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## **SINGAPORE’S WAR ON DRUGS: DRAWING LESSONS FROM SUCCESS**

JON S.T. QUAH

*Singapore*

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### Introduction

In 1992, Alfred W. McCoy and Alan A. Block asserted that “despite White House claims to the contrary, there is mounting evidence that the Bush drug war and its underlying policy of repression have failed.”<sup>1</sup> In 1996, Leif Roderick Rosenberger echoed the same assessment in his book, *America's Drug War Debacle*:

*The United States has struggled with drug abuse as a public policy issue for eight decades. It has spent countless billions of dollars on strategies that, at least on paper, mandate a coordinated and balanced attack against drug abuse on the supply and demand fronts. ... Despite these well-meaning efforts to “win the war on drugs,” the insidious cycle of drug abuse and crime continues to be one of the Nation's most serious problems in 1996.*<sup>2</sup>

Sharing the same view, Arnold S. Trebach had earlier attributed the United States' failure in its war against drugs to its irrational drug laws, its incapability, and its failure to “deal with the most important problems related to drugs: abuse, crime, and corruption.”<sup>3</sup> Accordingly, new approaches were required to tackle the drug menace, such as Singapore's approach, which he described in these words:

*The basic assumption of the Singapore model, in accordance with the advice of leading scientists and the United Nations, is that “since there is no medical cure for drug dependence, the only effective measure is to suppress the drug as much as possible, treating it like an infectious agent, and to rehabilitate the addict through quarantine until he is able to lead a drug-free life.” Addicts are spared the stigma of a criminal conviction because they are simply arrested, given a urine test, and, if they do not pass, are placed in the rehabilitation center without the formality of a trial. So there you have it: The solution. It worked in Singapore, Dr [Gabriel G.] Nahas declared, and within a few years a raging heroin epidemic was stopped in its tracks and the number of addicts reduced from approximately 13,000 in 1977 to 6,000 in 1983, an unvalidated claim which, indeed, had been made by officials in Singapore.*<sup>4</sup>

In his case study on drug control in Singapore, Scott B. MacDonald observed that after examining the drug strategies of other countries, Singapore “adopted a conservative program

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<sup>1</sup> Alfred W. McCoy and Alan A. Block, “U.S. Narcotics Policy: An Anatomy of Failure,” in Alfred W. McCoy and Alan A. Block (eds.), *War on Drugs: Studies in the Failure of U.S. Narcotics Policy* (Boulder: Westview Press, 1992), p. 2.

<sup>2</sup> Leif Roderick Rosenberger, *America's Drug War Debacle* (Aldershot: Avebury, 1996), p. 1.

<sup>3</sup> Arnold S. Trebach, *The Great Drug War and Radical Proposals that could make America Safe again* (New York: Macmillan Publishing Company, 1987), pp. 2-3.

<sup>4</sup> *Ibid.*, pp. 129-130.

with supply and demand components.”<sup>5</sup> He concluded that Singapore’s drug control policy was successful as it has maintained a drug-free society in spite of its proximity to the drug producing countries of Laos, Myanmar and Thailand.<sup>6</sup>

Why has Singapore succeeded in its war against drugs when the United States and other countries have failed to do so? In 2003, Hans T. van der Veen, a researcher at the Amsterdam Centre for Drug Research in the Netherlands, had concluded that “the War on Drugs is lost, but the struggle continues.”<sup>7</sup> He provided these reasons for his pessimistic assessment:

*In spite of ever-increasing resources dedicated to the reduction of supply and demand of illicit drugs, consumption levels are still rising all over the world. The drug industry is probably the largest and most profitable sector of international crime. ... As long as demand for illicit drugs exists, the drug war cannot be won, at least not by the coercive institutions of the state. ... Supply reduction therefore seems a dead-end strategy, as it is likely to produce little but counterproductive effects on the supply of illicit drugs and on the organizational strength of the trafficker networks that it attacks.*<sup>8</sup>

Singapore appears to be an exception to the dismal record in curbing drug abuse around the world. What are the secrets of Singapore’s success in curbing drug abuse among its population? What lessons can other countries afflicted with the drug problem learn from Singapore’s experience? This paper addresses these questions by first discussing the drug situation in Singapore during the colonial period and after independence before identifying the factors responsible for its effective drug control policy.

### **Drug Situation during the British Colonial Period**

The drug abuse problem can be traced to the immigrants from China who brought their opium-smoking habit when they came to Singapore. Opium was legal then as the British colonial government earned substantial revenue from the cultivation of opium farms.

Opium was the major drug of abuse in Singapore from 1819 to 1945. In 1848, there were 15,043 Chinese opium smokers, which constituted 21.5% of the total population of 70,000. The public outcry against opium smoking resulted in the compulsory registration of opium smokers and the rationing of supplies in 1929. Consequently, 40,956 persons were registered as purchasers of opium in the Straits Settlements by the end of the year.<sup>9</sup> This meant that those who failed to register were considered to be “illicit drug users.”<sup>10</sup> The British colonial government tolerated opium smoking because of the huge amount of revenue obtained from the opium

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<sup>5</sup> Scott B. MacDonald, “Singapore,” in Scott B. MacDonald and Bruce Zagaris (eds.), *International Handbook on Drug Control* (Westport: Greenwood Press, 1992), p. 389.

<sup>6</sup> *Ibid.*, pp. 391 and 394.

<sup>7</sup> Hans T. van der Veen, “The War on Drugs in the Creation of the New World (Dis)order,” in Dietrich Jung (ed.), *Shadow Globalization, Ethnic Conflicts and New Wars: A Political Economy of Intra-State War* (London: Routledge, 2003), p. 94.

<sup>8</sup> *Ibid.*, pp. 94-95.

<sup>9</sup> J.H.K. Leong, “Beating the Gong and Chasing the Dragon in the Lion City,” *Journal of Drug Issues*, Vol. 10 (1980), p. 230.

<sup>10</sup> Tan Ooi Boon, *Slaying the Dragon: Singapore’s Fight Against Drugs* (Singapore: SNP International Publishing, 2006), p. 16.

farms. For example, the percentage of revenue gained from the opium farms in Singapore varied from 15% in 1823-1824 to 52% in 1829-1830.<sup>11</sup>

Thus, the government was more concerned with opium as a source of revenue than with the welfare of the opium addicts. Accordingly, the British opium policy was to protect the opium revenue “through legislation and through patronizing the farmers.”<sup>12</sup> In spite of the ample evidence of the adverse effects of opium addiction on the local Chinese population, the “British colonial administration in the Straits Settlements did nothing to curb the trade in opium” because of the “overwhelming” importance of revenue.<sup>13</sup>

However, because of the anti-opium movements in Britain and the Straits Settlements, and the pressure of world opinion, the Straits Settlements formed an Opium Commission on July 19, 1907 to ascertain the extent of opium smoking and to recommend measures to curb it.<sup>14</sup> Contrary to expectations, the Opium Commission did not recommend the banning of opium smoking as it protected the government’s monopoly of opium by “justifying and safeguarding the opium revenue.”<sup>15</sup>

Nearly 40 years elapsed after the formation of the Opium Commission before opium smoking was finally banned on February 1, 1946. This move resulted in the smuggling of opium and the emergence of morphine dens in the 1950s as an alternative for those opium smokers who could not afford the higher cost of smoking opium. The uncontrolled situation resulted in the enactment of the Dangerous Drug Ordinance on March 1, 1951.<sup>16</sup>

The British colonial government had relied on the Preventive Branch of the Customs and Excise Department (CED) from the banning of opium smoking on February 1, 1946 to July 31, 1952 to take action against opium smokers and smugglers. The enactment of the Dangerous Drugs Ordinance led to the transfer of the task of suppressing opium smoking and smuggling from the Preventive Branch of the CED to the Narcotics Branch of the Criminal Investigation Department (CID) of the Singapore Police Force (SPF) on August 1, 1952 as it was estimated that there were 30,000 opium addicts and 1,500 known opium dens.<sup>17</sup> The People’s Action Party (PAP) government inherited this arrangement for drug control when it assumed office in June 1959 and did not change it for the next 12 years until November 1971.

In short, the problem of opium addiction in colonial Singapore resulted from the government’s monopoly of opium and its “preoccupation, even obsession, with revenue that led, in turn, to insensitivity to the plight of the opium addicts amongst the local population itself.”<sup>18</sup> The drug situation in Singapore during the colonial period was aptly described by Andrew Phang as

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<sup>11</sup> Andrew Phang Boon Leong, *The Development of Singapore Law* (Singapore: Butterworths, 1990), p. 578, Appendix 4, Table 3.

<sup>12</sup> Cheng U Wen, “Opium in the Straits Settlements, 1867-1910,” *Journal of Southeast Asian History*, Vol. 2, No. 1 (March 1961), p. 56.

<sup>13</sup> Phang, *The Development of Singapore Law*, p. 229.

<sup>14</sup> Tan, *Slaying the Dragon*, p. 15.

<sup>15</sup> Phang, *The Development of Singapore Law*, p. 229.

<sup>16</sup> Ong Teck Hong, *Drug Abuse in Singapore—A Psychosocial Perspective* (Singapore: Hillview Publications, 1989), p. 13; and Colony of Singapore, *Annual Report of the Customs and Excise 1951* (Singapore: Acting Government Printer, 1952), p. 9.

<sup>17</sup> Colony of Singapore, *Annual Report 1952* (Singapore: Government Printing Office, 1953), p. 202; and P. Ganesan, “The Drug Problem in Singapore,” *Singapore Police Journal*, Vol. 2, No. 1 (January 1972), p. 84.

<sup>18</sup> Phang, *The Development of Singapore Law*, p. 231.

