaste of life in a DRC through a physically exhausting training regime. The ECP is likened to a conditional discharge.
2. **The Three-Phase Programme (3PP)** is intended for addicts who are not experimenters, but assessed to be genuine in their desire to kick the drug habit. The three phases are:
 - i. *Treatment*, where addicts undergo an intensified treatment and rehabilitation process.
 - ii. *Institutional Day Release Scheme (IDRS)*, where addicts are allowed to work in the day at jobs assigned by SCORE’s Job Placement Unit and return to the DRC after work, and
 - iii. *Residential Day Release Scheme (RDRS)*, where addicts continue with their work programme but are permitted to return home after work. During RDRS, addicts are tagged electronically under the Electronic Monitoring System (EMS) to facilitate the enforcement of specified curfew hours.
3. **The Pilot Naltrexone Programme³** is a two-phase pilot programme introduced in August 1993 to experiment with naltrexone as part of the treatment and rehabilitation regime. Naltrexone is a non-addictive narcotic antagonist, which prevents recovering heroin addicts from achieving a “high” when they give in to the temptation and go back to drugs, thereby preventing the reinforcing effects of the drug-induced euphoria from starting a fresh cycle of substance abuse. It is also believed to reduce the craving for heroin.

Addicts who volunteer for the pilot programme are placed on a one-year Residential Day Release Scheme (RDRS) with electronic monitoring (1st Phase), while they return to the DRC (Lloyd Leas Camp) thrice weekly for their intake of naltrexone. Group and individual counselling sessions are conducted during these times. The 2nd Phase involved two-year supervision by CNB without electronic monitoring and the use of naltrexone.

4. **Electronic Monitoring System (EMS)**. Drug addicts who are emplaced on the RDRS are required to wear an electronic tag. These electronic tags emit electronic signals which are monitored by Prisons officers for the enforcement of specified curfew hours.

³ In 2006, taking into consideration the changing drug situation in Singapore, where opiate drug abusers no longer form the majority of all drug abusers in Singapore, and the unconvincing results of the Community Based Programmes (CBPs) incorporating naltrexone in terms of completion rates and recidivism rates, the emplacement of inmates on CBPs incorporating naltrexone was ceased.

