

DRUG TREATMENT; THE SINGAPOREAN APPROACH FROM AN AUSTRALIAN PERSPECTIVE

by Tony White
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INTRODUCTION

During a recent trip to Singapore in April of this year (2001), I contacted the Singapore Prisons Department to see if I could meet with a few of their drug counselors for an exchange of information between Perth and Singapore. Fortunately they graciously agreed and I spent half a day meeting with them and getting a tour through the prison and drug counseling facilities.

We met at the Selarang Park Drug Rehabilitation Center (DRC), Rehabilitation and Counseling Branch. The itinerary began with an exchange of ideas meeting with Mr Abdul Karim, Deputy Head, Programme branch, Ms Frances Yeo, psychologist and Ms Magdalene Teo, counselor. This was followed by a tour of the Selarang Park DRC, led by Mr Henry Khat, OC Programme of the DRC. Whilst the tour was one of the most fascinating and confronting experiences of my life most of the information exchanged was done in a 2 hour meeting with Mr Karim, Ms Yeo and Ms Teo.

photo to possibly include Pam? Left to right Frances Yeo, Tony White, Magdalene Teo. At the Selarang Park DRC after the exchange of ideas and tour of the prison.

SINGAPORE, JAMES CH'EN AND PERTH

This article will cover what occurred in that meeting via an email interview that I did with Mr Karim and other material that was supplied to me. In particular I was provided with a statement on "Rehabilitating Offenders" which is most interesting as it shows the Singaporean approach used, which is in some ways similar to ours and includes other features that are quite dissimilar. I was also most generously given a manual titled - "Recovery Training and Self-help: Relapse prevention and Aftercare for Drug Addicts." This is an excellent publication that was originally produced by James Ch'ien and others. Apparently the programme at Selarang uses a

good deal of the work by James Ch'ien and SARDA (Society for the Aid and Rehabilitation of Drug Abusers - Hong Kong).

This was an interesting connection, as we had brought out James Ch'ien and SARDA to do some workshops in Perth a number of years ago. Many participants were very interested and impressed with his programme then, and it seems that Singapore drug rehabilitation is of the same view now. This of course makes sense as the people of Hong Kong have been dealing with opiate users a lot longer than we have. So to examine their information should be productive. Unfortunately I will not be going into the James Ch'ien manual as it is far too comprehensive (250 pages) for such an article as this one.

Pam, photo at Perth airport. I can not recall the names of the SARDA workers except for one who became a good friend of mine, Eddie Lau. I know this is a bit of a family pic, which includes four fifths of my family!!! but it is interesting with the James Ch'ien and SARDA connection to Singapore. If you think it is OK to put in, that is fine, but if you think it is a bit to folksy then that's OK with me too if it is excluded.

Right to left

SARDA worker, Eddie Lau (SARDA worker), Tony White, Marg White, James Ch'ien, SARDA worker, Jeff White, Pippa White, SARDA worker.

EMAIL INTERVIEW WITH MR KARIM

TW: A number of times I heard people refer to the fact that drugs are not a penal crime. We do not make such a distinction here in Perth. What is a penal crime and if drugs are not that what are they.

AK: Those who are caught for consumption of drugs are sent to the Drug Rehabilitation Center for compulsory treatment and rehabilitation. They are detained under the Misuse of Drugs Act by Director, Central Narcotics Bureau. They are not sent to court for sentencing, that's the reason why we say that it is not a penal crime.

However, those who are caught for possession of drugs and trafficking are sentenced by court to Prison.

TW: Detoxification is done cold turkey I believe, are there any other types of detoxification done.

AK: No, cold turkey treatment. No medication is involved.

TW: The main drug that is counseled for in your program is heroin if I recall correctly. Are there other drugs such as marijuana and amphetamines that require counseling?. In Perth these are the big three and when heroin goes down speed use goes up and vice versa.

AK: Though main drug is heroin, we do provide counseling for others as well. People tend to move from one drug to other as substitutes.

TW: If I recall correctly, the counseling is usually left to the end part of their sentence?. If so this is different from Perth.

AK: Yes, during the tail end so that addicts tend to be more responsive towards treatment.

TW: The counseling approach mainly used is the CBT approach? 1 to 1 and group counseling? James Ch'ien material used as well?

AK: CBT approach used in group counseling. However, a few may not fit into groups, therefore individual sessions are used. James Ch'ien material is incorporated as it covers relapse prevention issues and it is crucial.

TW: When one leaves prison is there any follow up for drug users, if so what?

AK: Yes. The follow-up includes 2 components:

Care - counselors follow-up for a period of 6 mths to one year

Control - Reporting to Police stations for urine testing for 2 years (shorter if shown good progress)

REHABILITATING OFFENDERS

Below is the main portion of a document supplied to me during the exchange of information meeting. It provides some interesting insights into the Singaporean approach and is useful for a 'compare and contrast' analysis for our own approach to drug treatment and rehabilitation. Throughout I will

make such comments as (TW:). Please note that these are of course my own personal views which I have seen of Singapore and the many friends I have made in Singapore through working there over a period of at least 15 years.

