

Singapore Government

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Information Division, Ministry of Culture, City Hall, Singapore 0617 • tel: 3378191 ext. 352,353,354/3362207/3362271

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SPEECH BY MR CHUA SIAN CHIN, MINISTER FOR HOME AFFAIRS,
AT SANA VAO NITE '82 AT THE NEPTUNE THEATRE RESTAURANT
ON SATURDAY, 13 FEBRUARY 1982 AT 8 PM

It is now nearly five years since we launched Operation Ferret on 1 April 77. At that time the drug problem had reached epidemic proportions. Our youths were being addicted to drugs at a very rapid rate. At the start of Operation Ferret, for every three addicts arrested only one would be on the records of the Central Narcotics Bureau (CNB). The rate of infection was in the ratio of two "new" addicts to one "old" addict. We had thus to take swift and decisive action to contain the problem.

We rounded up the drug addicts and put them through a compulsory programme of treatment and rehabilitation in Drug Rehabilitation Centres (DRCs). We amended the Misuse of Drugs Act to enable us to detain them for treatment on the basis of a positive urine test or on the medical report of a doctor. They were treated in the same way as other highly infectious patients who needed to be immediately isolated and given treatment. By this we avoided the cumbersome procedure of having to bring all of them to court and prosecute them. To prosecute them will also mean that they would bear the stigma of a conviction. The result of our swift action was dramatic. We brought down the infection rate of 54.5 per cent for the period April to December 1977 to 26 per cent the following year in 1978. For the last three years the rate of infection has levelled off to a ratio of one "new" addict to three "old" addicts arrested. Since April 77 to December 81 a total of 18,966 addicts have been admitted for treatment and rehabilitation in our DRCs.

At the same time our enforcement officers waged an all-out war against the traffickers and pushers. We introduced severe penalties in our laws including the death penalty. We also used the provisions of the Criminal Law Act to detain traffickers and pushers. From April 77 to December 81 we arrested a total of 1,538 traffickers and pushers.

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By this action we succeeded in smashing the intricate drug distribution network within Singapore. The supply of narcotic drugs such as heroin has now become scarce. Addicts are switching to substitutes such as cannabis and flunitrazepam. The only heroin that now come in are smuggled in small quantities from across the Causeway mostly by addict pushers primarily for their own consumption and some for sale. Here again by tightening our controls at the Woodlands Checkpoint and with effective enforcement in cooperation with the Johore Police, we have also contained this problem.

Our determined efforts have paid handsome dividends. We have now not only succeeded in containing the drug problem in Singapore but have significantly reduced it. What is most encouraging is that the number of drug abusers arrested who are under 20 years old has declined most dramatically. Between April and December 77, out of 7,725 drug abusers arrested, 2,427 drug abusers or 31.4 per cent were under 20 years old. For the whole of 1981, out of 4,386 drug abusers arrested, only 305 or seven per cent were under 20 years old. Among those arrested in 1981 only four were under 15 years old. Thus drug abuse in our SAF is now a fast declining problem. We also no longer have a drug abuse problem in our schools.

We have arrived at this happy position not only because of our effective enforcement but also because we have from the start spared no effort to get across to our school pupils the dangers of drug abuse. Our objective has been to immunise our school population. This programme must continue even though there is no longer a drug abuse problem in our schools. We must build up their resistance to withstand infection, particularly among those pupils who are likely to leave school without completing their primary or secondary education. Our analysis of the educational level of drug abusers arrested shows that over 97 per cent were premature school leavers with 63 per cent of them not having passed their PSLE.

With regard to preventive drug education programme in schools, a handbook to equip and guide teachers to impart knowledge to their pupils on the dangers of drug abuse and how to handle the drug problem if it occurs, has been prepared. It is expected to be published soon.

The Institute of Education has also revised the curriculum of training teachers to include drug education. This has been implemented in the first semester of 1982.

Although we have succeeded in drastically reducing the number of under 20s from joining the ranks of drug abusers and reducing the infection rate, our drug problem is still far from being solved. We are now facing a new phenomenon of a growing number of addicts who had been given treatment and rehabilitation but who repeatedly go back to drugs. They are those who are entering a DRC for the third or more time and can be termed as "hardcore addicts". In 1981, out of 2,355 addicts admitted to our DRCs, 565 or about 24 per cent of them were hardcore addicts. From a recent study on a sample size of 2,341 drug supervisees who were placed under supervision between January to September 79 shows that the relapse rate among the hardcore addicts is 62.5 per cent. This is much higher than the 49.4 per cent for second timers and 36.3 per cent for first timers.

This indicates that our elaborate programme of treatment and rehabilitation plus supervision and aftercare on their release has not been successful in weaning this category of hardcore addicts away from drugs. This problem of hardcore addicts is therefore the biggest challenge that is facing us now. So long as there is a sizable group of them in our midst they are a constant source of infection. We know that this is going to be an extremely difficult problem to overcome. Unlike their physical dependence on drugs which can be got rid of through detoxication and a period of abstinence, their psychological craving for drugs can only be cured through an inner change of their psychological make-up. This would require not only much greater effort on the part of those involved in their rehabilitation but the addicts themselves must also make the effort.

We have tried to learn from what other countries are doing in tackling this problem. So far we have not found any country which has been successful in overcoming what appears to be an intractable problem. Some have tried such methods as hypnosis or even acupuncture, but without much success. In consultation with our doctors including our psychiatrists and psychologists who have been involved in the treatment and rehabilitation of our drug addicts from the very beginning, we have now devised a special programme of rehabilitation for hardcore addicts which should have a better chance of success. They will

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undergo a longer period of rehabilitation based on a stricter regime and more intensive counselling. This will be followed on their release by a more comprehensive supervision and aftercare programme. We have set up a special DRC for hardcore addicts at Sembawang and have started implementing this new programme.

However, whatever programme the government were to implement, to succeed we must not only get the active involvement of more volunteers but also the cooperation of the community as a whole. The community must never make the ex-addict feel rejected. To do so will certainly drive him back to drugs. Everyone must lend a helping hand and guide him back to society.

In this respect SANA has made a most valuable contribution. In August 77, SANA started a Volunteer Aftercare Programme. It tirelessly went from constituency to constituency to recruit Volunteer Aftercare Officers (VAOs). These VAOs have been deployed to counsel the ex-addicts and monitor their progress. It is an arduous job which entails a great deal of patience and sacrifice. They have volunteered because they care for the less fortunate. As at 31 Dec 81, there were about 1,584 VAOs looking after about 1,300 supervisees. The number of supervisees not under SANA's programme was 1,554. This is because of the insufficient number of VAOs to look after the entire supervisee population. I would like to urge more members of the public to become Volunteer Aftercare Officers.

Finally, I would like on behalf of the government, to express my appreciation to SANA and to the VAOs for the good work they have done in the rehabilitation of drug addicts. With their fine example I am confident that we shall get greater community involvement in this difficult task of further reducing our drug problem.
