

FACTSHEET ON KEY RECOMMENDATIONS FROM TASK FORCE ON DRUGS

Key Recommendations

The TFD recommendations focus on the following key areas with strategies to deal with each:

- a. Targeted Prevention
- b. Upstream Intervention for young abusers
- c. Strong Deterrence and Enforcement
- d. Rehabilitation and Supervision to reduce relapse rate
- e. Engaging Families and the Community
- f. Enhancing Systems and Structures

The government will continue to be tough on drugs and forge a national consensus of zero-tolerance of drug abuse.

Details of Recommendations

Targeted Prevention

1. Improve Preventive Drug Education (PDE) outreach – Many of the new abusers arrested are aged between 20 and 29. CNB will adopt a more targeted approach in PDE for this group, as well as extend outreach to those in the post-secondary institutions (i.e. Institutes of Technical Education, Polytechnics, and Universities) and those in Full-time National Service.

Strong Deterrence and Enforcement

2. Enhance CNB's enforcement and intelligence capabilities – CNB will strengthen its enforcement and intelligence capabilities to tackle both the demand and supply of drugs. To curb demand further, CNB will work with the Health Sciences Authority to introduce hair analysis as a supplementary drug detection tool to strengthen deterrence for CNB supervisees not to relapse into drug abuse.

3. Control of new psychoactive substances – Currently, the process for incorporating new substances into the Misuse of Drugs Act (MDA) can take up to six months. As new psychoactive substances can evolve rapidly, the TFD recommends that such substances can be listed on a temporary basis to allow CNB to seize and remove them from circulation early, while the consultation for incorporation of such psychoactive substances into legislation takes place.

4. Strengthen punishment regime –MHA will work with the Ministry of Law and the Attorney General's Chambers to review and strengthen the enforcement and punishment regime to ensure that it is appropriate and effective in controlling the drug situation in the coming years

Upstream Intervention

5. Enhance Direct Supervision Order (DSO) with compulsory intervention component for new young abusers – The number of young abusers (i.e. below 20 years old) arrested has increased from 79 in 2007 to 257 in 2011, with those aged 16 and below registering the largest percentage increase from 15 in 2007 to 64 in 2011. Currently, new young abusers arrested are mostly placed on a DSO regime that comprises only urine testing. CNB will work with the Ministry of Community Development, Youth and Sports (MCYS) to improve this by including casework and counselling, in addition to urine supervision. Families of young abusers will also be involved in the programme, as strong family support is integral to rehabilitation and integration.

6. Establish a Community Rehabilitation Centre (CRC) for Young Abusers – Currently, there are only two routes for new young abusers arrested. Those assessed to be of low risk are placed on the DSO while those assessed to be of higher risk are placed in the harsh regime of the Drug Rehabilitation Centres (DRCs). The TFD recommends the establishment of a CRC for new young drug abusers of moderate risk. The CRC will serve as a step-down arrangement after a short period of detention in the DRC regime. It will comprise a structured residential component with counselling programmes in the evenings, while allowing the youths to continue with their education or employment in the day. This will minimize disruption to their daily lives and mitigate the risk of being influenced by repeat abusers in the DRC.

Rehabilitation and Supervision

7. Restructure the Drug Rehabilitation Centre (DRC) regime: Enhance in-care and aftercare components of the DRC – The TFD recommends the segregation of high risk inmates from lower risk ones in the DRC to mitigate the risk of negative influences. In-care rehabilitation and counselling programmes will be enhanced to better address the criminogenic needs of DRC inmates (e.g. antisocial thinking, poor self-control), in addition to addressing addiction issues. An enhanced aftercare regime will be implemented. DRC inmates will be closely supervised, with restrictions such as curfew hours and electronic monitoring. To continue their rehabilitation, they will undergo counseling and case management, and be placed progressively through step-down residential facilities and home supervision.

8. Implement Mandatory Aftercare Scheme (MAS) for high-risk offenders – Prisons will be implementing the MAS in 2013. The higher-risk repeat drug abusers on the LT regime will undergo the MAS. During the in-care phase, LT inmates will undergo integrated programmes to address their multiple criminogenic needs. Upon release from prisons, inmates on MAS will be supervised closely while being placed progressively through step-down residential facilities and home supervision to reduce their risk of relapse and re-offending.

Engaging Families and the Community

9. Engage families and parents – The TFD found that a majority of new abusers had abused drugs in their own or friends' homes. Parents play an important role in ensuring that their children do not experiment with drugs. CNB will engage parents, especially of those at risk (e.g. through schools, web resources) to educate them on the dangers and signs of drug abuse. Parents of youth abusers on the DSO, or in the CRC and DRC, will also be engaged to support the rehabilitation and reintegration of their children.

10. Enhance community-based support – MHA will work with MCYS, Voluntary Welfare Organisations (VWOs) and Halfway Houses to increase the number of halfway house places and strengthen the support system for ex-drug abusers in the community to prevent their relapse. SCORE, SSTI and WDA will work together to develop competency-based training programmes to enhance capabilities of social workers and counsellors who work with ex-drug abusers and their families.

Enhancing Systems and Structures

11. Establish Steering Committee – As the proposed recommendations span various agencies, the TFD recommends setting up a national-level Steering Committee chaired by MOS (HA) to oversee the implementation of the TFD recommendations, enhance inter-agency collaboration between MHA, MOE and MCYS, and encourage greater involvement of families and the community in the fight against drugs.

12. Build coalition of international partners to support the fight against drugs – Many countries have given up the fight against drug consumption and moved towards policies to reduce the collateral harm of drug consumption, in particular that of HIV/AIDs transmission. These countries provide clean needles and sanitized cubicles for abusers to take drugs, and drug replacement therapy. There is increasing international pressure to adopt harm reduction approaches to address the drug problem. The TFD recommends that Singapore work with like-minded countries to exchange best practices and mutually support a tough position on drugs.

Timeline

The initiatives on PDE outreach, as well as recommendations that build on existing frameworks and processes will be implemented within 2012. Recommendations that require legislative changes will be implemented in 2013.