“marked by a high rate of opium addiction and little or no action by the colonial administration until wider political developments forced them to reconsider their policies.”<sup>19</sup>

### **Drug Situation after Independence**

When Singapore attained independence on August 9, 1965, opium addiction was no longer a serious problem as reflected in the dwindling number of opium addicts.<sup>20</sup> However, a new threat emerged in the late 1960s with the advent of “a new class of addicts who took cannabis and MX [methaqualone] pills, influenced by the rebellious ‘hippie culture’ from the West.”<sup>21</sup> This new problem was more serious as, unlike opium addiction, it was no longer confined to the Chinese or a particular age group. According to the National Council Against Drug Abuse (NCADA):

*By 1970-71, the number of addicts in Singapore started to swell. “Pot” parties were rampant and it was also known that drugs were being consumed in discotheques and nightclubs. A worrying new trend of students abusing drugs was also detected in schools. The drug problem was no longer confined to the Chinese as members of other ethnic groups were also affected. Neither was it confined to members of a certain economic or social class. In short, drug addiction had become a national problem.*<sup>22</sup>

The decline in the number of opium addicts was initially replaced by an increase in morphine addiction as some opium addicts had switched to morphine as a cheaper alternative. However, a more serious problem was the increasing use of cannabis (or ganja) among the population as there were about 2,000 ganja addicts in 1971. Another worrying trend was the discovery that school children were also taking MX pills.

The increasing severity of the drug problem in Singapore was reflected in the seizure of 450 pounds of ganja and 2,280 MX pills and the arrest of 420 persons during the more than a thousand raids conducted during January to October 1971.<sup>23</sup> Furthermore, the number of persons arrested for drug offences had increased from 1,229 in 1965 to 1,949 in 1971.<sup>24</sup> A final indicator of the growing drug problem in Singapore was the increase in the number of arrests for cannabis offenders from 456 to 774 during 1971-1972, and for MX offenders from 34 to 125 for the same period.<sup>25</sup>

Unlike the British colonial government which did not take firm action against the drug problem, the PAP government tackled the growing drug menace after independence by establishing the Central Narcotics Bureau (CNB) in November 1971 as a special agency dedicated to curbing drug addiction in Singapore.

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<sup>19</sup> Ibid., p. 226.

<sup>20</sup> According to the Central Narcotics Bureau (CNB), there were about 500 opium dens and 100 morphine dens in Singapore in 1971 (Interview with CNB officials on July 30, 2007). In 1998, the CNB arrested 40 opium addicts and in 1999, 11 opium addicts were caught. By 2003, only two opium addicts were arrested. See Tan, *Slaying the Dragon*, p. 19.

<sup>21</sup> *Towards a Drug-Free Singapore: Strategies, Policies and Programmes against Drugs* (Singapore: National Council Against Drug Abuse, 1998), p. 9.

<sup>22</sup> Ibid., pp. 9-10.

<sup>23</sup> Tan, *Slaying the Dragon*, p. 23.

<sup>24</sup> Ong, *Drug Abuse in Singapore*, p. 19, Table 1-2.

<sup>25</sup> Soh, *Phoenix*, p. 101.

## The Advent of the Central Narcotics Bureau

As indicated earlier, the British colonial government had transferred in August 1952 the task of suppressing the internal distribution and consumption of opium from the CED to the Narcotics Branch within the CID. As the Narcotics Branch was a small unit, it was assisted in its task by the various police divisions in Singapore.<sup>26</sup> The CED was left with the task of preventing the smuggling of drugs into Singapore as the Central Narcotics Intelligence Bureau (CNIB) was also formed in January 1954 within the CED to work with international narcotics intelligence units to curb the activities of international smuggling syndicates.<sup>27</sup> The Narcotics Branch worked closely with the CNIB and this arrangement remained unchanged after the attainment of self-government in 1959 and after independence in 1965.

In addition to these agencies, the Ministry of Health (MOH) was responsible for the import, distribution and consumption of dangerous medicines, including narcotic drugs. It had also maintained a small unit within the Out-Patients Department for individual addicts to seek treatment and admission to the Treatment and Rehabilitation Centre on St John's Island. The final agency was the Department of Chemistry within the Ministry of Science and Technology, which was responsible for the analysis and identification of suspect drugs.<sup>28</sup>

However, there were three disadvantages of relying on the Narcotics Branch within the CID as the main drug enforcement agency in Singapore. First, as the CID was also concerned with solving other serious crimes like murder, rape and robbery cases, "drug issues or problems did not receive immediate attention or priority." Secondly, as the CID received a block grant from the Ministry of Home Affairs (MHA), the Narcotics Branch had to compete with the other six branches and the secret societies division for manpower, equipment and other resources. Finally, the location of the Narcotics Branch within the CID "was not indicative of the government's strong and tough stance against drugs."<sup>29</sup>

The PAP government was dissatisfied in February 1971 with the existing decentralized arrangement for tackling the drug problem in Singapore and wanted to demonstrate its commitment by establishing a centralized agency instead. Accordingly, the Permanent Secretary of the MHA invited M.C. Manby from the Division of Narcotic Drugs at the United Nations in Geneva to visit Singapore from June 13-23, 1971, to advise the government on the organization and functions of a National Narcotics Bureau.<sup>30</sup>

Manby identified three possible alternatives for the government to consider:

1. The establishment of "a wholly self-contained administration" performing all the five functions itself; or
2. Setting up "separate administrations whose actions are more or less co-ordinated by agreement among themselves"; or

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<sup>26</sup> Ganesan, "The Drug Problem in Singapore," p. 82.

<sup>27</sup> Colony of Singapore, *Annual Report of the Customs and Excise 1954* (Singapore: Government Printer, 1955), p. 6.

<sup>28</sup> M.C. Manby, "Proposed National Narcotics Bureau in the Ministry of Home Affairs" (Singapore, June 20, 1971), p. 2.

<sup>29</sup> Agnes Tan Lee Ling, *Curbing Drug Abuse in Singapore: The Role of Central Narcotics Bureau* (B.Soc.Sci. Honours Thesis, Department of Political Science, National University of Singapore, 2000), p. 14.

<sup>30</sup> Manby, "Proposed National Narcotics Bureau in the Ministry of Home Affairs," p. 1.

3. Creating “separate administrations whose activities are in the main controlled and co-ordinated by a body which is the central authority for government action in this field, and must therefore provide itself with accurate and balanced assessments of the situation as it develops and changes from time to time.”<sup>31</sup>

He recommended the adoption of the third alternative as the first alternative was “unduly extravagant for Singapore in terms of both money and manpower, and is unnecessary.” As Singapore had been relying on the second alternative since 1952, it was considered to be inadequate for dealing with the growing drug problem.<sup>32</sup>

More specifically, Manby recommended the amalgamation of the records on illicit trafficking that were kept separately by the SPF and the CED. As it was “impossible to establish an enforcement branch within the contemplated Narcotics Bureau with new men,” he also recommended increasing the establishments of both the SPF and the CED so that those police and customs officers who were involved in narcotics work could be seconded to the new Narcotics Bureau. Thirdly, Manby recommended the development of a long range intelligence capacity at a later stage to enable the proposed Narcotics Bureau to obtain information on the sources of supply of narcotic drugs.<sup>33</sup>

Manby agreed with the government’s proposal to establish a National Narcotics Bureau. However, he had envisaged a wider role for the new bureau as he had recommended that it should consist of seven sections including reference, research and assessment, training and publicity, international, law enforcement, intelligence, and administration.<sup>34</sup> Needless to say, this broader role for the new bureau would require more manpower and would contradict Manby’s view that “a strength of 60-100 men would be unnecessarily large.”<sup>35</sup>

Accordingly, the CNB was established in November 1971 and was entrusted with these functions:

1. Training of enforcement officers to equip them with specialized skills;
2. Publicity campaigns in educating the public and creating a climate of public opinion against drug trafficking and abuse;
3. Co-ordinated collection of intelligence with regard to trafficking and law enforcement;
4. Liaison with international bodies; and
5. Acting as a centre of narcotics intelligence.<sup>36</sup>

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<sup>31</sup> Ibid., p. 4.

<sup>32</sup> Ibid., p. 4.

<sup>33</sup> Ibid., p. 5.

<sup>34</sup> Ibid., pp. 10-11.

<sup>35</sup> Ibid., p. 6.

<sup>36</sup> Interview with CNB officials on July 30, 2007.

While the CNB had taken over the functions of the Narcotics Branch of the CID and the CNIB of the CED, both the CED and the SPF continued to perform the functions of preventing the smuggling of narcotic drugs at the various entry points and conducting the daily routine checks for detecting drug abuse. The MOH would also continue to be responsible for the licensing and control of drugs imported and used for medical and scientific purposes.<sup>37</sup>

The CNB consisted initially of three sections: enforcement; administration; and research, training and publicity. A total of 72 posts were approved and 24 officers were seconded from the SPF and CED to join the CNB.<sup>38</sup> The CNB inherited the office of the Narcotics Branch of the CID in Robinson Road and John Hanam, who was the Assistant Controller of the CED, was appointed as its first director.<sup>39</sup>

### Strengthening Anti-Drug Legislation

Table 1 provides details of the anti-drug legislation introduced in Singapore between 1896 and 1951. As the Dangerous Drugs Ordinance of 1951, which had replaced all the previous legislation, was ineffective, the government had to introduce new legislation to assist the CNB in its fight against drugs. In moving for the second reading of the Misuse

**Table 1. Anti-Drug Legislation in Singapore, 1896-1951**

Year	Legislation	Purpose
1896	Morphine Ordinance	Prohibited intravenous injection of morphine except by competent medical personnel
1909	Chandu Revenue Ordinance	Prohibited possession of sale of chandu to women and children under 18
1929	Compulsory Registration of Opium Smokers	Restricted opium smoking to those registered and introduced rationing of supplies
1946	Opium and Chandu Proclamation	Prohibited possession of prepared and raw opium and smoking utensils
1951	Dangerous Drugs Ordinance	Prohibited possession of such dangerous drugs as opium, cannabis, morphine, cocaine and heroin

