

SPEECH BY DR ANG KOK PENG, MINISTER OF STATE FOR HEALTH AT THE APEX CLUB CHARITY DINNER AND FASHION SHOW ON FRIDAY, 25 APRIL 1975 AT 8.15 PM AT HILTON BALLROOM, HILTON HOTEL

The growing widespread abuse of certain dependence-producing drugs especially among the young has presented many countries with a vexing and distressing problem attracting the great concern of governments and international organisations. To cope with this international problem, one of the measures adopted is to suppress the illicit trafficking of dependence-producing drugs in an attempt to block the link between supply and demand. Several countries have also increased their punishment for drug trafficking offences including life imprisonment and capital punishment. Various studies have been made into the underlying causes of the growing drug abuse. The reasons for taking drugs appear to be varied; a South American Indian chews coca leaves to ease hunger pangs whereas in Europe a student takes drug to escape from reality. Accounting for the more recent phenomenon of the spread of drug abuse are such factors as youthful curiosity for novel experiences, inability to cope with the rapid social changes, and the erosion of traditional social values. In addition, the advances in world communications have helped to spread ideas and fads rapidly from countries to countries as well as facilitate the distribution of drugs.

We in Singapore have not escaped this social contamination. Whereas opium and cannabis smoking have been practised by the older folks since the earlier days of the founding of Singapore, fortunately the young had largely been free from this debilitating habit. However, in the past few years young

people below 30 years of age have been increasingly involved in drug abuse such as the taking of cannabis and methaqualone tablets or more commonly known as MX pills. Other drugs such as heroin, morphine and amphetamine (Pep pills) have also been abused by them. There appears to be many reasons for our young turning to drugs. Among them are curiosity, boredom because of increased leisure attending general affluence, and maladjustment due to self-inadequacy or inability to meet the challenges of a rapidly changing society.

The scourge of drug-dependence poses a threat to public safety as there is correlation between crimes and drug abuse. Abusers often resort to crimes to finance purchases of their requirements. There is also the other aspect of the scourge and this is the insidious erosion of the moral fibre of our youth with lasting damages.

The erosion of moral fibre and physical debilitation arising from drug-dependence can have grave consequences for a nation. In the recent past one can find an example of how a widespread drug addiction had contributed to the thorough weakening of a great nation in Asia rendering its initial efforts to save its dignity in the face of territorial aggression so futile for lack of vigor.

It is vital that we be resolute in our determination to stem the spread of this pernicious habit. As it is a social disease that affects the very fabric of our society, each one of us has a responsibility to play his part in wiping it out. Financially it drains our resources as it increases the cost of our health and social services to exercise control over the distribution of drugs and to prevent and treat drug

addicts. By imposing severe punishment on pushers and peddlers, by educating the young on the nature of the drug-abuse and its consequences, and by treating and rehabilitating drug-abusers are necessary measures for dealing with our drug problem. It is on the treatment aspect that I would like to touch on briefly. At the initial phase emphasis is placed on medical treatment and this is done in drug centres and clinics. At the later stage of the treatment, counselling and psycho-therapy are needed to assist the drug-abusers to return to normal life and prevent a relapse into the old habit of drug-abuse negating the earlier efforts in medical and other care. This is a slow process and it is here that voluntary organisations such as the Singapore Anti-Narcotic Association or SANA, are making valuable contribution through para-counselling services. Encouraged by its fruitful efforts SANA has conceived the idea of setting up a SANA House which is a half-way house between the hospital and the community to provide the proper facilities and environment for the rehabilitation of former drug-dependent persons.

Although small in terms of membership, the Apex Club of Singapore and the Apex Club of Tanjong Pagar have bravely undertaken the huge task of raising the necessary funds for building the SANA House. Their efforts are highly commendable and will be fully appreciated by those who are genuinely concerned with the problem of rehabilitating former drug abusers.

In conclusion, I would like to thank the organisers of tonight's function for so kindly inviting me and my wife.

Date: 25 April 1975