PART III

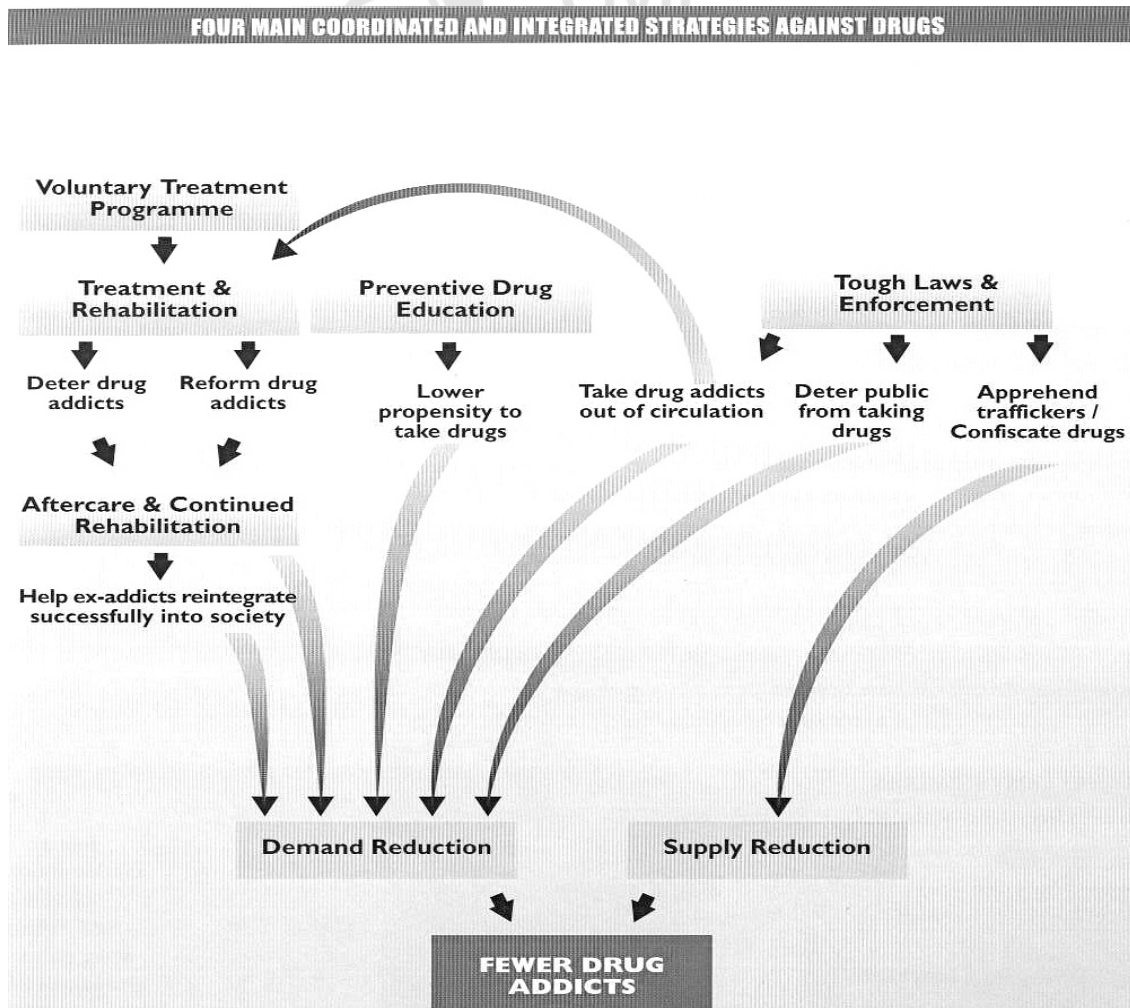
EPILOGUE

At the end of February 1994, the Committee presented key recommendations and strategies for tackling the drug challenge. The Committee recognised that resolving something as extensive and complex as the drug problem required an integrated solution. The lack of co-ordination among related agencies and organisations in addressing the drug problem resulted in work duplication, ineffective use of resources, and a lack of a focused solution for pressing needs.

The New Integrated Strategies: Greater Co-ordination among Agencies

The Committee recommended a new approach for integrating the anti-drug efforts and strategies of various government agencies and non-government organisations. Lead agencies were appointed by MHA to co-ordinate efforts of other agencies under the broad strategies of: i) preventive drug education; ii) enforcement; iii) treatment and rehabilitation; and iv) aftercare and continued rehabilitation. Careful thought was given to appointing the right lead agency. The schematic of the new integrated strategies is illustrated in **Figure 3**:

Figure 3: Schematic of New Integrated Strategies



Under the new integrated approach, CNB was appointed as the leading agency for PDE and strongly supported by SANA. CNB also led no-nonsense enforcement efforts against addicts. Prisons was the lead agency for treatment and rehabilitation due to its expertise and experience in this field. SCORE was the lead agency for co-ordinating aftercare and continued rehabilitation as it was well suited for the task since it was already providing employment to ex-addicts and start-up grants to HWHs.

Attacking the Drug Menace within Ethnic Communities

After reviewing the ethnic profile of the drug addict population, the Committee recommended that anti-drug efforts target high-risk groups from the various ethnic communities, especially those from the Malay community because statistics revealed that drug addiction among Malay youths was rising rapidly.

In January 1995, the National Council Against Drug Abuse (NCADA) was formed to support the Government in the battle against drugs. Its role was to:

- i. advise the government on policies and measures to curb drug abuse,
- ii. act as a conduit between the community and Government by conducting regular dialogue sessions with community leaders, garnering their views and feedback on strategies to ameliorate the drug situation among the respective communities; and
- iii. create a strong and cohesive social network to support the Government's anti-drug strategies and programmes.

NCADA worked closely with community leaders from the respective ethnic communities to arrest drug abuse in their respective communities. The Malay community sought to intensify anti-drug efforts among high-risk Malay youths by involving mosques in anti-drug efforts. Indian community leaders recommended the inclusion of anti-drug messages in religious teachings at Hindu temples. When the synthetic drug "Ecstasy" entered the local drug scene in 1996 and was abused predominantly by Chinese youths, the Chinese community leaders sought to arrest the problem by highlighting the foolishness and futility of synthetic drug abuse through the media.