Source: Ong Teck Hong, *Drug Abuse in Singapore—A Psychosocial Perspective* (Singapore: Hillview Publications, 1989), p. 10.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> "Pioneering the Work of Drug Enforcement: An Interview with Mr John Hanam," in *Dare to Strike: 25 Years of the Central Narcotics Bureau* (Singapore: CNB, 1996), pp. 10 and 15.

of Drugs Bill in Parliament on February 16, 1973, the Minister for Health and Home Affairs, Chua Sian Chin, asserted that the Dangerous Drugs Ordinance was “enacted about 21 years ago and the controls provided therein are grossly inadequate for the 70’s, with the introduction of a host of new drugs of medical value if properly used.”<sup>40</sup>

More importantly, the proposed legislation would increase the punishment for drug offences substantially to serve as an effective deterrent as the penalties of the Dangerous Drugs Ordinance were “obviously totally inadequate as deterrents.”<sup>41</sup> The increased penalties for the various offences were:

*For unauthorised traffic in a Class A controlled drug, for example, morphine, opium, heroin, the maximum sentence is 20 years or \$40,000 [US\$18,779] or both, and ten strokes of the rotan. The heaviest penalty will apply to those convicted of unauthorized trafficking in a Class A controlled drug to persons under the age of 18 years. For this offence a maximum penalty of 30 years pr \$50,000 [US\$21,645] or both, and 15 strokes of the rotan, and a minimum penalty of five years or \$10,000 [US\$4,329] or both, and three strokes of the rotan have been provided.*<sup>42</sup>

The Minister for Health and Home Affairs, Chua Sian Chin, had further stated that while the government had increased the penalties for drug offences to provide an effective deterrent, it had “not gone as far as some countries which impose the death penalty for drug trafficking.”<sup>43</sup> However, the government changed its mind two years later when the death penalty was introduced with the enactment of the Misuse of Drugs (Amendment) Act, 1975.

The Misuse of Drugs Act, 1973, was amended in November 1975 to introduce the death penalty for the “unauthorized manufacture of heroin and morphine irrespective of the amounts involved” and for the “unauthorized import, export or trafficking of more than 30 grammes of morphine or more than 15 grammes of heroin.”<sup>44</sup> The Minister for Home Affairs and Education, Chua Sian Chin, provided these statistics to demonstrate that the existing penalties under the Misuse of Drugs Act, 1973, had not been an effective deterrent to drug traffickers:

*In the first half of 1974 only nine out of 1,793 drug abusers arrested consumed heroin. In the corresponding period this year 1,007 out of 1,921 drug abusers arrested consumed heroin. Thus the number of heroin abusers arrested increased by almost 112 times in 12 months. This is an explosive increase by any reckoning. Equally significant is the fact that the number of traffickers arrested for dealing in heroin had also increased from six in the first half of 1974 to 26 in the corresponding period this year.*<sup>45</sup>

Apart from enhancing the deterrent effect, the rationale for introducing the death penalty was the harm perpetuated by drug traffickers and the “threat that drug addiction poses to national

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<sup>40</sup> Chua Sian Chin, “Motion for the Second Reading of the Misuse of Drugs Bill” on February 16, 1973, *Parliamentary Debates, Republic of Singapore, Official Report*, First Session of the Third Parliament, Volume 32 (Singapore: Singapore National Printers, 1974), cols. 414-415.

<sup>41</sup> *Ibid.*, col. 416

<sup>42</sup> *Ibid.*, col. 416. In 1974, the exchange rate was US\$1 = S\$2.31.

<sup>43</sup> *Ibid.*, col. 416.

<sup>44</sup> Chua Sian Chin, “Motion for the Second Reading of the Misuse of Drugs (Amendment) Bill,” on November 20, 1975, *Parliamentary Debates, Republic of Singapore, Official Report, Second Session of the Third Parliament*, Vol. 34 (Singapore: Singapore National Printers, 1975), cols. 1381-1382.

<sup>45</sup> *Ibid.*, col. 1381.

security and viability.”<sup>46</sup> According to Chua Sian Chin, the Minister for Home Affairs and Education:

*Rampant drug addiction among our young men and women will also strike at the very foundations of our social fabric and undermine our economy. Once ensnared by drug dependence they will no longer be productive digits contributing to our economic and social progress. They will not be able to carry on with their regular jobs. Usually for the young men, they turn to all sorts of crime, and for the girls, to prostitution to get money to buy their badly needed drugs. Thus, as a developing country, our progress and very survival will be seriously threatened.*<sup>47</sup>

In short, unlike the British colonial government, the PAP government demonstrated its commitment to eradicating the problem of drug abuse by establishing the CNB in November 1971, and also by increasing the penalties for drug offences by enacting the Misuse of Drugs Act in 1973 and amending it two years later with the introduction of the death penalty for drug trafficking.

### **Supply Reduction Strategy**

With the establishment of the CNB in 1971, the PAP government adopted a two-pronged strategy of supply and demand reduction which was implemented by the CNB, Prisons Department, CED, and SPF.

As the supply of drugs is reduced by preventing drugs from entering Singapore, the CNB's supply reduction strategy relies on these four measures:

1. Striking hard at all drug suppliers ranging from big time syndicate leaders to small time street pushers;
2. Intensifying checks at all entry/exit points, including known illegal landing points;
3. Enhancing cooperation with foreign anti-drug agencies; and
4. Improving its intelligence capability to seek out major drug syndicates.<sup>48</sup>

In November 1993, the CNB was entrusted with additional powers by the Drug Trafficking (Confiscation of Benefits) Act to trace, freeze and confiscate those assets identified as proceeds from drug trafficking.<sup>49</sup>

Table 2 shows that of the 5,911 drug traffickers arrested by the CNB from 1977 to 1993, 4,286 (72.5%) were anti-traffickers, 918 (15.5%) were small-scale traffickers, and only 707 (12%) were large-scale traffickers. Furthermore, while the number of drug traffickers arrested by the CNB

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<sup>46</sup> Ibid., col. 1379.

<sup>47</sup> Ibid., col. 1380.

<sup>48</sup> *Report of the Committee to Improve the Drug Situation in Singapore* (Singapore: Ministry of Home Affairs, February 1994), p. 21.

<sup>49</sup> Ibid., p. 21.

had increased from 323 in 1977 to 499 in 1987, it had declined to 111 in 1993. The CNB attributed the decrease in the number of drug traffickers arrested to the change in emphasis of its enforcement strategy from the ant traffickers to the large-scale traffickers. This change in strategy was reflected in the increased proportion of large-scale traffickers arrested from 12.4% in 1987 to 46% in 1993.<sup>50</sup>

**Table 2. Drug Traffickers arrested by CNB by category, 1977-1993**

<b>Year</b>	<b>Large-Scale Traffickers</b>	<b>Small-Scale Traffickers</b>	<b>Ant Traffickers</b>	<b>Total</b>
1977	46 (14.2%)	114 (35.3%)	163 (50.5%)	323
1978	46 (15.2%)	80 (26.5%)	176 (58.3%)	302
1979	14 (8.5%)	40 (24.4%)	110 (67.1%)	164
1980	22 (7%)	61 (19%)	237 (74%)	320
1981	12 (2.5%)	37 (7.6%)	437 (89.9%)	486
1982	10 (2.2%)	41 (9.1%)	399 (88.7%)	450
1983	6 (1.5%)	60 (15%)	329 (83.5%)	395
1984	22 (7.2%)	49 (16%)	235 (76.8%)	306
1985	20 (5.3%)	29 (7.7%)	328 (87%)	377
1986	62 (14.5%)	50 (11.7%)	315 (73.8%)	427
1987	62 (12.4%)	55 (11%)	382 (76.6%)	499
1988	64 (13.2%)	49 (10.1%)	371 (76.7%)	484
1989	54 (11.1%)	100 (20.6%)	332 (68.3%)	486
1990	52 (13.9%)	68 (18.2%)	254 (67.9%)	374
1991	87 (36%)	51 (21%)	103 (43%)	241
1992	77 (46.4%)	20 (12%)	69 (41.6%)	166
1993	51 (46%)	14 (12.6%)	46 (41.4%)	111
<b>Total</b>	<b>707 (12%)</b>	<b>918 (15.5%)</b>	<b>4,286 (72.5%)</b>	<b>5,911</b>

Source: *Report of the Committee to Improve the Drug Situation in Singapore* (Singapore: Ministry of Home Affairs, February 1994), p. 60, Chart 3.

<sup>50</sup> Ibid., p. 7.

## Operation Ferret: Reducing the Demand for Drugs

To reduce the demand for drugs, the CNB focused its efforts on enforcing the Misuse of Drugs Act, 1973, and the Misuse of Drugs (Amendment) Act, 1975, by arresting, isolating and treating the drug addicts, and educating the population on the dangers of drug abuse. In addition to effective enforcement against drug traffickers to reduce the supply of drugs, the CNB realized that it had to reduce the demand for drugs too. According to Tee Tua Ba, who was the CNB's Director from 1978 to 1981:

*To lick the drug problem effectively, we couldn't just tackle the supply side. We had to take action against the demand side as well. Demand creates supply. ... We had to take addicts off the streets. Cure first, debate later. We used the 'mouse trap', that is we tracked down the drug pusher and used him as the trap to nab his clients.<sup>51</sup>*

Heroin addiction was initially not a serious problem when the CNB was established in November 1971. However, the number of persons arrested on suspicion of heroin abuse gradually increased from four persons in 1972, to 110 persons in 1974, and to 2,263 persons in 1975. By 1976, heroin addiction was a serious problem as heroin suspects were arrested at the rate of 475 persons per month.<sup>52</sup>

Accordingly, the CNB responded to the growing problem of heroin addiction by launching an island-wide offensive code-named "Operation Ferret" with the SPF and CED on April 1, 1977 to reduce the demand for heroin by arresting

*... as many drug addicts as possible and detain[ing] them for compulsory treatment and rehabilitation for a long enough period so that they are isolated from the drug more quickly than new addicts are created.<sup>53</sup>*

The data collected on the drug addicts enabled the CNB to estimate the heroin addict population in Singapore and to register them.

