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PLEASE CHECK AGAINST DELIVERY

Speech by Dr Goh Keng Swee, Deputy Prime Minister and Minister of Defence at the Launching of the NADAC Month at the National Theatre on Wednesday, 4 August 1976 at 8.35 pm

Interest in the drug problem in Singapore has been growing over the last few years. For this reason, many people believe that the drug problem is a new one. Actually, it is a very old one and we can trace the origins to the First Opium War waged by the British on the then Imperial Government of China in 1839-42. The British Government insisted that there should be free trade of opium and this was naturally resisted by the Chinese authorities.

Since Singapore and the then Straits Settlements and British Malaya received large numbers of migrants from South China, these arrivals brought with them the habit of opium smoking.

The opium trade was quite legal in those days, the rights to sell opium and run opium dens were licensed to people much in the same way as bars and restaurants are licensed today. But after the turn of the century, there was a public outcry for the prohibition of opium. The colonial government reacted in typical fashion. It set up a commission of inquiry when the outcry became uncomfortable. There were two such commissions of inquiry, the first reporting in 1908. It is a voluminous report in three volumes. In 1924, the British Malaya Opium Committee reported on the same subject. The 1908 report noted that a substantial proportion of revenues

of the Straits Settlements - comprising Singapore, Penang and Malacca - came from the sales of opium. In 1904, 59.1% of the revenue of the Straits Settlement came from sales of opium. As late as 1934, the percentage remained as high as 40%. The prohibition of opium smoking was assessed to "have suicidal effects on the prosperity of the colony." Some beneficial side effects of opium addiction were mentioned. In those days the jungle had to be cleared for road and railway construction as well as for establishing rubber plantations. Labourers lived in what were called "coolie lines." Opium smoking after dusk set up such dense malodorous clouds of smoke that mosquitoes were repelled and workers saved from malaria.

Another reason against prohibition was the free port status of Singapore. The petition of the East India Company to the Colonial Office was quoted: "The settlement of Singapore was established as an outlet for British commerce and the preservation of its integrity as a free port has always been recognised by statesmen as essential to its prosperity and the full development of the objects contemplated in its formation."

In the 19th century, the principle of free trade has been elevated to the status of divine will. For instance, in the report of the first great Bengal famine, strong opposition was registered against organisation by government and charitable institutions of relief supplies to famine victims, on the grounds that this was interference with free

trade. It was far better and more in keeping with the Chinese will that high food prices in famine areas would cause an increase of supplies through normal trade channels.

However, the Commission of 1908 was not totally bereft of social conscience. It recommended that government should suppress the use of opium in brothels.

By 1924, however, the public outcry against opium smoking has reached such proportions that the Commission recommended measures whereby consumption of opium could be reduced and that the way be prepared for eventual registration of opium smokers and rationing of supplies.

The opium monopoly continued right up to the outbreak of the Pacific war. It was managed by the Customs Department. The opium packing plant in Singapore was sited in Pasir Panjang. After the war, opium smoking was prohibited on 1st February, 1946, and the plant was closed. Its premises were used for storing rice. However, a thriving business of opium smuggling developed. But with the registration of addicts and the rationing of supplies introduced in 1929, the number of addicts gradually diminished as addicts died, replacements by new addicts being much less than those who died.

The current campaign against drug abuse in Singapore deals with a different situation. Unlike the old problem of opium smoking which concerns mainly old people, the present problem centres around the young. Consider the figures of young people arrested, 14-25 years of age. In 1973, the total number of such young drug takers arrested is 1,011 (or 16.7

per 10,000 young people of the age group concerned); in 1974, the number increases to 1,329 (or 21.3 per 10,000) and in 1975 it goes further to 2,550 (or 40.1 per 10,000).

Let us look at the 1975 figures. For that year a total of 4,201 drug abusers were arrested; so the 2,550 young drug takers, 14 to 25 years of age, constitute 61% of addicts arrested. And for the first half of this year, the number of young persons arrested stands at 2,166. That means incidence of drug taking has nearly doubled as compared with last year.

Why this increase? Perhaps more effective raids by the Central Narcotics Bureau may account partly for the rising rates; but given the large increases, we must believe also that more and more youths are succumbing to drugs. In the late 60s and even up to 1974, the typical drugs resorted to were ganja and MX pills; but since the beginning of 1975 hard drugs took over, the most popular of which is heroin.

In 1975, 1,725 out of 2,550 or 68% of the young drug takers arrested used heroin. There are of course drug takers unknown to us, because they escaped arrest and are unwilling to come out to seek treatment. How many of these we do not know. But the picture emerging from the known cases is a disturbing one - drug abuse appears to continue unabated, enslaving growing numbers of our nation's youths.

We know that people who take such hard drugs like heroin are certain to become addicted. Unless cured of their habit, they will eventually ruin their lives. We know also

that in most instances craving for drugs becomes an obsession and addicts will do anything to get regular supplies.

I will illustrate problems of drug addiction from case studies of soldiers in the SAF who have been caught taking drugs or who have volunteered for remedial treatment. This is not because soldiers are more prone to drugs than the rest of the population. In fact, the rate of drug addiction is much less. This again is not because soldiers are more virtuous than others; it is because those who are known to have a history of drug abuse are not enlisted for full time national service. However, as these records are not 100% complete, some escape notice and get enlisted.