Treatment and Rehabilitation

The Committee also recommended new strategies for treatment and rehabilitation of drug addicts.

New Philosophy

The Committee recommended that a new philosophy be adopted for the treatment and rehabilitation of drug addicts by transferring the responsibility for rehabilitation to drug addicts themselves. Before this, drug addiction was largely viewed as a medical problem, deserving sympathetic treatment. The new rallying call for drug addicts to help themselves paved the way for a graduated approach. The Government would invest resources to help drug addicts who were amenable to change, giving more attention to their rehabilitation and adopting a compassionate and supportive regime. For hardcore addicts, who were resistant to rehabilitation, the Government would adopt a tougher regime with penal features, communicating the message that their recalcitrant attitude would not be condoned. However, any hardcore addict who demonstrated a genuine desire to reform is to be given the necessary rehabilitative opportunities. The Committee also recommended that another scheme be set up by Prisons to tap the resources

of selected halfway houses that were well-managed and offered effective rehabilitative programmes.

The Revamped DRC Regime

The Prisons Department implemented the Revamped DRC Regime in 1995 to focus rehabilitative efforts on non-hardcore and amenable addicts. This also included the concept of rehabilitation in the community. The DRC regime for hardcore addicts was toughened in order to strengthen the deterrent effect.

Non-hardcore Addicts

Non-hardcore addicts were admitted to the DRCs for the first and second time. These addicts were made to undergo a minimum period of treatment and rehabilitation in the DRC (3 months for first timers and 6 months for second timers). Those who were deemed amenable to rehabilitation were then emplaced on the 6- to 12-month long Community Based Rehabilitation (CBR), under which more rehabilitation opportunities were given. The rest underwent Extended Institutional Rehabilitation and the first and second timers were released after 12 and 18 months respectively.

Hardcore Addicts

Hardcore addicts were addicts who were admitted to the DRCs for three times or more. They underwent a tough, penal-like regime and were given minimal privileges. The third timers were detained in a DRC for a minimum period of 9 months and the fourth timers and above, for 12 months if they were found suitable for emplacement on CBR. The rest were detained between 21 and 24 months before being released from the DRC.

Tougher Laws for Hardcore Addicts

To ensure that legislation would serve as a strong deterrent for both non-hardcore and hardcore addicts, the Misuse of Drugs Act was amended in July 1998. A person with a record of 2 previous admissions to DRC, conviction for drug consumption, failure to provide urine specimen or any combination of these dating from October 1992 can be punished with a long-term (LT) mandatory jail term of 5 to 7 years and 3 to 6 strokes of the cane (LT1). Repeat offenders were made liable for imprisonment between 7 and 13 years and 6 to 12 strokes of the cane (LT2).

Aftercare and Continued Rehabilitation

Halfway House Scheme

In April 1995, the Halfway House Scheme was implemented whereby selected voluntary welfare organisations, mainly religious groups, participated in the Scheme to provide residential aftercare treatment for drug addicts. Under this Scheme, amenable drug addicts who have little or no family support served the tail end of their detention in the Halfway Houses for a period of 6-12 months, undergoing moral or spiritual education, work therapy and social counselling. As at end of 1995, 14 halfway houses were participating in this Scheme

Aftercare Counselling Programme

As part of the continued rehabilitation of drug addicts, a one-year Aftercare Counselling Programme (ACP) was introduced for drug inmates to help them stay

off drugs. It was a voluntary programme which emphasised on relapse prevention, training, gainful employment and positive family and peer support. A 24-hour help line was also set up for ACP clients. By the end of 1995, 600 drug supervisees had benefited from this programme.

Expanded ISCOS Role

ISCOS expanded its role to provide more employment opportunities for ex-drug addicts and their families. Businesses such as Mister Mover (1998) and Mister Clean (1993) were started which provided ex-drug addicts alternative avenues to be gainfully employed. ISCOS gave out annual book grants and scholarships to deserving family members of addicts and its "Ready for School" programme supplied the children with school bags, stationery and shoes at the end of each year.



