

STAYING DRUG-FREE

A PARENTAL GUIDE TO A CHILD'S RECOVERY FROM DRUG ABUSE



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EDITOR'S NOTE

Struggling with a child who is abusing drugs is a heartbreaking and difficult experience. No parent ever imagine that their child will grow up to do drugs, but drug abuse among teens is a stark reality and are used by people of all ages, races, and economic means.

The number of youths¹ arrested in Singapore for drug abuse has shown an upward trend from 2007 to 2011. Although the number of youth drug abusers arrested, which averaged about 190 each year, has stabilised in the past three years, it is still relatively higher than in earlier years. New abusers continued to form the majority among youth drug abusers. The 2013 Youth Perception Survey conducted by the National Council Against Drug Abuse (NCADA) showed that older youths aged between 17 and 21 were more likely to have liberal attitudes towards drug abuse. Popular movies and TV normalise drug abuse while various online sites, forums and social media advocate the legalisation of cannabis for recreational use.

CNB will continue its enforcement efforts against drug abusers, as well as enhance its preventive education to impress upon the youths on the dangers of drug abuse. However, CNB cannot do it alone. We need the help of the community, especially parents, as they play a pivotal role in cultivating the right attitudes in their child towards life, and towards drug abuse. In this regard, Senior Minister of State for Home Affairs, Mr Masagos Zulkifli, has convened a Taskforce on Youths and Drugs in 2014 to take a pre-emptive, yet decisive, approach to discourage and deter young people from taking drugs. Parents will be a key group of influencers that CNB will work with to achieve this aim.

Knowing what drugs are available, what they can do, and how they can affect someone is the first step in helping a child stay drug-free. Parents need to know about the problems of drug abuse, so that they can talk about it to their child. Parents must communicate with their child, and being there for him, knowing his friends, understanding what he is going through, and teaching him what is right and wrong, are all critical in helping their child stay drug-free. We hope that this handbook will be a useful resource to parents in their efforts to help their child stay drug-free.

Beating drugs starts with the family!

¹ Refers to persons aged below 20 years old.

CNB YOUTH SUPERVISION SCHEME

What is it?

Drug Supervision Scheme

Under the Misuse of Drugs Act, a person who consumes drugs could be prosecuted in court and sentenced to Prisons, admitted to the Drug Rehabilitation Centre (DRC) for treatment and rehabilitation, or placed directly on the Drug Supervision Scheme. For those who have completed their stint in the DRC or Prisons, they will be placed on the Drug Supervision Scheme after their release.

The Drug Supervision Scheme is governed by a set of regulations under the Misuse of Drugs Regulations (MDR). Newly-released abusers are served with Drug Supervision Orders that require them to report to the Central Narcotics Bureau (CNB) for regular urine tests for a period of up to 2 years. During this period, they will be subjected to routine urine tests, surprise urine tests and interviews.

Youth Enhanced Supervision Scheme (YES)

For youths aged below 21 years old arrested for drug consumption offences for the first time, they will be assessed if they could be placed directly on the Youth Enhanced Supervision Scheme (YES).

Under the YES, besides reporting for routine urine tests, surprise urine tests and interviews, there are also counselling and casework components involving the youth drug supervisees and their parents. In addition, CNB will work closely with the Ministry of Social and Family Development (MSF) and the counsellors to assess and monitor the progress of the youth drug supervisees.

Inhalant Supervision Scheme

Under the Intoxicating Substances Act, a person who abuses inhalant products may be prosecuted in court, admitted to the Inhalant Treatment Centre, or placed directly on an order to undergo supervision (Inhalant Supervision Order).

For those placed on Inhalant Supervision Orders, they are required to report to a CNB Officer for a period not exceeding 1 year. During this period, they will be monitored and interviewed on a regular basis to deter them from abusing inhalant products and detect relapse. The Inhalant Supervision Scheme is similar for both adults and youths.

What are the objectives of the schemes?

The objectives of the drug and inhalant supervision schemes are:

- deter newly-released drug and inhalant abusers from relapsing to abusing drugs or inhalant products
- detect relapse early and isolate those who relapse from contaminating others

What do the schemes entail?

Report for urine tests regularly

Semi-annual school report put up for supervisees who are students

Compulsory counselling programme and casework components under the YES for youth drug supervisees and their parents

What is the frequency?

Youth drug supervisees

All youth supervisees will commence reporting twice per week in the first month. Subject to good behaviour and regular attendance, the frequency of the reporting may be changed to once a week from the second month of reporting onwards.

Youth inhalant supervisees

Youth inhalant supervisees report twice weekly to CNB. They could be considered for upgrading to the once-a-week routine reporting from the second month of reporting onwards, subject to good conduct and regular attendance.

Where to report for drug supervision?

Youth drug and inhalant supervisees will have to report at

Young Persons Reporting Centre
Police Cantonment Complex
393 New Bridge Road
Singapore 088763

What is the reporting day / time?

Youth drug supervisees will report on Monday and/or Friday, depending on their reporting frequency.

Mondays and Fridays (Youth drug supervisees)

- 9.30am to 12.30pm
- 2.30pm to 5pm
- 6.30pm to 10pm

Youth inhalant supervisees will report on Tuesday and/or Thursday, depending on their reporting frequency.

Tuesdays and Thursdays (Youth inhalant supervisees)

- 9.30am to 12.30pm
- 2.30pm to 5pm

What happens if a youth supervisee fails to report to CNB?

Youth drug supervisees

A drug supervisee who fails to report for urine tests has committed an offence and may be prosecuted in court. Upon conviction by the court, he faces a fine not exceeding \$10,000 or an imprisonment for a term not exceeding 4 years or both. His Supervision Order may also be extended.

Youth inhalant supervisees

An inhalant supervisee who fails to report to CNB may be prosecuted in court and if convicted, liable for a fine not exceeding \$1,000.

What happens if a youth supervisee does not turn up for counselling programme?

Youth drug / inhalant supervisees

A youth drug or inhalant supervisee who fails to turn up for the counselling programme has committed an offence and may be prosecuted in court.

Can a youth supervisee travel overseas while under the scheme?

Youth drug supervisees

A youth drug supervisee is not allowed to leave Singapore without the approval of the Supervision Officer. Under the MDR, it is an offence to violate this regulation. Upon conviction by the courts, he faces a fine not exceeding \$1,000 or an imprisonment for a term not exceeding 6 months or both.

A youth drug supervisee who wishes to apply for permission to leave Singapore can contact their direct Supervision Officer for details on the application process.

Youth inhalant supervisees

A youth inhalant supervisee is not subjected to overseas travel restriction, but he/she would have to obtain approval from their direct Supervision Officer for such travel if the travel dates clash with the reporting dates.

WHAT PARENTS NEED TO KNOW ABOUT DRUGS

The more commonly abused controlled drugs by youths in Singapore are methamphetamine, cannabis and heroin. Youths are also abusing New Psychoactive Substances (NPS) and inhalants.

These youths mistakenly think that methamphetamine, cannabis or NPS are less harmful and addictive than “traditional” drugs like heroin or opium. This erroneous belief has been exacerbated by the decriminalisation and legalisation of cannabis in other countries, and the mis-information being shared by the advocates – for example, that cannabis abuse is not harmful or addictive. The reality is that abuse of drugs, including cannabis, leads not only to addiction, but also causes physical damage to the brain, liver and kidney, and other neurological functions.

METHAMPHETAMINE

What is it

Methamphetamine is a stimulant that makes an abuser stay awake and does continuous activity with less need for sleep.

