

Good Morning
Madam Chairperson
CND Facilitator Post-UNGASS 2016 His Excellency Pedro Moitinho de Almeida
Fellow Panellists
Ladies and Gentlemen

I would like to first thank the UNODC for organising these intersessional meetings to discuss how we can best implement the recommendations in the UNGASS 2016 Outcome Document, and for the opportunity for Singapore to share our approach to tackling the menace and scourge of drug abuse and to learn from one another.

2 The UNGASS 2016 Outcome Document calls for an integrated and balanced approach to addressing the world drug problem. In Singapore, we adopt a comprehensive harm prevention strategy which comprises a three-pronged approach, namely public education, tough laws and robust enforcement, and a structured and evidence-based rehabilitation framework, where drug abusers living drug-free lives is our end goal.

3 A key component in addressing demand reduction as highlighted in the UNGASS 2016 Outcome Document is via effective evidence-based drug treatment, care and rehabilitation programmes. Overcoming drug addiction requires the commitment of the drug abuser together with the provision of interventions to support the journey out of drug use at all stages – from the onset of rehabilitation to the eventual reintegration back into society as a drug-free individual.

Evidence-based Approach

4 Singapore believes that every drug abuser should be provided with the necessary help and support to break their drug habit, and drug abusers in Singapore receive rehabilitation. Rehabilitation is either carried out in the community or in residential facilities, which we term Drug Rehabilitation Centres. In my capacity as Chief Psychologist and Director of the Psychological and Correctional Rehabilitation Division of the Singapore Prison Service, please allow me to share Singapore's experience in ensuring an evidence-based approach towards rehabilitation.

5 Firstly, we believe that evidence-based research forms a fundamental component of our rehabilitation system. While we draw from international research findings, we have also conducted our own local research to validate and to contextualise evidence that can be applied to our country. Examples of our research include studies to understand the drug initiation, maintenance and drug abstinence factors of our local drug abusers. This involved conducting in-depth interviews to understand their profiles, based on their personality factors and motives of drug use. We also conduct validation studies of drug assessment instruments that were developed overseas to ensure that they are relevant to our population.

6 Secondly, we develop our drug intervention programmes, drawing from motivational interviewing, cognitive behavioural, social learning and relapse prevention models, all of which are well-known evidence-based interventions for drug addiction. Our psychology-based programmes help drug abusers to re-examine their lives and goals and allow them to learn new skills and attitudes in abstaining from drugs. Our efforts in rehabilitation are supported by the growing body of knowledge from neuroscience research, particularly in the area of neuroplasticity. While brain structures may be adversely affected by drug abuse, the practice

of drug abstinence, coupled with learning new and adaptive skills of coping within socially and emotionally supportive environments, could enable many to develop new behavioural repertoires and habits. Neuroplastic changes in the brain enable new adaptations and learning that allow former drug abusers to function in life without drugs.

7 Thirdly, we use a differentiated approach to provide rehabilitation services. Drawing again from research evidence and international best practices, we assess the level of drug dependence and severity, psychosocial needs and take into consideration age, gender and learning styles in the provision of programmes for drug abusers. We match the intensity and duration of intervention to the level of drug dependence severity, with the most dependent abusers receiving the greatest level of programming and support. This matching is vital in ensuring that the appropriate level of intervention is given to the right person, allowing for maximum effectiveness and efficiency in service provision.

8 We also differentiate interventions based on age and gender. Let me elaborate. We pay special attention to our young abusers by providing community-based drug rehabilitation, with the intention of enabling the majority of them to continue with education, family life and other social activities which are conducive to their development. For other young abusers who do not get emplaced under such schemes, they are supervised regularly and receive counselling. Family participation in their rehabilitation forms is a key component in ensuring their success in leading drug-free lives. Hence, parents are invited to be part of counselling programmes and are partners in the rehabilitation journey of their sons or daughters.

9 In recent years, our research has shown that women drug abusers have different pathways to drug abuse. A local study of the women drug abusers revealed that 43% of the sample cited they used drugs along with their intimate partners to enhance their relationship. Another study revealed that in a sample of women drug abusers who underwent group counselling, 76.7% of them reported that drugs were used to avoid the psychological pain of past traumatic experiences.