In the SAF, since a soldier remains with us for two to two and a half years, plus whatever period he spends under detention, we are able to maintain proper records of drug takers over a long period. We have established a counselling service manned by both professional and voluntary workers. We have also made studies of their personality structure and family and social backgrounds.

The easiest way out for the army is to discharge the addict after he has served his term of detention as they are unlikely to make good soldiers. However, in an effort to help in solving this problem for society as a whole, we try to rehabilitate them. The intention is not only to reform them while they are in the army but also to help them to get secure jobs after they leave so that they can stand on their own feet, earn a secure living and become a normal responsible citizen.

As this scheme started only a year ago, it is too early to say whether we shall succeed.

Some addicted soldiers spent as much as \$900 monthly on drugs. Not infrequently, because of a compulsive craving for drugs, addicts take to theft, robbery and other forms of crime. There is a soldier who earns extra money to maintain his drug habit by working during his off days in an opium den. A recent sample study of 48 hard drug abusers in the SAF shows that about half of them had committed military offences of one type or another ranging from AWOL, sleeping on duty to gambling and theft. The majority performed poorly in training and work. Other countries provide similar evidence of this kind. The American National Commission on Marijuana and Drug Abuse pointed out in its second report that the use of opiates in the United States, particularly heroin, makes it likely that the addict will resort to crimes such as theft and robbery to get money to buy drugs. Women resort to prostitution.

The individual and social ills resulting from drug abuse are therefore real and costly, and are known to be so. Why then do so many young people ignore these dangers? Why do they act as if oblivious to the evils?

Investigators in this area have thrown up a variety of theories. But the crucial points centre on two questions. First, what factors prompt or initiate youths into drug taking? Second, what makes them continue drug taking till it becomes a habit?

How easily a youth can be induced to drug consumption depends on the ethos of his society. In the affluent, permissive communities of the west, indulgence in marijuana and other drugs stirs no ripple of concern: on the contrary, many people who should know better extol it as life-enhancing. This is one result when people give themselves up to pursuits that are self-centred and sensation-seeking, hungering after new forms of stimulation and experience. If a people believe that the purpose of life is pleasure and enjoyment, they will be more prone to taking drugs as these provide enjoyable experience.

Happily for us, this ethos has not taken root in Singapore in a big way. But it has won the allegiance of a small group of youngsters from fairly well-to-do, western-oriented homes. They foolishly believe that everything western is good. So they eagerly submit themselves to being initiated into drugs for the sake of novel experience, of experimenting with living.

Peer influence is a strong factor here. People's behaviour tend to follow that of the group they usually associate with. If a person's best friends are taking drugs, he is likely when persuaded to follow suit. Case studies of hard drug addicts in the SAF provide supporting evidence for this. The majority of drug takers in the Army had been on drugs for an average of two years before enlistment into national service, many of them picking up their habits while in primary or lower secondary schools, at work sites or while unemployed. Almost always, their introduction to drugs was made through class mates and friends.

There were a few odd exceptions. In one case a soldier who was a morphine addict confessed that he had started on marijuana when he was 15 - and by accident. He lived in an attap house in a lorong off Thomson Road. Being an introvert, he had a habit of going to a nearby Jewish cemetery whenever he was moody or upset. One evening during his Hamlet-like visit to the cemetery, he chanced up a huddled group of youths who by turn were each inhaling marijuana fumes from a bottle. The group invited him to join in and though they were total strangers, he accepted, partly out of curiosity, partly because of the lure of togetherness. So under such bizarre and macabre circumstances, another drug addict was bred.

There are of course other external influences that caused people to start on drugs. These, however, do not appear to constitute the central motivation of the drug addict. Studies show that more important than external factors is the addict's psychological make-up -- his personality attributes, his disposition, his way of looking at himself and the society at large. For here we may find a clue as to why some youths opt out of society's mainstream and take to drugs while the majority stay within it and do not.

There exists a substantial accumulation of clinical evidence to indicate that the bulk of drug addicts possess weak personalities. They can be described as being unsure of themselves, possessing feelings of inadequacy and are subject to persistent attacks of undue anxiety. They are incapable of coping with whatever work they have to do, either as students or workers. They are unsure of their position in relation to other people including members of their family.

Such character defects or weaknesses are likely to get worse if the people concerned cannot get out of the rut. Because they are nervous and anxious, they perform poorly at work or school. This increases their anxiety and uncertainty, leading them to dislike study or work. They develop feelings of animosity towards society. For such people, drugs afford an escape from unpleasant reality. Narcotics like heroin generate euphoria and wellbeing while the effects last. Since drug taking is illegal, it has an added attraction for them as a gesture of defiance towards the society which they feel has rejected them.

A recent study of 120 hard drug abusers in the SAF confirms this general picture. Most of them are school dropouts, significantly from the English stream. Apart from their drug behaviour, they are found to be more neurotic and emotionally unstable than the average soldier. Before national service, those who worked could not get secure employment - they hopped from job to job. Those who had held only one job before joining the army stayed on that job less than a year. Drug taking merely makes them even less effective and compounds their problems.