Methamphetamine usually comes in crystallised form and is more commonly known as ‘Ice’. It also comes in tablet form known as ‘Ya ba’. Most of the ‘Ya ba’ tablets found are embossed with the ‘WY’ logo and are green or orange in colour.

It is highly addictive as abusers become mentally dependent on the drug.

The number of new youth abusers arrested in 2014 was 170, which was an increase of 11% when compared to 2013. The youth abuse situation remains an area of concern for CNB.

Amendments to the Misuse of Drugs Act (June 2013): Repeat traffickers and those who traffic drugs to young or vulnerable persons will face stiffer punishments. Stiffer punishments will also apply for those who recruit young or vulnerable persons to commit drug trafficking or importation/exportation offences. It is also illegal to organise gatherings where drugs are abused. The organiser will be liable for aggravated punishments if such gatherings involve young or vulnerable persons.



Also known as...

'Ice', 'Ya ba', Glass, Crystal, Speed

What it does

A methamphetamine abuser feels high and full of energy. They think the drug will allow their body to keep going and going. In reality, methamphetamine is very damaging to the body and brain, especially with repeated use.

Since the drug often decreases or even eliminates appetite, it has been used as a dangerous dieting strategy for people trying to lose weight quickly.

Effects and Dangers

Increased heart rate and body temperature	
Fits, stroke and death	Extreme tiredness and hunger
Damage to heart and nerves	Anxiety, depression and irritability
Liver and kidney diseases	Insomnia (difficulty in sleeping)
Abnormal behaviour with mood swings, confusion, delusion and hallucination	

Withdrawal Symptoms

Extreme tiredness and hunger	Anxiety, depression and irritability	Insomnia (difficulty in sleeping)
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Penalties

Trafficking, possession or consumption of Methamphetamine: Imprisonment, fine or death.



HEROIN

What is it

Heroin comes from the opium poppy. It has dangerous side effects and is a very addictive drug that comes in granular, powder or solution form. Heroin No. 4 is white in colour while Heroin No. 3 is more yellowish. "Chasing the Dragon", a common method of heroin abuse here, involves heating the heroin powder and sniffing the fumes through a rolled note.

Also known as...

White, Smack, Junk, Powder, Putih, Medicine, Ubat

What it does

Heroin provides a burst or rush of good feelings, and an abuser feels "high" and relaxed. This may be followed by drowsiness and nausea.



Heroin is a very addictive drug and an abuser will find it extremely difficult to stop using it — even after using it for just the first or second time. The heroin abuser will constantly crave the next dose.

If a heroin addict suddenly tries to stop using the drug or is unable to get

another dose, he often develops withdrawal symptoms, like feelings of panic, sleeplessness, bad chills and sweats, muscle pain, stomach cramps, nausea, vomiting and diarrhoea.

An overdose of heroin can cause the abuser to stop breathing and die.

Quick Tips

Where did the drug supply come from?

The following were some common methods where the youth abusers obtained their drugs, and parents may want to pay more attention to:

- » Friends directly
- » Friends' drug suppliers
- » Internet – eg Facebook
- » Mails/postage

Effects and Dangers

Lowered heart rate and respiration	Difficulty in concentrating
Damage to lungs, kidneys and liver	Constipation
Dull feeling and tiredness	

Withdrawal Symptoms

Watery eyes and runny nose	Chills and sweating
Irritable and jittery feelings	Diarrhoea and vomiting
Tremors and body cramps	Insomnia (difficulty in sleeping)

Penalties

Trafficking, possession or consumption of Heroin: Imprisonment, fine or death.

CANNABIS

What is it

Cannabis comes from the hemp plant. The whole plant is dried and compressed into blocks until it looks like dried herbs or tea. It looks like green, brown, or grey dried parsley. Cannabis is a mind-altering drug that causes mental dependency in the abuser.

Also known as...

Marijuana, Pot, Grass, Joints, Ganja

What it does

Cannabis is smoked as a hand-rolled cigarette (called a joint or a nail), in a pipe, or water pipe (also known as a 'bong'). It is sometimes smoked after being placed inside of hollowed-out cigars called 'blunts'; mixed into foods; or brewed as tea.



Cannabis makes it hard for an abuser to keep track of time and concentrate. An abuser will have memory difficulties and find it hard to solve problems and learn new information. Cannabis creates a mental dependence followed by physical addiction in the long run.

Effects and Dangers

Inability to concentrate	Poor balance and co-ordination
Slow reaction	Extreme anxiety, depression, confusion and paranoia (irrational fear or suspicion)
Distorted thinking and perception	Decline in motivation and drive in long-term abusers

Withdrawal Symptoms

Moodiness, irritability, anxiety and tension.

Penalties

Trafficking, possession or consumption of Cannabis: Imprisonment, fine or death.

NEW PSYCHOACTIVE SUBSTANCES (NPS)

What is it

New psychoactive substances (NPS) are synthetic drugs. These man-made drugs contain ingredients which mimic the same effects as controlled drugs such as cocaine, "Ecstasy", methamphetamine, heroin or cannabis. Examples of NPS found in Singapore are 'smoking blends' (i.e. botanical materials or herbs) and may

be referred to as synthetic weed, K2 or Spice. Some NPS are sold as tablets that are passed off as 'Ecstasy' or as 'bath salts'. There are also synthetic cannabis found in the market.



Also known as

Spice, K2, Bath Salts, Kronic, Bromo-Dragonfly

What it does

The 'smoking blends' are usually rolled up with cigarette paper and smoked to experience the effects.

Besides these self-made cigarettes, abusers may use a hookah or a pipe to smoke the botanical materials. 'Bath salts' are typically taken orally, inhaled, or injected.

Effects and Dangers

New Psychoactive Substances (NPS) have unknown, dangerous toxicology effects. They are as addictive and harmful as controlled drugs whose effects they mimic. Abuse of NPS can lead to both physical and psychological effects including:

Severe intoxications	Seizures
Severe toxic reaction leading to death	Paranoia
Adverse cardiovascular problems	Hallucination
Renal failure	

Penalties

Trafficking, possession or consumption of New Psychoactive Substances (NPS): Imprisonment or fine.

INHALANTS

What is it

Some substances, such as glue and paint thinner, give off vapours and fumes. The sniffing of vapours or fumes is known as inhalant abuse. An inhalant abuser may die from suffocation anytime, known as Sudden Sniffing Death. Normal

activities like running and shouting can also cause death by heart failure.

Also known as...

Glue-Sniffing, Solvent Abuse, Solvent Inhalation, Solvent Sniffing



What it does

Inhalants produce a quick feeling of being drunk — followed by sleepiness, staggering, dizziness and confusion.

Inhalants decrease supply of oxygen to the brain and can cause brain damage.

Abusing an inhalant just once can lead to life-threatening health problems, and even cause death.

Effects and Dangers

Permanent damage to brain, liver and kidneys	Difficulty in learning and seeing things clearly
Prone to bleeding and bruises	Loss of control of body
Memory loss	Cramps, pains and bad cough

Withdrawal Symptoms

Anxiety, depression and irritability	Dizziness, shaking and nausea
Aggressive behaviour	Insomnia (difficulty in sleeping)

Visit cnb.gov.sg and CNBkNOwdrugs YouTube Channel for more information on drug types.