Operation Ferret was effective as it resulted in sending 6,719 drug addicts by December 1977 to the Drug Rehabilitation Centres (DRCs)<sup>54</sup> and prevented the "drug problem from spinning out of control."<sup>55</sup> The number of drug addicts sent to the DRCs before Operation Ferret was 191 in 1975, 962 in 1976, and 449 from January to March 1977. However, 26,376 persons were arrested for suspicion of drug consumption from April 1977 to February 1978, and 7,348 of them (28%) were tested positive and sent to the DRCs for treatment and rehabilitation.<sup>56</sup>

Operation Ferret was effective because of the cooperation and coordination among the six agencies involved. The CNB, SPF and CED worked closely to arrest the suspected drug addicts. The Department of Scientific Services was responsible for testing the urine specimens collected from those arrested. The DRCs within the Prisons Department treated and rehabilitated the drug addicts. The Probation and Aftercare Service provided supervision and

<sup>51</sup> Quoted in Soh, *Phoenix*, p. 111.

<sup>52</sup> K.V. Veloo, *Drug Abuse in Singapore—Demand Reduction and Rehabilitation Strategy* (Singapore: Development Division, Ministry of Social Affairs, June 1983), p. 4.

<sup>53</sup> *Ibid.*, p. 5.

<sup>54</sup> *Report of the Committee to Improve the Drug Situation in Singapore*, p. 6.

<sup>55</sup> Soh, *Phoenix*, p. 111.

<sup>56</sup> *Ibid.*, p. 111.

aftercare to those released from the DRCs.<sup>57</sup> In fact, Operation Ferret was described as “a landmark operation” as it was also “the first Home Team operation.”<sup>58</sup> In short, Operation Ferret demonstrated the feasibility and benefits of conducting joint operations between the various agencies in the MHA.

### **Treatment and Rehabilitation of Drug Addicts**

To reinforce the demand reduction strategy, the CNB realized the importance of rehabilitating drug addicts and minimizing the relapse rate. Accordingly, a “Tough Treatment and Rehabilitation Strategy” was introduced on August 20, 1976 with the enactment of the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations, 1976, to accelerate the process of demand reduction by minimizing the relapse rate through the treatment and rehabilitation of drug addicts.<sup>59</sup>

There are four methods for treating drug addicts: (1) maintaining them on a minimum maintenance dosage; (2) reducing their drug dependence by gradual reduction of their dosage of the drug; (3) substitute drug therapy by transferring their dependence from heroin to methadone; and (4) detoxification without medication or “cold turkey” method of withdrawal by isolating them in DRCs.<sup>60</sup> The “cold turkey” treatment was selected not only because the other three methods were ineffective but also because of the belief

*that those who go through it will be less likely to relapse and those contemplating experimenting with drugs will be deterred by the suffering of those previously committed to “cold turkey.”<sup>61</sup>*

After his medical examination, a drug addict is required to undergo seven days of detoxification without medication unless a medical officer indicates that medication is required to save his life. The two exceptions are: drug addicts who are above 55 years of age; and drug addicts who are medically unfit. However, the latter are required to undergo detoxification after their recovery.<sup>62</sup> While the “cold turkey” method did not minimize the relapse rate significantly, it “definitely has had a deterrent effect” as probation and aftercare officers have observed that drug addicts, if given the chance, “would not want to face another ‘cold turkey’ treatment.”<sup>63</sup>

The government appointed the Advisory Committee on Treatment and Rehabilitation of Drug Addicts on February 9, 1977 to evaluate the facilities and measures employed for the treatment and rehabilitation of drug addicts and to make recommendations for improving them by identifying the problems encountered and the resources required.<sup>64</sup>

Before the launching of Operation Ferret in April 1977, those heroin addicts who had volunteered for treatment were treated either at the Drug Ward at Alexandra Road Hospital as in-patients or at the Drug Dependence Clinic at Maxwell Road as out-patients. A third alternative was treatment by private medical practitioners. However, as very few drug addicts had

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<sup>57</sup> Veloo, *Drug Abuse in Singapore*, p. 6.

<sup>58</sup> Soh, *Phoenix*, p. 111.

<sup>59</sup> Veloo, *Drug Abuse in Singapore*, pp. 7 and 9.

<sup>60</sup> *Ibid.*, pp. 8-9.

<sup>61</sup> *Ibid.*, p. 9.

<sup>62</sup> *Ibid.*, p. 9.

<sup>63</sup> *Ibid.*, p. 10.

<sup>64</sup> *Ibid.*, pp. 10-11.

volunteered to undergo treatment, the 1977 Advisory Committee had advised the government to close the Drug Ward and the Drug Dependence Clinic.<sup>65</sup>

The closure of these two treatment centres and Operation Ferret resulted in an estimated number of 2,000 drug addicts seeking treatment from private medical practitioners. Unfortunately, such treatment was ineffective as “nearly all those under the treatment of medical practitioners were found to be continuing with their drug abuse.”<sup>66</sup> When the medical practitioners themselves realized their inability to treat heroin addicts effectively, they encouraged and referred those requiring institutional treatment and rehabilitation to the DRCs.<sup>67</sup>

The treatment and institutional rehabilitation process at the DRC lasted for six months and consisted of these five stages:

1. Stage 1: One week of mandatory detoxification during which no medication is prescribed to the addict to assist his withdrawal symptoms, except when his life is threatened. When the latter occurs, the medical officer can provide medication. Addicts who are 55 years of age and above are exempted from this stage.
2. Stage 2: One week for recuperation and reorientation conducted by the DRC staff to help the inmates adjust to the rules of the DRC.
3. Stage 3: One week of intensive indoctrination to make the inmates aware of the dangers of the drug habit, the realities of life, and their role and contribution to society through individual and group counseling sessions conducted by the DRC’s medical officer and psychologist and the Prisons Department’s social service officers. Religious counseling is also introduced during this stage.
4. Stage 4: Nine weeks of military training to inculcate discipline among the inmates and to improve their physical well-being.
5. Stage 5: Twelve weeks of working eight hours a day (or 44 hours a week) at an industrial workshop to prepare the inmates for employment after their release.<sup>68</sup>

However, this six-month treatment programme was extended for a longer period after the Misuse of Drugs Act was amended to provide for the detention of those drug addicts with multiple relapses for a maximum period of three years in the DRC. In January 1978, a Review Committee chaired by a psychiatrist was formed for each DRC to review whether a drug addict is suitable to be discharged after the first six months. The Review Committee can extend the period of detention of an addict for another six months if further treatment and/or rehabilitation is required. However, the total period of detention cannot exceed three years.<sup>69</sup>

As the drug addicts are viewed as victims rather than criminals, they are not convicted or imprisoned but sent to the DRCs for treatment and rehabilitation for a period ranging from six months to a maximum period of three years.<sup>70</sup> To ensure that the addicts in the DRCs are not

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<sup>65</sup> Ibid., p. 12.

<sup>66</sup> Ibid., p. 13.

<sup>67</sup> Ibid., pp. 13-14.

<sup>68</sup> Ibid., pp. 14-16.

<sup>69</sup> Ibid., pp. 16-17.

<sup>70</sup> Ibid., p. 18.

mistreated, the Minister for Home Affairs appointed a Board of Visitors consisting of 18 persons on February 23, 1979 to visit all the DRCs to

*... see every drug addict who wishes to be interviewed, hear complaints, ascertain that the food, clothes, accommodation, medical and rehabilitative facilities are up to required standards and generally concern themselves with the process of treatment and rehabilitation.*<sup>71</sup>

The Board of Visitors and the Review Committee ensure that drug addicts are not detained longer than necessary for their successful treatment and rehabilitation within the DRCs. Apart from making complaints to the Board of Visitors, an inmate in the DRC can also make a complaint on oath to a Magistrate if he feels that he has been improperly detained. The Magistrate can order the discharge of an inmate from the DRC if he is satisfied that the inmate should not be detained.<sup>72</sup>

In May 1979, the CNB's Director, Tee Tua Ba, proposed the introduction of a Day Release Scheme (DRS) to "reduce recidivism through deterrence and prompt detection in the event of relapse"<sup>73</sup> as the existing system of two-year supervision of those drug addicts released from the DRCs and Prisons was ineffective as manifested in the 75% relapse rate during the first year after their release. The DRS would assist those persons released from the DRCs and Prisons to adjust to society by increasing the period of a drug free environment without detaining them in the DRC or prison. Hardcore drug addicts would also be excluded from the DRS for two reasons: they would not benefit from the scheme; and it would not be possible to implement the scheme if the 6,154 hardcore addicts were also included as there would be a total of 8,752 addicts. Accordingly, the DRS would only cater for the 2,598 first and second time offenders for two years.<sup>74</sup> Finally, to provide sufficient time to acquire suitable accommodation, recruit appropriate staff, and amend legislation, the CNB's Director recommended the implementation of the DRS from January 1980.<sup>75</sup>

The DRS serves as an extension to the DRCs by bridging the gap between the DRCs' "strictly controlled regime" and the society. The Review Committee is responsible for selecting the inmates for the DRS. The selected inmates stay in the Day Release Camps for six months. They work during the day in factories and return to the Day Release Camps in the evenings after work. They are also allowed to spend weekends with their families. However, the urine samples of the inmates are tested regularly and if they are found to have consumed drugs again or in breach of the conditions of their day-release licence, they will be sent back to the DRCs.<sup>76</sup>

The Singapore Anti-Narcotics Association (SANA) was established in 1972 to provide drug addicts with counseling, rehabilitation and aftercare services.<sup>77</sup> Three years later, the Probation and Aftercare Service of the Ministry of Social Affairs assumed responsibility for the voluntary aftercare of those drug addicts who were released from the first DRC on St John's Island. However, the government introduced compulsory supervision for those drug addicts released from the DRCs from August 20, 1976 on the recommendation of the Probation and Aftercare

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<sup>71</sup> Ibid., p. 19.