The SAF study further revealed that as much as one-quarter of its sample had lost at least one parent; and that a smaller group had parents who were either divorced or separated. These are physical facts, easily ascertainable, about a drug taker's family. Without doubt they have as much a bearing on the formation of the drug taker's personality characteristics as on his motivation in drug taking. No less

important is the quality of family life. Is there sympathy and understanding between parents and children? Do members of the family rally to help a member who is in trouble? Do parents show an interest in the growing up and education of their teenagers? Our studies show that the family life of addicts lack these relationships of warmth and friendship which are normal in secure and happy families.

SANA is trying to go beyond symptomatic treatment to rehabilitation. The goal is to transform an addict to a responsible, useful citizen. To achieve this, to change the personality traits and outlook of an addict, counselling and other forms of aftercare are necessary.

Ultimately, our best hope is still prevention. No doubt, the incidence of drug taking is related to availability, and if we could stop drugs from circulating within our society, the problem would be solved. This is not easy to achieve. The severe punitive measures recently introduced against drug trafficking will help to reduce supplies but whether supplies will be totally stopped remains to be seen.

Efforts towards drug prevention must therefore be supplemented in other ways. Parents have a big role to play here. They require assistance. Education in the form of moral injunctions against the evils of drug abuse will in itself help little. What is needed is practical advice - what parents could do to prevent their children from resorting to drugs, how they could detect if their children were on drugs, and if the children were confirmed to be on drugs what should they do.

In a sense, we can say that drug addicts are social casualties. One would have to exclude the foolish youths from well to do families who deliberately experiment with drugs because they believe this is the fashionable thing to do. Parents in such families who over-indulge their children have only themselves to blame if their children take to mischievous ways because they are given more money than they have common sense. This is particularly true of children who are sent overseas for education. There is no parental control, there is also plenty of money supplied because doting parents want their children to live well. Then there is the permissive environment in some western countries. A combination of these three factors has often had tragic consequences.

Children from poor families suffer from the opposite handicap. Parents drive their children hard in the hope that they will succeed in life. Many send their children to the English language stream in the belief that this will open up avenues to higher professional education - doctors, engineers, economists and scientists. These are admirable attitudes but where these aspirations bear no relation to the capacity of the child, the result would only be harmful.

It is worthy of note that a great majority of drug addicts among SAF soldiers are dropouts from the English stream. Nearly all of these are from dialect speaking families. I suspect that the feeling of inadequacy, insecurity, over-anxiety and other personality defects arose in school when the child is educated in a language which is not spoken at home.

Constant parental censures merely increase his anxiety, enhance his feeling of inadequacy and make him even perform worse in school. Eventually he gives up and becomes a wrecked personality.

Parents should understand that not everyone can get four distinctions at the HSC examinations. These results are possible only to a gifted few. The rest should settle for something within their reach and there is a wide variety of occupations and careers which our economic system can provide and which will ensure adequate incomes and decent living for all who are willing to make the effort.

Two final observations. First, when I said that many drug addicts are social casualties, please do not infer from this that I am in favour of lenient and sympathetic treatment of offenders. Such a view is fashionable among so-called radical or liberal thinkers. Needless to say, I do not subscribe to their thinking, because I believe they are wrong. So-called progressive views applied to the treatment of criminals has led to a dangerous upsurge of crime rates, especially crimes of violence, in societies whose leaders have been foolish enough to be beguiled by these soft-headed views. As a result innocent citizens get robbed, raped or killed by criminals who should have been in jails.

However much we pity our addicts, they must be dealt with sternly as an example to others. Soft treatment of addicts is likely to encourage the belief among our weak minded youths that they can commit drug offences with virtual impunity.

In the SAF, drug offenders are tried by court martial and sentences vary between six months to two years. When we have more professionally trained counsellors, we intend to release offenders on conditional probation before the expiry of their sentence as a method of rehabilitation. If rehabilitation fails, they return to detention. On the second point, I will venture the suggestion that as more and more people live in the city and in apartment blocks, problems of psychological stresses which I have discussed are likely to be more acute and more widespread. Studies of soldiers who are school dropouts and who live in the countryside show none of the character weaknesses seen in the sample of drug addicts in the SAF. In their childhood, these soldiers displayed no aptitude for study, spending their time roaming the countryside in search of spiders, crickets and other insects, birds, butterflies, fish, lizards and so on. All claimed to have thoroughly enjoyed their childhood. Parents were sympathetic, even indulgent. Their schools were Chinese village schools, not particularly well-run.

When asked whether they would not have done better if they had played less and studied more, they admitted that if they had passed their school examinations, and were able to get a university education, undoubtedly life would have been better for them. But they said that they were not made for study and that a university or professional education was not a realistic objective. None regretted what many would consider a misspent childhood. They are all good soldiers, present no disciplinary problems, subscribe to most of the traditional

ethos, including belief in the virtues of hard work, and, surprisingly, also believe that they have a bright future after they leave the army. Possibly this is because they have geared their expectations to a realistic assessment of their capabilities.