“ *The child supplies the power but the parents have to do the steering* ”
- Dr Benjamin Spock

EFFECTS OF DRUGS

*Contributed by:
Ms June Tang,
Senior Counsellor,
National Addictions Management Service.*

The effects that drugs produce vary according to the type and class of drugs. It is essential to be aware of how drugs can affect the body and mind of your child, as it will help you in the following aspects:

Spot the signs and symptoms of drug abuse

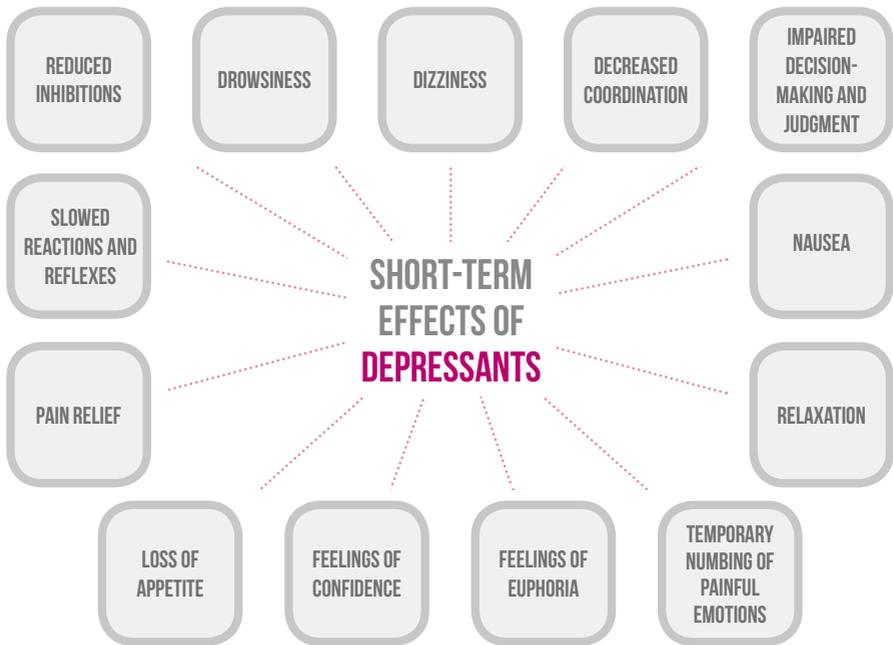
Allow better communication between you and your child on the topic of drug abuse

Highlight the adverse effects that drugs can also have on your child's mind and body

Generally, psychoactive substances can be classified under depressants, stimulants and "all-rounders".

DEPRESSANTS

Depressants or "downers", such as heroin, codeine, sleeping pills (benzodiazepines), alcohol and some inhalants (e.g. glue), slow down the activity of the central nervous system, and help to reduce pain, as well as relieve stress, anxiety and fear. Depressants generally produce feelings of relaxation, drowsiness, and feelings of well-being, when being used. For example, heroin can create a feeling of well-being in the abuser and this intense pleasure is one reason why



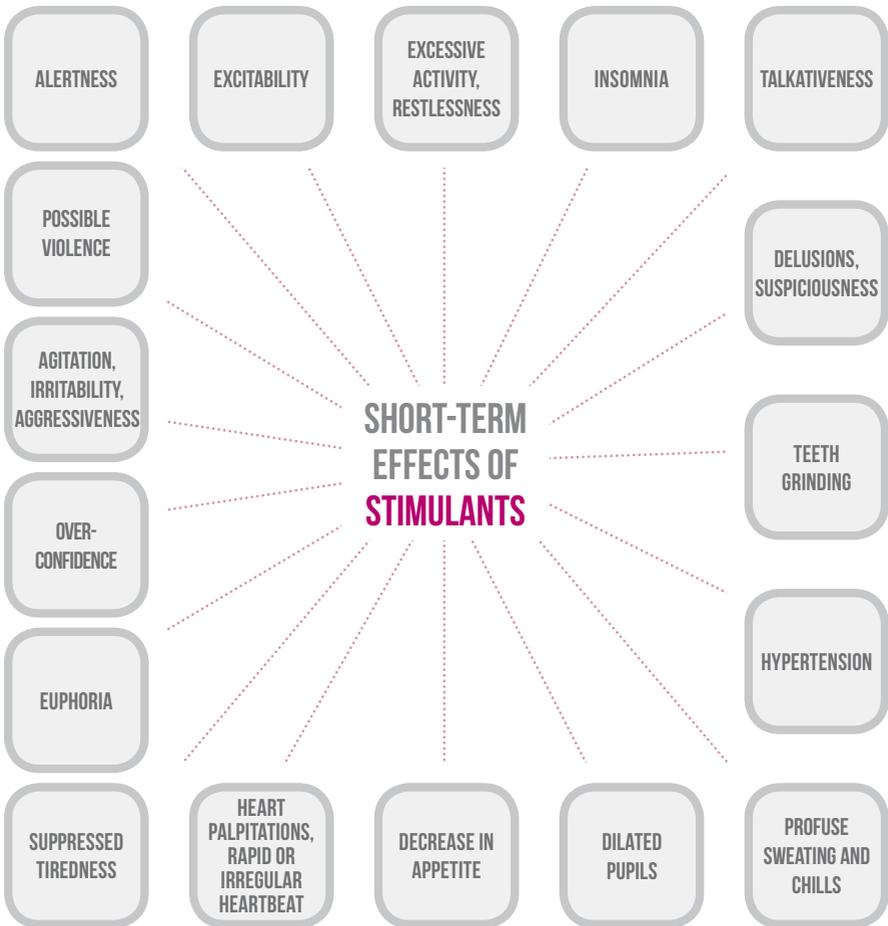
heroin is so highly addictive. Very often, you will hear of heroin abusers wanting to use higher dosages in order to “chase the first high” they experienced.

In the long run, depressants can lead to severe mood changes such as increased agitation and depression. Depressants can also cause physical harm to the various organs in the body. Depressant drugs taken with alcohol, which is also a depressant, has the potential to cause serious impairments to the brain function and even death, in some cases.

With continual use, one can develop a reliance on depressants for sleep and pain relief, as well as lose the natural ability to feel relaxed and reduce anxiety. Drug withdrawals can also occur. While withdrawals for heroin are usually not dangerous, withdrawals for other types of “downers” such as benzodiazepines and alcohol can be very severe and even life-threatening. Thus, it is important to always seek medical and professional help in these cases.

STIMULANTS

Stimulants or “uppers” have the opposite effects whereby they speed up the activity of the central nervous system. Stimulants produce feelings of euphoria, excitement and give one an adrenaline rush. Often, the adrenaline rush is followed by a “crash” which is a state of fatigue and depressed mood. This may lead to the taking of more stimulants to get another rush, thus creating a cycle of “highs” followed by “crashes”. The “crash” can be quite devastating, and may lead to depression, nervousness, agitation, fatigue or even suicidal ideations. While some stimulant abusers may not report severe physical withdrawals, the cravings for stimulants can be very intense.