<sup>72</sup> Ibid., p. 19.

<sup>73</sup> Tee Tua Ba, "Paper for the Proposal of a Day Release Scheme for Ex-Drug Addicts released from the Drug Rehabilitation Centres and Prisons" (Singapore: CNB, May 5, 1979), p. 2.

<sup>74</sup> Ibid., pp. 3-6.

<sup>75</sup> Ibid., p. 7.

<sup>76</sup> Veloo, *Drug Abuse in Singapore*, p. 17.

<sup>77</sup> Tan, *Slaying the Dragon*, p. 35.

Service. To cope with the supervision of the 3,976 released drug addicts in 1977, the nine staff members of the Aftercare of Drug Addicts Section were assisted by 688 part-time Special Constabulary national servicemen as SCNS Supervision Officers. The number of drug addicts requiring supervision increased to 5,325 by June 30, 1978.<sup>78</sup>

Given the staff-supervisee ratio of one officer for every eight addicts, it was not possible for the Probation and Aftercare Service to provide individual supervision for all the addicts. Accordingly, a new supervision scheme under the purview of the CNB was introduced on July 1, 1978 to improve supervision and reduce the relapse rate. Under this new scheme, the CNB assumed responsibility for supervising for two years those drug addicts released from the DRCs as well as those persons fined for drug consumption and those persons imprisoned for drug consumption and released from prison.<sup>79</sup>

On April 1, 1976, the Singapore Corporation of Rehabilitative Enterprises (SCORE) was established as a statutory board in the MHA to improve “the employability of offenders” and to reduce the recidivism rate by preparing them for “the eventual reintegration back to the workforce.”<sup>80</sup> SCORE fulfils its mission of rehabilitating and re-integrating offenders to become responsible members of society through work programmes and vocational training, and instilling in them strong work ethics and providing them with the required work experience and job skills.<sup>81</sup> By 2006, SCORE has provided training for 4,100 inmates, which is twice the number of trainees in 2000.<sup>82</sup>

To fill the gap in aftercare work, the SCORE (Amendment) Act was passed in 1987 to expand SCORE’s functions to include “rehabilitative and aftercare services to offenders before and after their discharge from custody.”<sup>83</sup> In 1990, the Aftercare Support Unit was formed within SCORE to provide quality half-way care services for drug offenders.<sup>84</sup> In May 2000, the Community Action for the Rehabilitation of Ex-Offenders (CARE) Network was launched to enhance the effectiveness of rehabilitation and throughcare services for ex-offenders by preparing the general public and potential employers to accept offenders back into the workplace.<sup>85</sup>

## **Educating the Public**

As prevention is better than cure, the demand for drugs can also be reduced by educating the population on the dangers of drug abuse. This task of preventive drug education (PDE) is shared among SANA, CNB, the Ministry of Education (MOE), and the Singapore Armed Forces (SAF).

As mentioned earlier, SANA was formed in 1972 to provide counseling, rehabilitation and aftercare services to drug addicts. In addition, SANA is also responsible for spreading the anti-drug message to school children by organizing an annual anti-drug abuse campaign in schools, appointing a panel of speakers to give regular talks to students, and introducing such programmes as the Anti-Drug Badge Scheme and the Special Agent Scheme for student

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<sup>78</sup> Veloo, *Drug Abuse in Singapore*, pp. 20-23.

<sup>79</sup> *Ibid.*, p. 23.

<sup>80</sup> See <http://www.score.gov.sg/overview.html>.

<sup>81</sup> See [http://www.score.gov.sg/vision\\_mission.html](http://www.score.gov.sg/vision_mission.html).

<sup>82</sup> SCORE, *Annual Report 2006* (Singapore: SCORE, 2007), p. 10. See [http://www.score.gov.sg/doc/annual\\_reports/Score\\_AR06.pdf](http://www.score.gov.sg/doc/annual_reports/Score_AR06.pdf).

<sup>83</sup> *Ibid.*, p. 10.

<sup>84</sup> *Ibid.*, p. 11.

<sup>85</sup> *Ibid.*, p. 11.

bodies, and the Direct Social Intervention programme for school dropouts in two constituencies.<sup>86</sup> SANA also conducts training programmes for the Singapore Boys' Home and the Singapore Police Boys' Clubs annually to enhance their awareness of the dangers of drug abuse.<sup>87</sup>

At the community level, SANA has assisted the Citizens' Consultative Committees to form 34 Drug and Inhalant Abuse Prevention Committees in the different constituencies to organize anti-drug abuse exhibitions or drug awareness talks or to display posters and distribute brochures. A National Anti-Drug Abuse Campaign is also organized by SANA once every two years to increase the population's awareness of the drug problem in Singapore. Finally, SANA has been operating a hotline service since February 1990 to provide counseling and support to drug addicts.<sup>88</sup>

The CNB's role in PDE was performed by a small unit of three officers, two of whom were seconded from SCORE. This unit was formed in December 1992 to perform these six functions: (1) provide statistical analysis on drug trends; (2) provide information on current drug laws and penalties for drug offences; (3) identify 'high risk' target groups for other organizations to direct their efforts; (4) arrange visits to DRCs for school students and community groups; (5) provide audio-visual materials for use in PDE talks and exhibitions; and (6) deliver lectures to target audience and serve as panelist in seminars and public fora.<sup>89</sup>

The MOE has supported PDE by permitting SANA and CNB officials to give talks in schools and to organize visits to the DRCs for the students. However, as schools in Singapore have limited curriculum time, school principals and teachers have not provided sufficient emphasis on PDE programmes in the face of other competing programmes.<sup>90</sup>

In his study on *Youth in the Army*, Leong Choon Cheong observed that drug abuse was not a problem in the SAF before 1974.<sup>91</sup> Table 3 shows that the number of servicemen convicted of drug abuse in the SAF has increased from three in 1970 to a peak of 618 in 1977. Accordingly, the Ministry of Defence (MINDEF) dealt with the problem of drug abuse in the SAF by adopting a three-pronged strategy:

1. Establishing enforcement units in the SAF to target drug offenders;
2. Detaining and rehabilitating those found abusing drugs; and
3. Making servicemen aware of the dangers of drug abuse through education programmes.<sup>92</sup>

The SAF incorporated an anti-drug abuse programme in the basic military training to educate the recruits on the dangers and consequences of drug abuse. In addition, two anti-drug campaigns were conducted from June 27 to July 23, 1977 and from May 25 to August 31, 1979. As part of these campaigns, seminars, talks, debates, group discussions, competitions, and

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<sup>86</sup> *Report of the Committee to Improve the Drug Situation in Singapore*, p. 14.

<sup>87</sup> *Ibid.*, p. 15.

<sup>88</sup> *Ibid.*, p. 15.

<sup>89</sup> *Ibid.*, pp. 15-16.

<sup>90</sup> *Ibid.*, p. 16.

<sup>91</sup> Leong Choon Cheong, *Youth in the Army* (Singapore: Federal Publications, 1978), p. 20.

<sup>92</sup> Tan, *Slaying the Dragon*, p. 52.

mobile exhibitions were organized.<sup>93</sup> Finally, the SAF formed a special Counseling Centre to provide PDE programmes and counseling for both regular personnel and full-time national servicemen.<sup>94</sup>

**Table 3. Number of SAF Servicemen Convicted of Drug Abuse, 1970-1980**

Year of Conviction	First-time Convicted	Repeaters (2 <sup>nd</sup> or more convictions)	Total Convicted
1970	3	0	3
1971	2	0	2
1972	23	0	23
1973	58	1	59
1974	58	6	64
1975	38	6	44
1976	174	9	183
1977	581	37	618
1978	259	82	341
1979	79	62	141
1980	83	50	133
Total	1,358	253	1,611

Source: Tai Foong Leong, "An Evaluation of Our Efforts," in Tai Foong Leong (ed.), *Curbing Drug Abuse: The SAF Experience* (Singapore: Federal Publications, 1981), p. 82, Table 3.

### Review of the Drug Situation in 1993

The increase in the number of drug addicts undergoing treatment in the DRCs from 3,377 in 1977 to 8,130 in 1993 indicated that the drug situation in Singapore was getting worse.<sup>95</sup> Accordingly, the then Minister for Home Affairs, S. Jayakumar, formed a Committee on November 26, 1993 to evaluate the effectiveness of the existing drug control measures and to make recommendations for improving their effectiveness.<sup>96</sup>

The Committee consisted of eight persons and was chaired by Ho Peng Kee, the Parliamentary Secretary of MHA. It took three months to prepare its 93-page report, which was presented to the government in February 1994. Its major recommendation was the replacement of the two-pronged strategy of supply reduction (enforcement) and demand reduction (PDE, treatment and rehabilitation, aftercare and continued rehabilitation) by an integrated strategy which combines PDE and enforcement by the CNB with treatment and rehabilitation by the Prisons Department, and aftercare and continued rehabilitation by SCORE. The major advantage of the proposed strategy was the enhanced coordination and integration between the various agencies involved in combating drug abuse in Singapore.<sup>97</sup> The proposed change in strategy is illustrated in Figure 1 below.

<sup>93</sup> Ng Jui Ping, "Education and Prevention," in Tai Foong Leong (ed.), *Curbing Drug Abuse: The SAF Experience* (Singapore: Federal Publications, 1981), pp. 73-74.

<sup>94</sup> *Report of the Committee to Improve the Drug Situation in Singapore*, p. 16.

<sup>95</sup> *Ibid.*, p. 58.

<sup>96</sup> *Ibid.*, pp. 1-2.

<sup>97</sup> *Ibid.*, pp. 3-4.