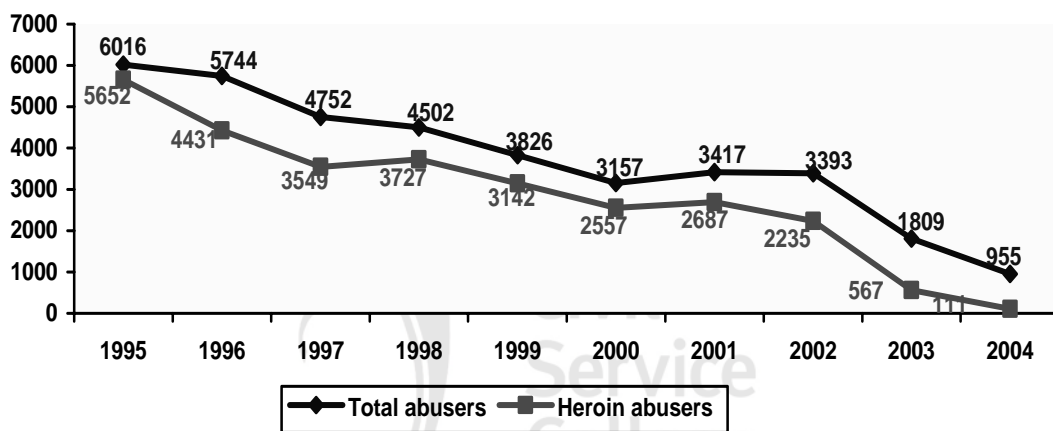
RESULTS OF THE INTEGRATED APPROACH

The integrated approach resulted in positive developments in the drug situation:

i. Decrease in number of arrests of drug addicts (Figure 4)

In 1995, a year after the implementation of the integrated approach, 6,016 drug addicts were arrested. In 2004, only 955 drug addicts were arrested. The significant improvement in the drug situation came largely from the fall in the number of heroin addicts. In 1995, 5,652 heroin addicts were arrested. Over the years, there was a general decline in the number of heroin addicts. In 2004, only 111 heroin addicts were arrested.

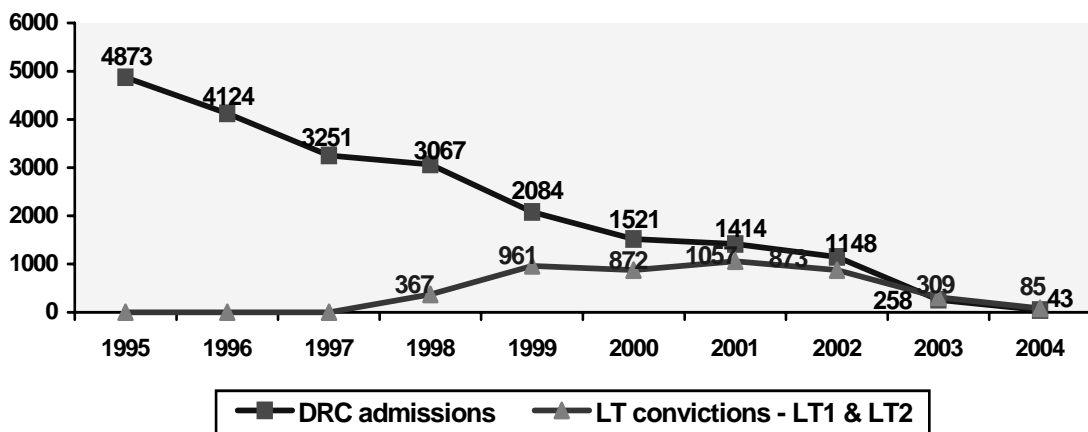
Figure 4: Number of Drug Addicts Arrested From 1995 to 2004



ii. Decrease in number of addicts admitted into DRCs (Figure 5)

The introduction of long-term (LT) imprisonment for hardcore addicts had helped to curb the drug problem. Admissions into DRCs decreased from 4,873 in 1995 to 43 in 2004.

Figure 5: Drug Admissions versus Long-Term Convictions from 1995 to 2004



Out of the 3,251 addicts admitted to DRCs in 1997 (pre-LT period), 1,235 were first and second time addicts. The number of first and second time addicts fell to

23 in 2004. The number of hardcore drug addicts who re-offended is also low. Of the 2,169 ex-LT1 inmates who have been released as at December 2004, only 48 (or 2.2%) were arrested again for opiate consumption and convicted under LT2.

iii. Improved Drug Situation in the Malay Community.