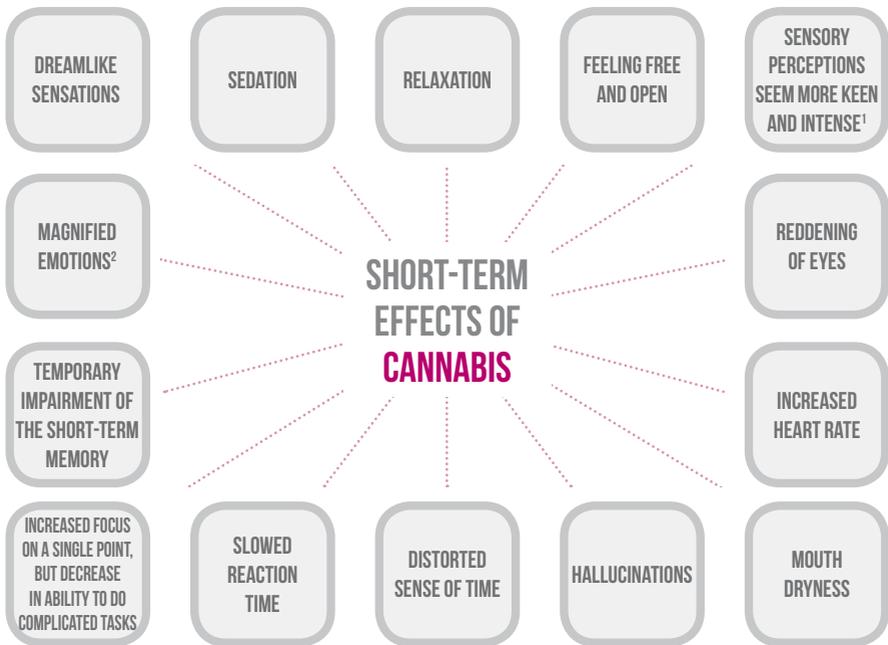


Examples of commonly abused stimulants include 'Ecstasy' (MDMA), 'Ice' (Methamphetamine), Mephedrone and even medications used to treat Attention Deficit Hyperactivity Disorder (ADHD), e.g. Ritalin.

Chronic and long-term use of stimulants can cause severe fatigue, nutritional deficiency, hypertension, strokes, respiratory difficulties, hair loss, irregular heartbeat, increased aggressiveness, panic attacks, depression, psychotic features such as hallucinations and paranoia, or even death. There are also several medical complications linked to chronic stimulant use.

"ALL-ROUNDERS"

"All-rounders" are drugs that have both properties of depressants and stimulants. This category of drugs that includes cannabis and ketamine, tend to alter one's perceptions and sense of reality. The experiences are very subjective and can range from just feeling calm to having psychedelic experiences and hallucinations. A few abusers even describe having "out-of-body experiences".



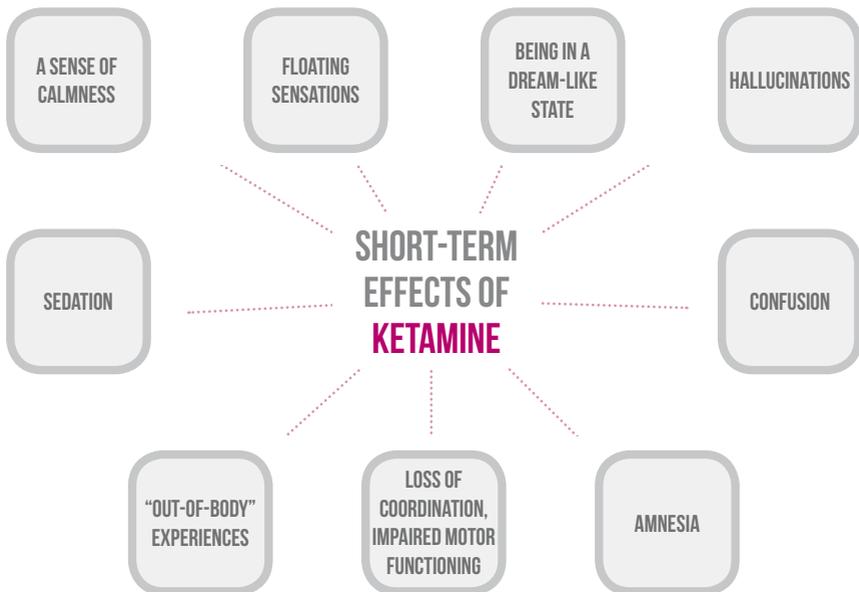
¹ For example, experiencing brighter colours, more distinct smells and sounds

² Include euphoria, fear, paranoia and panic

Some of these experiences can be highly unpleasant and we call these “bad trips”, whereby the abuser could experience anxiety, fear, panic and/or paranoia. It is important to ensure the safety of the individual when he is having a “bad trip” as he might hurt himself or others while the effects of the drug is still ongoing.

Cannabis (also called marijuana, “ganja”, “pot”, “weed”) is commonly abused for the sensation it produces. As most young abusers report little withdrawals from it, they often have the misconception that they will not be dependent on it. However, tolerance can certainly develop, and the psychological dependence on cannabis can be very strong. Often, cannabis has been said to also be a “gateway drug” to other forms of drugs. Chronic cannabis abuse might increase the risk of developing psychosis, and can lead to chronic coughing, lung infections, poor short-term memory and concentration, and decreased motivation causing some to neglect priorities, life’s problems and goals.

Ketamine (or also known as “K”, “Special K” and “Vitamin K”) is mostly used as an anesthetic in veterinary practice, but it is also a club drug that produces

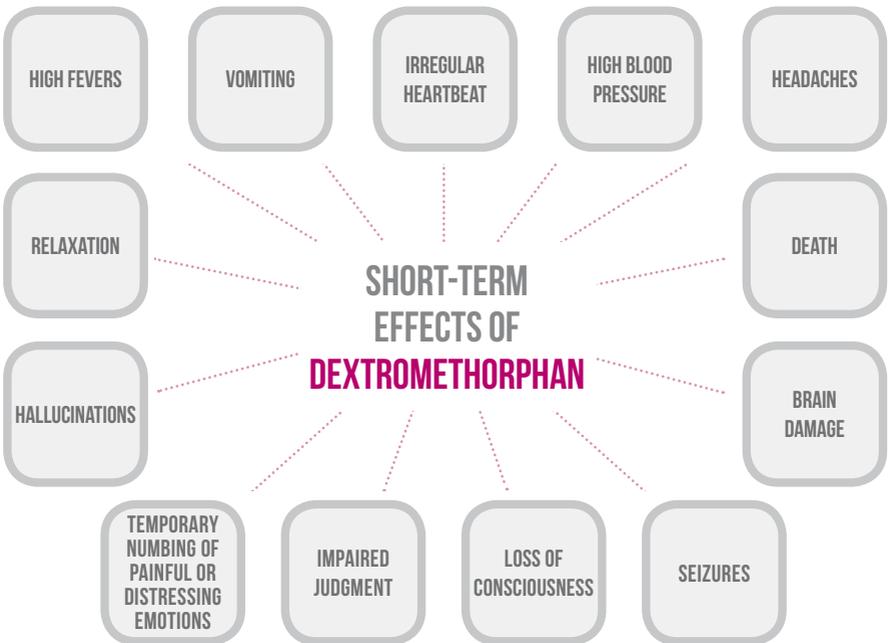


dissociative experiences and even hallucinations when abused. The effects of Ketamine depend on the dosage level, and can range widely.

Ketamine is also called a “date-rape” drug as it can leave the abuser vulnerable to crime such as being raped. Research has demonstrated that long-term abuse can lead to impairment of memory, concentration and psychological well-being. Some reports suggest a link to a variety of urinary tract problems as well.

OVER-THE-COUNTER DRUGS

Most parents are certainly wary of illegal drugs and will oppose the use of them. However, we must be aware that many prescription drugs can also be abused, such as flu medications and diet pills. These medications are legal and easily available, even to a child. A common chemical that is in many of the cough, cold or flu medications, is dextromethorphan (DXM). It can also be easily obtained from the “black market”. DXM, when abused, can cause the following:



LIFE DOES NOT REWIND

say NO to DRUGS

WHY DO YOUTHS ABUSE DRUGS?