**Figure 1: Change in Strategy for Combating Drug Abuse in Singapore**

<u>Two-Pronged Strategy</u>	→	<u>Integrated Strategy</u>
<u>Supply Reduction</u> (Enforcement by CNB)		Preventive Drug Education and Enforcement by the CNB
<u>Demand Reduction</u> (Preventive Drug Education by SANA, CNB, MOE, SAF) (Treatment and Rehabilitation by DRCs and Prisons Department) (Aftercare and Continued Rehabilitation by CNB, Prisons Department, SCORE, SANA, and halfway houses)		Treatment and Rehabilitation by the Prisons Department  Aftercare and Continued Rehabilitation by SCORE

### **Strengthening Preventive Drug Education**

In its Report, the Committee identified several major weaknesses of the existing two-pronged strategy. The first weakness was that the task of PDE was performed mainly by four agencies: SANA, CNB, MOE, and SAF. The Committee criticized the existing PDE programmes of these four agencies as lacking in direction and focus and “little coordination of efforts among the various agencies involved.”<sup>98</sup> SANA was criticized for not sustaining its PDE programmes after its active efforts in the late 1970s and early 1980s. Furthermore, SANA’s PDE efforts in schools had initially focused on the more motivated secondary school students in the uniformed groups who were less likely to take drugs, and had neglected such “high risk” groups like primary school dropouts until the introduction of the Direct Social Intervention programme in 1992. A third weakness of SANA’s PDE programmes was that the publicity materials were out dated and not credible for the more sophisticated youths today.<sup>99</sup>

Similarly, the CNB’s efforts in PDE have been hampered by the lack of resources as it has only a small PDE unit of three persons. More importantly, as the CNB is an enforcement agency, its officers are accustomed to enforcement work and less likely to have the aptitude or interest in performing PDE activities.<sup>100</sup> As 1,200 new drug addicts are admitted to the DRCs every year, the Committee stressed the importance of prevention by recommending that the PDE programmes be given more emphasis in the national anti-drug campaign.<sup>101</sup>

As the SANA is a nongovernmental organization and cannot be effectively controlled by the government, the Committee recommended that the CNB be made responsible for leading the PDE programmes with the assistance of SANA and the SPF’s Public Affairs Department. As the lead agency for PDE, the CNB will chair a coordinating committee on PDE programmes with representatives from SANA, MOE, SAF, SPF, Prisons Department, People’s Association and other relevant agencies. To assist the CNB in its new role, the Committee recommended the provision of more manpower and funds to enable the CNB to expand its PDE unit. The Committee also recommended that the CNB employ a Public Relations consultant to prepare a

<sup>98</sup> Ibid., p. 16.

<sup>99</sup> Ibid., pp. 16-17.

<sup>100</sup> Ibid., p. 17.

<sup>101</sup> Ibid., pp. 17-18.

general “immunization” package for the population and special packages for “high risk” groups such as upper primary school dropouts and Malay youths.<sup>102</sup>

### **Improving Enforcement Against Drug Traffickers and Addicts**

The task of taking enforcement action against drug traffickers and addicts was performed by the CNB with the assistance of the SPF in arresting suspected drug abusers and street pushers, and the CED in detecting the smuggling of illicit drugs through the various entry points into Singapore. However, the CNB had only 200 officers in 1993 to cope with the problems caused by the influx of drugs from Johore, the growing number of Singaporeans arrested abroad for drug trafficking, the high relapse rate of drug addicts released from the DRCs, and the overcrowded DRCs.<sup>103</sup> The CNB’s manpower shortage indicates that its number of personnel has not kept pace with its increased workload as the SPF’s CID has 600 staff members with an equivalent caseload.<sup>104</sup>

Accordingly, the Committee recommended that more resources be provided to the CNB to enable it to strengthen its enforcement efforts against drug traffickers and addicts. The capability of the CNB’s Intelligence Division should also be enhanced to disrupt the supply of drugs from Malaysia and the CNB should continue to cooperate with the Malaysian authorities to conduct joint operations against drug syndicates based in Johore. Nevertheless, the CNB’s main emphasis should continue to be on containing the drug problem in Singapore by taking relentless enforcement action against drug traffickers and pushers in the local drug market. Finally, to tackle the problem of overcrowded DRCs, the Committee recommended that the Prisons Department explore different ways of accommodating more drug addicts in the DRCs.<sup>105</sup>

### **Enhancing Treatment and Rehabilitation of Drug Addicts**

The task of treating and rehabilitating drug addicts was performed by the DRCs and the Prisons Department. The Committee attributed the high relapse rate of over 70% of the drug addicts released from the DRCs to the “softer” regime in the DRCs which failed to deter the hardcore addicts from drugs after their release.<sup>106</sup>

As discussed above, drug addicts are sent to the DRCs from six months to three years for treatment involving detoxification, recuperation, indoctrination, physical training, work therapy and counseling. After completing their treatment, the drug addicts are discharged from the DRC and are supervised by the CNB for two years.<sup>107</sup>

The Prisons Department introduced four special programmes to assist those drug addicts who sincerely wish to be cured of their drug habit. First, the Exit Counseling Programme (ECP) consists of intensive counseling, anti-drug education and physical training for two weeks designed for those experimenters “who are usually young persons without any criminal/drug antecedents.” The intensive counseling sessions conducted by professionals help the drug addicts to increase their resistance to drugs and to teach them how to stay away from drugs. It

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<sup>102</sup> Ibid., pp. 18-19.

<sup>103</sup> Ibid., pp. 21-24.

<sup>104</sup> Ibid., p. 24.

<sup>105</sup> Ibid., 25.

<sup>106</sup> Ibid., pp. 28-29.

<sup>107</sup> Ibid., p. 26.

should be noted that the ECP's relapse rate is lower than the DRCs' mass treatment programme's relapse rate as 57.5% of the 1,554 drug addicts who had completed the ECP by September 1993 had relapsed compared to 70% of those released from the DRCs.<sup>108</sup>

Second, the Three Phase Programme (3PP) consists of (1) an intensive version of the DRC's mass treatment regime; (2) the institutional Day Release Scheme (DRS) where the addicts are allowed to work during the day and return to the DRC camp after work; and (3) the residential DRS phase during which the addicts work and return home after work and are electronically tagged to ensure their compliance with the evening curfew. The 3PP's relapse rate is also lower than the DRCs' relapse rate as 290 addicts (31%) of the 939 addicts placed on the 3PP in December 1993 were excluded from it for committing various offences including relapsing to drugs.<sup>109</sup>

Third, the Revised Electronic Monitoring System (EMS) Programme is designed for those addicts who are not eligible for the 3PP but are willing to change. The duration of this programme is longer than the 3PP but shorter than the DRCs' mass treatment regime. After treatment the drug addicts are placed on the residential DRS with EMS. Its relapse rate is 58% as 1,081 addicts of the 1,876 addicts in this programme had been removed for committing various offences including relapsing to drugs.<sup>110</sup>

Fourth, the Naltrexone Pilot Programme lasted for two years and was introduced by the Prisons Department in August 1993 to examine the effects of Naltrexone, a non-addictive drug which reduces the craving for drugs by heroin addicts, on 60 volunteers who were selected from those addicts eligible for the 3PP. The effects of Naltrexone on the selected volunteers were monitored for two years: during the first year when they were taking the drug; and during the second year when they stopped taking the drug. In December 1993, only four addicts (6.7%) were excluded from the programme: one on medical grounds and the remaining three for consuming drugs.<sup>111</sup>

The Committee recommended that the Prisons Department should continue to be the lead agency for the treatment and rehabilitation of drug addicts and should form a coordinating committee consisting of representatives from the CNB, SCORE, SANA, MOE, MOH and the Ministry of Community Development. Furthermore, the Committee recommended a more realistic approach by adopting a "more compassionate and helpful approach" towards those drug addicts who are responsive to rehabilitation on the one hand, and a "firm and tough attitude" towards "recalcitrants" or hardcore drug addicts on the other hand.<sup>112</sup>

Accordingly, top priority should be given to the treatment and rehabilitation of new addicts (meaning the first and second timers) to prevent them from being hardcore addicts. However, the Committee recommended long term detention for the hardcore addicts (third timers or above) with the addition of penal features to toughen the DRC mass treatment regime to enhance its deterrent effect. More specifically, it recommended that fifth timers should be prosecuted in court and subjected to imprisonment and caning in order to deter new addicts from becoming hardcore ones.<sup>113</sup>

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<sup>108</sup> Ibid., pp. 26-27.

<sup>109</sup> Ibid., p. 27.

<sup>110</sup> Ibid., pp. 27-28.

<sup>111</sup> Ibid., p. 28.

<sup>112</sup> Ibid., pp. 30-31.

<sup>113</sup> Ibid., pp. 31-32.

In view of the Prisons Department's limited resources, the Committee recommended that rehabilitative efforts be focused on the amenable drug addicts or the first and second timers. Hardcore addicts should also be differentiated according to whether they have previous records of criminal and drug offences, with the longest period of detention for those who trafficked in drugs.<sup>114</sup> For those drug addicts who have voluntarily sought treatment for their drug problem, the Committee recommended a special treatment programme involving a shorter period of detoxification, recuperation and preparatory indoctrination and counseling in the DRC followed by the completion of their treatment in selected halfway houses.<sup>115</sup> To enable the Prisons Department to rely on well-managed halfway houses with effective treatment programmes, the Committee recommended that the MHA should provide start-up and operating grants to selected halfway houses for treating "amenable" hardcore addicts.<sup>116</sup>

Finally, the Prisons Department should be given more manpower posts to recruit full-time professional counselors to improve the quality of counseling provided in the DRCs. Group counseling should also be provided for all addicts but individual counseling should be emphasized for the new addicts and amenable hardcore addicts.<sup>117</sup>

### **Improving Aftercare and Continued Rehabilitation**

The task of aftercare and continued rehabilitation was performed jointly by the CNB, Prisons Department, SCORE, SANA and the halfway houses. As none of these agencies was responsible for coordinating their efforts, "the most critical problem in the aftercare phase is the overall lack of coordination and direction amongst the various agencies involved" which "has resulted in an essentially ad hoc approach to the provision of aftercare support to ex-addicts."<sup>118</sup>

As indicated earlier, the CNB supervises those drug addicts for two years after their release from the DRCs. The supervisees report regularly every two days, week or fortnight depending on their progress to a designated police station for routine urine tests. Surprise urine tests can also be conducted by the CNB on the supervisees periodically. The supervision order on a supervisee is revoked by the CNB after one year if he does not get an adverse report. Moreover, the CNB can also refer a supervisee to SANA for counseling by voluntary aftercare officers (VAOs) on a voluntary basis.<sup>119</sup>

The Prisons Department's role in aftercare is limited to the follow-up activities for inmates in the ECP and the Naltrexone Pilot Programme. The Prisons Aftercare Officers provide monthly counseling sessions for the ECP inmates and their families with each inmate undergoing three sessions. After their release from the ECP, the inmates are also provided with group and individual counseling by VAOs on a weekly basis for the first three months. The VAOs provide intensive counseling and conduct family visits for those inmates participating in the Naltrexone Pilot Programme during their Residential DRS with EMS. A Prisons officer has also been assigned for every 15 inmates to conduct regular interviews, counseling and assessment sessions, and to visit the inmates' work place regularly.<sup>120</sup>

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<sup>114</sup> Ibid., pp. 32-33.