10 As such, we are working with experts from this field to develop gender-specific rehabilitation programmes. This includes training our staff on gender-responsive approaches, and the use of specific assessment tools to tailor services specific to the risks and needs of women drug abusers.

11 Fourthly, we believe that good rehabilitation can only be delivered within a supportive system that is organizationally structured for evidence-based practices. Hence, we draw from the best practice principles of Implementation Science to build the system. Implementation Science is the scientific study of methods to promote the translation of research findings and evidence-based interventions into policy and practice. Without effective implementation of evidence-based programmes, we will not be able to glean good outcomes.

12 Last but not least, we evaluate our programmes on both process and outcome. Process evaluation ensures fidelity in the implementation of our programmes and highlights processes that need to be refined. In outcome evaluation, we use behavioural indicators such as abstinence from drug use to determine the effectiveness of our interventions. For instance, we have learnt that drug abusers provided with our evidence-based programmes in a holistic intervention environment have a significantly lower relapse rate compared to historical groups which did not receive the same gamut of interventions. This is a strong signal to us that our programmes are achieving desired outcomes – that our drug abusers are able to live drug free lives.

Community Involvement and Re-integration

13 Successful reintegration into society with drug-free living requires not just undergoing rehabilitation programmes, but building access to social capital through employment, accommodation, and strengthening family relationships. In Singapore, we have embarked on the “Yellow Ribbon Project” to address the stigmatisation and barriers to returning to society after long term drug abuse.

14 Employability and skills training complement psychology-based rehabilitation. Beyond skills acquisition, we work with the business community and find jobs placements for drug abusers at the completion of their rehabilitation. Our evidence has shown that being meaningfully employed and engaged is a significant protective factor in preventing relapse.

15 Community voluntary groups, non-governmental agencies and religious organisations work in partnership with the government to assist and support drug recovery across the various phases of rehabilitation and reintegration.

16 A crucial and recurring theme in dealing with drug rehabilitation is that drug abuse does not only affect the individual who abuses drugs, but their families as well. We have found that drug abusers undergoing residential drug rehabilitation will be better able to concentrate on rehabilitation if they are assured that their families will be looked after, especially if they are the sole breadwinners. One community outreach project involves affected families, with the consent of the drug abusers, being visited by community volunteers to offer support and help them meet their basic needs. The nature of assistance rendered to the families can be broadly categorised into the following areas - finances, education, housing and employment.

17 I will share with you the story of how a lady, whose brother was undergoing drug rehabilitation, was found with 7 children and 3 adults living under a small roof, entirely supported by her husband who was a low wage worker. The community volunteers connected her to sources of assistance and programmes in the community, and in her own words, “brought light to her family, which had been living in 12 years of darkness”.

18 Our own experience has shown that investment in drug rehabilitation pays off for our society. We have seen many former chronic drug abusers now live meaningful and successful drug-free lives. Some are running their own business or are in paid employment while others work in voluntary welfare and religious organisations, helping current drug abusers break out of the cycle. We are encouraged by these success stories.

International Cooperation – Sharing of Best Practices

19 The UNGASS 2016 Outcome Document has underscored the importance of international cooperation based on the principle of common and shared responsibility. At the Association of Southeast Asian Nations (ASEAN), the ten countries have collectively committed to increase access to treatment, rehabilitation and aftercare services to drug users through capacity building and enhanced cooperation.

20 We also share our best practices and collaborate with other countries, for instance through the Malaysia-Singapore Joint-Training on Addiction Psychology and Counselling, and the upcoming Colombo Plan Drug Advisory Programme Focal Point Meetings.

Conclusion

21 Rehabilitation is a core component alongside our preventive education and tough laws to keep Singapore drug-free. We are deeply committed to ensuring that every drug abuser is provided with the necessary help and support to break their drug habit. Hence, we have developed a comprehensive, evidence-based rehabilitation system over the years. This has worked for Singapore. We also believe in the continuous sharing of best practices, and that the extension of capacity building efforts should always continue as we work collectively as an international community to tackle the scourge of drugs.

22 Thank you.