*Contributed by:
Ms June Tang,
Senior Counsellor,
National Addictions Management Service.*

Preventive work and education on the dangers of drugs have been ongoing for years, yet youths are still abusing drugs. The Drug Situation Report for 2012 by CNB reported that 5% of their arrested drug abusers are aged below 20 years old. Illegal drug use seems to be a youth phenomenon, with the prevalence rates rising through the teens. Many of those who seek help at the National Addictions Management Service (NAMS) reported that their abuse of drugs started during their teenage years.

Although not all youths who experiment with drugs go on to abusing other drugs, nor do they all develop an addiction, it is a huge concern as the earlier they are exposed to drugs, the higher the likelihood that they will have a greater involvement with drugs. Drug abuse greatly affects the developing brain of the youth and can lead on to future health, psychological and social problems.

So why do youths experiment and continue to abuse drugs?

THE TEENAGE BRAIN

Firstly, we know that the adolescent stage is a period of experimentation, impulsiveness and peer influence. To understand this better, let us take a look at the teenage brain. The brain's frontal part is what helps us to weigh out our decisions, explore consequences, make logical decisions and stop ourselves

from doing things that are too harmful or risky to us. This part of the brain only fully matures in our mid-twenties, and thus is still developing during our teenage years. The teenage brain is therefore, not fully able to perform the task of considering the risks and impact of their drug abuse. In addition, the teenage brain tends to process information with the amygdala, which is fully matured early, and this area is responsible for processing emotions such as fear and anger. Putting it both together, what you get is a teenager, who tends to act on impulse, react without considering consequences, highly emotional and tends to engage in risky behaviours, including drug abuse. Knowing this does not mean that youths can never make wise choices, nor does it excuse their bad decisions and wrong actions, but it does help us to understand and manage the behaviours of our youths.

Quick Tips

In a poll conducted by CNB, we asked the youth abusers why they took drugs. Here's some of their reasons:

- » just for fun
- » wanted to know the feeling of 'high'
- » relieve stress
- » forget about their problems
- » their friends asked them to try the drugs
- » to lose weight
- » boredom
- » peer influence, to win friendships and acceptance by the group of friends

THE "HIGH"

Next, let's look at the attraction of psychoactive drugs. Drugs seem to trigger a release of the neurotransmitter, dopamine, in the "pleasure centre" of the brain, thus producing good feelings, euphoria, called a "high". It is often this "high" that the brain seeks out unconsciously, and causes intense cravings and causes one to desire the drugs, and disregarding the risks and consequences.

THE ADOLESCENT STAGE

Being at this stage in life, there are many transitions that the youth has to go through. They are also at a stage of testing boundaries and exploring new things and ideas. This period of ongoing changes and discovery also places them at a higher risk of experimenting with and abusing drugs. The reasons that youths abuse drugs do vary, and some of these reasons are:

» Curiosity «

» Relieving boredom, seeking excitement or pleasure «

» Relieving stress or painful emotions «

» Peer influence «

» Escape from family problems «

OTHER RISK FACTORS

There are also other factors that place a youth at a higher risk level of abusing drugs, and these include:

» Early aggressive behaviours «

» Poor academic performance «

» Early peer rejection «

» Poor social coping skills «

» Ineffective parenting «

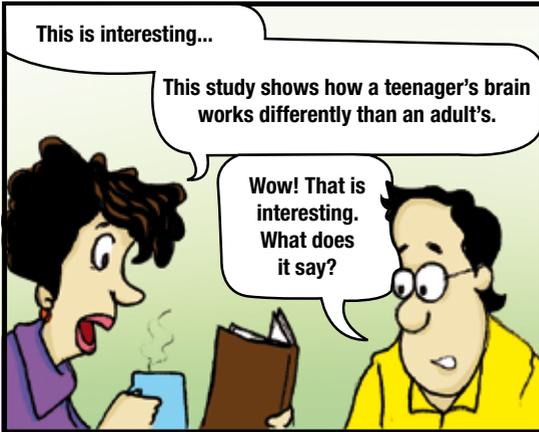
» Lack of a strong bond with parents or caregivers «

» Having a caregiver who has an addiction problem or a mental illness «

» Having a caregiver who commits crimes «

» Associating with peers who also abuses drugs or engages in risky behaviours «

» Having a perception that drug abuse is common and acceptable «



COMMUNICATING ABOUT DRUG ISSUES WITH YOUR CHILD

*Contributed by:
Ms Kew Choi Foong,
Senior Counsellor,
National Addictions Management Service.*

When you communicate with your child about drug issues, you will first need to consider your child's age. It must be age-appropriate to be effective. Secondly, you will need to consider your parenting style. Parenting style influences the way you communicate with your child, thus affecting your child's receptiveness to it. Consider carefully the key message that you want to communicate to your child.

AGE-APPROPRIATENESS

For children aged between six to 12 years old, it will be more effective to communicate through stories or pictures. Incidental teaching is also effective for this age group as it involves an integrated learning of visual, verbal and experiential cues. For an example, if you are watching a movie or a TV programme with your child and there is a scene on drug use, you can take that opportunity to educate your child of the negative effects from drug abuse.

For teenagers, you will need to listen first and seek to understand. It may be tough for you to listen when you disagree with your child's opinion; however, your ability to pull back your objection demonstrates to your child your determination in seeking to understand him. Always bear in mind that your child is growing up and getting himself ready to be a responsible individual. Your role is to guide him with evaluating options and eventually to make decisions. Giving a direct answer will only deprive your child of the opportunity to learn and discern and decide for himself. Involve your child in a discussion, not an argument, and explore the topic with your child.

PARENTING STYLES

There are different parenting styles that yield different communication patterns.

Boundary

Strong Boundaries with Weak Communication

- » Limited freedom
- » Very little communication
- » Use rules to control
- » Use threats and punishments
- » Child feels fearful

Strong Boundaries with Strong Communication

- » Set appropriate boundaries for safety
- » Express love, care and concern freely
- » Communicate clearly the intention for boundaries
- » Set logical consequences when child crosses boundaries
- » Child feels empowered to take responsibility

Weak Boundaries with Weak Communication

- » No boundary
- » Silent about issues
- » No control over child's misbehaviours
- » Child feels neglected

Weak Boundaries with Strong Communication

- » Unclear boundaries
- » Tend to nag
- » Tend to give in to child's misbehaviours
- » Child feels the sense of entitlement

Communicative

WHEN & WHERE TO DISCUSS

You will have to wait for the right time when you and your child are relaxed and have sufficient time for discussion. You can also pre-arrange a time when both of you can sit down in a quiet place to talk about it. Avoid crowded and noisy places to prevent your child from feeling embarrassed and also miscommunication as that can lead to misunderstanding.

WHAT TO SAY

- ***State your stand and how you feel using "I" statements***

You will need to clearly communicate your stand on drug abuse. For instance, you may say, "I do not agree with any drug abuse under any circumstances." This is to give your child clear guidelines that will help him make a decision on his own stand. It is also beneficial for your child to know how you feel about his drug abuse problem. An example of what you can say is, "I feel hurt when I found out that you have been taking drugs. I am concerned about how it will affect you."

- ***Instill right perspective of medication***

Teach your child the accurate view of medication that he will only need to be on medication when necessary and as prescribed by a licensed doctor. Remind him that he will need to follow the prescription accordingly and avoid self-medication.

- ***Explore negative consequences***

List out to your young child on the negative consequences of drug abuse. For your teenage child, brainstorm with him on the negative consequences.

- ***Highlight the dangers***

Emphasise to your child the dangers that are related to drug abuse and over-dosage.