<sup>115</sup> Ibid., p. 33.

<sup>116</sup> Ibid., pp. 34-35.

<sup>117</sup> Ibid., p. 35.

<sup>118</sup> Ibid., pp. 37 and 41.

<sup>119</sup> Ibid., p. 37.

<sup>120</sup> Ibid., p. 38.

SCORE plays a major role in rehabilitating ex-drug addicts by providing work and employment opportunities for them. It is also responsible for paying the salaries of the eight full-time in-care counselors in the DRCs. During their stay in the DRC, the inmates are required to work in SCORE workshops near the end of their treatment period to impart discipline and instill work ethics in the inmates. Amenable second timers and above or 5% of the DRC population are selected annually for vocational training by SCORE to upgrade their skills. After their release from the DRC, the ex-addicts are provided with job placements by SCORE's Job Placement Unit (JPU), which maintains a job bank with more than 1,000 employers in December 1993. The JPU assisted 2,680 ex-addicts in 1993 to obtain employment in blue-collar jobs with an average monthly salary of S\$550 to S\$850. Finally, in July 1989, SCORE formed the Industrial and Services Cooperative Society (ISCOS) to provide jobs and self-employment opportunities in enterprises involved in the cleaning and renovation work industries for the discharged inmates. By December 1993, ISCOS had 2,826 members and a workforce of 405.<sup>121</sup>

SANA assists the ex-addicts under the CNB's supervision through its Volunteer Aftercare Counselling (VAC) Programme, which provides personalized aftercare service on a one-to-one basis. However, it should be noted that only supervisees who are compatible with the VAOs are selected by SANA for its VAC Programme. By July 1993, SANA had selected 1,424 or 62.5% of the 2,280 eligible supervisees for its VAC Programme. In 1992, SANA reported that ex-addicts counseled by its VAOs had a relapse rate of 58.5%, which is lower than the 75.2% relapse rate of other ex-addicts.<sup>122</sup>

Halfway Houses (HWHs) provide a conducive environment for ex-addicts to recover and re-integrate into society, especially for those ex-addicts without family support. There are 15 HWHs in Singapore with 13 being operated by religious organizations and two by secular organizations. These HWHs provide food, accommodation, personal counseling and spiritual guidance for the ex-addicts, and minimize any negative influence on them. As the average occupancy rate of the 15 HWHs was only 28% in December 1993, these HWHs provide a personalized approach to rehabilitation because of its better staff to inmate ratio than the DRCs. Through their community networks, the HWHs can mobilize volunteers and rehabilitated addicts to help ex-addicts in their recovery.<sup>123</sup>

In view of the overlapping roles of the five agencies in the aftercare and continued rehabilitation of ex-addicts, the Committee recommended that SCORE should be the lead agency as it provides employment for ex-addicts and employs the full-time counselors in the DRCs. A coordinating committee should be set up by SCORE to include representatives from CNB, the Prisons Department, SANA and other relevant agencies. SCORE should also review and upgrade its skills training courses for amenable DRC inmates to improve their access to more jobs and employment prospects. SCORE should also expand the activities of ISCOS to include small enterprises and partnerships with ex-addicts. All CNB's supervisees should be required to attend weekly group counseling sessions conducted by VAOs. SANA should also expand its aftercare programme by recruiting and training more VAOs by working more closely with grassroots and religious organizations. SCORE should enhance the effectiveness of the HWHs' programmes by providing their staff with management training and feedback on their performance. Finally, the Committee recommended tougher penalties for hardcore addicts who

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<sup>121</sup> Ibid., pp. 38-39.

<sup>122</sup> Ibid., pp. 39-40.

<sup>123</sup> Ibid., pp. 40-41.

defaulted while they were on supervision. Caning should be imposed for those who relapsed to drugs or committed major criminal offences.<sup>124</sup>

### **Towards an Integrated Strategy**

To overcome the twin problems of lack of coordination and integration of the two-pronged drug control strategy, the Committee recommended that the government should focus instead on an integrated strategy to be implemented by the three lead agencies: CNB (to be responsible for PDE and enforcement); the Prisons Department (to be responsible for the treatment and rehabilitation of drug addicts); and SCORE (to be responsible for the aftercare and continued rehabilitation of ex-drug addicts). The Committee also recommended that “more resources be provided for [the] CNB to enhance its capability.”<sup>125</sup> As the treatment in the DRCs was not effective in deterring the hardcore addicts or “recalcitrants”, the Committee further recommended that the Prisons Department should focus its efforts in treatment and rehabilitation to the first and second timers who would be more amenable. For the fifth timers and above, the Committee recommended the option of prosecuting them in the courts and subjecting them to a minimum period of imprisonment and caning.<sup>126</sup>

In January 1995, the National Council Against Drug Abuse (NCADA) was formed “to advise the Government on anti-drug policies, generate ideas and garner the support of the community to tackle the drug problem in Singapore.”<sup>127</sup> As the national think-tank and umbrella body on anti-drug strategies and programmes, the NCADA serves as an important link between the government and the community in the struggle against drugs by taking into account the community feedback for evaluating and strengthening the national anti-drug strategy.<sup>128</sup> Accordingly, the NCADA works closely with the CNB, Prisons Department and SCORE to formulate strategies for fighting drug abuse with particular emphasis on PDE, which it views as “a critical pillar” of the national anti-drug strategy.<sup>129</sup>

The Misuse of Drugs Act was amended again in July 1998 to introduce a long-term imprisonment regime for hard-core heroin addicts. These recalcitrant addicts “faced a mandatory prison term of between five and seven years, and caning of between three and six strokes if they had a record of two previous DRC admissions, convictions for drug consumption, failure to provide urine specimen, or any combination of these, starting from October 1992.”<sup>130</sup> Repeat offenders could be imprisoned for a term of 13 years and caned between six and 12 strokes. These tough measures are required to prevent hardcore addicts from relapsing after their release from the DRC by detaining them for a long period so that they cannot contaminate or influence others to consume drugs.<sup>131</sup>

### **Lessons for Other Countries**

The Integrated Strategy to curb drug abuse in Singapore from 1994 has borne fruit as manifested in the declining number of drug abusers arrested by the CNB from 1994 to 2007. Table 4 shows that the number of drug addicts arrested has declined by 64% from 6,165

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<sup>124</sup> Ibid., pp. 45-49.

<sup>125</sup> Ibid., p. 25.

<sup>126</sup> Ibid., p. 31.

<sup>127</sup> *Towards a Drug-Free Singapore*, p. 5.

<sup>128</sup> Ibid., p. 37.

<sup>129</sup> Ibid., pp. 38-39.

<sup>130</sup> Tan, *Slaying the Dragon*, p. 157.

<sup>131</sup> Ibid., p. 157.

persons in 1994 to 2,211 persons in 2007. The CNB's success in reducing the supply of heroin to Singapore has resulted in a sharp increase in the street price of heroin from an average of S\$20 to S\$25 in 2002 to S\$40 to S\$50 in 2003. Consequently, the number of heroin addicts has decreased from 2,235 persons in 2002 to only 567 persons in 2003.<sup>132</sup>

**Table 4. Number of Drug Abusers Arrested by CNB, 1994-2007**

<b>Year</b>	<b>Number of Drug Abusers Arrested</b>	<b>Percentage of Drug Abusers Arrested</b>
1994	6,165	100% (Base)
1996	5,744	93% (-7%)
1998	4,502	78% (-22%)
2000	3,157	51% (-49%)
2002	3,393	55% (-45%)
2004	955	15% (-85%)
2006	1,218	20% (-80%)
2007	2,211	36% (-64%)

Source: Compiled from data provided by the CNB.

#### *Lesson 1: Importance of Political Will*

What lessons can be learnt by other countries from Singapore's experience in curbing drug abuse during the past 49 years? The most important lesson is the paramount importance of political will in curbing drug abuse in a country. In other words, the incumbent government must demonstrate its commitment to combating drug abuse by enacting and amending relevant legislation and allocating sufficient personnel and resources to the key agencies involved. The British colonial government condoned opium smoking before 1946 because of the revenue earned from the opium farms, and relied on the ineffective division of labour between the CED (to prevent opium smuggling) and the Narcotics Branch of the SPF (to curb opium smoking) from August 1952 onwards.

In contrast, the PAP government was dissatisfied with the ineffective arrangement that it inherited from its predecessor in curbing the growing problem of drug abuse in Singapore in the early 1970s. Accordingly, it established the CNB in November 1971, strengthened the anti-drug legislation and gradually provided the CNB with sufficient manpower and funds. Table 5 demonstrates clearly the increasing support provided by the PAP government to the CNB from 1977 to 2007. The CNB's establishment has increased by four times from 148 to 650 during 1977-2007. Similarly, its operating budget has increased by 33 times from S\$1,725,120 (US\$709,926) in 1977 to S\$57,766,860 (US\$40,115,875) in 2007. It should be noted that the

<sup>132</sup> Information provided by the CNB.