Classification system - Assessment of risks and needs

1. We have implemented a new rehabilitation framework to guide the allocation of our scarce resources. We have developed a structured and comprehensive classification system that will evaluate an inmate's risk and needs in both areas of security and rehabilitation.

(TW: This is a very Singaporean comment that comes out time and again. They are very aware of their limited resources which they have coming from a small island - as compared to Australia! As a result they use their resources very efficiently and are usually quite realistic about what they can achieve with such resources.)

2. Security Classification From the moment the inmate is admitted, security classification (based on factors like gang participation, escape, violence and suicidal tendency) will determine which institution and level of supervision the inmate will be allocated.

3. Rehabilitation (Needs assessment) Classification Rehabilitation classification (based on factors like drug use, education, family and financial status) help determine the treatment programmes to be given to inmates. Taking into consideration his risk of re-offending and his needs, it will enable us to assess whether the inmate is likely to change if given the resources...

4. A key component to this framework is the identification of inmates who are salvageable. We are developing a comprehensive system to classify our inmates into 4 main categories:

Class A Offenders who are not likely to re-offend.

Class B Offenders who are not likely to re-offend if appropriate rehabilitation is given.

Class C Offenders who are likely to re-offend whatever we do.

Class D Offenders whose rehabilitation is a not a concern. These are mainly foreigners and local prisoners with short sentences.

(TW: In our culture this would be a very, very politically incorrect statement. That is, the Class C offender who is basically given up on. However if we are to be honest with ourselves what drug counselor would not

make such a classification in his own mind. The offender who has been sent by the courts, has a long history of drug use, prison time, and many rehabilitation programmes appears at the counselors door and states, "I don't want to be here". What counselor would spend large amounts of time and energy on this person compared to the individual who seems motivated, has a good support network, is a first time offender and so forth. Of course we all make such classifications, it's just that we do not publicly say we do. Perhaps a bit less political correctness would be refreshing from time to time.)

5. We are taking a realistic approach of focusing our incare efforts on the Class B inmates, whom we estimate to be 23% of the total inmate population. Class A and C inmates make up 7% and 35% of the inmate population respectively. The remainder are in Class D.

6. This classification process will also help us identify the individual rehabilitation needs of each inmate. Our pilot classification studies involving 1,300 inmates revealed that a large proportion of them abuse drugs and have spousal and parental problems. We will use such information to chart personal route maps for the inmates. This will help match them to appropriate programmes and regimes. In addition, we are developing new programmes to meet the needs identified by our studies, especially for class B offenders.

(TW: Interesting statistics for a sample size of 1,300. One would assume that our prison populations are roughly the same. This means that 30% (Class A + B) are capable of 'cure' in that population. Do we achieve that? Also in our society we would need to make the therapeutic resources available to all classes, but it does seem to make sense that they be especially available to Class B (& A) inmates. Does this happen?)

7. Class A inmates will be candidates for home detention. However not all Class A offenders will be eligible as the criteria to be placed on home detention are very stringent.

8. The Class C regime will remain status quo, that is, inmates from this class will be given work and opportunity to participate in religious programmes.
(TW: It would seem that both Australian and Singaporean cultures have the same two goals or approaches to incarceration, rehabilitation and duty of

care but in different orders. One goal being care and help and the other being punishment and demand for conformity. Singapore has a very strong demand for conformity, but if one tows the line then there is definitely a very real and well thought out system of care and help. In Australia we give the care and help and then almost hope that the conformity will follow. Sometimes it does and sometimes it does not. Perhaps the Singapore approach works better with one class of inmate and the Australian approach works better with another class of inmate?.)

Inmate's Personal Route Map

To summarize the rest of the document. With the new classification system inmates are given personal route maps (treatments), such as: Managing anger, planning a budget, living with others, constructive leisure activities, relapse prevention & adjusting to work environment. It appears the main therapeutic approach is cognitive behavioral therapy (CBT). (TW: The two cultures are similar in this use of CBT and of course both systems fall down as a result of it. Whilst CBT is very useful it misses probably the most important aspect of human functioning - emotions. CBT deals with emotions by thinking them away, which is in essence amounts to not dealing with them.)

CONCLUSION

From my perspective the exchange of information meeting with Mr Karim, Ms Yeo and Ms Teo was most productive and worthwhile. The tour of the Selarang Park DRC was indeed most eye opening. I expected the two approaches to drug treatment to be more different than they were. The classification system for inmates whilst not suitable to Australian culture in its current form in my view has considerable merit in a modified form. Overall it was a most useful exercise from my own personal and professional perspective.