Quick Tips

Quick Tips On Dealing With Drug Abuse

When faced with news that your child is on drugs, parents should

- » Keep calm
- » Be objective
- » Talk to your child - be supportive, patient and understanding when you point out the dangers of drug abuse
- » Seek professional help from your family doctor or qualified counsellor

Usually, drug abuse is a symptom of a deep-rooted problem which should be investigated and dealt with as a family.

HOW PARENTS CAN HELP YOUR CHILD STAY DRUG-FREE

Contributed by:
Ms Kew Choi Foong,
Senior Counsellor,

National Addictions Management Service.

Teenagers who have healthy relationships and involved in meaningful activities are less likely to abuse drugs. In order to help your child stay drug-free, you will need to guide him to build strong and healthy relationships with his family members and peers. Showing him how he can enjoy activities other than in drug abuse is also important to his recovery. All these start with you.

BUILDING HEALTHY RELATIONSHIPS

★ ***Be a role model***

Empathise with your child during his recovery. Demonstrate how you exercise self-control in some habits that you wish to stop, for instance, your smoking habit. If you are able to quit smoking, your child will also be encouraged to have the determination to quit drugs.



★ ***Set a trigger-free environment***

Recovering drug abusers often go back to abusing drugs when they are triggered by things around them. Smoking and taking pills are two common triggers. Make your home a safe place for your child to continue his recovery by not smoking or taking pills in front of him.



*** *Be observant***

Teenagers often abuse drugs to help them cope with intense emotions. Pay attention to your child when he shows extreme frustration, sadness, anxiety or other intense emotions. Show your love and concern by telling him that you are available for him to share what he is going through.



Observe who he is hanging out with and how he interacts with his friends. This will also give you a clue as to whether your child has cut off contact from his drug abusing friends.

*** *Open communication***

Listen out to what your child has to say. Hold back your comments. This demonstrates that you can accept your child as he is when you are able to tolerate his opinions which differ from yours, as long as it does not harm him.



Choose the important topics for discussion and ignore those that are trivial. The time you have with your child is too precious to spend on petty business.

Keep your message short and precise to give a better impact. Rehearse what you want to say to your child in your mind and hear out whether it will bring comfort or hurt to your child. For an example, "You are always bringing trouble to this family!" versus "I feel sad to see you going through this difficult time and I am sure the whole family feels that way too".

MEANINGFUL ACTIVITIES

Being involved in meaningful activities also provides a platform for your child to build healthy relationships and expand his social circle.

★ ***Common interests***

Find a common area of interest which you can be involved in together with your child. It may be a sport, game, music, etc. Spending time together in an activity that interests both of you will not only help your child to spend his time meaningfully, but also promote bonding between you and your child.

★ ***Re-discover, or discover what your child is good at***

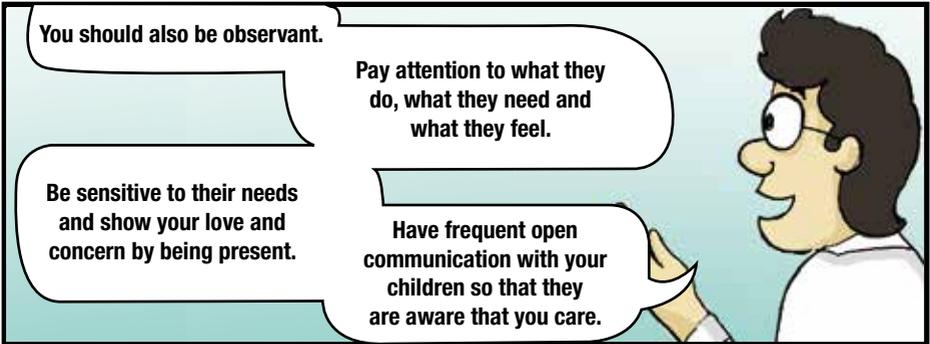
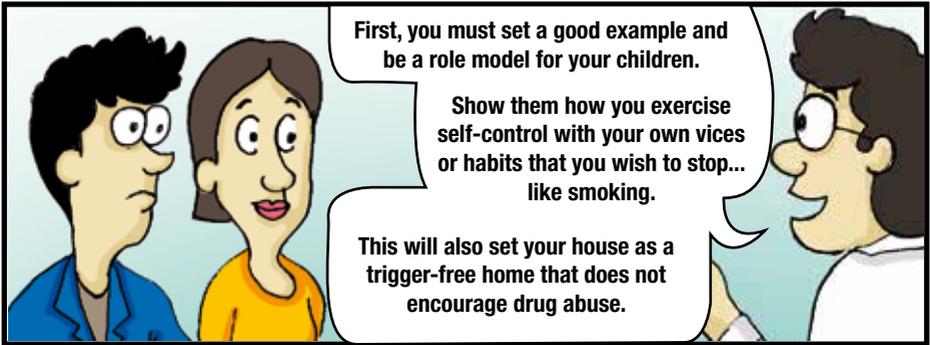
Some teenagers lose touch with the activities that they used to like after they get involved with drugs. Help your child to gain back his interest in these activities. If your child was active in soccer, suggest for him to find a team that he can be a part of. Encourage your child to join Core Curriculum Activities (CCAs) in school. If he has not been interested in any activity before, this is a time when you can explore with him. Allow him to try out different activities and then discover where his interests lie. Knowing what he is good at helps him gain self-confidence.



*It is easier to build strong children than to
repair broken men.*



*- Frederick Douglass,
a social reformer in the 19th century*



THE WAY HOME

*Do you know what the music is saying?
"Come follow me and you will find the way.
Your mistakes can also lead you to the truth."
- Jelalludin Rumi*

*Extracted from
Broken Mirror,
True Stories About Drug Abuse
by Dawn Tan*

By Mr Lim, 50, father of Andrew Lim, 23, a heroin addict

It has taken me a long time but I've finally stopped asking why my son started using heroin. I assumed that if I could uncover why he began using heroin, I could help him beat his addiction in a practical, methodical way. But addiction, especially heroin addiction, doesn't work this way.

When I first discovered that Andrew was a user, I refused to accept that it had happened in my family. I lived for such a long time cocooned in the notion that the way my wife and I were bringing up the kids was the right way. We had been so confident that the decisions we made had been the right ones. It isn't that we thought we were perfect. We just thought we were normal people, unfettered by the skeletons and troubles that so many other families are inflicted with.

I am a businessman and my wife is a school teacher. Apart from Andrew, who is 23, we have three other children. They range in age from 13 to 28 years. I'd always seen my family as being a close one. We've always done things together and enjoyed the ability to talk freely with each other. We went to church. We prayed together, our knees side by side on rows of multi-coloured embroidery stitched in fading Psalms from the Bible. Sundays were spent visiting relatives or taking the dog for a walk by the beach. We talked about school, we talked about life.

I never used drugs in my youth so dealing with a son who did drugs was alien to me. I can say with certainty that one of the most difficult things for a person with no drug experience, is to come to terms with the concept of addiction. You

fight the reality that the person you love is consumed by something beyond your ability to penetrate with love or rationality.

I would never have believed that children from the same background could be so diverse in character had it not been for my own experience. My two elder daughters have gone on to further their education in Australia. Andrew, on the other hand, did badly in school and eventually dropped out when he was in Secondary 4. He did his National Service at that point, which gave him a focus for a while. But once Andrew was out, he felt directionless. Some months later he found a job in a pub at Boat Quay as a bartender.

My wife and I were livid at the thought of his choice. I didn't like the idea of him working in such a volatile environment. His day began at 8pm and ended seven hours later when drunken revelers would spill out of the bar at closing time. When we woke up in the morning he'd still be asleep, waking much later at noon. Because of this we were hardly able to see or talk to him.