CNB's establishment and budget had increased significantly in 1995 as a consequence of the 1993 Committee's recommendation to increase the CNB's resources. In 1973, the Misuse of Drugs Act was enacted to replace the ineffective Dangerous Drugs Ordinance of 1951. The Misuse of Drugs Act was amended in 1975 to include the death penalty for drug trafficking, and in 1998 to provide long term imprisonment and caning for hardcore addicts.

**Table 5. CNB's Establishment and Operating Budget, 1977 to 2007**

Year	Establishment	Percentage Increase	Operating Budget	Percentage Increase
1977	148	100% (base)	S\$1,725,120 (US\$709,926)*	100% (base)
1995	331	124%	S\$17,201,710 (US\$12,199,794)	897%
2006	642	334%	S\$56,501,470 (US\$36,929,065)	3,175%
2007	650	339%	S\$57,766,860 (US\$40,115,875)	3,249%

Source: Compiled from data provided by the CNB.

\*The exchange rate has varied from US\$1 = S\$2.43 in 1977, S\$1.41 in 1995, S\$1.53 in 2006, and S\$1.44 in 2007. For the exchange rates of the US dollar from 1984 to 2007, see <https://secure.sgs.gov.sg/apps/msbs/exchangeRatesForm.jsp> accessed on August 6, 2008.

The 1977 exchange rate is provided in *Yearbook of Statistics Singapore 1979/80* (Singapore: Department of Statistics, 1980), p. 170, Table 11.5.

### *Lesson 2: Adopt a Comprehensive and Integrated Approach*

The second lesson of Singapore's experience in curbing drug abuse is that it illustrates the importance of adopting a comprehensive and integrated approach. Between 1971 and 1993, the PAP government had relied on the implementation of a two-pronged strategy of supply and demand reduction by the CNB, SPF, CED, Prisons Department, and SCORE. However, this two-pronged strategy was not coordinated or integrated and was ineffective as reflected in the increase in the number of drug addicts being treated in the DRCs from 3,377 in 1977 to 8,130 in 1993.

Accordingly, the Committee that was formed in November 1993 to review the existing drug control measures recommended the adoption of an integrated strategy consisting of the CNB taking care of PDE and enforcement against drug traffickers and pushers, the Prisons Department being responsible for the treatment and rehabilitation of drug addicts, and SCORE being concerned with the aftercare and continued rehabilitation of ex-drug addicts. In other words, as a comprehensive and integrated strategy is required to curb drug abuse effectively, incremental and uncoordinated strategies to curb drug abuse should not be adopted.

### *Lesson 3: Focus on Preventive Drug Education*

The third lesson to be learnt from Singapore's experience in curbing drug abuse is the importance of preventing individuals from being addicted to drugs by making the population aware of the negative consequences of drug abuse. According to the 1993 Committee, "once a

person has tried drugs and becomes addicted, it is psychologically difficult to wean him off.”<sup>133</sup> In view of this, the Committee had recommended that PDE should be given more emphasis by providing more manpower and funds to the CNB to strengthen its preventive education unit.<sup>134</sup>

The CNB’s earlier emphasis on enforcement and its neglect of PDE is reflected in the establishment of its three-person preventive education unit only in December 1992, 21 years after its formation.<sup>135</sup> Consequently, PDE was given more emphasis after 1994, when the CNB became the lead agency responsible for coordinating all the PDE programmes in Singapore. The CNB’s budget allocation for PDE from 1998 to 2007 amounted to S\$21,845,190 or an annual average of S\$2,184,519.<sup>136</sup>

#### *Lesson 4: Enforce Anti-Drug Laws Impartially*

The fourth lesson to be gleaned from Singapore’s experience in curbing drug abuse is the importance of enforcing the anti-drug legislation impartially. In other words, any one found guilty of drug trafficking should be punished regardless of his or her status or position. The task of enforcing the anti-drug legislation impartially in Singapore has been made much easier by the fact that corruption is not a serious problem, thanks to the effectiveness of the Corrupt Practices Investigation Bureau.<sup>137</sup> Countries afflicted by rampant corruption have encountered tremendous problems in fighting drug abuse as those enforcing the drug laws have been bribed by the drug traffickers.

#### *Lesson 5: Community Support is Essential*

The fifth lesson to be learnt is the importance of obtaining the support of the community for the country’s national anti-drug strategy. Community support is needed for the PDE programmes to be effective as parents must reinforce the efforts of the schools and SANA in making school children aware of the dangers of drug abuse. The formation of NCADA in January 1995 has enabled the community to provide feedback for improving the national anti-drug strategy. Similarly, the community can also assist those drug addicts released from the DRCs by providing them with jobs with the assistance of SCORE and halfway houses to help them re-adjust and re-integrate into society. The PAP government was able to enact tough legislation against drugs including the death penalty for drug traffickers because of the electorate’s continued support by re-electing it for 11 times after the 1959 general election and its large majority in Parliament.

#### *Lesson 6: Importance of Policy Context*

The sixth lesson that can be learnt from Singapore’s success in curbing drug abuse is the importance of the policy context as an aid or hindrance to policy implementation. Singapore’s favourable policy context has enabled it to curb the problem of drug abuse effectively as it is a small island of 707 sq km with a small population of 4.58 million, a high GDP per capita of S\$52,994 (US\$36,801), and an effective and incorrupt government which has been in power for 49 years.<sup>138</sup>

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<sup>133</sup> *Report of the Committee to Improve the Drug Situation in Singapore*, p. 17.

<sup>134</sup> *Ibid.*, p. 18.

<sup>135</sup> *Ibid.*, p. 15.

<sup>136</sup> Data provided by the CNB.

<sup>137</sup> See Jon S.T. Quah, *Combating Corruption Singapore-Style: Lessons for Other Asian Countries* (Baltimore: School of Law, University of Maryland, 2007), pp. 30-33.

<sup>138</sup> See <http://www.singstat.gov.sg/stats/keyind.html> accessed on August 6, 2008.

In other words, Singapore's small size and population, and economic affluence have strengthened the PAP government's ability to curb the problem of drug abuse effectively through the formulation of comprehensive anti-drug legislation, the impartial implementation of such legislation by the CNB and other agencies, which have been provided with the required resources to perform their functions. Conversely, larger countries with huge populations, lower GDP per capita, and ineffective corrupt governments would face tremendous difficulties in solving the problem of drug abuse.

#### *Lesson 7: Continued Vigilance and Sustained Effort Required for Curbing Drug Abuse*

The final lesson to be learnt from Singapore's experience in drug control is that while the drug problem is not unsolvable, it is nevertheless a difficult problem to eradicate and requires continued vigilance and sustained effort. When Singapore achieved self-government in June 1959, the drug problem was not serious as the main drug of addiction was opium. However, with the growing threat of heroin addiction in the early 1970s, the PAP government established the CNB in November 1971 and introduced the Misuse of Drugs Act in 1973, and amended it in 1975 to include the death penalty for drug trafficking. In April 1977, Operation Ferret was launched jointly by the CNB, SPF and CED to reduce the demand for heroin by arresting heroin addicts and isolating them in the DRCs.

The worsening drug situation in Singapore during 1977 to 1993 as reflected in the increased number of drug addicts in the DRCs led to the formation of a Committee in November 1993 to evaluate the existing two-pronged strategy of supply and demand reduction of drugs. The 1993 Committee recommended the adoption of an Integrated Strategy from 1994 to provide coordination and direction to the national anti-drug strategy with the identification of the three lead agencies of the CNB (responsible for enforcement and PDE), the Prisons Department (responsible for the treatment and rehabilitation of drug addicts), and the SCORE (responsible for the aftercare and continued rehabilitation of ex-drug addicts). The Integrated Strategy has been effective as manifested in the vast reduction in the number of drug addicts in the DRCs and the number of drug abusers arrested by the CNB in Singapore today. In other words, Singapore did not achieve success in curbing drug abuse overnight as it has taken almost 37 years of sustained effort and continuous refinement and strengthening of the anti-drug measures to achieve its current status of having the lowest drug prevalence rate in the world.

In sum, Singapore's success in curbing drug abuse can be attributed to the PAP government's strong political will, its adoption of a comprehensive and integrated anti-drug strategy, its emphasis on PDE, the CNB's impartial enforcement of the anti-drug legislation, its ability to garner community support for its integrated strategy, its favourable policy context, and its continued vigilance and sustained effort. In other words, there is no shortcut to success in a country's fight against drugs and no room for complacency.

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## List of Abbreviations

ACB	Anti-Corruption Branch
CNB	Central Narcotics Bureau
CNIB	Central Narcotics Intelligence Bureau
CPIB	Corrupt Practices Investigation Bureau
CID	Criminal Investigation Department
CED	Customs Excise Department
DRS	Day Release Scheme
DRC	Drug Rehabilitation Centre
EMS	Electronic Monitoring System
ECP	Exit Counseling Programme
GDP	Gross Domestic Product
HWH	Half-way House
ISCOS	Industrial and Services Cooperative Society
MX	Methaqualone
MCD	Ministry of Community Development
MINDEF	Ministry of Defence
MOE	Ministry of Education
MOH	Ministry of Health
MHA	Ministry of Home Affairs
NCADA	National Council Against Drug Abuse
PAP	People's Action Party
PDE	Preventive Drug Education
SANA	Singapore Anti-Narcotics Association
SAF	Singapore Armed Forces
SCORE	Singapore Corporation of Rehabilitative Enterprises
SPF	Singapore Police Force
SCNS	Special Constabulary National Servicemen
3PP	Three Phase Programme
VAC	Voluntary Aftercare Counseling
VAO	Voluntary Aftercare Officer