In 1994, the Malay community was grossly over-represented in the DRC population. More than 50 percent of the DRC population were Malays. MHA decided to be upfront with the Malay community. The Minister for Home Affairs met the Malay Members of Parliament and the relevant community leaders to inform them of the seriousness of the situation and to galvanise them into collective action.

The Malay community showed great resolve in checking the drug problem plaguing the community. The various programmes and combined efforts helped turn the tide. Arrest figures in recent years testify to the significant improvement in the drug situation in the Malay community.

From 1989 to 2001, about half of all drug abusers arrested were Malays. The peak was in 1994 when 3,295, or 53% of the 6,165 abusers caught, were Malays. But after 2001, the proportion fell – from 44% in 2002 to 26% in 2003. In 2004, only 177 Malay drug abusers were caught and they made up 19% of the total number. This dropped even further in 2005, when 133 Malay drug abusers were arrested, making up 17% of the 793 addicts arrested.

THE WAY AHEAD

Enhanced Efforts in Enforcement, Preventive Education etc

With the worldwide trend of synthetic drugs abuse, together with the misconception that synthetic drugs are cool and less harmful, Singaporeans may become more liberal in their attitude towards drug abuse. Over time, support for zero tolerance towards drugs may erode. The challenge is to sustain the support for zero tolerance.

To tackle these challenges, CNB will enhance its intelligence capabilities as well as detection methods to analysis for drug use. CNB will also attempt to broaden its preventive education outreach by various means. One way is to reach out to foreign students/workers by making preventive drug education information on the dangers of drugs more accessible to them.

CNB will continue to forge strong working relationships with foreign counterparts to further common goals of strengthening cooperation at all levels. CNB will also help to provide training to its foreign counterparts on enforcement, intelligence and tactical operations. These efforts will go a long way in stemming the flow of drugs into Singapore.

Better Rehabilitation & Treatment Programmes

Rehabilitation will continue to be a key component in helping abusers overcome their addiction to drugs. In July 2005, the Singapore Prison Service implemented a treatment and rehabilitation regime in DRCs. The DRC treatment regime, modelled after overseas programmes, is intensive in terms of counselling resources and community support and is tailored to the treatment of first and second time synthetic drug abusers.

From 1 August 2007, first and second-timer abusers of cannabis and cocaine will undergo a rehabilitation regime in DRCs. Recalcitrant abusers who are arrested for the third time or more for consumption of these drugs will face the Long-Term (LT) imprisonment regime. This is similar to the current approach taken for abusers of opiates, buprenorphine⁴ and synthetic drugs. With this new approach, the rehabilitation regime will cover all the commonly abused drugs in Singapore and all abusers will be subjected to the same LT regime regardless of whether they abuse opiates, buprenorphine, synthetic drugs, cannabis or cocaine.

Strong Political Will, Public Support and A Dedicated Team

Singapore's success in breaking the back of heroin and in tackling the drug problem boils down to three factors: strong political will, public support and a dedicated team from different levels of the agencies involved in the drug fight.

In the words of Deputy Prime Minister & Minister for Home Affairs Mr Wong Kan Seng in the chronicles of Singapore's drug history "Slaying the Dragon – Singapore's Fight Against Drugs":

"The first is to have a strong political will to want to overcome the drug problem. Without that, nothing goes. Next is to ensure that the public is

⁴ Buprenorphine is the active ingredient in Subutex, a prescription drug that was used to treat drug dependency. Buprenorphine was made a controlled drug under the Misuse of Drugs Act on 14 August 2006 after it was found to be greatly abused. Drug replacement therapy goes against Singapore's national policy of zero tolerance. Drug addiction is a social-behavioral problem rather than a disease.

with you. If you don't have the public with you, no matter what you try to do, there will always be criticism that the Government is being too harsh on the addicts. The third factor is that you must have very dedicated people at all levels and in different departments. Not just at MHA, because this work does not just concern it. It also concerns those who are in school because when students drop out or are in some way affected by drugs, they become our problem. So it is better to solve the problem upstream before it becomes a downstream problem for MHA.

I always believe in taking the steps to find out where this problem is likely to come from and who are the people likely to be affected. We then go to the source and deal with the problem there first before it even becomes a problem."