We told Andrew about the anxiety we felt but he assured us that he would take care of himself. Over the course of one year he had a couple of jobs bartending for different places on Boat Quay.

On the surface, life seemed to be normal. Andrew would spend most of his time working and going out with his girlfriend. Then came the blow that would change our lives forever.

Lian, his girlfriend, had known about Andrew's drug abuse for some time. She feared for his life and told us about the drugs. My son was a heroin addict. It was devastating for me and the rest of the family. Andrew had been abusing drugs for over a year.

Our world changed almost overnight from being comfortable and secure into a home filled with a cocktail of anger, sadness and blame. I just couldn't accept that he was an addict. The anger and disbelief were the hardest emotions for me to deal with. I had always been proud of my kids. I was indignant at the possibility that my parenting was responsible for Andrew taking drugs. They were educated to know better. It wasn't as though we were suffering in poverty.

At first, just getting through each day became a struggle but we had to get on with life. Instead of blaming each other for what happened, I went to our family doctor for advice. She encouraged us to look for help because she knew that it would be difficult for the family to cope alone.

We spent many days and nights worrying about Andrew as he tried to detoxify himself at home. We saw him suffering in pain from the withdrawal symptoms. We took him to a hospital for more treatment and he was able to stay clean for about a year.

As I watched Andrew suffer the pain of going cold turkey, I searched within for a reason for his addiction. There were no real answers, only clues as to why the drug had such a hold over him. I finally realized that heroin eradicated all sensation in Andrew, and this is exactly what he wanted. For reasons we may never fully understand, some people prefer not to feel the normal human range of emotions. In my son's case, he used heroin to escape a deeply rooted sense of low self-esteem, which then became a vicious circle.

When under the drug's spell, what made Andrew human was suppressed. When Andrew began to come off a high, he would become aware of the pain his addiction was causing the family, especially his mother. But sooner or later, heroin would make him forget all over.



I think that Andrew was relieved that we had found out about his drug abuse. He was willing to get away from drugs. He started to get closer to the family, talking openly to us about his wish to stay clean. But good intentions and our support were not enough to keep him off. Andrew relapsed when he went back to work. He had taken a job in a pub again and was starting to get a taste of freedom with his regular salary. The changes were imperceptible. His character and behaviour changed slowly. There was hardly

any communication between him and the family. He began to shut himself up in his room and shut us out of his life once more. I knew then that the fight with heroin was not over.

The changes in Andrew soon became clear. It was as though he had become another person. He would ask me for money in advance and never kept his promise to return it when he got his salary at the end of the month.

Soon the situation turned from bad to worse. Money and other things in the house started to go missing. We had no reason to believe that it was anyone but Andrew who was responsible. My daughters became visibly upset by Andrew's dishonesty and were at a loss.

Again a different Andrew emerged when he was on heroin. He became irresponsible and aggressive when he did not have his way. The changes in Andrew and our inability to cope with his addiction turned our world upside down yet again. It was like reliving a nightmare.

It left me sleepless and troubled. My wife's sadness and disappointment was the hardest thing to watch. Yet despite it all, she was still hopeful that he could change. She had faith that God would help show him the way and give him another chance at life.

That chance came when Andrew was put on Naltrexone, a drug that is sometimes used in the treatment of heroin addiction. Naltrexone binds itself to brain receptors and prevents addicts from getting high on heroin. Theoretically it meant that if Andrew used heroin while he was on Naltrexone, the expected 'high' would not materialise. Pills also meant that Andrew could discontinue mainlining heroin and reduce the risk of hepatitis, Aids, and other blood-borne infectious diseases.

Quitting intravenous drug use was also the first step away from Andrew's bizarre anti-social behaviour. The doctors told us that if Andrew did occasionally use heroin while on Naltrexone, that event need not become a relapse; it could remain a single episode, without significant consequences. In contrast, an abstinent ex-addict can almost never prevent a single "taste" of heroin from leading to a total relapse. But we never believed that it was a panacea for

Andrew's addiction. If heroin had taught us anything, it was not to be complacent about its strength over an addict. No magical interventions can stop an addict.

Naltrexone wasn't a miraculous cure; it couldn't prevent Andrew from taking heroin if he really wanted to. The only hope I had was that since heroin didn't give him a high while he was on Naltrexone, he would eventually develop the habit of giving up. But for this to happen, Andrew had to take the Naltrexone pills regularly.

For a few hopeful weeks I administered the tablets to him daily. But after two weeks on the treatment, Andrew decided to move out of the house and into a flat in Ang Mo Kio which he shared with his friends. He said his leaving had been prompted by a deep sense of shame he felt staying at home. He promised that he would do everything he could to stay clean. But he didn't promise to continue taking the Naltrexone.

Could I have made him stay? Maybe. But despite his addiction, I still respected Andrew as a man in his own right and didn't want to make him do anything he was not ready to do. If the treatment was going to work it was going to be because Andrew wanted it to work, not me. So I let him go, watched him pack his clothes and walk out the door to a fate I had no control over. My wife and I agonized for days afterwards about where he was and how he was doing. We hadn't heard from him for over a month when the phone call came around Christmas. Andrew had been arrested by the police in Ang Mo Kio for suspected drug abuse. A test would later prove that Andrew was again on heroin.

It may sound strange but at the time I felt a sense of relief that Andrew was arrested because I knew that it was the best chance he had of recovery. Despite many chances to quit, Andrew still couldn't kick heroin by himself. The temptation and the influence of heroin were too great.

The pain the rest of my family went through was hard to watch. Andrew's heroin use made all of us feel helpless and hopeless. None of us were prepared to deal effectively with all the strong emotions that his addiction stirred in us. We just wanted it to go away. But it didn't and as a result, Andrew and the rest of the family became increasingly isolated.

Andrew's detention brought us some hope because it finally showed us that we were not alone. My wife and I visit him regularly. He's often confided to me how tough life in the DRC is. It has been a hard lesson for him. I personally feel that DRC is the best place for addicts to receive treatment and rehabilitation. I hope that Andrew wins his fight to give up heroin for good. We would like to give him another chance and all the love and support he needs to quit heroin.

Like the myths of demons, I believe addicts lose their power to destroy in the face of love. I've watched my son wither in my presence when I deal with him as he is and not as I want him to be. The alternative is to allow him to inflict pain in many insidious ways. I've tried to show him that he needs to be able to reclaim his own personal power, that unseen strength I know he has to kick this.

If I can offer any hope to those whose loved ones are addicts, it is that addiction to heroin can be beaten. But it takes time, love and an incredible amount of patience.

I've watched my son struggle with relapse after relapse for years. It's always the same story. Still I wait for the day when the person we knew to be Andrew re-emerges and finds his way back home. He knows that his father will be waiting to receive him with open arms.



“ *The facts about heroin addiction and the rate of relapse are harsh. Andrew remains in Selarang Park DRC undergoing treatment. His pattern of relapse is typical. It can often take three attempts in drug rehabilitation for an addict to break free from heroin. Many ex-addicts can go straight for more than two years before sliding into drug abuse once again. Family support is vital and Andrew's father, Mr Lim, hasn't given up hope.* ”

- Dawn Tan

FAMILY FUN

Has family time become a drag? Do you look at your board game collection and feel bored? Here are some fresh ideas on how to have fun as a family and we guarantee you'll look forward to the next gathering! – by Marc Nair

Contributed by Essential Parenting, a platform dedicated to providing nuggets of information, practical tips and the latest programmes just for parents. Visit www.essentialparenting.sg to find out more.

» Weekend Breakfast in the Park



Pack a simple breakfast (muffins, yoghurt, fruit, juice, coffee in a thermos), ask the grandparents along and head for the nearest neighborhood park. Some parks that are good for picnics include Admiralty Park, Kranji Reservoir Park, Sun Plaza Park and Telok Blangah Hill Park. Visit

www.nparks.gov.sg for more ideas. Don't forget to pack a ball, a Frisbee and playing cards, and re-discover the joy of playing together as a family. Since it is early, the heat of the day will not have kicked in yet and the park will still be relatively peaceful.

» Family Art Night

A family that creates together relates together. Start an art project with the entire family. Decide on a form, (e.g. graffiti on canvas or hama beading – using coloured beads to form patterns) and then head to the nearest



art supplies store to pick up necessary materials. Either work free-form or have a design beforehand. Results may be unexpected, but satisfaction is always guaranteed. And in addition to uncovering possible hidden artists in the family, there's now an original art piece to hang at home!

» Hot/Cold Treasure Hunt



Each member of the family takes turns to be a 'pirate' who has to hide his or her treasure somewhere in the house. It might be deep in a drawer or even in plain sight. There are no clues, but the pirate can call out "hot" or "cold" whenever the seeker draws closer or farther away. Vary the phrases to help with the search (icy cold, frozen, lukewarm, burning etc).

» Serving the Community

For something that's meaningful and teaches kids empathy, patience and responsibility, consider spending a morning to volunteer as a family. National Volunteer and Philanthropy Centre is a good place to start looking for opportunities. From interacting with old folks to helping at an animal shelter, a wealth of possibilities awaits. You can even plant a tree for \$200 under the Garden City Fund and get a certificate together with a photo of your very own tree to show off to visitors.



» Compliment Board

Abraham Lincoln once said: "Everybody likes a good compliment," and although Asian families are not the most forthcoming when it comes to singing praises, why not create a Compliment Board (a small white board and a marker will



do)? Write down compliments praising and acknowledging the good things done by fellow family members. Once a week, gather the family together and read out all the compliments. Then take a picture of the board before erasing it for the next round.

» Backwards Day

Designate a day where everything must be done backwards. (Warning: this requires a fair amount of humour and spontaneity!) Start with dessert, then dinner and slowly work towards breakfast at night. Wear clothes the wrong way around, or watch the ending of a movie before the beginning. Go for a walk in the park. Backwards.

» Indoor Golf Tournament

Challenge the children to a full-on indoor golf tournament. Get a plastic golf set from any toy store and set up the course in various rooms of the house. The objective would be to roll the ball over the “hole” (coasters work well) in as few strokes as possible. Use walls and chairs as natural obstacles



and some “holes” could even start from table-tops! If possible, get the extended family over and do a family vs. family style competition.

» Make a Family Movie

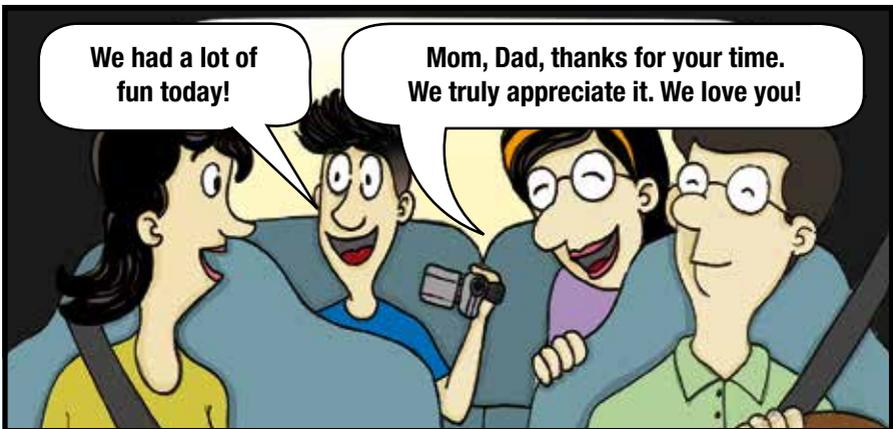
The traditional home video has gained a new lease of life in this era when even mobile phones have high-quality video recording functions. A fun way to involve older kids or teenagers in family events is to get them to film funny and special moments, such as at a birthday party or a day out at the beach. Then splice and



merge all the footage together to get a truly collaborative movie experience and create wonderful memories.

Family get-togethers are good opportunities to learn more about one another, share common interests, teach values, and have tons of fun.

So, go on and set aside some time for family bonding on a regular basis. Remember, you are only limited by your own imagination. For more ideas on how to connect with your family, check out the National Family Celebrations events at www.nfc.sg.



HELPLINES

If you suspect that your child has relapsed to drug abuse, do not despair or over-react. Speak calmly to your child about your suspicions, be open to what your child has to say and consider seeking professional help. There are many resources that are available in the community, such as school counsellors, or social workers and counsellors at Family Service Centres.

Specialised treatment service is available at the National Addictions Management Service (NAMS) where a clinic has been specially set up to provide an integrated treatment service by a multi-disciplinary team of specialists, including psychiatrist, psychologist, family therapist and counsellor, to adolescents (age 13-18) struggling with substance and behavioral addiction issues. The NAMS ReLive team, which consists mainly of professional counsellors, is specially trained to work with young people and help them overcome their addiction issues.

CNB Hotline	1800 325 6666 Mon to Sun 24 hours	<i>For those who wish to report drug information</i>
Young Persons Report Centre	6557 3238 6557 3232 Mon to Fri 9am to 6pm	<i>For youth drug and inhalant supervisees</i>

NAMS Addiction Helpline	6732 6837 6-RECOVER Mon to Sun 24 hours www.nams.sg	<i>For information on addiction treatment, making of appointments and help required for addiction</i>
Care corner 800 hotline	1800 353 5800 Mon to Sun (Except public holidays) 10am to 10pm	<i>For the Mandarin-speaking community with family, marital or personal problems.</i>
Comcare Assistance	1800 222 0000 Mon to Sun 24 hours	<i>A helpline for families and individuals in need of family support services, including Family Service Centres' contacts.</i>
Samaritans of Singapore	1800 221 4444 Mon to Sun 24 hours	<i>SOS provides emotional support to people in crisis, thinking of suicide, or affected by suicide.</i>
Touchline	1800 377 2252 Mon to Fri 9am to 6pm 6377 0122 Mon to Fri 9am to 6pm	<i>A service by TOUCH Community Services, TOUCHline seeks to empower youths to be more effective in managing life issues.</i>

“ *It is a wise father that knows his own child* ”

- William Shakespeare

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The information listed in this handbook is correct at the time of printing.

February 2015



*Dear Addiction,
I think it's time we went our separate ways.*

*I miss the touch of the golden sun,
The embrace of your warmth,
The incessant chirping of the beautiful birds,
The sight of them soaring up high,
In the endless sky.*

*Dear Addiction,
You're like a black hood enveloping me,
Grabbing me so tightly,
So mercilessly
I'm suffocating.
I'm down and unresponsive,
Held in captive with no motive.*

*Dear Addiction,
You used to bring pleasure
That my mind and body craves,
But now I'm sorry,
You're nothing but a mere disgrace.*

*Dear Addiction,
I don't need you to function,
And we're parting at this junction.*

Goodbye, Addiction. 

*- Pearlyn Ng
Cedar Girls' Secondary School
Anti-Drug Essay and Poetry Writing Competition 2010*



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